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User consultation and scoping report

June 2026

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Executive summary

Introduction and aims

Rising unemployment and persistently high levels of economic inactivity, exist alongside expanded devolution and new responsibilities for Mayoral Strategic Authorities (MSAs), Integrated Care Boards (ICBs) and local authorities to design, commission and deliver integrated work, health and skills support. This has created an environment in which high-quality, user focused evidence is essential for effective decision making. The Labour Market Evidence Programme (LMEP) was commissioned by DWP to help ensure that local policymakers and practitioners have access to reliable, timely and accessible evidence over the next year to inform the design, commissioning and delivery of employment support.

The LMEP aims to synthesise and translate the existing evidence base on active labour market policies into formats that are practical, trusted and aligned with the needs of those working on the ground. This report sets out the findings from the user consultation and evidence scoping and presents a proposed programme of work.

Methodology

The user consultation consisted of 20 interviews and five workshops with policymakers and practitioners across MSAs, ICBs and Connect to Work clusters, focusing on understanding evidence use, what evidence users need, and preferred formats.

Findings from the user consultation

Evidence use across organisations was highly variable, shaped by organisational maturity, capacity constraints, data availability, and individual skills and confidence. Four user ‘personas’ were identified, each with distinct needs: policy staff, delivery staff, data or evaluation staff and senior decision makers.

When discussing evidence needs with stakeholders and users, the following themes were identified as areas where they would like clear, accessible evidence about what works:

- supporting disabled people or people with health conditions into and in work
- supporting young people, especially those not engaged with services
- economically inactive populations, including barriers and effective approaches
- employer engagement, especially Small and Medium-sized Enterprises (SMEs)
- effective multi-agency working across work, health and skills
- skills and retraining pathways, including in-work progression

- how to measure progress towards work, including soft outcomes

Users wanted accessible, practical, actionable evidence that answers users' real-world questions, focuses on areas where evidence exists but is inaccessible, and addresses diversity in user capability through varied outputs. Suggested outputs included how-to guides and top tips; briefings and case studies; webinars and peer-learning forums. They emphasised the importance of at-a-glance information, clear translation for their internal audiences (for example elected members, employers), formats tailored to their workflow and capacity, and ongoing opportunities for peer learning. Users stressed the need for credible, high-quality evidence.

Implications for the LMEP from the user consultation

To meet the required outputs the LMEP team have proposed review-specific outputs and will work with a user panel to refine and agree the most useful outputs for each review.

To meet the need for credible, high-quality evidence, the LMEP will adopt a variety of review methods that reflect the quantity and quality of available evidence, ensuring clear communication of evidence quality for each. These include:

- Rapid Evidence Assessments (REAs), which provide streamlined evidence to answer research questions within a short timescale, will use the Youth Endowment Fund (YEF) Evidence Quality Assessment
- systematic reviews, which follow a rigorous and predefined protocol to answer research questions, will seek to limit evidence to that which is level 3 or above on the Maryland Scientific Methods Scale
- umbrella reviews, which synthesise findings from multiple systematic reviews, will use Critical Appraisal Skills Programme (CASP) standards to assess the quality of the reviews for inclusion
- low confidence evidence will be excluded from each review

To maintain user confidence, Artificial Intelligence (AI) will be used only for search string enhancement and document management, not extraction and synthesis of evidence.

Proposed programme of evidence synthesis

The programme of evidence synthesis consists of eight evidence reviews: six Rapid Evidence Assessments (REAs), one systematic review, and one umbrella review. The themes of these reviews directly reflect user priorities and the scoping of existing evidence. They cover:

1. What works to support disabled people and people with health conditions into employment? (umbrella review)

2. What works to support the in-work retention for disabled people and people with health conditions ? (systematic review)
3. Local implementation and evaluation of work and health Active Labour Market Programmes: what enables effective design, delivery and evaluation? (REA)
4. How can employers be supported and encouraged to recruit disabled people and people with health conditions ? (REA)
5. What works, at the local level, to support people to retrain? (REA)
6. What measures, tools and indicators are most useful to measure progress towards employment? (REA)
7. What works to engage priority groups with active labour market programmes? (REA)
8. How can local organisations work most effectively together to support employment in communities? (REA)

Dissemination and communication strategies

Each evidence review has a proposed dissemination plan. This will be supported by dedicated LMEP webpages for all outputs, regular communication about the LMEP through IES and L&W newsletters, and webinars and workshops as key engagement channels. Levels of user engagement with the User Panels and all outputs will be monitored during the programme. The 'Lessons learned' phase will test whether the project has met its aims, delivered the intended mechanisms outlined in the LMEP ToC, met the needs of the identified user types, and generated insight for the future WWCLES. All outputs from this work and the 'Lessons learned' report will inform the future What Works Centre for Local Employment Support (WWCLES).

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1. Introduction

This section sets out the background to the commissioning of the Labour Market Evidence Programme (LMEP), its aim, scope, and research questions. It then outlines the evidence-scoping and user consultation methodology that form the basis of this report.

1.1 Programme background and scope

In December 2025, the UK unemployment rate rose to 5.2% and the economic inactivity rate remained at 21%. In the Get Britain Working (GBW) White Paper, the Government set out their ambition and plans to reach an 80% employment rate. These included devolving budgets and local plans, providing local stakeholders with more spending or commissioning power with regards to active labour market policies (ALMPs), and forging stronger links between work, health and skills provision.

The Department for Work and Pensions (DWP) acknowledged that while there is a wealth of research on ALMPs, improving the availability and accessibility of evidence would support stakeholders to work towards the 80% employment ambition. The labour market evidence programme (LMEP) has been commissioned by DWP to understand how evidence can be made more accessible for local stakeholders identified as:

- local policymakers and practitioners within Connect to Work areas
- Integrated Care Boards (ICBs)
- Mayoral Strategic Authorities (MSAs).

It has been commissioned on the assumption that these organisations often lack access to reliable, timely and relevant evidence, and consequently investment decisions and implementation may not be sufficiently evidence informed. In early 2027, an independent What Works Centre for Local Employment Support (WWCLES) will be established, funded by the Economic and Social Research Council (ESRC) and the DWP, to continue the work of this programme and identify, develop, test and evaluate evidence-based locally delivered employment support. This is currently being commissioned.

The LMEP aims to synthesise existing evidence through a series of evidence reviews about what works in the design and implementation of active labour market policies. The programme will focus on evidence relating to ALMPs that seek to improve labour market outcomes and are deliverable locally. Within this, the populations of interest are:

- economically inactive people (out of work)
- young people aged 16 to 24 (in and out of work)
- disabled people or people with a health condition (in and out of work)
- employers.

Where applicable, the reviews completed as part of this programme of work will have a focus on equity and intersectionality across key groups (including gender, ethnicity, disability) and other intersecting characteristics.

Policies and interventions of interest span employment and employability, careers, housing, health, education, skills, and transport. Social security and welfare are out of scope because these are determined nationally by DWP; however, the interactions between national policy and local Jobcentre Plus practice fall within scope as these regional actors and practice are a core part of local employment support offers. Intervention costs (such as employer payments, case worker time) are in scope to inform funding priorities.

The labour market outcomes of interest are threefold:

- participant: progress towards work (for example removal of barriers to work), job entry and sustained employment, job retention, in-work progression (increased earnings, job satisfaction etc), reduced benefit dependency
- employer: recruitment from unemployed or inactive population, retention of disabled employees or employees with health conditions, workforce skills development
- indicators of effective support systems and local economic functioning: system level indicators (such as numbers of referrals between partners, shared stakeholder and service user engagement, evidence of a shared vision and purpose between partners, pooled funding), local employment rate, inactivity rate (linked to GBW metrics) and NEET rate.

The programme will synthesise and disseminate evidence that is relevant to the UK employment context (for example studies from countries of similar income and welfare state development recommended by the Expert Panel, OECD and high-income countries). The geographic scope of each review is set out in the individual scoping notes. The work will be disseminated in a variety of ways including accessible, user-friendly briefing papers, 'how to' guides, webinars and workshops to inform local and regional stakeholders.

1.2 User group context

Three key stakeholder groups were identified by DWP for the LMEP: staff from MSAs (England), ICBs (England and Wales), and Connect to Work clusters (England and Wales). It is notable that the future WWCLES would have a wider audience, including other organisations delivering employment support, such as private, voluntary and community sector organisations. The initial audience for the LMEP is England and Wales only given the geographical footprints of the intended audiences identified by DWP, although outputs are likely to be of relevance across the four nations.

Mayoral Strategic Authorities

Combined authorities have a set of devolved powers. The exact powers vary by deal, but most MSAs share a common framework. There is typically devolution in:

- transport: for example, local transport planning, bus franchising powers, local road networks, influence over rail services. These powers allow MSAs to coordinate transport across council boundaries and design integrated systems
- skills and adult education: this includes the Adult Skills Fund (ASF) for learners aged 19 and over, local skills planning and commissioning (including for English, maths, digital and retraining and upskilling programmes), Local Skills Improvement Plans (LSIPs) or equivalent strategies
- employment and labour market support: there is nationally led and commissioned support delivered by Jobcentre Plus and contracted employment services such as Restart which local support needs to dovetail with. MSAs can receive funding for employment support programmes, work, health and skills integration pilots, and youth employment schemes, such as Trailblazers or Connect to Work
- housing and regeneration: most MSAs have powers to create spatial development strategies, lead major regeneration projects and coordinate housing delivery
- economic development: this includes business support and inward investment promotion
- other powers: some MSAs have other powers, such as a Police and Crime Commissioner (PCC) (such as West Yorkshire), and health and social care integration (Greater Manchester).

These responsibilities are supported by integrated funding settlements, to provide long-term flexible funding.

There is significant variation in the maturity of the English MSAs. Since 2000, several regions have negotiated deals, and devolution remains an evolving constitutional process. Notable developments are:

- 2000: Greater London Authority, and Mayor established
- 2015 to 2017: first wave of Combined Authorities with elected mayors (including Greater Manchester Combined Authority, West Midlands Combined Authority, West Yorkshire Combined Authority, Sheffield City Region Combined Authority, Tees Valley, Liverpool City Region). (www.local.gov.uk/our-support/devolution-and-lgr-hub/devolution-and-local-government-reorganisation-faqs-and-glossary)
- 2018 to 2023: North of Tyne Combined Authority, which has since become Northeast Mayoral Combined Authority
- since 2024, a new wave of combined authorities has been established: York and North Yorkshire Combined Authority (first major rural combined authority), East Midlands Combined County Authority, Greater Lincolnshire Combined County Authority, Hull and East Yorkshire Combined Authority, Cheshire and Warrington Combined Authority
- in late 2024, the English Devolution White Paper set out a national framework for further devolving powers across England. In early 2026, several areas were in negotiation under the Devolution Priority Programme. These include, subject to local councils' agreement, Cumbria, Norfolk and Suffolk, Greater Essex, Sussex and Brighton, and Hampshire and the Solent.

MSAs deliver Economic Inactivity and Youth Trailblazers in sixteen areas. Trailblazers are pilot programmes designed to support young people and economically inactive people to move closer or remain attached to the labour market. Delivery started in April 2025 and will continue until March 2027. Supporting MSAs with the delivery of their Trailblazers including succession planning, and deciding what to do next, is a key priority for the LMEP.

Integrated Care Boards

Integrated Care Boards (ICBs) are the NHS bodies responsible for planning, funding, and overseeing health services for their local population. The Strategic Commissioning Framework set out that ICBs will work alongside local government to address the wider determinants of health, such as employment. ICBs therefore have an interest in working in partnership to tackle the growing number of people out of work due to long-term ill health, and design and deliver services that keep people healthy and remain in work (for example mental health support, social prescribing).

ICBs are undergoing reorganisation. Two major changes are happening, mandated by NHS England, to align ICBs with new Strategic Authorities and local government reforms:

- ICB mergers and boundary changes scheduled for April 2026 and April 2027
- a shift of many operational functions out of ICBs as part of NHS England's new commissioning model.

ICBs deliver WorkWell, a pilot early intervention service to support disabled people and people with health conditions stay in or return to work. The pilot phase started in April 2024 with a national roll out now planned. Supporting the delivery of WorkWell, including the national roll out is a key priority for the LMEP with opportunities to support those areas where WorkWell is expanding or being delivered for the first time.

Connect to Work clusters

Connect to Work is a high-fidelity Supported Employment programme, designed to help disabled people, people with health conditions and other complex barriers find and keep their jobs. In early 2026, it was being delivered via grants across 43 Accountable Bodies (clusters of Local Authorities) in England and four in Wales. In Greater Manchester and West Midlands Combined Authorities, Connect to Work funds supported employment programmes delivered through their Integrated Settlement. The Accountable Bodies leading Connect to Work include Local Authorities, Combined Authorities and in London four Local Authority Partnerships, (Central London Forward, London Local, South London Partnership, and West London Alliance). The phased roll out of Connect to Work started in April 2025 with five years of delivery planned. An extension of funding to 16 further areas was announced in March 2026. There is significant variation in the maturity and experience of accountable bodies and in their mobilisation of Connect to Work. Supporting Connect to Work Accountable Bodies as they start to implement Connect to Work is a key focus for the LMEP.

1.3 Research questions

There are three strands within the LMEP: a user consultation, a series of evidence reviews and a lesson learned report. Each strand, and evidence review, has specific research questions. The research questions for the user consultation phase are detailed below. The research questions guiding the programme of evidence synthesis and dissemination are then outlined, with detail of specific research questions for each review detailed in Section 5.

1.3.1 User consultation

DWP set out initial research questions for the user consultation, which were then reviewed at programme inception with guidance from the Expert Panel (see Section 1.4.3) and Steering Group. The priority research questions are set out below.

Evidence use and capability:

- How is evidence currently used in the design of policy?

- What evidence sources do you engage with and how do you find them?
- What media do you use to engage with evidence?
- What barriers are there to the use of evidence?
- What internal capability do you have to undertake evaluation activity and engage with evidence effectively?
- If evaluation and related activity are externally commissioned, what internal capacity do you have to do this effectively?
- What is the quality of the management information data you collect, and how do you assess this quality?

Evidence review dissemination:

- What mode of evidence dissemination would you find most engaging and useful and why? Does this vary by your intended internal audience, and if so, how?

Evidence review scope:

- Where are your greatest evidence needs – for example in terms of specific groups of residents, particular barriers to work, intervention types, systems design and delivery questions?
- Where do you not have evidence needs or requirements, who decides this and how?
- Is there evidence you have developed that could contribute to this project's evidence reviews?
- What are the key outcomes that you are trying to achieve?

1.3.2 Evidence synthesis

The initial research questions set out by DWP were further refined during the scoping phase, informed by the User Consultation, Expert Panel and Steering Group, into a LMEP framework with two parts (Part A and Part B).

The purpose of the LMEP framework is to structure the research questions and evidence searched across the synthesis programme and support:

- formulating research questions: breaking down questions into components (such as population, intervention, outcome) so the scope is clear
- designing evidence reviews: The frameworks will guide inclusion or exclusion criteria and ensure searches are comprehensive and reproducible
- improving search strategies: By structuring keywords around framework elements, researchers retrieve more relevant studies

- ensuring outcomes are defined and consistent across the reviews to support the potential evolution to a future WWCLES.

Part A details questions relating to the design and delivery of effective ALMPs to support stakeholders to understand and design support, what works, for whom and why.

Part B presents questions relating to the employment support systems and how to integrate active labour market interventions working across the public sector, voluntary and community sector, and with the private sector.

Part A – Design and delivery of effective employment support interventions: What works for whom

The primary RQ under this theme will support stakeholders to understand and design support, what to deliver, how and for whom: which interventions are most effective at addressing the barriers to work for key groups to support them into, stay in and progress in work?

Research questions:

- What do interventions involve? What are the key mechanisms within interventions?
- What works for whom? For example people with different demographic traits, such as women over 50.
- Where there are multiple barriers is there a hierarchy which need to be addressed first?
- What are the most effective ways to engage with employers to deliver these interventions?
- What is the best approach to digital delivery of employment support (such as AI, websites, apps)?
- What is the cost effectiveness and scalability of these interventions?

Interventions include:

- employment services (for example job search preparation, careers coaching, case management, vocational rehabilitation)
- skills or training (such as apprenticeships, on the job training, basic skills, life skills)
- self-employment support (for example business skills training, financial and start up support)

- employment experience (for example wage subsidies, paid or unpaid work experience, job specific technical skills)
- in-work support (such as job carving)
- transport (for example transport planning or integration with employment opportunities)
- housing-led interventions (for example regeneration strategies and investment that support employment).

Outcomes for participant include:

- removal of barriers to work (such as skills development or gains, confidence, motivation to work)
- job entry and sustained employment
- job retention
- in-work progression (increased earnings, job satisfaction etc).

Outcomes for employer include:

- recruitment from unemployed or inactive population
- retention of disabled employees or employees with health conditions
- workforce skills development.

Part B – Employment support systems: how to integrate active labour market interventions

Primary research questions:

- The primary RQs and themes will support stakeholders to understand how to work together to effectively deliver local active labour market policy
- How are active labour market interventions most effectively delivered and by whom?
- Which contextual factors are associated with more and less successful integration and interventions?

Research questions

- How can a multi-agency approach work effectively to co-ordinate and meet participant needs?
- How can local stakeholders coordinate, taking a place-based, rather than a programme-based approach?
- What are the best ways for local partners to engage and support people (from target groups) to engage with employment support?

- What type of interventions are most effectively delivered at the local, rather than the national level?
- How can digital integration across organisations enable employment support (such as case management, apps)?
- How do local interventions interact with the benefits system and national programmes?
- What is the impact of amenities such as transport availability, housing and health service provision on employment support?
- How do local labour market conditions shape integration and delivery of employment support?

Levers, resources, and implementation:

- multi-agency infrastructure:
 - partnerships and governance structures
 - place-based service commissioning
 - information governance and data sharing
 - shared systems (such as case management, digital enabled delivery)
 - pooling resources (financial and others)
 - system navigation (such as directories of support)
- multi-agency working - engagement
 - community engagement and outreach (for example by housing associations)
 - shared employer engagement
 - lived experience engagement
- local capacity and capability
 - managing providers and supply chains
 - developing workforce skills and collaboration
- multi-agency evaluation and learning
 - local evaluation and learning systems (such as cross organisational peer support)

Outcomes:

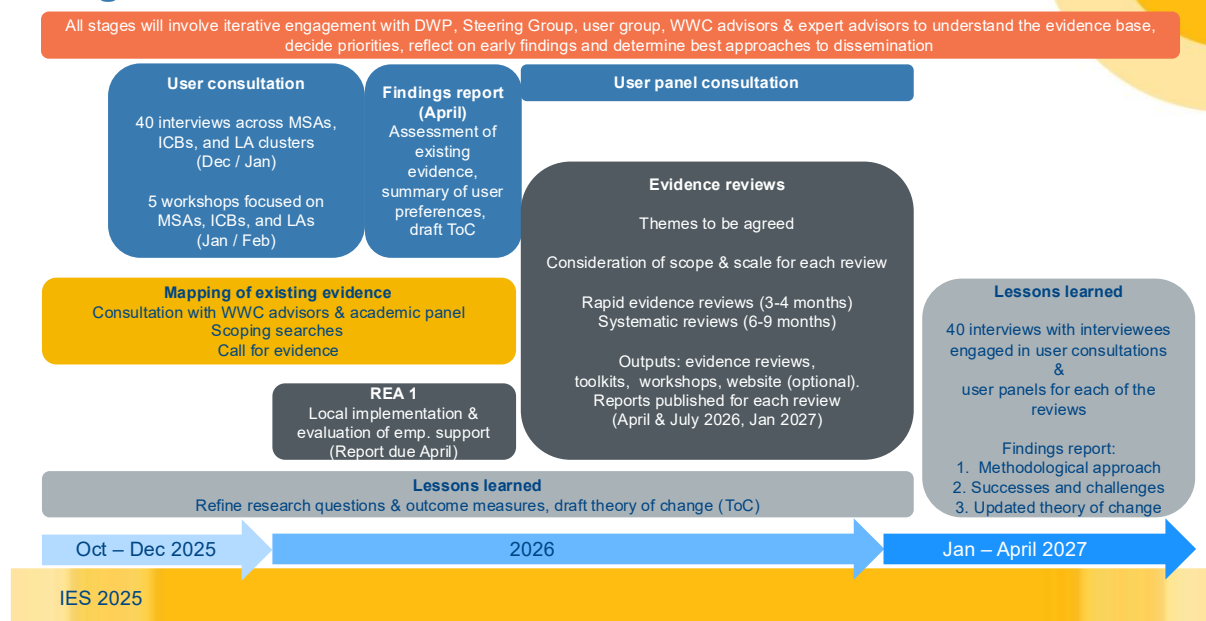
- participant: removal of barriers to work, job entry and sustained employment, job retention, in-work progression (increased earnings, job satisfaction etc), reduced benefit dependency
- employer: recruitment from unemployed or inactive population, retention of disabled employees or employees with health conditions, workforce skills development
- system outcomes: cross-system referrals, local employment rate, inactivity rate.

1.4 Overview of scoping methodology

Figure 1 outlines the programme of work for the LMEP. This report draws on findings from the user consultation and scoping of existing evidence, to inform the development of a draft Theory of Change (ToC) and proposed work programme.

Figure 1: LMEP Overview

Programme overview



Source: IES and L&W, 2026.

Programme overview: all stages will involve iterative engagement with DWP, Steering Group, user group, WWC advisors and expert advisors to understand the evidence base, decide priorities, reflect on early findings and determine best approaches to dissemination.

Timeline: October 2025 to April 2027.

User consultation (October 2025 to 2026):

- 40 interviews across MSAs, ICBs, and Local Authority (LA) clusters (December to January)
- 5 workshops focused on MSAs, ICBs, and LAs (January to February).

Findings report (April 2026):

- assessment of existing evidence
- summary of user preferences

- draft ToC.

User panel consultation (2026).

Mapping of existing evidence (October 2025 to mid 2026):

- consultation with WWC advisors and academic panel
- scoping searches
- call for evidence.

REA 1 (early 2026):

- local implementation and evaluation of employment support (report due April).

Evidence reviews (late 2026):

- themes to be agreed
- consideration of scope and scale for each review
- rapid evidence reviews (3 to 4 months)
- systematic reviews (6 to 9 months)
- outputs: evidence reviews, toolkits, workshops, website (optional)
- reports published for each review (April and July 2026, January 2027).

Lessons learned:

- 40 interviews with interviewees engaged in user consultations
- user panels for each of the reviews
- refine research questions and outcome measures, draft theory of change (ToC).

Findings report (January to April 2027):

- Methodological approach
- Successes and challenges
- Updated theory of change.

To understand the priorities and interests of stakeholders involved in the implementation and delivery of employment support programmes and outline a credible programme of work to meet their needs, the scoping phase has involved user consultation, engaging an Expert Panel, and evidence scoping.

1.4.1 User consultation

The user consultation included:

- interviews with 20 staff from MSAs (10), ICBs (3) and LA Connect to Work clusters (7) to explore evidence needs and capabilities. Recruitment challenges meant that the intended sample of 40 interviews was not achieved
- five workshops engaging a total of 43 people from MSAs (9 MSAs represented), ICBs (8 represented) and Connect to Work Local Authority clusters (19 represented) to explore priorities for evidence themes, outcomes and outputs. Recruitment challenges meant that fewer organisations were engaged than anticipated
- the timing of fieldwork recruitment (just before and after the Christmas holiday period) made it challenging to recruit to the sample, as well as not being able to recruit directly due to being reliant on DWP to make initial contact with stakeholders. There were also reports of capacity issues within organisations preventing people from participating, and the reorganisation of ICBs at the time of engagement had an impact on their response to an invitation for interview. This means that while the findings captured a range of views, they should not be seen as fully representative of all user groups.

Full details of the User Consultation are contained in Section 3.

1.4.2 Evidence scoping

Based on the LMEP framework and priorities from the user consultation, available evidence was scoped. To scope the existing evidence landscape we:

- mapped emerging evidence via systematic review registries, to review recent and relevant upcoming reviews. Registries included PROSPERO, Cochrane, INPLASY, Government Evaluation Registry, Campbell Systematic and the Social Science Research Network. Details of ongoing and recently completed reviews were documented, including their title, summary, progress status, and the theme(s) they are exploring
- conducted scoping searches of existing evidence and reviews within the key areas of interest to understand what is already known and key knowledge gaps. These initial searches were conducted on Google Scholar, OECD and the Government Evaluation Registry and informed the scoping notes. This stage of scoping started the development of search strings in areas of interest through an iterative approach
- established contact with evaluation leads of current major employment programmes, such as WorkWell, Connect to Work and Trailblazers
- worked with the Expert Panel to identify relevant literature they would recommend for inclusion

- launched a Call for Evidence to gather published, unpublished and grey literature from councils, the NHS, housing associations, and others to support REA 1 in January 2026. It remained open until 13 March 2026. Further Calls for Evidence will support the upcoming reviews.

1.4.3 Expert panel

IES convened a panel of academic experts, covering a range of areas relevant to the intended labour market evidence reviews. Engagement has been through a combination of online Expert Panel meetings, email correspondence and written review of outputs.

Table 1.3 sets out the Expert Panel members and details their relevant expertise with regards to the LMEP scope.

Table 1.3: Expert panel members

Expert Panel Member	Organisation	Expertise
Professor Adam Whitworth	University of Strathclyde	Work and health, employment support programmes
Professor Henry Overman	WWCLEG, London School of Economics	Economic geography, local economic growth
Professor Sandra McNally	University of Surrey	Economics of education and skills, vocational education, labour market returns to training
Dr. Eleanor Carter	University of Oxford, Government Outcomes Lab	Public service reform, outcomes-based commissioning, governance and partnerships
Dr Fe Aguilar Perez	Royal Society for Public Health	Public health and workplace health

Source: IES and L&W, 2026.

The Expert Panel meeting in January 2026 covered:

- an overview of the LMEP
- review of the proposed programme frameworks and advice on any risks or other suitable frameworks or approaches
- advice on areas of evidence and gaps in relation to labour market interventions, identifying existing evaluations, and evidence reviews to inform the themes for the evidence reviews
- review and advice on proposed evidence scales and process or implementation frameworks, to ensure methodological rigour and alignment with best practice.

The Expert Panel meeting in March 2026, covered:

- discussion of the draft theory of change
- discussion of emerging evidence review themes following analysis of user consultation information
- advice on the scope and type of planned evidence reviews based on the available evidence and gaps.

1.5 Guiding principles

To ensure the programme aims are achieved, work will be underpinned by three guiding principles and informed by the What Works Network Membership criteria. These principles, along with their rationale for inclusion and how we aim to achieve them, are outlined in Table 1.4.

Table 1.4: Principles guiding the Labour Market Evidence Programme

Guiding Principle	Why	How
Impact	The evidence must make a difference to key audiences and be relevant to their contexts	User panels, accessible and plain English outputs, variety of dissemination methods
Collaboration	We will work closely with stakeholders to best understand their evidence needs, and dissemination preferences	User Consultation, user panels, expert panel, steering group
Excellence	Stakeholders trust the quality of outputs to inform	Expert Panel and engaging with the wider academic and policy

Guiding Principle	Why	How
	policymaking, investment and practice. Using a clear and consistent process for evidence synthesis.	community to assure the quality of evidence products. Use of scales to illustrate evidence quality and ensure transparency.

Source: IES and L&W, 2025.

2. Theory of Change

This section presents the ToC for the LMEP (Figure 2) which is set out in full in the accompanying Technical Report. The rationale for the LMEP was set out in Section 1.1. Within the LMEP programme duration, the intended outcomes are stronger collaboration between researchers and local policy, delivery, data and evaluation teams, and senior decision-makers; evidence synthesis aligned to stated users' priorities; creation of credible, actionable evidence base; active engagement with evidence by LAs or MSAs or ICBs, and assets for the WWC for Local Employment Support.

The LMEC ToC has four pathways:

- engage: activities that build awareness, legitimacy and ownership among users through interviews, workshops, user panels and wider networking. This pathway ensures diverse stakeholder voices shape priorities and outputs
- quality: evidence synthesis activities that ensure rigour, credibility and transparency, including scoping, calls for evidence, and conducting systematic reviews and REAs using agreed quality standards
- ease of Use: translation and dissemination activities that make evidence accessible, practical and user friendly, such as briefings, webinars, and tailored communications
- reflect: learning, feedback and lessons learned activities that help ensure findings are applied and inform the future WWCLES

Given the rationale for investment, and recognition that the evidence exists but is not sufficiently accessible, the mechanisms for creating this intended change are critical to the success of the LMEP.

To effectively engage local stakeholders across all intended user groups, they are involved throughout the programme. This includes the scoping phase through user consultation interviews and workshops, through user panels aligned to evidence reviews, and the lessons learned process. These activities ensure stakeholders are regularly exposed to the evidence as it develops and shape evidence synthesis agendas, priorities, and outputs, increasing motivation to apply the findings. To support reflection to inform the future WWCLES, the lessons learned will engage a range of stakeholders, including users, the research team and the Expert Panel.

Key mechanisms that build a sense of quality in the evidence synthesis are clear methods, including application of evidence standards, and quality assurance via a

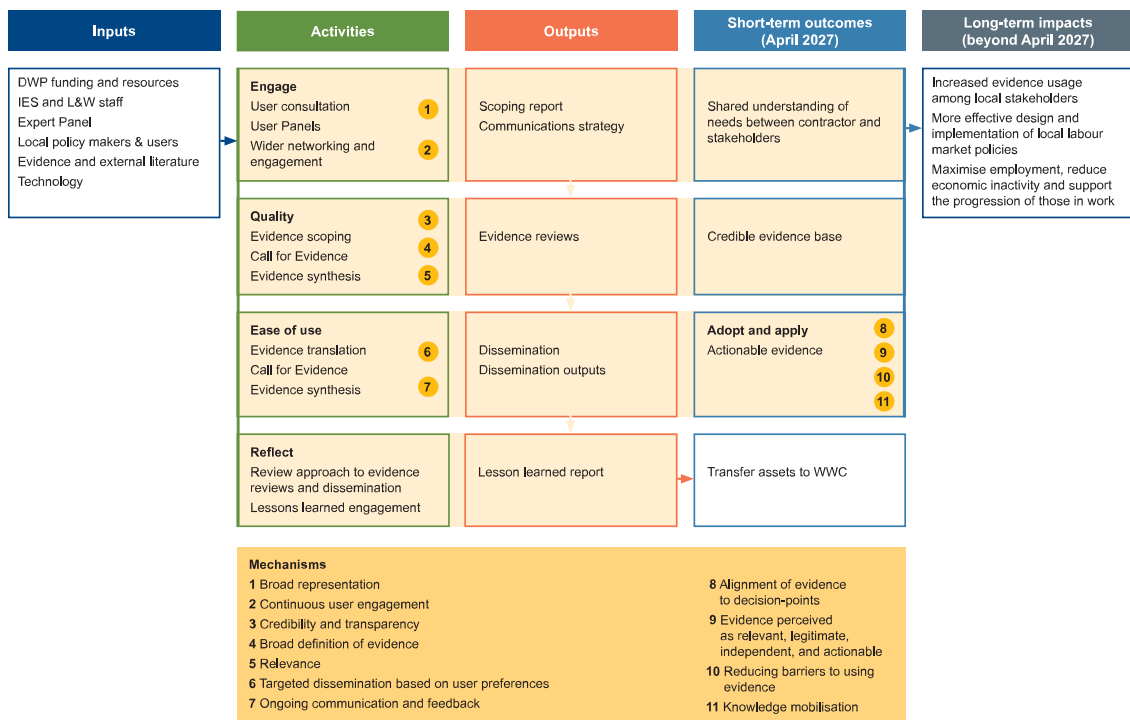
peer review process. Using a broad definition of evidence means relevant information in how to deliver is included and synthesised, such as implementation insights, and qualitative evidence to ensure that outputs align with the real-world complexities local actors face.

Key mechanisms that will drive ease of use, encouraging adoption and application are targeted dissemination based on user preferences, including accessible user driven choice of formats. Clear translation to current issues and challenges, in the current phase of the delivery or policy cycle will support application.

To support short-term outcomes from the LMEP, and the ambition for the WWCLES, it is vital that the synthesised evidence is actively used by local policymakers. This will be enabled by providing evidence in clear, actionable formats that reduce barriers such as limited time or capacity. The LMEP will reinforce evidence use through ongoing engagement, such as online learning events, and tailored outputs, helping stakeholders apply insights confidently within their local employment systems. To support the adoption and application of evidence, dissemination will be targeted at key commissioning or planning cycles, emphasising independence and reducing barriers (time, capacity, capability) to using evidence. Learning from evidence can be reinforced via events and shared learning to increase use.

Figure 2: Labour Market Evidence Programme theory of change

Context: Rising unemployment and high rates of economic inactivity in the UK | Government plans to increase employment rate | Wealth of research evidence on what works to support people into employment, but not always in most accessible or user-friendly formats | Varying capacity and capability of local stakeholders to engage with evidence



Source: IES, 2026.

Context:

- rising unemployment and high rates of economic inactivity in the UK
- government plans to increase employment rate
- wealth of research evidence on what works to support people into employment, but not always in most accessible or user-friendly formats
- varying capacity and capability of local stakeholders to engage with evidence.

Inputs:

- DWP funding and resources
- IES and L&W staff
- expert panel
- local policy makers and users
- evidence and external literature
- technology.

Activities:

- engage
- user consultation
- user panels
- wider networking and engagement
- quality
- evidence scoping
- call for evidence
- evidence synthesis
- ease of use
- evidence translation
- call for evidence
- evidence synthesis
- reflect
- review approach to evidence reviews and dissemination
- lessons learned engagement.

Outputs:

- scoping report
- communications strategy
- evidence reviews
- dissemination
- dissemination outputs
- lesson learned report.

Short-term outcomes (April 2027):

- shared understanding of needs between contractor and stakeholders
- credible evidence base
- adopt and apply
- actionable evidence
- transfer assets to WWC.

Long-term impacts (beyond April 2027):

- increased evidence usage among local stakeholders
- more effective design and implementation of local labour market policies
- maximise employment, reduce economic inactivity and support the progression of those in work.

Mechanisms:

- broad representation
- continuous user engagement
- credibility and transparency
- broad definition of evidence
- relevance
- targeted dissemination based on user preferences
- ongoing communication and feedback
- alignment of evidence to decision-points
- evidence perceived as relevant, legitimate, independent, and actionable
- reducing barriers to using evidence
- knowledge mobilisation.

3. Findings from the user consultation

This section sets out the findings from the user consultation relating to evidence use, priority themes and preferred outputs. The intended audience for this programme of work includes people working across MSAs, ICBs and Connect to Work clusters in a range of teams with differing responsibilities. These responsibilities include employment and skills, health, communities and economic inclusion policy areas as well as research, evaluation, data, policy and programme roles. The primary audience will also have their own audiences who they are seeking to inform, engage or persuade, including elected officials, employers and programme beneficiaries.

The evidence needs of intended users vary depending on factors including their role, the type of organisation they work in, the evidence capacity of their organisation, the geographies and populations they serve, their audiences for the evidence and the stage of the policy cycle where they are currently operating.

3.1 Evidence use and capability

3.1.1 Summary and implications for the LMEP

The user consultation showed that evidence use across MSAs, ICBs and Connect to Work clusters is highly variable, and shaped by factors including organisational maturity, capacity and access to data. While stakeholders reported a strong appetite for using evidence to inform policy design, delivery decisions and performance monitoring, few had standardised processes for sourcing, appraising or applying evidence. Evidence capability also varied among individuals. Some staff were highly experienced in data analysis or evaluation, while others were less confident in identifying reliable sources or interpreting research. Analysis of information from the consultation identified four user 'typologies' - policy, delivery, data or evaluation and senior decision-makers - each with distinct evidence needs, preferred formats and use cases. The findings point to key implications for the LMEP:

- for some users, capacity to engage with evidence rather than its accessibility was the key challenge, presenting a risk for the LMEP in achieving its outcomes
- the LMEP synthesis must be accessible, practical and easy to apply, utilising a range of formats.

Stakeholders interviewed typically utilised evidence across two key areas: policy design and delivery insight. In policy design, this was often to inform priorities for

funding, to understand more about the problems facing individuals and groups, and to explore ways to best engage and support potential service-users. In delivery, this could include using evidence to inform delivery pathways, to support successful programme implementation, and for performance monitoring and evaluation.

There were no specific standard processes or approaches identified for evidence use, with data and evidence being used continually by stakeholders to inform their decision-making and approaches. Stakeholders reported trying to utilise as much evidence as possible in their decision-making through labour market information and other available data (both national and local), research reports and evaluations, and reviewing case studies from other local areas where these were comparable.

Our team are trying to work across the organisation to get more standard ways of ensuring that the right evidence is part of the decision making, and that it is robust, that it has been critiqued properly, but we don't have a standard process currently for doing that.

(INTERVIEWEE)

Stakeholders reported that data access is a major barrier to making the most effective use of evidence. They noted that often the data they need is unavailable, particularly for labour market activity for people at the intersection of multiple inequalities, or where sample sizes are too small for them to be able to use this data.

There is a real lack of regional analysis or intersectional [area] analysis, so the team don't necessarily ask for it because they know what they'll get isn't that helpful.

(INTERVIEWEE)

Capacity was also a challenge for organisations, and this varied based on organisational maturity, size, and resource. Some newer MSAs were still recruiting for roles in their data and policy teams and embedding their processes; however, over time it was expected these challenges will ease as teams are established. In a few instances, stakeholders reported using secondments and role splitting between organisations (including MSAs, LAs, and ICBs) to help address any gaps. This was also a consistent challenge identified by workshop attendees: a lack of capacity and resource within organisations, and in some case a lack of skills, were major barriers to developing evidence outputs. Connect to Work areas where the focus was on delivering at pace, and delivery had only begun recently, were generally less likely to have established networks where they could seek or share evidence than ICBs and

mature MSAs. This finding has implications for the LMEP and the future WWCLES as it potentially challenges the assumption that access to evidence is the key barrier rather than time and capacity.

The human elements of policymaking were also a barrier to effective evidence-use, with some stakeholders finding that sometimes decision-makers may need to find a balance between the evidence and the ‘politics’ of a policy and how it can be communicated to people.

You can have the evidence, which is great, but there’s the ‘how does it sound to people’ element, and kind of getting the story right around it. And different people go for different things.

(INTERVIEWEE)

Another identified challenge was the pace at which policies were implemented. The speed at which interventions such as trailblazers were rolled out meant it was difficult to use evidence to inform their design and delivery. It was challenging to learn from ongoing evaluations because the evidence was either not available yet or not widely accessible.

What happens is the interventions are trailblazers, many of them are designed very quickly. Without that sufficient evaluation, and therefore we don’t really know what the impact is. There’s a real need to map what are these different evaluations at a national level, or subregional level, or local level.

(INTERVIEWEE)

The interviews with stakeholders highlighted four ‘typologies’ of evidence-users as set out in Table 3.1. These roles were a key driver of how individuals use evidence in their roles, and the type of evidence that is most helpful for them. The typologies set out can be used to generate personas of typical evidence users and their evidence needs. This will be explored and further tested during the user panels and lessons learned. All interviewees could be mapped to these typologies; however, further primary research may identify other stakeholders who sit outside these categories. Table 3.2 summarises the cross-cutting themes among evidence users, including organisational maturity and capacity, staff roles and capabilities, and the context they are operating in.

Table 3.1: Typologies of evidence users

User types	Policy staff	Delivery staff	Data and evaluation staff	Senior decision makers
Nature of role	Staff involved in the strategic planning and design of policy, programmes, and interventions.	Staff involved in the day-to-day planning and delivery programmes.	Staff supporting policy and delivery teams through data provision and insight.	Senior staff with sign-off of policy and spending decisions.
How they use evidence	Inform understanding of local area and service-user needs. Inform programme design decisions based on likely impact. Make a case for interventions offered and groups targeted. Use a combination of data, research reports, wider briefings or case studies to understand key issues and to inform their decision-making. Typically, this is supported by data and evaluation	Target service delivery. Identify approaches to utilise with clients. Monitor and improve delivery performance. Use evidence to communicate with employers, programme beneficiaries, and senior decision makers.	Respond to specific design, planning, and delivery queries. Support ongoing programme performance and evaluation activities. They will often focus on use of data (including programme specific, local, and national datasets). They will often also be asked to review external research and evaluation evidence for implications for service delivery, and to identify relevance and	Expect to see evidence of impact when making decisions about funding. Would potentially use evidence to communicate key messages to elected officials and the public.

User types	Policy staff	Delivery staff	Data and evaluation staff	Senior decision makers
	teams. Use evidence to communicate plans and priorities to elected officials, senior decision makers, and delivery staff.		quality of data and recommendations. Would use evidence to inform discussions with policy staff, delivery staff, and senior decision makers.	

Table 3.2: Cross-cutting themes among evidence users

Themes	Description
Organisations' staff roles and evidence needs	MSAs, ICBs and Connect to Work clusters all have staff in similar roles with similar evidence needs. Variation tends to be in their evidence priorities, for example ICBs are less focused on skills and MSAs more focused on productivity.
Maturity and capacity of organisations	There was significant variation in the maturity of organisations, their evidence culture, and their capacity to engage with evidence. This variation was particularly evident within MSAs. Newer MSAs were still in the process of recruiting staff and setting up teams while other MSAs had extensive data and evaluation teams to support activity. However limited resource to engage with or produce evidence was a common feature across organisations.

Themes	Description
Skills and experience of individuals	Some users were highly experienced in their use of evidence and data, having worked in relevant roles for many years or having a background in academia while others were candid that they needed more support with, for example, identifying evidence sources and data sets.
Stage in the policy cycle	Users' evidence needs varied depending on whether their current focus was planning, delivery or evaluation. This was particularly evident for Connect to Work clusters who were very focused on the practicalities of delivery.
Population and geographies	All users' evidence needs were informed by the populations they serve whether this was needing specific data to understand their local area or being responsive to local priorities such as high levels of economic inactivity or low unemployment.
National policy context	The national policy context drove people's identification of evidence priorities, for example, young people were a priority for many due to the UK Government leading this agenda rather than this necessarily being driven by a lack of evidence.

3.2 User evidence priorities

3.2.1 Summary and implications for the LMEP

The user consultation identified priorities centred around gaining clearer understanding of what works for specific groups (including disabled people, those with health conditions, young people and the economically inactive), improving employer engagement, strengthening multi-agency working, building effective skills and retraining pathways, and developing more robust ways of measuring progress towards work.

These findings have several implications for the LMEP:

- they confirm the need for an evidence programme focused on practical, system-relevant questions, with review topics directly aligned to the gaps and priorities identified by users

- the emphasis on multi-agency coordination and systems integration indicates that the programme must not only synthesise evidence but also help users navigate the complexity of local employment ecosystems, providing insights into governance, delivery models, data sharing, and referral systems for example
- some users' identification of evidence priorities were driven by policy considerations rather than availability of evidence. This shows the LMEP has a role to surface and translate evidence as well as synthesise

Priority themes

In the workshops, stakeholders were asked to share their views on eight prospective priority themes for evidence reviews, with the option to add their own preferences and suggestions. The guided discussion provided valuable insight into the evidence priorities of the three user groups (MSAs, ICBs and Connect to Work areas).

However, some caution is needed as these group discussions cannot be mapped confidently to specific user types; they reflect consensus and variation rather than deep insight into individual views. Where relevant, workshop findings are supplemented by interview analysis to provide additional context.

Supporting specific groups

Participants across all groups expressed strong interest in evidence about how best to support specific groups within the employment system. Connect to Work and MSA attendees were interested in understanding what works for people who are already in employment. For participants in the MSA workshop, this included disabled people and people with health conditions who were employed but may face barriers that are not well understood. Participants felt that there was limited existing evidence on the challenges this group faces and the types of support employers could provide to retain people in work. Initial scoping work of this topic area identified three systematic reviews, however the most recent was published nine years ago in 2017, suggesting there would be value in conducting a systematic review in this area (see section 5.2).

Related to this, ICB and MSA participants highlighted the need for further evidence on effectively supporting disabled people and people with health conditions into work. Musculoskeletal (MSK) conditions were mentioned as a particular focus.

I think there's maybe a little bit less for MSK than there is perhaps for, say, neurodiversity, because MSK itself is varied. So, it's quite difficult for employment specialists, with Connect to Work, where they haven't got any health training, to really grasp what adjustments would be good for somebody with MSK

(WORKSHOP ATTENDEE)

In one ICB workshop, mental health was also raised as an area of interest. It was acknowledged that there is substantial evidence on this topic, but stakeholders highlighted that they needed more evidence on how to effectively implement early intervention, before clinical support is required.

Participants from Connect to Work clusters and ICBs highlighted a need for more evidence on supporting young people, especially those who have not previously engaged with any formal employment support. Participants also raised questions about which part of the employment support system is best placed to help this cohort. This was consistent with interview findings where how to better support young people who are not in employment, education or training (NEET) or at risk of NEET was a key priority. There are different interpretations of why users wanted more evidence on young people despite the availability of Youth Futures Foundation's resources. Not everyone seemed to be aware what evidence was already available; for some the existing evidence did not seem to meet their needs, while for others this need was driven by the recognition that this was a pressing policy priority rather than a reflection of what evidence was available.

Local authorities and MSAs were interested in the economically inactive population. They wanted more insight into the root causes of economic inactivity, what works to address these causes in local areas, and how best to encourage people to move towards and into work. Related to this, MSA participants raised that they were curious about the role of social capital and the extent to which it acts as a barrier, or enabler, of employment.

Some participants in the MSA workshop identified people with children as another priority group. For example, one participant noted that their mayor is focusing on reducing child poverty, so evidence on how the employment system can play a role in this would be particularly useful.

Across all groups, participants emphasised the need for accessible evidence that can help make the case to employers to recruit people from disadvantaged groups, with health conditions and disabled people. Participants were interested in what works to engage and make the case to employers with this agenda, especially SMEs. Participants in one Connect to Work workshop noted it would be useful to understand employer perspectives more clearly, including their fears or barriers when considering candidates who have employment challenges.

As we know, the cost of employing a person is getting very expensive, and we are starting to see a number of redundancies in our area. So, I think that's going to be a huge challenge for us to get individuals with employment barriers into work. We will try our best, but it is reliant on response from employers, isn't it?

(WORKSHOP ATTENDEE)

Multi-agency interventions

Connect to Work and ICB groups were interested in evidence that could support more effective multi-agency working. Participants in both Connect to Work workshops emphasised the need for support in working collectively across work, health and skills. Participants in an ICB workshop echoed these concerns, noting the difficulty of working across multiple geographical areas and teams, and the ongoing challenge of building and maintaining strong relationships with local authorities. Stakeholders wanted evidence on how to navigate multi-agency working and ways to build relationships with local authorities more rapidly.

Participants from both a Connect to Work and an ICB workshop also highlighted the complexities created by multiple funding streams and overlapping programmes. They described the difficulties of understanding how different initiatives fit together, how they can be delivered concurrently within an area, and how to ensure they complement rather than duplicate each other.

Delivery mechanisms

Participants in ICB and MSA workshops highlighted a need for more evidence on what works to successfully engage priority groups. An ICB group discussed moving towards a neighbourhood health approach and emphasised the need for more evidence on how to target interventions to local population groups.

Skills

A Connect to Work group emphasised that skills were a key evidence priority area. Participants highlighted the importance of maintaining a strong skills focus within employment support, particularly in the context of local Get Britain Working Plans. One participant wanted more evidence on how to make skills a central part of the employment support journey. In contrast, ICB groups generally did not view skills as a high priority area within their remit. This is reflected in the typologies set out in Table 3.1 where the type of organisation someone works for determines their evidence priorities.

The MSA group showed interest in the role of vocational training within employment support, as well as the in-work progression aspects of skills. Participants discussed

the need to better match people's skills with available job opportunities, alongside upskilling to meet emerging labour market demands. They wanted to know how best to do this in their areas.

We have a lot of manufacturing in our area, but it seems to be quite low-level manufacturing rather than advanced manufacturing. So, we are looking at how we can upskill our communities that work in those areas to AI, to digital creativity, etc.

(WORKSHOP ATTENDEE)

Support with data and evidence mapping

In addition to the themes discussed above, users consistently highlighted the need for better support with data. Across all user groups, there was strong consensus that accessing timely and relevant data is a major challenge. Participants raised concerns about the limited availability of local data, particularly from the Annual Population Survey and Labour Force Survey, and the significant lag between the collection of national data and its release at the local level.

I think too often, national policymakers expect us to use national data and national findings and national evidence, and that doesn't always work.

(WORKSHOP ATTENDEE)

Participants felt that current data collection methods do not support integration between health and employment. Data sharing restrictions, especially around DWP and Jobcentre Plus data, were described as a barrier to accessing information stakeholders felt would improve programme delivery. This is beyond the scope of this research, but unmet user needs will be fed into the Lessons Learned review.

Certain stakeholders were in favour of high-level mapping of all available evidence on what works for local employment support, rather than evidence organised by specific themes. They felt that, given the potential volume of evidence, having everything in one place would make it easier to access. Users also wanted a way to share learning with other stakeholders and local areas to avoid duplicating work. For these reasons, they saw a single platform that brought this evidence together as a useful solution. This is beyond the scope of the LMEP but this finding can inform the future development of the new WWCLES.

Priority outcomes

Stakeholders were also asked in workshops about the outcomes that were most important to them in relation to people, employers and systems (see accompanying Technical Report for more information). Across all user groups, people-focused outcomes were generally the priority, with MSAs being the only group to discuss wider system outcomes in more depth. Within this, sustained employment outcomes were prioritised over entry into employment as measures of success. However, there was also an interest in non-employment outcomes. ICBs had a particular interest in health outcomes and there was also a wider interest in how to capture softer outcomes such as work readiness or wellbeing. Employer outcomes were also of interest to stakeholders particularly where they could be used to demonstrate the value of programmes such as Connect to Work, for example in improving retention rates.

There was generally less discussion of system outcomes, though stakeholders were interested in local employment and unemployment rates, for example. While stakeholders recognised the importance of system outcomes, these were further outside of their control with changes to employment rates being attributed to the wider economic context rather than primarily their local action so less of an immediate priority. An exception to this was the MSA user group who saw increased productivity and growth in their region as the most important outcomes for them.

The workshop discussion on outcomes helped to further contextualise our understanding of the typologies set out in Table 3.1 in terms of how differences in role and organisation contribute to evidence priorities. It also helped to inform our selection of evidence reviews, particularly identifying the need to focus on measuring softer outcomes and the need to support MSAs with their long-term goal of driving growth.

3.3 Preferred outputs

3.3.1 Summary and implications for the LMEP

Findings from the user consultation make clear that the LMEP outputs should adopt a multi-format, user-responsive approach to dissemination, as stakeholders reported significant variation in how they access, interpret and apply evidence across roles. Users consistently emphasised the need for at-a-glance resources, such as how-to guides, top-tips and concise briefings, paired with the option to explore more detailed reports and datasets when required. This reflects a broader need for outputs that support both rapid decision-making and deeper technical scrutiny.

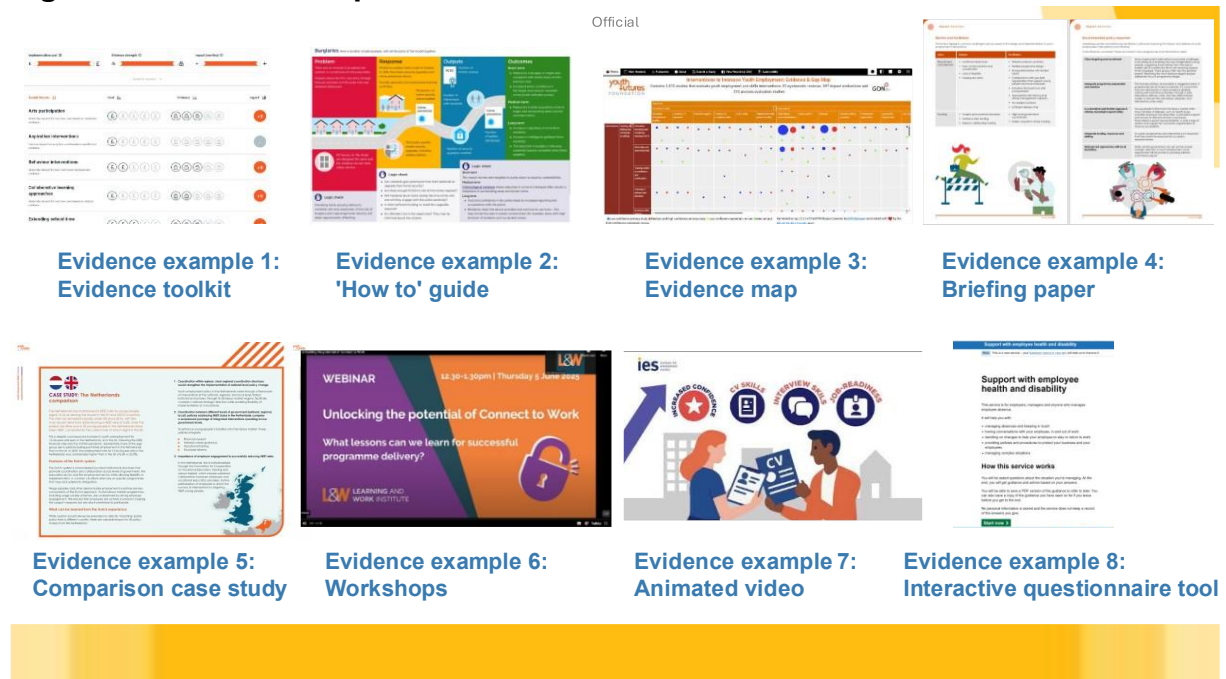
These preferences have several implications for the programme:

- the LMEP must ensure that each evidence review is accompanied by differentiated products, including practical tools, case studies and webinars, to meet the needs of diverse audiences and learning styles
- the emphasis on user friendly, actionable materials means that translation and communication become integral parts of the evidence-synthesis process, rather than end-stage add-ons. This includes framing evidence to help users communicate with their own internal audiences, such as elected members, reflecting the “audience behind the audience” highlighted by participants
- the appetite for peer learning and interactive formats implies that the programme should not rely solely on static written outputs
- the outputs are intended to be of immediate use as well as set the foundations for the establishment of a new WWCLES. Each evidence review will therefore include a research report and scoping note that can provide the basis for further evidence reviews as well as accessible resources such as how-to guides, and top tips to cater for users’ current and future needs. A key focus will also be on building evidence capacity through activities such as webinars and workshops. The Lessons Learned phase will enable reflection on the relative success of different outputs to inform the development of the new WWCLES.

Dissemination preferences

Evidence-users across interviews and focus groups were typically in agreement that a wide-range of output types were useful when trying to communicate information across an organisation. In workshops, stakeholders discussed the example outputs illustrated in Figure 3. This included evidence toolkits, maps and interactive questionnaire tools, resources such as case studies, briefing papers and how to guides, as well as workshops and webinars.

Figure 3: Evidence outputs tested with users



- Evidence example 1: evidence toolkit. Image of toolkit showing types of evidence ranked by cost efficiency and evidence strength.
- Evidence example 2: 'how to' guide. Image of 'how to' guide showing the different evidence-based steps that lead to positive outcomes.
- Evidence example 3: Evidence map. Image of evidence map showing types of evidence ranked by different factors, including cost efficiency and evidence strength.
- Evidence example 4: briefing paper. Image of a briefing paper visualising evidence in tables.
- Evidence example 5: comparison case study. Case study comparing an intervention in the Netherlands and the UK.
- Evidence example 6: workshops. Screenshot from a workshop about unlocking the potential of Connect to Work.
- Evidence example 7: animated video. Image from an animated video about employment support.
- Evidence example 8: interactive questionnaire tool. Image of gov.uk questionnaire on how to support with employee health and disabled employees.

Stakeholders in workshops and interviews emphasised that outputs needed to be in the appropriate format for different audiences. It was also acknowledged that users have different personal styles and preferences for processing information. For example, videos were a more divisive output: a few users had a strong preference for videos as accessible and engaging, but they were generally less popular. A common preference was for at-a-glance information such as how-to guides, with the option to explore more detailed evidence where needed. The need for user-friendly accessible

outputs was supported by the finding that for some organisations and individuals a lack of time or a lack of skills were the major barriers, rather than a lack of available evidence.

There was also a recognition that different kinds of evidence required different outputs. For example, a webinar or workshop would be a more useful format to discuss a complex topic such as multi-agency working where it is harder to distil key lessons. Equally, guidance on effective outreach for young people may be better communicated as a set of top tips. The interviews and workshops did not therefore provide a clear steer on the outputs for LMEP but rather emphasised the importance of producing a range of outputs to suit different audiences and kinds of evidence as well as consulting with users on their preferred outputs. Using the role typologies identified previously, we have set out different user preferences below.

Policy staff

Policy staff typically wanted access to a wide range of information. Stakeholders interviewed in these roles valued resources that clearly presented key messages but also allowed deeper exploration to assess relevance to their context and the quality and validity of the evidence. For example, they might start reading a case study or briefing, then seek further information about this from an evaluation report or dataset.

If they did not have time to review information in more detail personally, they still wanted full reports and data to be available so their data and evaluation colleagues can quality assure this before making any decisions.

Where time and resource were a barrier for some organisations, stakeholders noted that policy staff could make use of interactive dashboards or webinars to help further condense messages while providing opportunity for further follow-up.

Persona 1

A policy lead who is new to their role in a new MSA, is scoping out options for employability support in their region. They want evidence on adult upskilling programmes to help inform their thinking and get quickly up to speed so they can provide sound advice to decision makers.

Example output: How-to-guide on supporting adult upskilling

Delivery staff

Delivery staff were typically more focused on accessing the key information needed to support specific programmes and initiatives, such as accessing data to better target service users or finding toolkits or tips on effective practice. In the workshops, staff involved in the delivery of Connect to Work were also keen for outputs which they could use to directly communicate with employers and programme beneficiaries to promote the value of engaging with programmes.

Persona 2

A delivery lead in a LA needing to find out how best to engage with employers to support delivery of Connect to Work in their local areas. They need practical examples of how this has worked in other areas, and how to engage with employers from a particular sector which provides many jobs in their region.

Example output: Interactive webinar with a range of speakers with subject matter expertise.

Data and evaluation staff

Data and evaluation staff were keen to access full datasets and reports wherever possible, wanting to be able to do their own quality checks and run their own analysis before providing assurances or recommendations to policy staff.

Persona 3

A data analyst in an ICB wanting to access a range of available evidence on what works to support those with health barriers into work, to provide recommendations to delivery colleagues.

Example output: Evidence toolkit setting out the costs, impact and strength of evidence for different interventions.

Senior decision-makers

Stakeholders felt it was important that outputs for senior decision-makers are clear and concise, for example short briefings giving information on the likely impact and value of specific programmes and approaches, and how these can be communicated. However, it was important that these briefings are backed by quality assured data.

Persona 4

A senior decision maker in an established MSA making recommendations about funding additional employment support targeted at young people in their region. They

need a concise trustworthy summary of key evidence, setting out the breadth of considerations.

Example output: Briefing paper.

3.3.2 Knowledge mobilisation

Workshop attendees emphasised the importance of positioning all evidence outputs within a context where people could learn from each other and develop their capacity for evidence usage. This included suggestions for a clear communication strategy, peer learning activities and a regular programme of activities to keep the evidence outputs as living documents.

However lovely and glossy and animated and colourful and clear it is... sending somebody a briefing paper, does not change behaviours. And so, really, thinking about how that is utilised in the round. Getting those papers from, say, trusted sources, having the evidence as part of decision making, so that it's not something you're throwing into the ring ad hoc, is really important.

(WORKSHOP ATTENDEE)

4. The wider evidence landscape

This section sets out key programmes of work in the wider evidence landscape that have been identified through scoping activity, and the implications for the LMEP.

Multiple organisations are currently commissioning evidence synthesis and outputs. This means the LMEP should:

- focus on themes not currently covered elsewhere
- synthesise and translate fragmented evidence across multiple evidence sources to meet stated user priorities
- build opportunities for local learning for stakeholders involved in delivering Connect to Work and Trailblazers which do not have a centrally co-ordinated learning programme
- work with others in dissemination activities to bring in experts from wider networks to leverage their insights and learning.

4.1 Scoping of existing evidence

Initial scoping searches were undertaken to assess the quantity of evidence for the review themes being considered for discussion during the user consultation. Sites searched included PROSPERO, Evaluation Registry, Cochrane Library, INPLASY, ILO, The King's Fund, Campbell Systematic Reviews, Social Science Research Network, Youth Futures Foundation evidence and gap map (EGM), and SIPHER Employment and Health EGM. The results were analysed by theme and showed a high volume of existing reviews and evidence for supporting specific groups of people (see Table 4.1).

Table 4.1 Initial scoping results by review theme

Review theme	Count
Supporting specific groups of people	62
Delivery mechanisms	21

Review theme	Count
Employer focused	20
Skills	16
Local implementation and evaluation	7
Delivery partnerships and multi-agency working	7

Source: IES, 2026.

4.2 Organisations working in this space

Organisations and programmes of work relevant to the LMEP scope that were identified during scoping are summarised in Table 4.2.

Table 4.2 Organisations contributing to labour market evidence in 2026

Organisation	Role
Youth futures foundation	A What Works Centre for youth employment, with a mission to ensure marginalised young people can secure and thrive in good work. In particular, the LMEP wants to avoid duplicating their toolkit and Evidence and Gap Map.
What works centre for local economic growth	A What Works Centre with an overarching aim to improve the cost-effectiveness of local economic growth policies by strengthening the use of high-quality- evidence and evaluation in policymaking. They support MSAs who are a key user group for the LMEP.
Centre for Ageing Better	A What Works Centre aiming to make workplaces, homes and communities inclusive of older people, and build an Age-friendly Movement so that society sees ageing in a more positive and realistic way. Its work on employment, helping older workers stay in or return to good jobs, overlaps with the scope of the LMEP.

Organisation	Role
Health Equity Evidence Centre	A hub of evidence informed solutions for equitable health and care, based at Queen Mary University of London. Their focus is in-work retention of people with health conditions and disabled people. They are producing a series of evidence and gap maps with accompanying briefing papers. The period of work runs parallel to the LMEP March 2026 to April 2027.
Independent expert academic panel on neurodiversity and employment	An independent panel of academics with expertise and experiences of neurodiversity was formed in January 2026 to advise government on improving job chances for neurodivergent people.
Work and Health Unit	The Work and Health Unit is a cross DWP and DHSC government unit working to improve the health and employment outcomes for disabled people and those with health conditions.
Futures Collaboration Platform	Some users in ICBs and delivering WorkWell highlighted the usefulness of the NHS Futures collaboration platform for sourcing information, evidence, learning documents and case studies.
Equalise – ESRC Centre for Lifecourse Health Equity	Equalise is the ESRC Centre for Lifecourse Health Equity. Their Work theme investigates job quality, health, and economic inactivity through evidence reviews and primary research.

Source: IES and L&W, 2026.

In early 2026, there were ongoing DWP-led evaluations of employment support programmes which were locally delivered, such as WorkWell, Connect to Work and Trailblazers and will contribute to the labour market evidence base. Learning and support provided by these programmes for delivery teams is summarised below:

- the WorkWell pilots have an externally commissioned national learning programme. In the pilot phase, they have supported the WorkWell sites, and host quarterly in-person learning and change events. These sessions focus on managing and delivering a work and health service, drawing on the evaluation findings and programme data. The WorkWell team share a weekly newsletter,

and WorkWell delivery teams can access the NHS Futures information sharing platform (noted above)

- the Connect to Work roll out has been supported by webinars for accountable bodies focused on set-up and meeting the needs of varied users. An independent evaluation of this programme has been commissioned
- Trailblazers do not have a national support offer, and areas have been collaborating without a top-down structure. Part of the Trailblazer evaluation contract is to synthesise the local evidence reviews.

5. Proposed evidence synthesis programme

This section sets out the proposed programme of evidence synthesis. The evidence synthesis programme proposed has been designed to respond to user needs identified during the user consultation. This informed a balanced package of six Rapid Evidence Assessments (REAs), one umbrella review and one systematic review, designed to provide both breadth and depth while avoiding duplication with work underway by other organisations.

Key considerations in proposing the programme included:

- ensuring each review addresses a priority gap identified consistently across target users
- focusing on themes where evidence exists but is dispersed, requiring synthesis to support local decision-making
- selecting methods aligned to evidence availability (for example umbrella reviews to consolidate findings from systematically reviewed literature on a range of interventions, systematic reviews for well-developed literatures, REAs where evidence is thinner or more diverse).

Overall, the synthesis package is designed to meet immediate user needs while providing a coherent, methodologically rigorous evidence base that supports long-term system learning and improvement.

The proposed evidence reviews are:

- Umbrella 1: What works to support disabled people and people with health conditions into employment?
- Systematic 1: What works to support the in-work retention of disabled people and people with health conditions?
- REA 1: Local implementation and evaluation of work and health Active Labour Market Programmes: What enables effective design, delivery and evaluation?
- REA 2: How can employers be supported and encouraged to recruit disabled people and people with health conditions?
- REA 3: What works, at the local level, to support people to retrain?
- REA 4: What measures, tools and indicators are most useful to measure progress towards employment?

- REA 5: What works to engage priority groups with active labour market programmes?
- REA 6: How can local organisations work most effectively together to support employment in communities?

The following review themes were considered but were not taken forward:

- young people: Connect to Work clusters and ICBs highlighted young people as a specific group they were trying to support into employment and would welcome more evidence on what works for young people. The LMEP team are mindful not to duplicate the work of Youth Futures Foundation, so instead of proposing a review focused specifically on young people, they will be a sub-group of the proposed reviews
- apprenticeships: the LMEP team considered an REA on how to support and encourage employers to offer apprenticeships. However, following the user consultation it was felt that this was not a priority for users at this time, and instead pivoted this to support and encourage employers to recruit disabled people and people with health conditions. Furthermore, the YFF toolkit highlights the “very small number of robust comparison-group evaluations of apprenticeships as a targeted intervention to support youth employment.”
- wage subsidy programmes: the LMEP team considered an REA on the effectiveness of wage subsidies, which the Youth Futures Foundation Toolkit suggests have a low positive impact on youth unemployment outcomes and was proposed via the Jobs Guarantee announced by Government in February 2026. However, following the user consultation it was felt that this was not a priority for users at this time
- technological delivery mechanisms: the LMEP team considered an REA on effectiveness, equity, and cost-effectiveness of digital tools in active labour market policies, such as apps, digital support, and the use of AI for both in work and out of work people. While there was some interest in this from users in relation to health conditions and mental health support, this did not come through as a high priority area in the user consultation
- mental health support: there was interest from users in what works to support people with mental ill-health, particularly as this is often seen in combination with other support needs. However, rather than this being a specific review theme, the LMEP team are proposing to cover this within broader health and disability focused reviews.

5.1 Umbrella review: what works to support disabled people and people with health conditions into employment?

The [Mayfield Review](#) highlighted the scale and urgency of the challenge, identifying that over 2.8 million working-age people are economically inactive due to ill-health, over 800,000 more than in 2019. While there is a substantial and diverse evidence base on ALMPs designed to support people with health conditions and disabled people into work, this evidence is currently fragmented. Existing research tends to focus either on specific interventions, identifying the specific mechanisms which drive outcomes, or on what works to support groups, such as people with specific physical or mental health conditions, neurodivergent people, and/or disabled people. The user consultation phase identified that supporting people with health conditions or disabled people and/or people with neurodiversity was a priority across MSAs, ICBs and Connect to Work clusters but navigating the dispersed evidence base was difficult. This umbrella review will consolidate knowledge across this broad area to identify common features of employment support interventions that are effective in supporting disabled people and/or people with neurodiversity. Professor Adam Whitworth, University of Strathclyde, who specialises in employment support programmes, and Dr Fernanda Aguilar Perez, Royal Society for Public Health who specialises in public health will provide expert advice on this review.

5.1.1 Research questions

Primary RQ1: What are the interventions and mechanisms of employment support that succeed in moving people with health conditions, disabled people and/or people with neurodiversity into employment?

- Are there particular interventions or mechanisms that drive successful employment outcomes?
- How do these mechanisms interact to drive movement into employment?
- What are the necessary conditions for successful delivery?
- What are the most effective mechanisms of employment support for individuals with specific health conditions or neurodivergent conditions, or disabled people?
- How, if at all, do employers engage in interventions?

Primary RQ2: How are interventions delivered in accessible ways?

- What mechanisms are most successful to supporting sustained engagement in interventions?

- Who delivers programmes supporting people with health conditions or neurodiversity, or disabled people into employment? Does this have any influence on the effectiveness of an intervention?

5.1.2 Summary of inclusion and exclusion criteria

Included papers are systematic reviews, meta-analyses or existing umbrella reviews that prioritise RCTs or other quasi-experimental designs. Reviews may explore programmes delivered at a national, regional or local level in high income countries after 1997 and should have been completed in the last 10 years. Employment outcomes should be the primary focus of the papers. Supported Employment will be included. Reviews that have a primary focus on understanding what works to support health, social or education outcomes will be excluded. Comparison groups should comprise a similar population that did not receive support from a programme or intervention, received 'business as usual' support, or support from other programmes.

5.1.3 Evidence standards

We will use the CASP Systematic Review checklist to assess the quality of evidence included in this review. Unlike other reviews being completed as part of the LMEP, this umbrella review will synthesise evidence from existing systematic reviews, each of which will already have completed quality appraisals for included studies. Therefore, the umbrella review will appraise the quality of each systematic review included in the synthesis based on the overall quality of the evidence it includes. As reviews may contain a combination of quantitative and qualitative evidence, we have determined the Maryland scale and GRADE-CERQual to be inappropriate for this review given their focus on quantitative and qualitative evidence, respectively.

5.1.4 Outputs

- Standalone infographic on what drives success for interventions or mechanisms.
- Webinars exploring interventions or mechanisms.
- Short reports on interventions or mechanisms.

5.2 Systematic review: What works to support the in-work retention of disabled people and people with health conditions?

Evidence on what works to support people with health conditions and disabled people to remain in work was identified as a key evidence gap in the user consultations, by staff delivering Connect to Work and aligns with current government priorities and the Mayfield review around supporting job retention. It is well evidenced that when people leave employment, the likelihood of returning to work declines the longer they remain out of the labour market. As a result, improving the retention of employees with health conditions and disabled people, both physical and mental, is an important focus. Alongside this, there is growing interest in interventions designed to prevent the development or worsening of health conditions in the workplace of health conditions at work.

This systematic review will synthesise evidence on the implementation and evaluation of health-focused programmes and interventions that aim to support the retention of people with health conditions and disabled people in employment, including interventions that focus on employers (for instance the employer role and the support employers perceive as needed). Initial scoping of this topic area has identified three systematic reviews, however the most recent was published nine years ago in 2017. Therefore, we feel there is value to be added from this review, and the time gap since the last is in line with [Cochrane guidance](#) that states the median amount of time lapsed before a systematic review requires updating is 5.5 years. Henry Overman, WWCLEG, will provide expert advice on evidence standards for this review.

5.2.1 Research questions

Primary RQ1: Which interventions improve workplace retention of employees with long-term health conditions and disabled people?

- How are effective interventions delivered and what conditions are required for success?
- What do interventions involve (for example transition or accommodation plans with employers)? What are the key mechanisms within interventions?
- What works for whom? For example people with different demographic traits, such as women over 50 or different interventions for different conditions (mental or physical)?
- Where the facilitators or barriers to implementation?

The evidence will be categorised by type of intervention (for example health, attitudinal), whether interventions were mandatory or voluntary and by type of implementing organisation (for example employer, government, third party) and whether it included assessments of cost effectiveness and scalability of interventions.

5.2.2 Summary of inclusion and exclusion criteria

Inclusion criteria Interventions delivered in high-income OECD countries, targeted at working age populations (16 years to state pension age) who are unemployed. Primary outcomes should include in-work retention, reductions in sickness absence and increased return-to-work, secondary outcomes should include improved health and wellbeing and wages.

Exclusion criteria Interventions delivered in low- and medium-income countries or non-OECD high income countries targeting individuals who are either unemployed or economically inactive. Employment support for this group often differs in design and/or delivery from support for those who are already in work and including both types of programmes would conflate intervention models that are inherently distinct, limiting the applicability of the review's timings.

5.2.3 Evidence standards

The intention is to synthesise and disseminate the best quality and most relevant evidence to meet stakeholder needs, and to provide an indication of the strength of each element of the evidence for readers. Study designs should be high quality, robust impact studies with a suitable comparator group, and identified as Maryland scale level 3 or above.

5.2.4 Outputs

A research report supported by dissemination activities and development of user-friendly and accessible materials in line with the preferences identified through consultation with the user panel. Potential outputs include creating an evidence map of evidence (such as using EPPI mapper), providing contextualised examples of effective practice, and hosting a webinar with contributions from relevant programme teams.

5.3 REA 1: Local implementation and evaluation of work and health Active Labour Market Programmes: What enables effective design, delivery and evaluation?

The effective integration of work and health support in ALMPs is a priority for local and regional stakeholders. There have been several recent programmes and interventions such as the WorkWell and Individual Placement and Support in Primary Care pilots, focused on designing, implementing and evaluating work and health-focused support. The need for this REA was identified by DWP prior to the user consultation phase. However, users in all roles and in all organisations also identified that a better understanding of successful local implementation and evaluation was a key priority for them.

This REA will synthesise evidence about the implementation and evaluation of health-focused local programmes and interventions that aim to improve labour market outcomes. By identifying features of good practice in the implementation of work and health ALMPs and synthesising the enablers and barriers to their local evaluation, the evidence review will disseminate messages about ‘what works’ for local policymakers. Dr Elle Carter, University of Oxford, will provide expert advice on this review. She brings expertise in governance and partnerships in the context of work and health programmes.

5.3.1 Research questions

Primary RQ1: How have local partnerships, governance structures, and funding arrangements contributed to the effective design, delivery, and evaluation of work and health active labour market interventions?

- Design and implementation:
- What forms of structures, partnerships, and governance have been most and least effective in designing and delivering effective programmes and interventions?
- How have local communities and service users been involved in designing and delivering effective programmes and interventions?
- How have funding models shaped programme and intervention design and delivery?
- Local evaluation:
 - What has enabled the effective use of management information data at the local level to support monitoring and evaluation?
 - What does ‘effective use’ of such data look like?

- How has learning been shared between stakeholders and localities to support monitoring and evaluation?
- How have local stakeholders built and sustained evaluation capacity and capability?

5.3.2 Summary of inclusion and exclusion criteria

Programmes or interventions that target people in England, Scotland, Wales, or Northern Ireland of working age with a health condition or disabled people that may act as a barrier to entering or progressing in work. Programmes or interventions that are delivered locally with a health focus to support people to find, stay in or progress in work. Locally focused or differentiated evaluations from 2017 onwards to focus on developments following local devolution settlements and the start of the final round of European Social Fund (ESF) funding. The review explores individual outcomes, wider elements of system change, and examples of effective practice.

5.3.3 Evidence standards

The intention of the REA is to synthesise and disseminate the best quality and most relevant evidence to meet stakeholder needs, within the programme resources, and to provide an indication of the strength of each element of the evidence for readers. We will apply the criteria for evidence assessment used by the Youth Endowment Fund to markup whether evidence is a very low, low, medium or high confidence primary study. Studies with a very low confidence rating will be excluded from the review. Given this REA focuses on local and often small-scale evaluations, the standard of evidence is necessarily lower than for the other REAs.

5.3.4 Outputs

A research report supported by dissemination activities and the development of user-friendly materials in line with the preferences identified through consultation with the user panel. Potential outputs include creating a map of relevant interventions, providing contextualised examples of effective practice, and hosting a webinar with contributions from relevant programme teams. The user consultation suggested that people wanted to hear from those with direct experience to talk through complex challenges. The available evidence showed that contextualised examples are needed to avoid overgeneralised and simplistic findings.

5.4 REA 2: How can employers be encouraged and supported to recruit disabled people and people with health conditions?

User consultation workshops highlighted a clear request for information that could be used by local authorities delivering Connect to Work to help encourage and support local employers, particularly small and medium sized employers (SMEs), to recruit people with health conditions and disabled people. There is substantial evidence on supporting vulnerable employees. However, evidence on what works to encourage and support employers, particularly SMEs, have not been brought together in a dedicated, robust evidence synthesis. There is an opportunity to examine a range of factors that influence recruitment, and identify which strategies are effective, including work patterns, employer size, and type of health condition or disability. Dr Fernanda Aguilar Perez, Royal Society for Public Health, will draw on her expertise on public and workplace health to provide expert advice for this review.

5.4.1 Research questions

Primary RQ1: What are the most effective ways for employers, particularly SMEs, to recruit disabled people and people with health conditions?

- How does this differ by sector, employer size, geography (urban or rural), local economy?

Primary RQ2: What enables employers, particularly SMEs, to increase their recruitment of people with health conditions and disabled people? For example time (capacity), knowledge (capability), experience, support (internal HR and external local authority or delivery organisation staff?).

- Does this differ by sector, employer size?
- What are the main barriers employers face that influence the extent to which they can or are willing to recruit people with health conditions and/or disabled people, and how can they be overcome? For example, attitudes and perceptions; local labour market conditions.

Primary RQ3: What information can be provided by ALMP practitioners to employers to encourage and support the recruitment of disabled people and people with health conditions? For example, how to implement job design or job carving, offer flexible working patterns and adapt recruitment practices to meet the needs of disabled people or people with health conditions; information on the benefits of a diverse workforce to the employer and local economy, and the ease of adjusting hiring processes.

- Are these also applicable to people with caring responsibilities and people with fluctuating availability to work?
- Is there evidence of any other ways employers can be supported, for example employer forums and networks?

5.4.2 Summary of inclusion and exclusion criteria

Inclusion criteria: inclusive recruitment and recruitment practices, such as flexible working, job design or carving, additional support possibly via Access to Work or employee assistance programmes in high-income OECD countries. Evidenced in impact studies, process studies, qualitative research, REAs, economic analyses or systematic reviews. Exclusion criteria include supported employment, self-employment, retention initiatives, pre-1997 (tbc), and interventions delivered in low- or medium-income OECD countries.

5.4.3 Evidence standards

The intention of the REA is to synthesise and disseminate the best quality and most relevant evidence to meet stakeholder needs, within the programme resources, and to provide an indication of the strength of each element of the evidence for readers. We will apply the criteria for evidence assessment used by the Youth Endowment Fund to markup whether evidence is a very low, low, medium or high confidence primary study. Studies with a very low or low confidence rating will be excluded from the review.

5.4.4 Outputs

Concise research report (around 20 pages), a practical 'how to' guide (2 pages) for employers detailing evidence of what works when employing disabled people and people with health conditions, and the benefits, and a 'top tips' sign-posting document (1 to 2 pages) for further information and advice. An online webinar will be hosted to share the findings of the review with local delivery staff and employers. The webinar recording will be available on the LMEP webpages until at least April 2027 (contract end) and be available to the future WWCLES following this contract.

5.5 REA 3: What works, at the local level, to support people to retrain?

The effectiveness of retraining programmes is a key consideration given the current context of the UK with an ageing workforce, changes in immigration and a changing economy due to digitisation, automation, and the climate crisis. The user consultation

suggested that retraining programmes are a priority for MSAs who want to boost productivity in their regions by ensuring skills are matched with current and future jobs, and for local authority staff in areas with higher levels of employment. The delivery of effective retraining programmes may also reduce economic inactivity as there is an identified risk of older workers exiting the workforce following redundancy, if their skills do not match available jobs. This review will synthesise the evidence on how local areas can support people who are in and out of work to retrain, by identifying how to develop and implement successful retraining programmes. WWCLEG staff and Professor Sandra McNally, University of Surrey, will provide expert advice on this review. Sandra brings expertise in vocational education and labour market returns to training, while WWCLEG staff provide expertise on the impact of training and retraining at the local level.

5.5.1 Research questions

Primary RQ: What works to support workers to retrain at the local level?

- What are the features of effective retraining interventions? How does this vary for people with different characteristics and across different areas and sectors?
- What are the features of less effective retraining interventions? How does this vary for people with different characteristics and across different areas and sectors?
- What features (types of organisations, roles and mechanisms) are enablers of an effective local system to support retraining?
- How does the context (for example sector and demand) interact with the effectiveness of interventions?
- How do other programme elements (for example guaranteed interview, financial assistance) impact on the success of programmes?
- Who is best placed to deliver retraining interventions including: careers advice, and training courses?

5.5.2 Summary of inclusion and exclusion criteria

The REA includes studies focused on programme or interventions that: are active labour market programmes delivered in OECD countries; support people in work and out of work to retrain or upskill (excluding programmes that support young people to find their first job). This will include people who are in and out of work. The study will include process and impact evaluations as well as evidence reviews with a publication date of 1997 onwards.

5.5.3 Evidence standards

The intention of the REA is to synthesise and disseminate the best quality and most relevant evidence to meet stakeholder needs, within the programme resources, and to provide an indication of the strength of each element of the evidence for readers. We will apply the criteria for evidence assessment used by the Youth Endowment Fund to markup whether evidence is a very low, low, medium or high confidence primary study. Studies with a very low or low confidence rating will be excluded from the review.

5.5.4 Outputs

Findings from the evidence review will be written into a concise research report (around 20 pages in length). This will be supported by dissemination activities and the development of user-friendly materials in line with the preferences of the user panel. It is likely this will include a high-level summary of retraining interventions including their cost, their impact and the strength of available evidence. This is in line with preferences expressed by participants in the user consultation stage for reliable high-level summaries of what works and for whom. This will be accompanied by a webinar where MSAs can share their experiences of the challenges and benefits of delivering re-training programmes.

5.6 REA 4: What measures, tools and indicators are most useful to measure progress towards employment?

Active labour market programmes often primarily aim to move people into work (or better work) or training that will help their employment prospects in the longer term. However, not all people who engage with ALMPs will achieve these ‘hard’ outcomes, particularly those who are furthest from the labour market. It is therefore important to measure progress towards work, through soft outcomes and distance travelled, to get a full picture of the impact of a programme.

The user consultation phase identified interest from stakeholders in how to support and measure the progress of those who face higher barriers to employment. For Connect to Work clusters, this came from their need for better evidence to support participants on Connect to Work who were further from the labour market than anticipated. Professor Adam Whitworth, University of Strathclyde, who specialises in employment support programmes will provide expert advice for this review.

5.6.1 Research questions

Primary RQ: What measures are most useful to track progress towards work for participants on ALMPs and wider support programmes?

- What soft outcomes should be used to measure progress towards work within ALMPs (for example wellbeing, work readiness, skills development)?
- What are tried and tested measures to capture soft outcomes that allow measurement of distance travelled towards work?
- What kinds of evaluation best captures movement towards work?
- What tools or frameworks are best used for different populations?

5.6.2 Summary of inclusion and exclusion criteria

The REA includes studies focused on programme or interventions that are active labour market programme delivered in OECD countries. The study will include process and impact evaluations as well as evidence reviews from 1997 onwards that explore individual soft or distance travelled outcome measures. These include:

- practical work-focused skills (such as time management)
- career management skills (including job search skills, ability to write a job application letter or prepare a CV)
- interpersonal skills (including communication, social skills and coping with authority, ability to get on and work with people, team-working, individual appearance or presentation)
- organisational skills (such as personal organisation, the ability to order and prioritise, ability to manage and plan finances)
- thinking and analytical skills (for example the ability to exercise judgement, managing time or problem solving)
- personal skills and attributes (including self-management, insight, motivation, self-esteem, confidence, readiness to work, reliability and health awareness).

5.6.3 Evidence standards

The intention of the REA is to synthesise and disseminate the best quality and most relevant evidence to meet stakeholder needs, within the programme resources, and to provide an indication of the strength of each element of the evidence for readers. We will apply the criteria for evidence assessment used by the Youth Endowment Fund to markup whether evidence is a very low, low, medium or high confidence primary study. Studies with a very low or low confidence rating will be excluded from the review.

5.6.4 Outputs

Findings from the evidence review will be written into a concise research report (around 20 pages in length). This will be supported by dissemination activities and the development of user-friendly materials in line with user panel preferences. This is likely to include a how to guide summarising which tried and trusted outcome measures are most suitable for different priority groups, as well as a webinar sharing practical examples of how to measure outcomes. These outputs reflect the preference expressed in the user consultation for practical resources that have immediate relevance to policy delivery teams. They also reflect the identified gap of synthesised evidence of what works across a range of different interventions and programmes.

5.7 REA 5: What works to engage priority groups with active labour market programmes?

Effective outreach is essential to the success of ALMPs and voluntary programmes or programmes targeting under-served groups. It ensures that a wide range of people hear about support that might benefit them. This benefits individuals by supporting them to improve their circumstances, while also ensuring a programme offers good value for money for funders. However, existing evidence on what works to engage people in labour market programmes is limited. In the user consultation phase of this research, delivery staff within local authorities identified outreach as an evidence priority to support them to successfully attract people to their programmes.

This REA will bring together evidence to understand the most effective methods of outreach, who is best placed to conduct outreach, and how this might vary for different groups. It will focus on the following priority groups: economically inactive people, people with health conditions and disabled people, and young people aged 16 to 24.

Definitions of outreach differ and the term is often poorly defined or used without definition in existing outputs. For this REA, we will focus on outreach activities that aim to engage new participants with a programme, such as marketing materials, messaging, and community engagement. Outreach can also refer to an outreach service which delivers informal provision in the community outside of its usual, formal setting. For example, Jobcentre Plus work coaches may operate out of a community hub one day a fortnight to try and engage those who do not tend to use mainstream services. This type of outreach will not be included in the REA. WWCLEG staff and Professor Adam Whitworth, University of Strathclyde, will provide expert advice on this review.

5.7.1 Research questions

Primary RQ: What works to engage priority groups with labour market programmes?

- What forms does effective outreach take?
- Who is best placed to conduct outreach? How does this vary for people with different characteristics?
- What role do referrals and partnerships play in effective outreach? Which non-employability local services are the most important to engage effectively in terms of reach for referrals into employability provision?
- What are the most effective methods of outreach? How does this vary for people with different characteristics?
- What messaging, format, content and frequency is most effective at engaging people with different characteristics to a programme?

5.7.2 Summary of inclusion and exclusion criteria

The REA includes studies focused on active labour market programmes or interventions that:

- are delivered in OECD countries that target the priority groups of economically inactive people, people with health conditions and disabled people, and young people aged 16 to 24
- other programmes focused on these priority groups (for example health programmes, education, drug rehabilitation).

The study will include process and impact evaluations as well as evidence reviews from 1997 onwards that explore the effectiveness of outreach and engagement within programmes.

5.7.3 Evidence standards

The intention of the REA is to synthesise and disseminate the best quality and most relevant evidence to meet stakeholder needs, within the programme resources, and to provide an indication of the strength of each element of the evidence for readers. We will apply the criteria for evidence assessment used by the Youth Endowment Fund to markup whether evidence is a very low, low, medium or high confidence primary study. Studies with a very low or low confidence rating will be excluded from the review.

5.7.4 Outputs

Findings from the evidence review will be written into a concise research report (around 20 pages in length). This will be supported by dissemination activities and the development of user-friendly materials in line with the preferences of the user panel. It is likely this will include a how to guide setting out the key mediums and messages for attracting different populations as well as a webinar. This reflects preferences expressed in the user consultation for practical resources that have immediate relevance to policy and delivery teams.

5.8 REA 6: How can local organisations work most effectively together to support employment in communities?

The user consultation highlighted a demand across MSAs, ICBs and Connect to Work clusters for clearer evidence on how local organisations can work together effectively to improve employment outcomes. Stakeholders described multi agency working as essential but challenging. The user consultation demonstrated a clear gap in accessible evidence on the structures, mechanisms and conditions that underpin effective integration. To meet this need, this REA will synthesise evidence about the design and implementation of programmes that aim to improve labour market outcomes by integrating employment services with other local provision. It will examine the structural and system factors that support effective collaboration, and how to measure and evaluate local systems to understand the key elements needed for change in their effectiveness. WWCLEG staff, Megan Streb and Victoria Sutherland, and Professor Sandra McNally, University of Surrey, will provide expert advice on this review. WWCLEG have expert knowledge on local economic growth and work closely with MSAs who would be one of the user groups for this review, while Professor McNally brings expertise on the importance of skills in the labour market, and how these systems interact.

5.8.1 Research questions

Primary RQ1: What interventions linked to local housing, public health, education and skills or transport are most effective at supporting improved labour market outcomes for participants?

- What are the mechanisms and factors for effective partnership working to support employment outcomes?
- What depth of partnership integration is most effective in supporting individuals into work, for example co-location, shared systems?
- How can effective local ecosystems be grown, measured and evaluated?
- Partnership working and collaboration:

- How can formal partnership structures (forums, boards and stakeholder groups) best bring different local stakeholders together to add value, complement support provision, and identify and rectify gaps in provision?
 - What barriers are there to effective collaboration between partners and how can these be overcome?
- Governance and structures:
 - What governance structures contribute to effective partnership building and collaboration between local stakeholders in employability?
 - What systems integration (data, legal or IT) is needed at a local level to support collaborative working that is effective in supporting employment outcomes?
 - How can management information sharing between partners contribute to shared goals?

5.8.2 Summary of inclusion and exclusion criteria

Programmes and interventions that involve multi-agency working across employment, skills and public health that include third sector and contracted provision, as well as statutory organisations such as local government and devolved authorities, and being delivered predominantly to the adult population. Nationally commissioned programmes are included where they are organised and delivered locally. Programmes designed and led nationally are excluded, as are those focused on those outside of working age. This review will explore studies across high income countries.

5.8.3 Evidence standards

The intention of the REA is to synthesise and disseminate the best quality and most relevant evidence to meet stakeholder needs, within the programme resources, and to provide an indication of the strength of each element of the evidence for readers. We will apply the criteria for evidence assessment used by the Youth Endowment Fund to markup whether evidence is a very low, low, medium or high confidence primary study. Studies with a very low or low confidence rating will be excluded from the review.

5.8.4 Outputs

- Concise research report (around 20 pages).
- Toolkits or frameworks for MSAs, LAs co-ordinating integrated services, including How To guides or case studies.

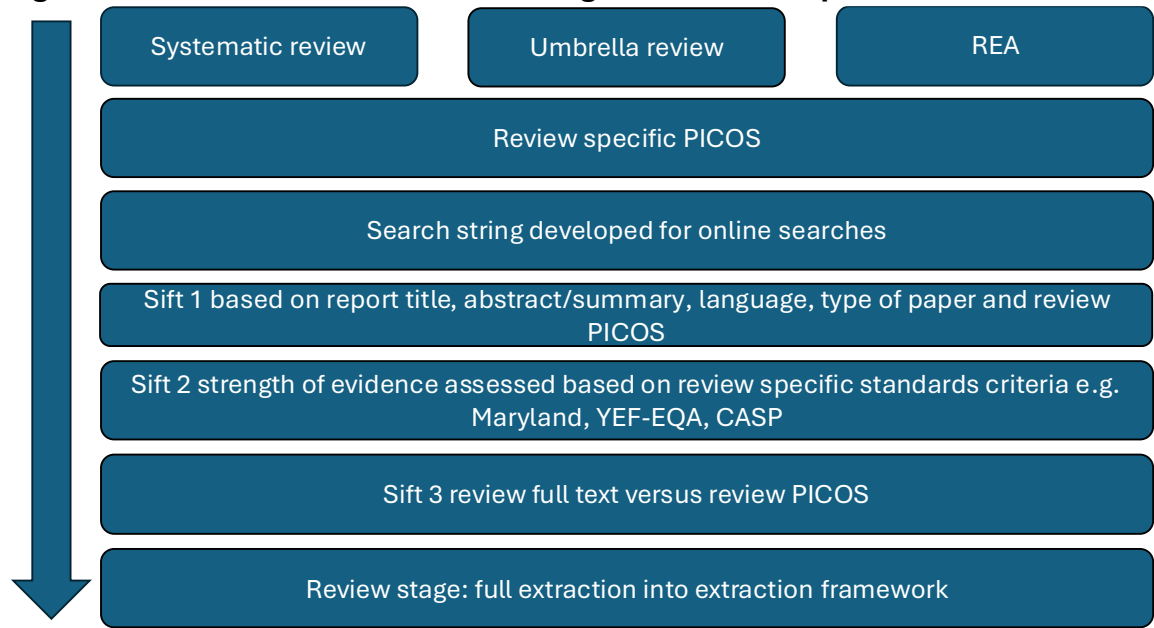
6. Approach to evidence reviews

This section sets out the LMEP’s approach to evidence synthesis, quality, and the use of Artificial Intelligence (AI).

6.1 Review process

Each evidence review will follow a similar process, with the parameters of the review specified in using a PICOS (Population, Intervention, Comparison, Outcome, and Study Design) framework, multi-stage sifting and review to identify ‘in scope’ evidence of the required quality and extraction into a specified framework (Figure 4).

Figure 4: Labour Market Evidence Programme review process



Source: IES and L&W, 2026.

This is a diagram showing the different stages of sifting for systematic, umbrella, and rapid evidence reviews. It begins with a Review specific PICOS. Then a Search string developed for online searches. Then Sift 1 is based on report title, abstract or summary, language, type of paper and review PICOS. Then Sift 2 determines the strength of evidence assessed based on review specific standards criteria, such as Maryland, YEF-EQA, CASP. Then Sift 3 reviews the full text versus the review of PICOS. Finally the Review stage entails a full extraction into extraction framework.

6.2 Evidence standards

A pragmatic approach to evidence inclusion criteria will be taken and tailored to each review type outlined below. This approach balances the areas of interest expressed by stakeholders in the user consultation, the need for reliable and trusted evidence reviews and the quality and quantity of evidence available for each review theme.

6.2.1 Rapid evidence reviews

Rapid evidence reviews will use the Youth Endowment Fund Evidence Quality Assessment (YEF-EQA) tool to assess primary research. This tool was used for the Youth Futures Foundation Evidence and Gap Map and REA 1 (local implementation and evaluation of work and health ALMPs) in this programme of work. The tool will be used to assess whether the overall quality of the evidence is high, moderate, low or very low. The benefit of this tool compared with others is that it enables the inclusion of qualitative and mixed methods evaluations that will be of value to this programme of work and the proposed themes for the reviews, that other quality assessment tools, such as the Maryland Scale, do not (see Section 6.2.2).

The evidence assessment process will use these standards to assess each study against the following criteria (where applicable to study types):

- quality of individual studies (including design, clarity of evaluation questions, clarity of the methodology, assessment of potential bias, and effective use of administrative data)
- quality of recruitment and sampling (including clear sampling and recruitment strategy; and appropriateness of strategy to evaluation questions)
- positionality, assumptions and biases (including whether the researcher's own position, assumptions and possible biases are outlined)
- clarity of outcomes (whether the outcomes are clearly defined, whether outcomes have been measured, where appropriate, using an existing, validated measurement tool, whether confounding has been adequately controlled; were outcomes reported with equal emphasis, does the study consider extenuating factors, such as trial was stopped early)
- robustness of the data analysis process (including whether the data analysis approach is adequately described and sufficiently rigorous)
- validity of implications and recommendations (whether the implications or recommendations are clearly based in the evidence from the study)
- consideration of treatment and comparison groups (including whether assignment to treatment and comparison groups is done at the appropriate level, such as individual, community, and whether the methods used to assign participants to treatment and comparison groups are sufficiently rigorous).

Each item will be rated as High (3 points), Medium (2 points) or Low (1) point. The final score will be calculated as a percentage of the applicable maximum points (as relevant to the study design). This percentage score will be used to determine the overall quality of the study as High (90 to 100%), Moderate (70 to 89%), Low (50 to 69%), or Very Low (below 50%). It is our intention that very low- and low-quality studies will be excluded, however this will be assessed for each review as the full searches are completed and scored and the quantity of evidence is known. Should this tool suggest excluding a study that appeared in a peer-reviewed journal, the team will look at it closely before rejecting it. Where studies are included and reviewed, consideration of these scores (and their individual components, for example the methodology used, the relative validity of findings) will inform any caveats about the relative strength of evidence.

Quality of evidence will be assessed by two members of staff, and any discrepancies will be reviewed by the project manager. Each review team will share lessons learned with other review teams to ensure consistency across reviews, and where possible staff will work on more than one review.

Should it be deemed useful to include existing systematic reviews and REAs in the LMEP's rapid evidence assessments, we will use CASP Systematic Review checklist to assess the quality of this evidence. This assessment appraises systematic reviews on the following 10 elements which we feel will work equally well to assess REAs:

- Section A: Are the results of the review valid?
 - Did the review address a clearly focused question?
 - Did the authors look for the right type of papers? For example, to address the review question with an appropriate study design.
 - Do you think all the important, relevant studies were included?
 - Did the review's authors do enough to assess quality of the included studies?
 - If the results of the review have been combined, was it reasonable to do so? For example, were the results of included studies clearly displayed if combined, were variations discussed.
- Section B: What are the results?
 - What are the overall results of the review?
 - How precise are the results?
- Section C: Will the results help locally?
 - Can the results be applied to the local population?
 - Were all important outcomes considered?
 - Are the benefits worth the harms and costs?

6.2.2 Systematic reviews

For systematic reviews, we propose synthesising only evidence that meets the Maryland Scientific Methods Scale (SMS) of 3 or above. This is in line with advice from What Works Growth to use narrower inclusion criteria for evidence reviews where possible. The SMS is a five-point scale for assessing the robustness of causal inference, primarily in quantitative evaluations. Its focus is on whether an intervention caused an observed change, which requires statistical comparison and counterfactual reasoning. The levels range from 1 for evaluations based on simple cross-sectional correlations, to 5 for randomised control trials. Table 6.1 outlines the SMS level, description and strength of evidence indicator. A limitation of the scale is that it does not include or rate evaluation methods that consider contribution to change, or qualitative impact methods, which may be best placed to evaluate active labour market policies in complex contexts, or with limited resources.

Table 6.1 Maryland Scientific Methods Scale (SMS)

Level	Description	Strength indicator
1	Studies based on simple cross-sectional correlations, with no control for other factors	Weak
2	Before-and-after studies without a comparison group	Limited
3	Comparisons between treated and untreated groups, but without strong controls for differences	Moderate
4	Quasi-experimental designs (QEDs) using matched comparison groups or statistical controls to approximate counterfactuals	Strong
5	Randomised controlled trials (RCTs)	Very strong

Source: [The Maryland Scientific Methods Scale from What Works Growth](#) (Accessed 17 March 2026).

6.2.3 Umbrella reviews

For the umbrella review of ‘what works to support people with health conditions and disabled people into employment’ we propose using the CASP Systematic Reviews

checklist presented in Section 6.2.1 above as the framework to assess and sift evidence based on its methodology.

6.3 Extraction frameworks

Short-listed studies for full review will be included in a grid extraction framework outlining the PICOS (Population, Intervention, Comparison, Outcome, and Study Design) information for each, and the research questions they address. However, studies included in the REAs and umbrella review will not necessarily have comparison groups due to the qualitative nature of the research included.

Where appropriate we will include the Updated Consolidated Framework for Implementation Research (CIFR) to help compare studies across settings and identify factors influencing implementation. This approach and the quality assurance process will be tested during, and reviewed following, REA 1.

Review extractions will be quality assured by having a second staff member review any extractions that the initial reviewer finds challenging, and having a senior team member and with good knowledge of existing evidence review the completed framework, and agree inclusion and exclusion criteria with Expert Advisors for each review. Individual review teams will have monthly meetings with other review teams where learnings and best practice tips can be shared. For reviews not running in parallel with other reviews, such as REA 1, there will be a review debrief with other review teams to share learning.

The Updated CFIR includes five domains, each with multiple constructs and subconstructs:

- innovation: focuses on the characteristics of the intervention and includes aspects like adaptability, complexity, relative advantage, and cost. It explicitly considers how innovations are perceived by both recipients (those benefiting) and deliverers (those implementing)
- outer setting: captures external influences on implementation, and includes local attitudes and conditions, financing and resource pressures, societal and market pressures, and performance measurement pressures. It includes the role of national policy, regulations, and external incentives
- inner setting: this focuses on the organisational context where implementation occurs and includes culture, leadership engagement, readiness for implementation, and structural characteristics
- individuals: this includes roles (such as leaders, team members), and characteristics (mapped to the COM-B model (Capability, Opportunity, Motivation)). The domain emphasises how individual attributes and roles influence implementation success
- implementation Process Domain: this domain includes collaboration, assessing needs and context, tailoring strategies and engaging recipients.

6.4 Communicating the evidence standards to users

The evidence standard aims to enable users of LMEP evidence to clearly and ‘at a glance’ know the type, purpose and strength of evidence of review findings. Figure 6 sets out the proposed evidence standard which seeks to take account of the variety of research methods and quality of research used to evaluate ALMPs included in this programme of work. The standard seeks to represent the realities of the diverse evidence base, making clear the evidence type and methods used, and combining the Maryland SMS and YEF-EQA standards. The evidence standard for each mechanism will be assessed by the following criteria (see Figure 5).

Figure 5 Rationale underpinning proposed evidence standards

Evidence type	Strength of evidence
Causation - this type of evidence demonstrates that the activity directly produced the outcome (X directly causes Y). Causation can only be stated if strong causal research methods were used in evaluations, such as Randomised Controlled Trials, or Quasi-Experimental Designs.	High (SMS Level 5 to 3).
Influence on outcome - evidence that shows the intervention helped to achieve the outcome, alongside other factors, and explains how, why and for whom. Influence on an outcome can only be stated if the evidence used quantitative methods, qualitative methods, and/or mixed methods, and the evaluation or evidence set out a clear programme logic and/or Theory of Change.	High (Quantitative designs will be SMS Level 1 to 2 with YEF-EQA rating of High). Moderate (Quantitative designs will be SMS Level 1 to 2 with YEF-EQA rating of Moderate). Low (YEF-EQA rating Low).
Indicative or promising - evidence that suggests or signals potential to influence an outcome. This type of evidence will be less developed, for example in a test and learn phase, or developing hypothesis. It might have used methods such as descriptive analysis and case-studies.	YEF-EQA ratings High, Moderate, Low.

Source: IES and L&W, 2026.

Before proceeding with this evidence standard, User Panel members will be asked for feedback on:

- What parts of the language used in the evidence standards is immediately clear or unclear? Are any of the terms overall technical?
- How confident would you feel using or explaining a rating to a colleague or senior leader?
- Would the evidence standards help you compare different types of evidence?
- What would you change to make these evidence standards more useful for your role?

6.5 Approach to Artificial Intelligence (AI) in reviews

As Artificial Intelligence (AI) technologies continue to evolve, the role of AI in evidence reviews is expanding. However, evidence on the usefulness, credibility and accuracy of AI in evidence reviews is mixed. The user consultation phase of the LMEP identified that credible, trustworthy outputs were key requirements of this programme of work. Therefore, ensuring alignment with Responsible use of AI in Evidence Synthesis (RAISE) guidelines, AI assistance has been carefully considered. The proposed approach outlined below is for the literature management tool, Covidence, to support the search and sifting process. This will be monitored and quality assured at each stage of its use to safeguard the validity and reliability of evidence reviews and retain excellence.

6.5.1 Searches

RAISE guidelines encourage AI models not to be treated as knowledge bases and note that their access to up-to-date publications can be limited. Therefore, AI will not be used to search databases for literature but may be used to check if searches have missed any evidence and to enhance search strings to ensure they include a range of synonyms and lexical variations of keywords suitable to the database or site being searched. This will enable searches to uncover a wider range of evidence, particularly international research, and increase confidence in the search results.

6.5.2 Literature screening and extraction

Literature screening and extraction are the most resource intensive elements of the evidence review process. The literature management tool proposed for use in the LMEP, Covidence, has in-built automation functionalities. These include:

- de-duplication: removing duplicate references by identifying identical titles and abstracts imported from different databases. This supports time efficient sifting

- the Cochrane RCT classifier and other similar research classifiers: using paper titles and abstracts these tools identify the research methodology, supporting more efficient identification of high-quality evidence
- sorting by relevance: as researchers progress evidence reviews, machine learning built into document management software analyses the documents being included and excluded, and the reasons for the decision made, and assesses the remaining documents likelihood of meeting the inclusion criteria. References are then re-sorted to present those more likely to be included first, offering a more efficient screening process for the research team. However, each decision for inclusion or exclusion will be made by the research team.

RAISE’s assessment of the current state of AI tools indicates that AI requires well-defined prompts to successfully extract data from research, which subsequently reduces its ability to identify nuance between papers. Additionally, RAISE outlines a high risk of hallucination, resulting in incorrect or non-existent evidence being extracted. Subsequently, AI will not have a role in the extraction of information from evidence papers to retain user confidence in final outputs.

6.5.3 Other AI tools considered

The scoping phase of the LMEP also explored the AI-assistance set out in the proposal. Table 6.2 outlines the software and services explored and the reasons these will not be used for the LMEP.

Table 6.2 AI tools not proposed and rationale

AI service or software	Reason for not using
O-X.ai	O-X.ai delivers an AI-led approach to reviews, which does not enable the human-led approach underpinning the credibility of the LMEP.
Research Rabbit	Research Rabbit acts as a tool to search for evidence, manage documents and explore connections between evidence. Echoing RAISE guidelines, the LMEP will not treat AI tools as knowledge bases. Instead, researchers will lead searches and documents will be managed in either EPPI or Covidence.
AS Review	AS Review supports the screening of evidence. Similar functionality is built into EPPI reviewer and Covidence, which also act as document management and extraction software.

AI service or software	Reason for not using
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Elicit	Elicit is primarily used to extract information from research. In response to RAISE guidelines, the human-led approach of the LMEP will prioritise a researcher review of each paper to extract relevant information.
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7. Dissemination and communication strategy

This section details the proposed outputs from this programme of work, how we plan on maximising their reach and effectiveness, a timeline of activity and how engagement will be measured.

We are mindful that in the early months of the LMEP we will not have many outputs, so we cannot rely on these to be visibility points. Raising the profile of the LMEP in the early months will be critical, and we will use REA 1 on local implementation and evaluation to generate initial interest. IES and L&W will promote all LMEP outputs via their monthly newsletters and LinkedIn channels, to raise awareness of the information as it is released and promote webinars and workshops. Where appropriate, we will work with Youth Futures Foundation and WWCLEG for them to promote LMEP outputs as well. We will encourage users to join L&W and IES newsletters to be kept informed of LMEP activities.

The LMEP are keen to develop deep engagement with a core set of stakeholders and will work with the DWP Steering Group and WWCLEG to identify who these should be. For example, some of the more established MSAs or developing MSAs with a keen interest in engaging with existing evidence.

7.1 Labour Market Evidence Programme outputs

The outputs presented below expand on those in our original proposal and reflect the user consultation feedback. We would welcome further discussion and agreement of these with DWP.

7.1.1 Website

Mindful that the future WWCLES, which will be established in early 2027, will continue and grow the work undertaken in the LMEP, we propose the IES websites hosts dedicated LMEP webpages. These webpages will contain:

- all the outputs from this programme of work
- links to other useful sites (for example Youth Futures Foundation toolkits that are of use to local authority users)

- calls for evidence for each review
- information about upcoming dissemination activities such as events.

The initial webpage will go live in May 2026, when the first rapid evidence review outputs are published, with text explaining what the programme of work is, links to calls for evidence and advertising the upcoming webinar series. Links to useful sites will be added May 2026 onwards, along with links to EPPI-mapper evidence and gap maps as and when these are produced for individual evidence reviews. This activity is a variation from the bespoke website in the original proposal to DWP, before the decision was made about a future WWCLES. The suggested approach makes best use of resources and avoids duplication.

7.1.2 Workshops or webinars

We will run eight online webinars and three in person workshops between May 2026 and March 2027. These will be a mix of review specific and cross-cutting drawing on multiple reviews or applying findings to local contexts or local labour market conditions. While these events will be chaired by IES or L&W staff, and include LMEP content, we propose ensuring local organisations, employers, MSAs co-present these sessions to enable peer learning and provide real life experiences.

The proposed number of webinars and workshops is higher than in our original proposal to DWP following advice from the Expert Panel and reflecting on information gained during the User Consultation. Webinars are a very good engagement tool; IES's webinars regularly attract more than 100 attendees, and the recordings will be promoted in IES and L&W's monthly newsletters, LinkedIn and on dedicated webpages to maximise access and engagement. At least some of these webinars will be scheduled over lunchtimes to facilitate a 'Lunch and Learn' culture.

7.1.3 Evidence and gap maps

If required, evidence reviewed in individual reviews can be entered into EPPI Reviewer and EPPI Mapper software to make visual 'evidence and gap maps' representing the quantity and quality of available evidence for a particular theme. Our current review method includes Covidence for the file management, sift and review process, which is a tried and tested software at IES. However, should the user panel, LMEP team and DWP deem a visual 'evidence and gap map' to be of value to a review, this will be investigated further.

7.2 Monitoring online engagement

The webpage will be monitored for the number of visits and number of downloads of each output, and compared with other online activity such as IES, L&W or Youth Futures websites. We recommend this monitoring is done one month after each output is released, as that is likely when most visits will have occurred, and again in January 2027 ahead of the Lesson's Learned work.

L&W and IES will monitor social media posts on LinkedIn about this work, including impressions, clicks to content, and engagement (likes, comments, reposts and follows). An overall engagement rate for each post will be calculated. We are unable to collect this data on items that originate from other organisations and are re-shared by IES. L&W and IES will also monitor engagement (click throughs) of Labour Market Evidence Programme items in their monthly newsletter.

8. Approach to lessons learned

An integrated, iterative, and participatory approach is planned to generate Lessons Learned across the full lifecycle of the project to ensure continuous feedback, improvement, and relevance. The Lessons Learned phase will test whether the project has met its aims, delivered the intended mechanisms outlined in the LMEP ToC, met the needs of the identified user types, and generated insight for the future WWCLES.

8.1 Research questions

Pathway 1: engagement

- How included did user groups feel in the process of evidence synthesis and dissemination?
- Were user panels and consultation activities accessible and meaningful for those involved?
- Did those involved in the user consultation and panels feel their views shaped the review questions, outputs, and priorities?
- Did the motivation of user groups to engage increase, decrease or stay the same across the programme? Why?
- Were any key user groups or perspectives missing in the initial engagement?
- Did capacity constraints (time, organisational changes, competing priorities) affect users' ability to participate in the engagement activities?

Pathway 2: quality

- How relevant, credible and trustworthy did stakeholders find the evidence reviews and outputs?
- Were the evidence standards communicated clearly and helpfully?
- Did the synthesis feel transparent in how studies were selected, appraised and weighted?
- To what extent did the evidence reviews reflect identified user groups' evidence needs (on priority groups, systems, employers, outcomes, or data)?
- Did the programme avoid duplicating and build-upon evidence already available?
- Did the evidence provide actionable insight for users specific context (MSA, ICB or Connect to Work cluster)?
- Which important questions remain unanswered?
- What evidence gaps should be prioritised for the future What Works Centre?

Pathway 3: ease of use

- How helpful were the outputs (reports, how-to guides, top tips, visual summaries, webinars)?
- Which formats were most or least useful for your workflow, teams, or senior decision makers?
- Were outputs written in sufficiently plain, accessible language?
- Did the evidence reviews clearly translate findings into implementable actions or design principles?
- Was it clear what works for whom, where, and under what conditions?
- Were the examples and case studies relevant to your local context?
- How effective and accessible were the communication channels (including webpages, newsletters, webinars, social media)?
- Did you find out about outputs in a timely and accessible way?
- How could dissemination be improved for future phases of the LMEP or the WWCLES?

Pathway 4: adopt and apply

- Have users used any of the evidence or tools from the LMEP to:
 - design or redesign interventions
 - inform the commissioning of services
 - influence internal strategies, business cases, or political decision makers
 - support conversations with employers, providers, or health partners/
- Has the programme improved stakeholders' ability to find, interpret or use evidence? How is this being assessed?
- Did the LMEP reduce barriers (for example time, skills, access, data quality, confidence) to engaging with evidence?
- Has the LMEP helped users build internal capability around evaluation or evidence use?
- Did the programme influence changes (small or large) in:
 - local employment support design or delivery
 - cross-agency working
 - Employer engagement
 - data use or monitoring practices.

Programme delivery:

- What worked well or could have been improved in the partnership between IES, L&W, DWP?
- What worked well or could have been improved working with the Expert Panel, and Steering Group?
- What would stakeholders change about the ways of working?
- Were timelines and expectations realistic and clearly communicated?
- How did the programme's approach to responsible, human-led AI use work in practice?
- Did AI-assisted searching or screening cause any concerns about trust or quality? How effectively did it support the work?

Recommendations for the WWCLES

- Based on the experience of the LMEP, what should the WWCLES take forward to meet user needs?
- Where are the identified needs for the future?
- What would help ensure use continues after the LMEP ends?
- What would support the transition to the WWCLES?

8.2 Methodology

User Panels, aligned to each evidence review, are involved at multiple stages to test emerging findings, review draft outputs, and advise on dissemination. Their feedback informs iterative improvements and contributes to Lessons Learned. We estimate that there will be 6 to 8 people in each User Panel, for each of the evidence reviews.

Survey of LMEP users: open link shared with colleagues engaged with LMEP user panels, and via LinkedIn and newsletters.

40 in-depth interviews: 45 minute semi-structured online. As far as possible these will be follow-on interviews with the initial interview and workshop participants and members of the user panel with representation across the evidence reviews. To mitigate poor engagement and low response rates experienced in the user consultation, the LMEP team will start the recruitment period earlier as it will again fall over the Christmas period and consider other recruitment channels such as the IES and L&W newsletters.

Reflection sessions will be held with the Expert Panel, DWP, and the Steering Group, and there will be a review of communications and dissemination metrics.

Outputs: The Lessons Learned report will describe the project successes and challenges and draw together findings on the research questions outlined above. This will include refinement of the LMEP ToC mechanisms based on feedback.