Nuffield Foundation

Unpacking the Disability Employment Gap

University of Sheffield

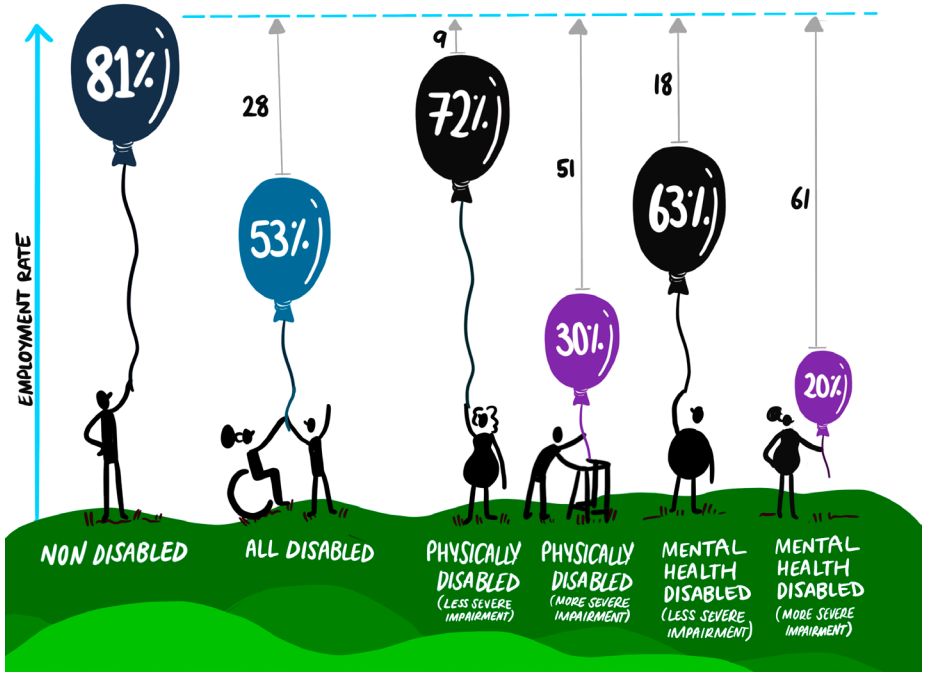
Unpacking the Disability Employment Gap

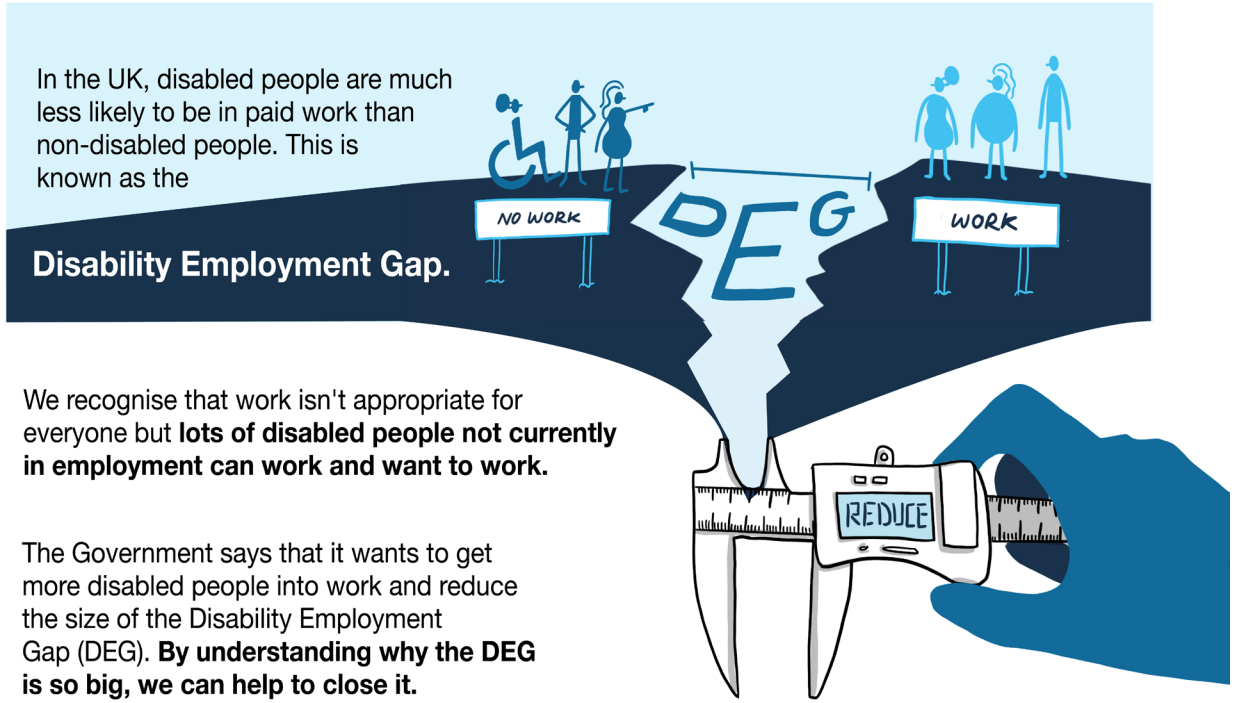
27 June 2024

Mark Bryan, Andrew Bryce, Jennifer Roberts, Cristina Sechel
University of Sheffield

The project has been funded by the Nuffield Foundation, but the views expressed are those of the authors and not necessarily the Foundation. Visit: www.nuffieldfoundation.org

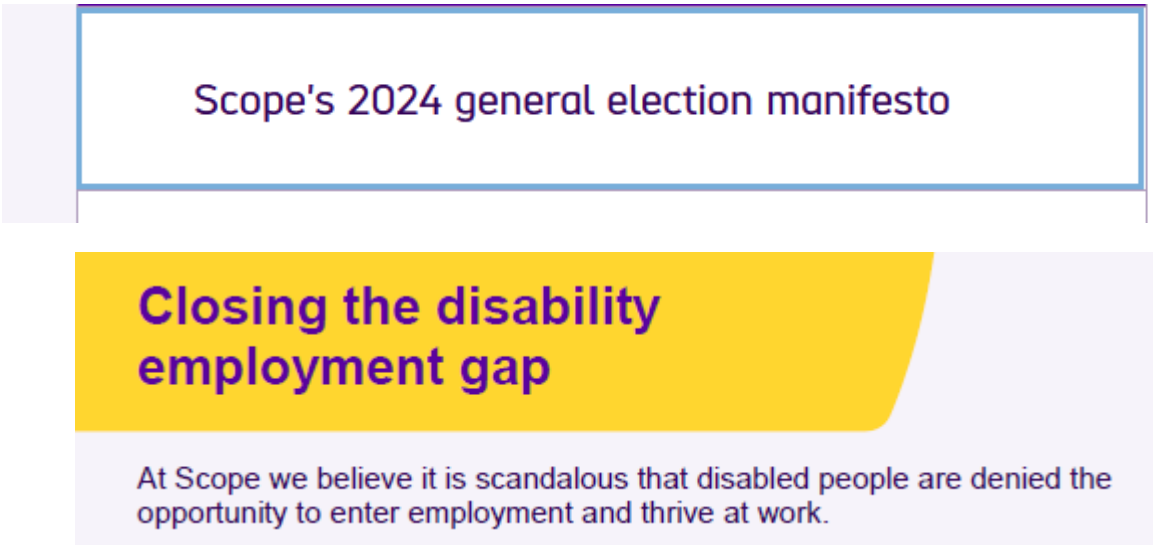
- Culmination of 3 year project, funded by Nuffield Foundation
- Aim to Unpack the Disability Employment Gap (DEG)
- DEG = difference in employment rates of disabled and non-disabled people

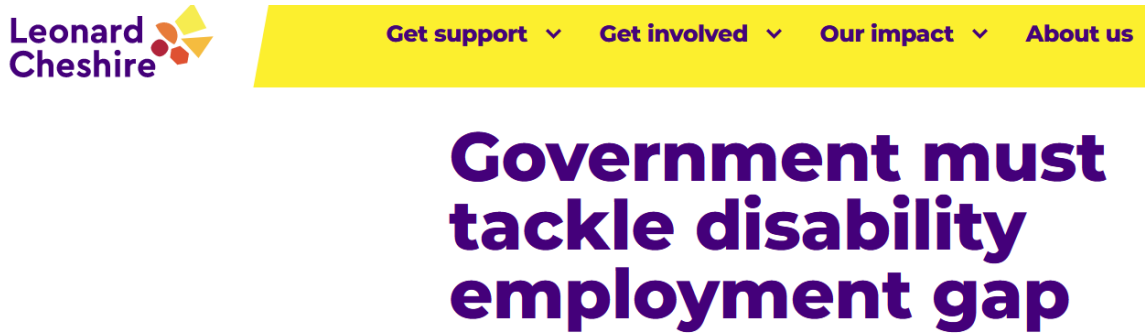




- Currently DEG is around 28-29 percentage points in UK
- But the DEG varies across demographic groups and areas; and has changed over time

- Many disabled people say they want a job but cannot get one
- Good employment can lift people out of poverty and help them flourish





- Concern amongst policy makers about size of DEG (and disabled people's low rates of employment)
- Government committed in 2016 to halve the DEG (later revised to increasing the number of disabled people in employment by 1m by 2027)

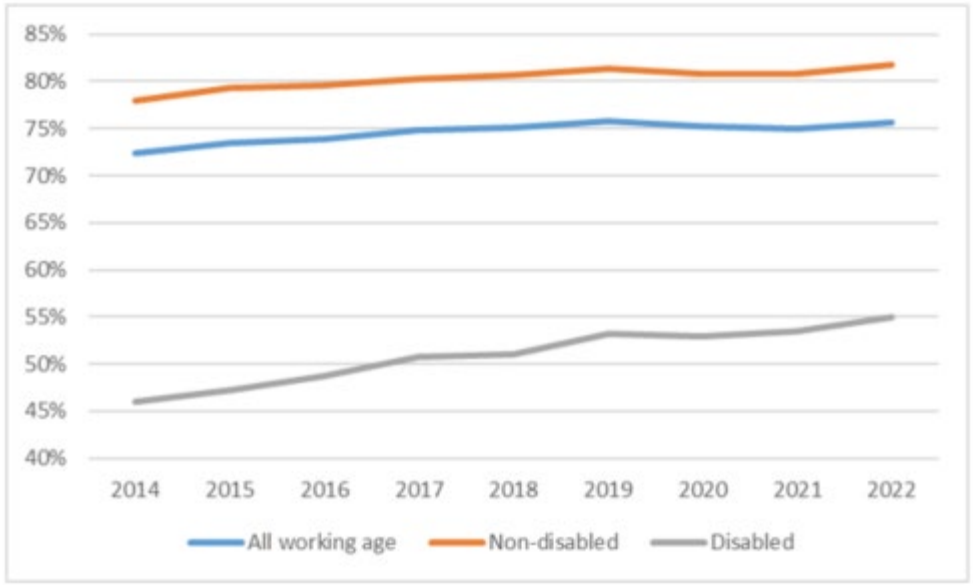
House of Commons

Work and Pensions Committee

Disability employment gap

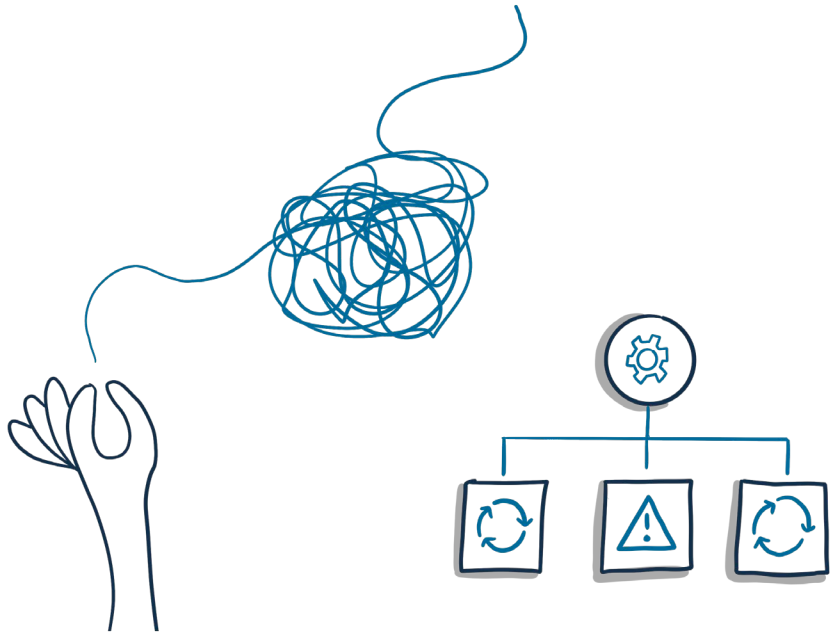
Second Report of Session 2021–22

Employment rates by disability

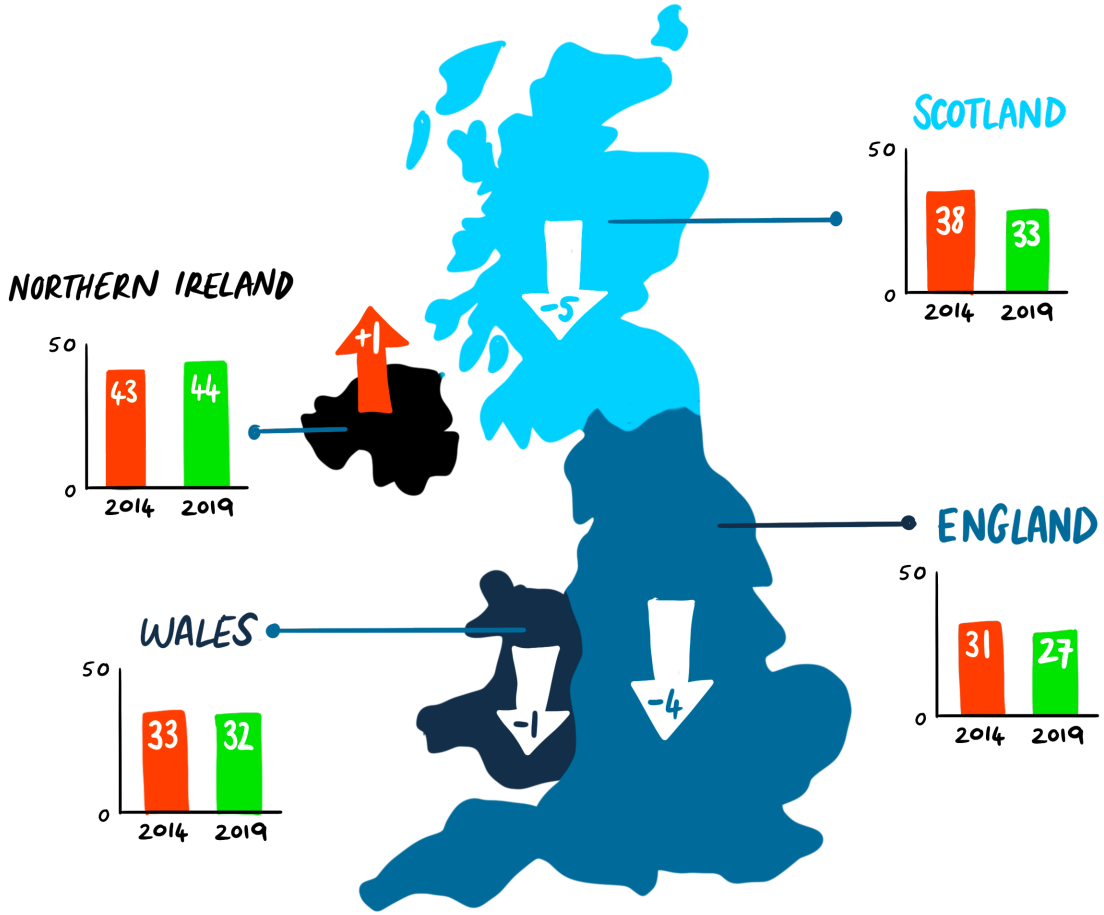


- More recent concern over rising inactivity due to long-term ill health; 'sick note' culture
- Related to our project but not the same

- Oor project is quantitative / statistical, using nationally representative data
- Informed throughout by Advisory Group including practitioners and representatives of disabled people (Scope, Disability Sheffield)
- AG comments on preliminary findings, provides sense checking, and advises on outputs and communications



- 3 strands of analysis:
  1. National, focussing on role of education in the DEG
  2. Local area variation in DEG
  3. Trends over time in DEG
- We present 1 and 2 today
  - 3 is ongoing – may refer to some preliminary findings
- Each presentation is followed by academic and policy expert response; then audience Q&A
- Brief final talk from Scope, linked to 2, on using local disability maps to engage with MPs



More information at:

bit.ly/sheff-DEG

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Nuffield Foundation

Unpacking the Disability Employment Gap

University of Sheffield

Decomposing the Disability Employment Gap: The role of education

27 June 2024

Mark Bryan, Andrew Bryce, Jennifer Roberts, Cristina Sechel
University of Sheffield

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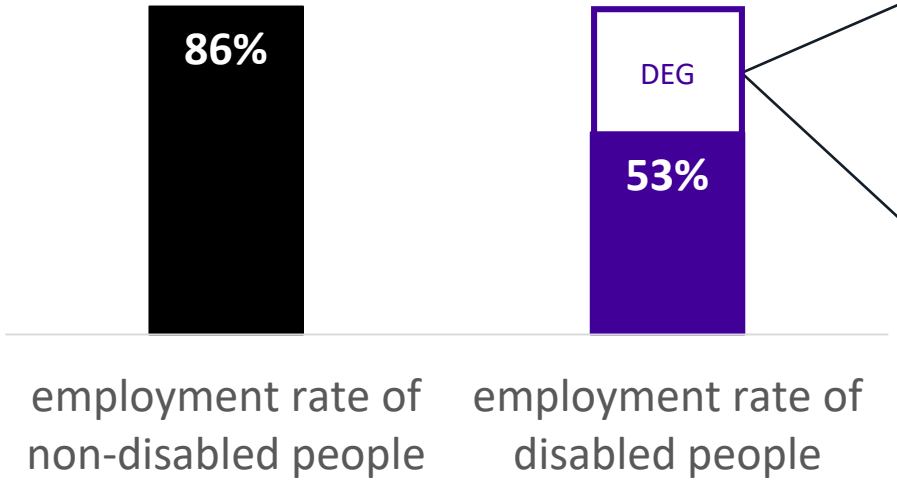
Summary

- We unpack the DEG using **decomposition analysis**

DEG in 2019 was **33 percentage points** (pp) among 25-64 year olds in UK

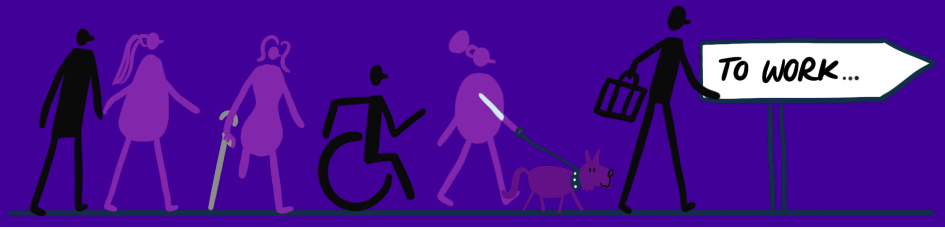


differences in characteristics between disabled and non-disabled people (e.g. ethnicity, family composition, socio-economic status)

education levels

structural barriers in the labour market

Preview of findings



Disabled people have lower education levels than non-disabled people.

If we could improve the education levels of disabled people, how much difference would that make?

1) **Achieving education parity would reduce the DEG by 4pp (12%).**

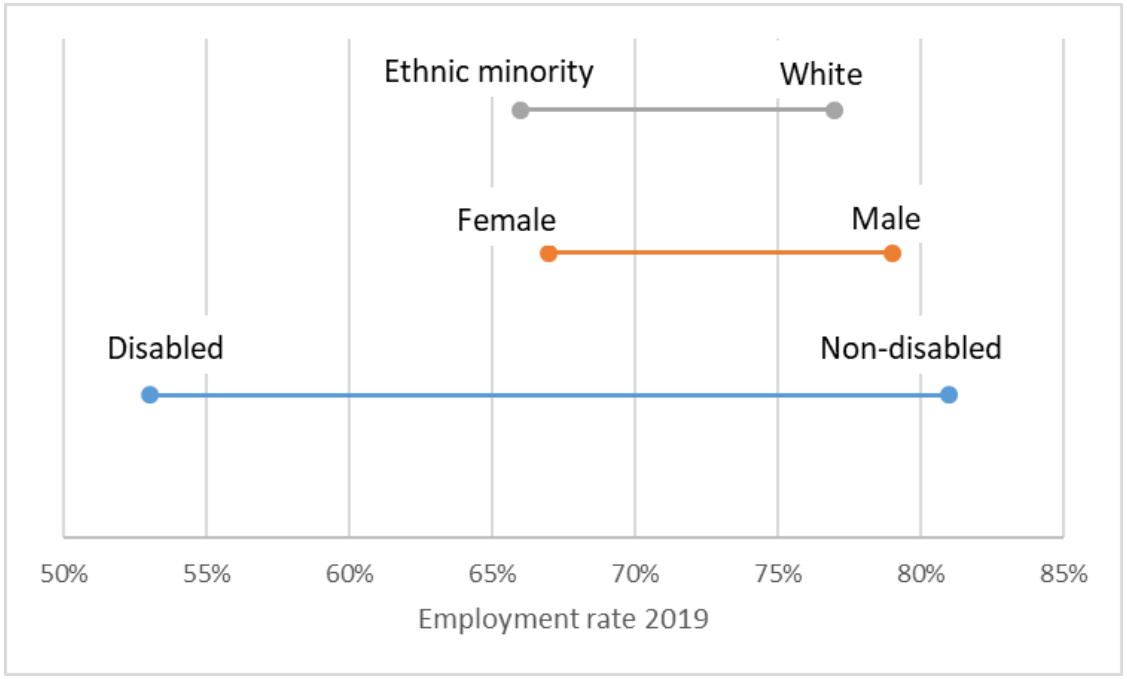
2) 11pp (33%) of the DEG is attributable to other characteristics.

3) 18pp (55%) of the DEG is attributable to structural barriers.
   - 5pp of these are associated with differences in returns to education for people with degrees.

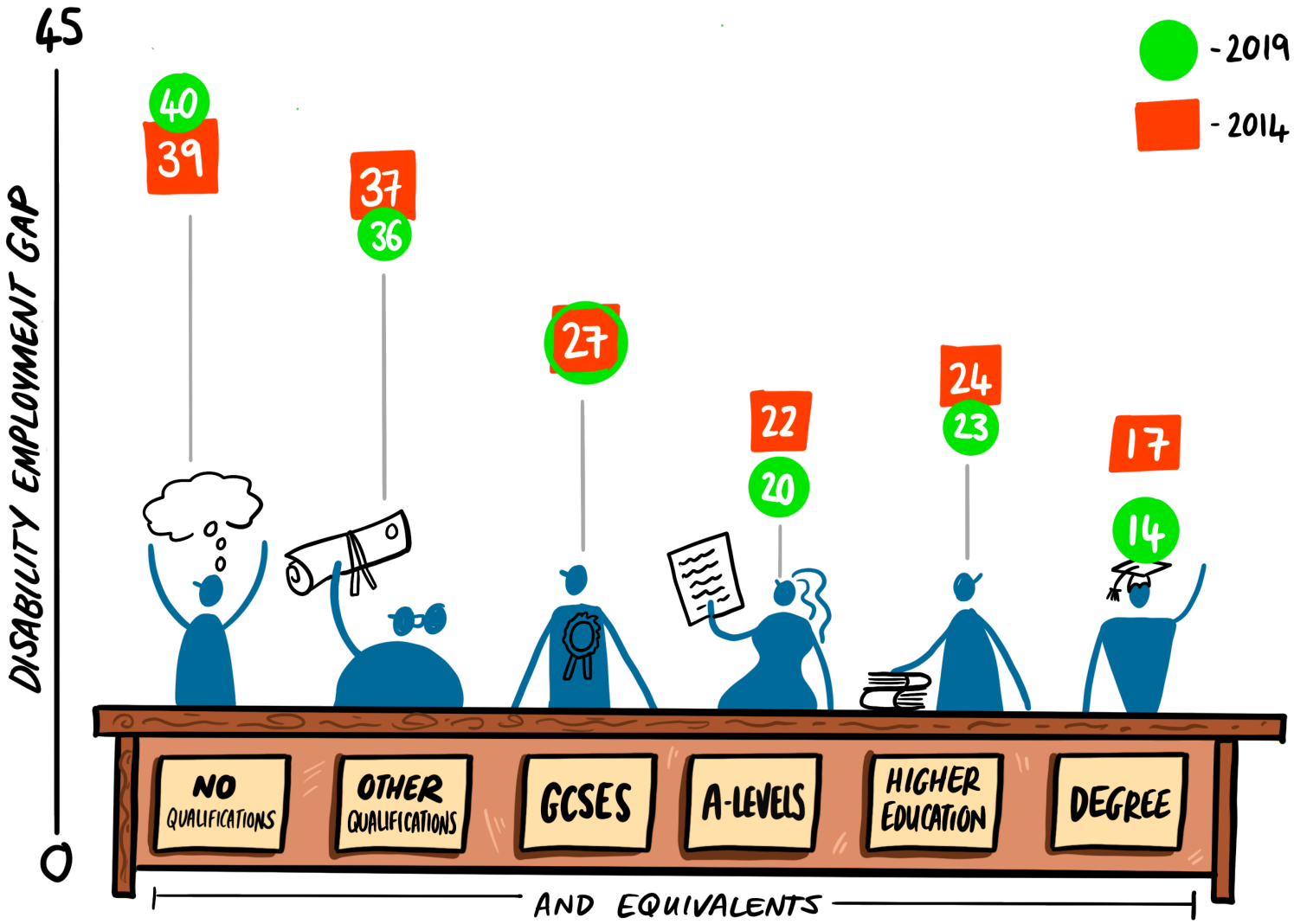
Motivation

- **Disability is a protected characteristic under the Equality Act 2010**
  - illegal to discriminate against disabled people with respect to offering employment, terms of employment, access to promotion or other benefits, or dismissal
  - duty to make 'reasonable adjustments' to limit disadvantages faced by disabled people

- **Employment rate of disabled people is much lower than that of other protected groups** – why?
  - Discrimination?
  - Productivity / employability?
  - Participation?



There is a stark ‘education gradient’ in the DEG



Data

- **Annual Population Survey (APS) in 2019**
  - Individuals aged 25 to 64
- **Disabled (Equality Act definition)**
  - = 1 if any health problems or illnesses lasting 12 months or more AND this reduces ability to carry out day-to-day activities
  - = 0 otherwise
- **Outcome: employment**
  - = 1 if employed or self-employed
  - = 0 if unemployed or inactive
- **Highest qualification obtained**
  - one of 11 qualification levels (McIntosh and Morris, 2021)
- **Other characteristics**: sex, age, marital status, children, family structure interactions, ethnicity, employment status of partner, housing tenure, urban/rural, local authority of residence

30,007
disabled individuals

104,096
Non-disabled (ND)
individuals

Degree
Level 4+ vocational
AS/A levels
Level 3 vocational
Apprenticeship
GCSEs grade A*-C
Level 2 vocational
GCSEs grad D-G
Level 1 vocational
Other
No qualifications

Method : Blinder-Oaxaca Decomposition

DEG = Part attributable to differences in education levels + Part attributable to differences in other individual characteristics + Part attributable to "structural barriers"

1) What would happen to the DEG if we could achieve perfect parity in education, by raising the average qualification levels of disabled people to the average levels of non-disabled people (keeping all else constant)?

2) What would happen to the DEG if all structural barriers were eliminated for everybody with a given highest qualification ?

Results – differences in education levels

	Share with given qualification	
Highest qualification	Non-disabled people	Disabled people
Degree level	0.388**	0.237**
Level 4+ vocational	0.078**	0.074**
AS/A levels	0.072**	0.061**
Level 3 vocational	0.096**	0.099**
Apprenticeship	0.033**	0.036**
GCSEs grade A*-C	0.142**	0.160**
Level 2 vocational	0.048**	0.069**
GCSEs grade D-G	0.022**	0.031**
Level 1 vocational	0.004**	0.008**
Other	0.055**	0.059**
No qualifications	0.063**	0.166**

38.8% - 23.7% = **Δ in proportion with degree**

6.3% - 16.6% = **Δ in proportion with no qualifications**

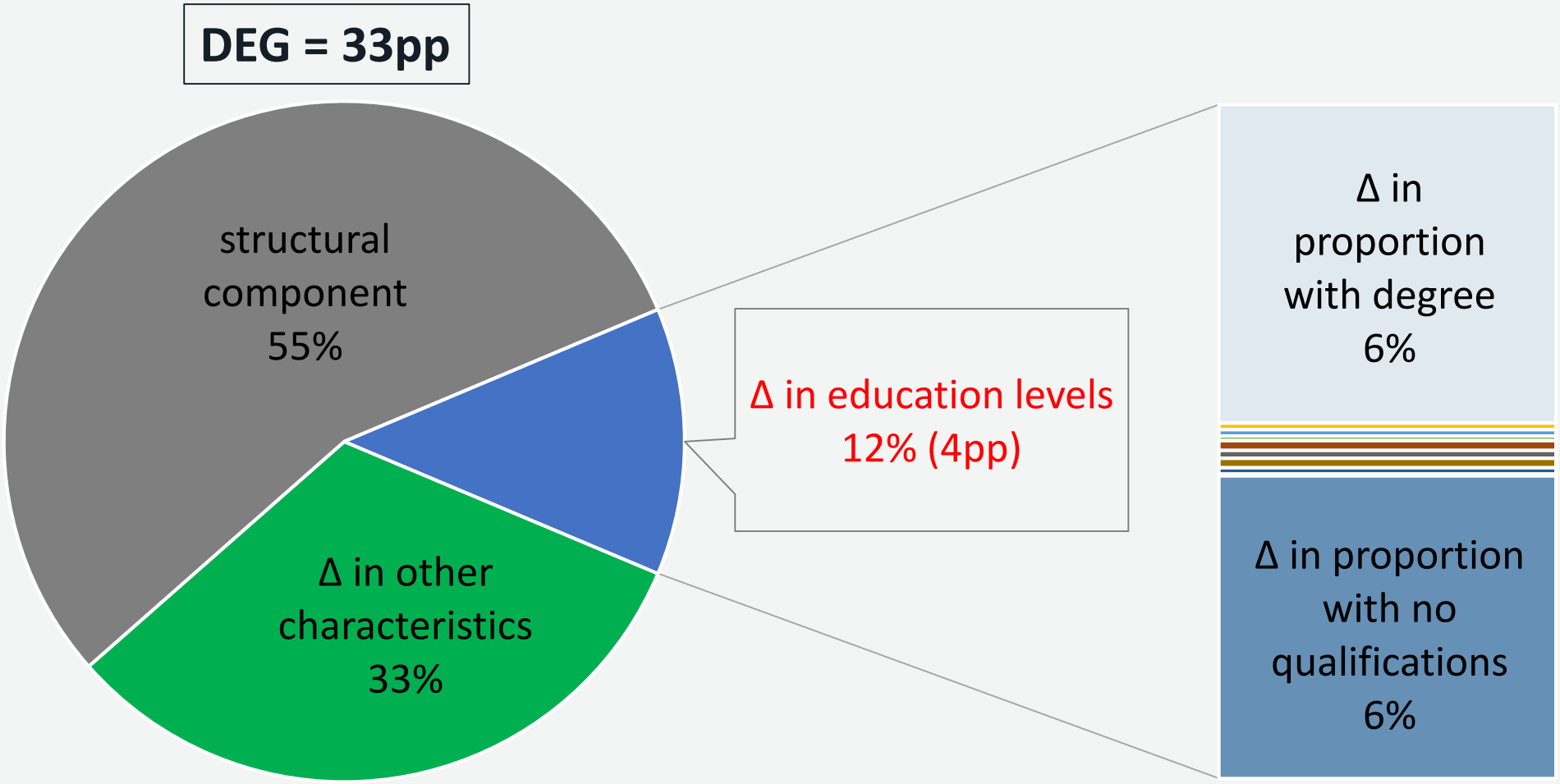
Results – The extent of structural barriers

	Effect of education on employment	
Highest qualification	Non-disabled people	Disabled people
Degree level	0.035**	0.133**
Level 4+ vocational	0.031**	0.082**
AS/A levels	0.001	0.033**
Level 3 vocational	0.033**	0.093**
Apprenticeship	0.034**	0.015
GCSEs grade A*-C	-0.002	-0.034**
Level 2 vocational	0.023**	0.021*
GCSEs grade D-G	0.004	-0.062**
Level 1 vocational	-0.079**	-0.107**
Other	0.004	0.012
No qualifications	-0.084**	-0.185**

Positive employment returns to holding a degree for both non-disabled and disabled people, but **the return is almost 4 times higher for disabled people.**

Employment penalty for having no qualifications for both non-disabled and disabled people, but **the penalty is more than double for disabled people.**

DEG decomposition results



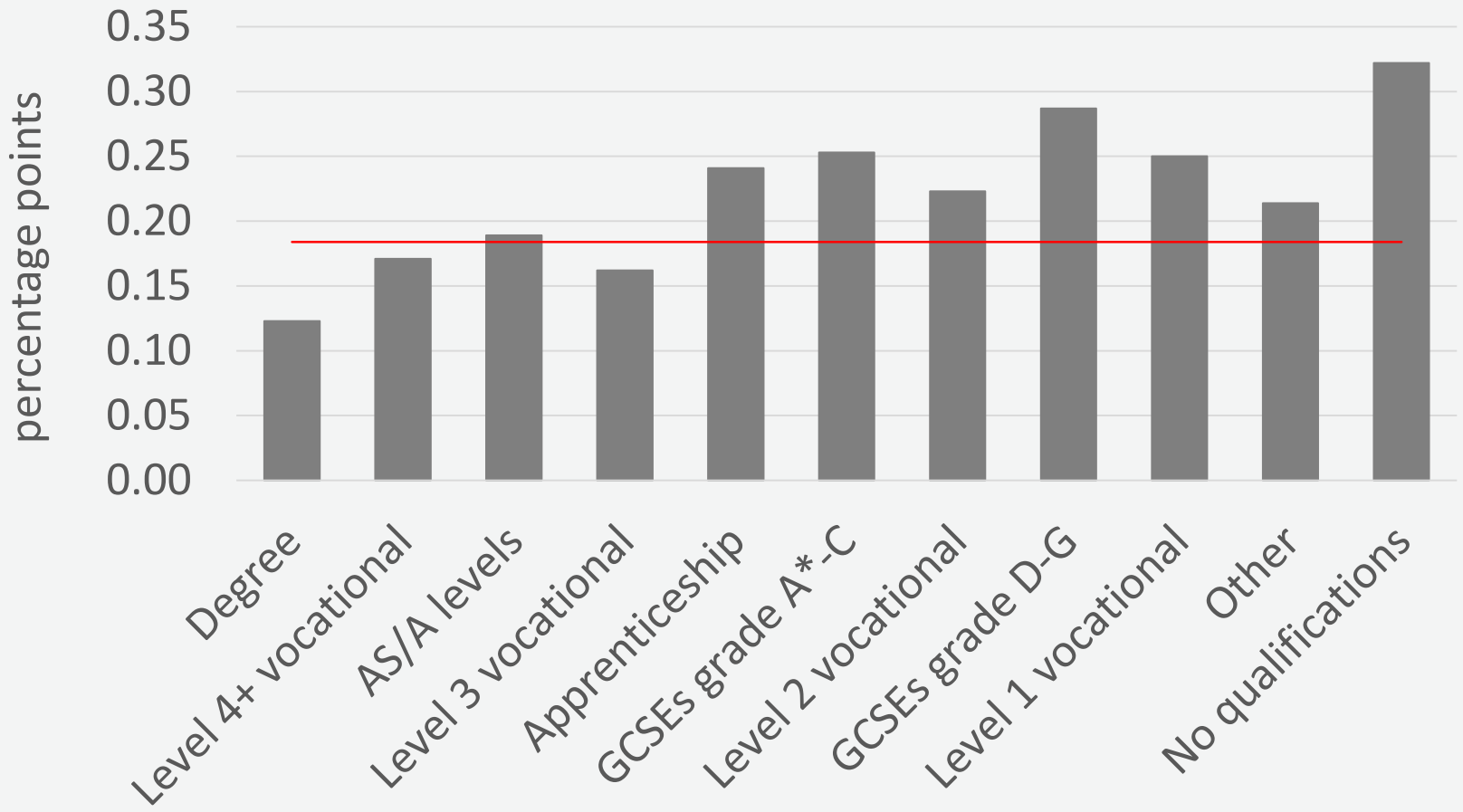
What are structural barriers?

Latent productivity differences

Discrimination (demand side)

Preferences for work (supply side) → will get back to this later

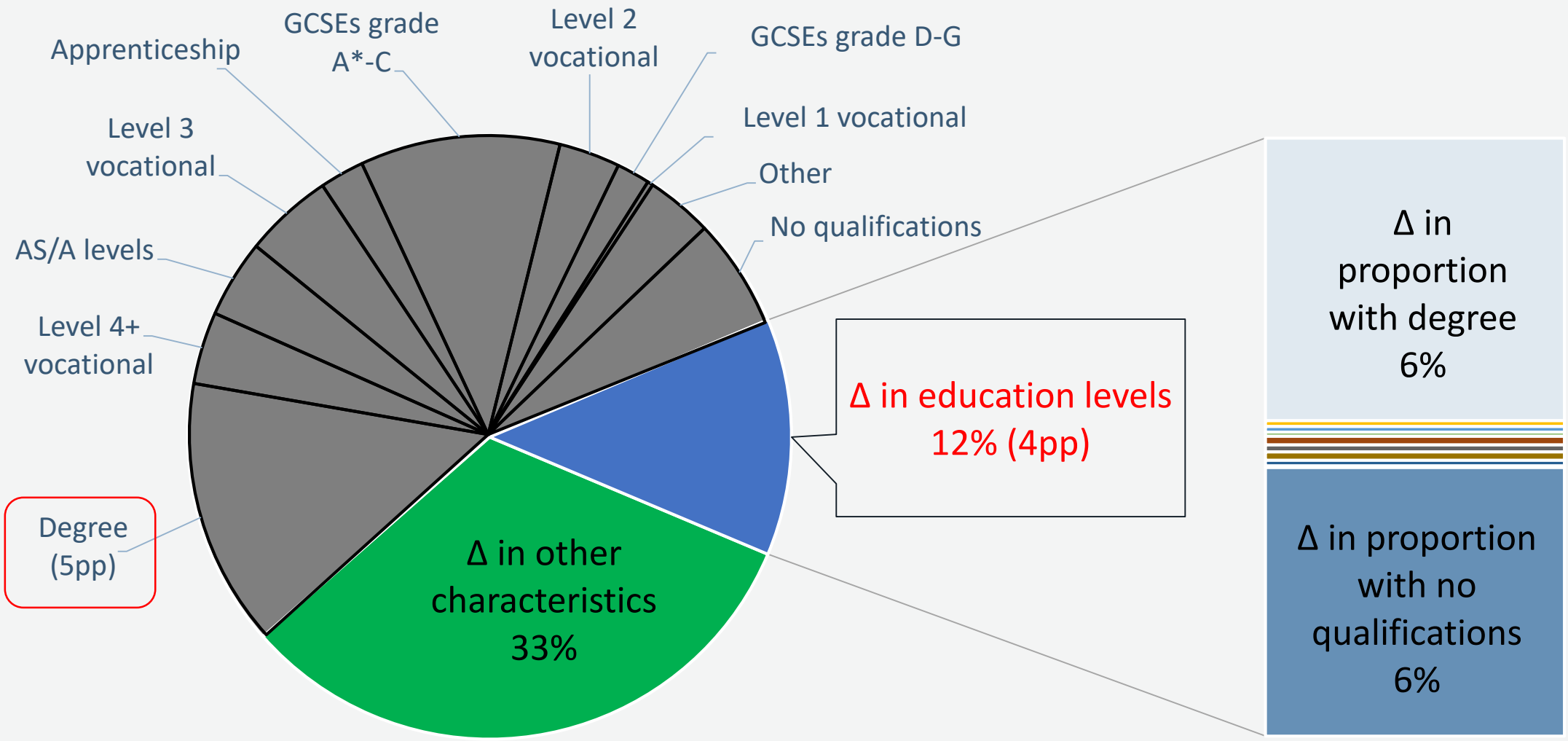
DEG decomposition results – structural component by education levels



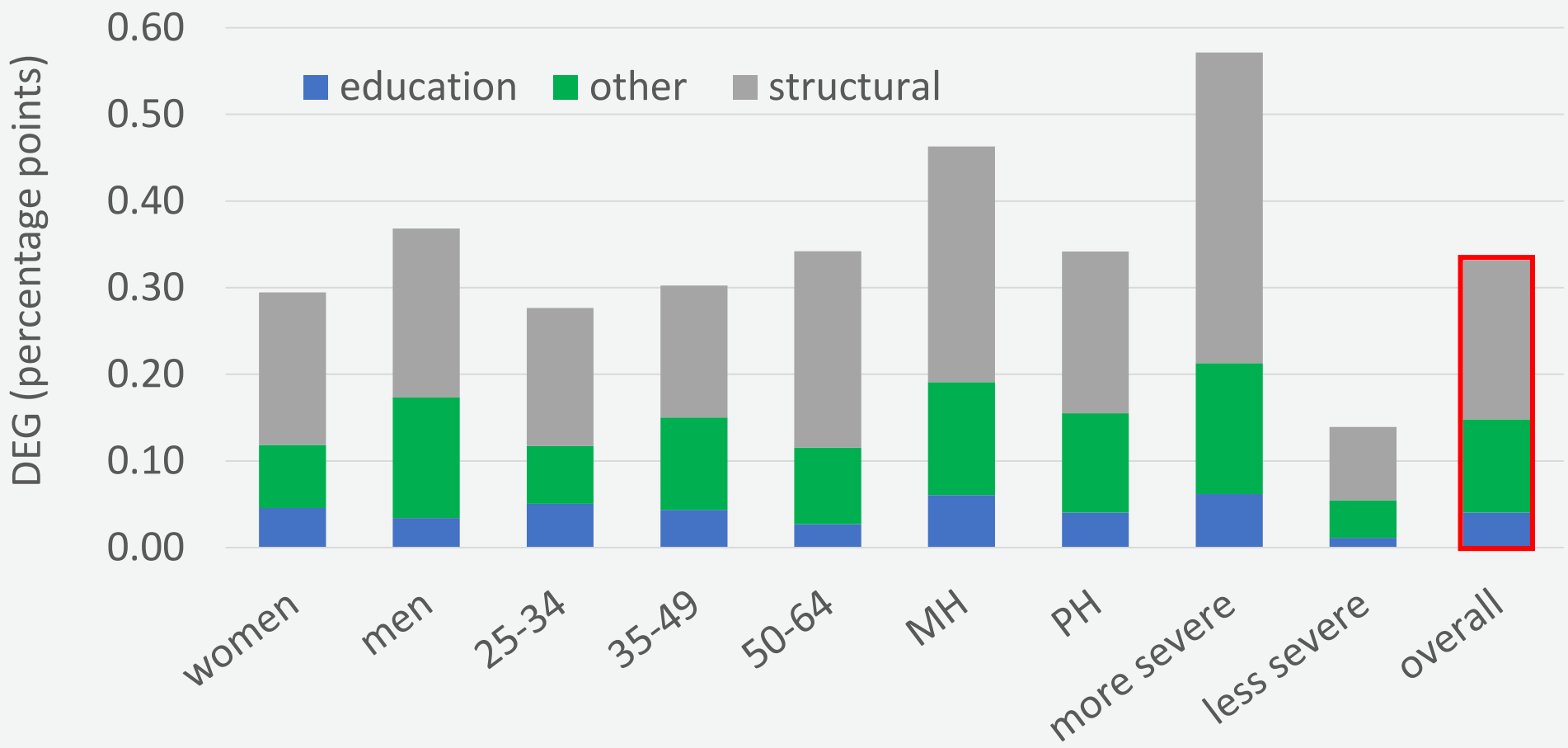
Structural component is:

- largest for individuals with no qualifications
- smallest for those with a degree

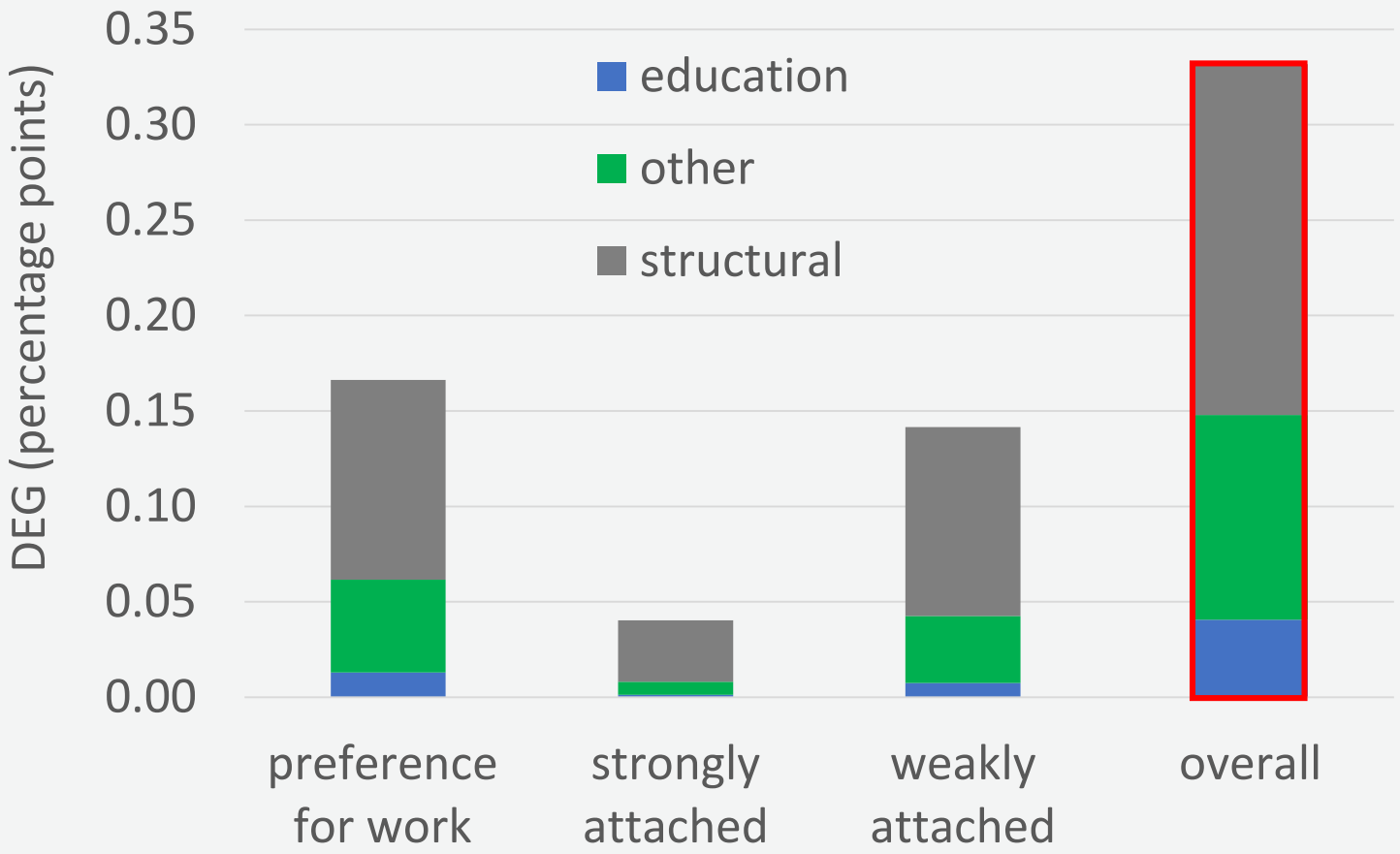
DEG decomposition results



DEG decomposition results – by demographic groups and disability status



DEG decomposition results – accounting for labour market attachment & work preferences



Preference for work:
Includes people who have expressed a preference to work.

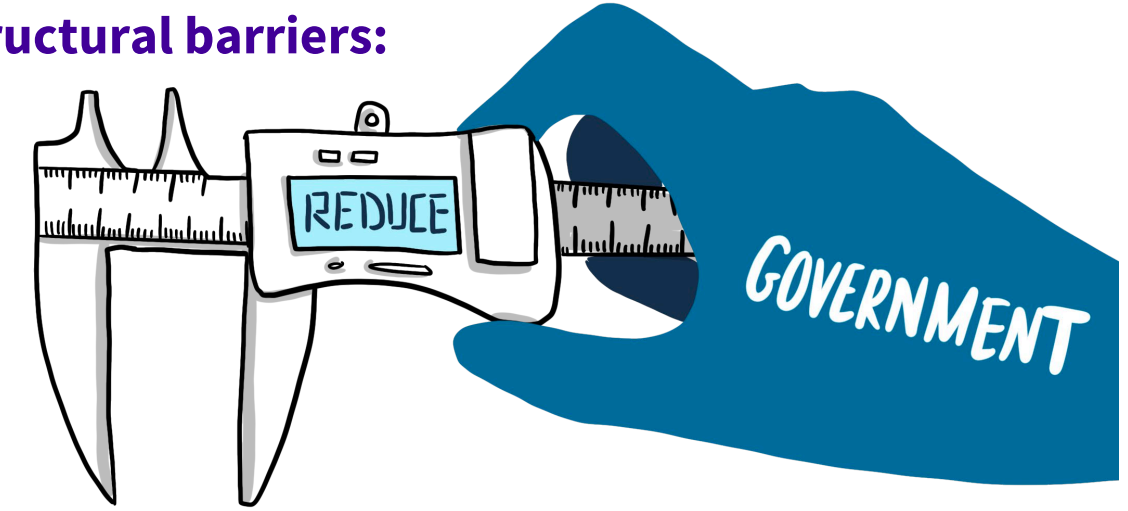
Strongly attached (to labour market):
Includes people who have worked in the last 12 months.

Weakly attached (to labour market):
Includes people who have worked in the last 5 years.

Conclusion

- What do these results tell us about how to reduce the DEG?
- **Achieving educational parity without addressing structural barriers:**
  - would reduce overall DEG by 12%
  - equivalent to 24% of the target to halve the DEG
  - greater impact for women and young people
  - smaller effect on the preference-based DEG

Assuming returns to education are constant for all disabled people.



- Employment **penalty** for having no qualifications is **much higher for disabled people.**
- Conversely, **returns** to having a degree are **much higher for disabled people.**
- Since there are more disabled people with a degree, **addressing structural barriers affecting disabled people with a degree would have the largest effect on reducing the DEG.**
- Structural component is not driven by preferences for work.

Thank you!

More information at:

bit.ly/sheff-DEG

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@sheffeconomics

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Unpacking the Disability Employment Gap

The role of education in the Disability Employment Gap, by Bryan, Bryce, Roberts and Sechel

Comments

James Banks

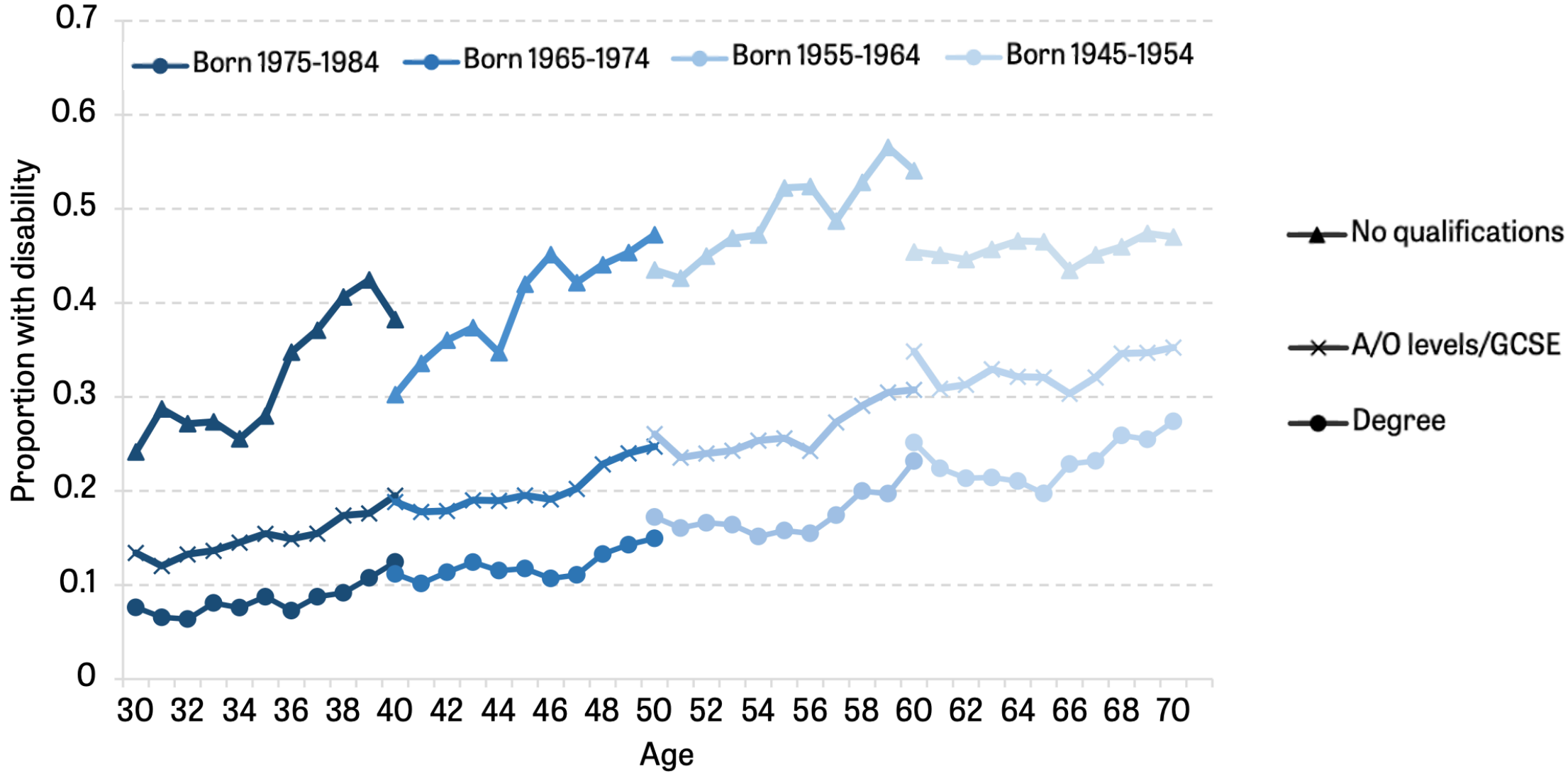
ESRC Centre for Microeconomic Analysis of Public Policy
Institute for Fiscal Studies

Department of Economics and Manchester Institute for Collaborative Research on Ageing
University of Manchester

- A good (and very welcome paper) on a topic that was always important, but is becoming increasingly more so:
  - Rise of disability rates across cohorts
  - Increasing correlation of disability with education across cohorts
  - Increasing importance of in-work transfers and benefits

Banks, J., Karjalainen, H. and Waters, T. (2023), 'Inequalities in disability', IFS Deaton Review of Inequalities

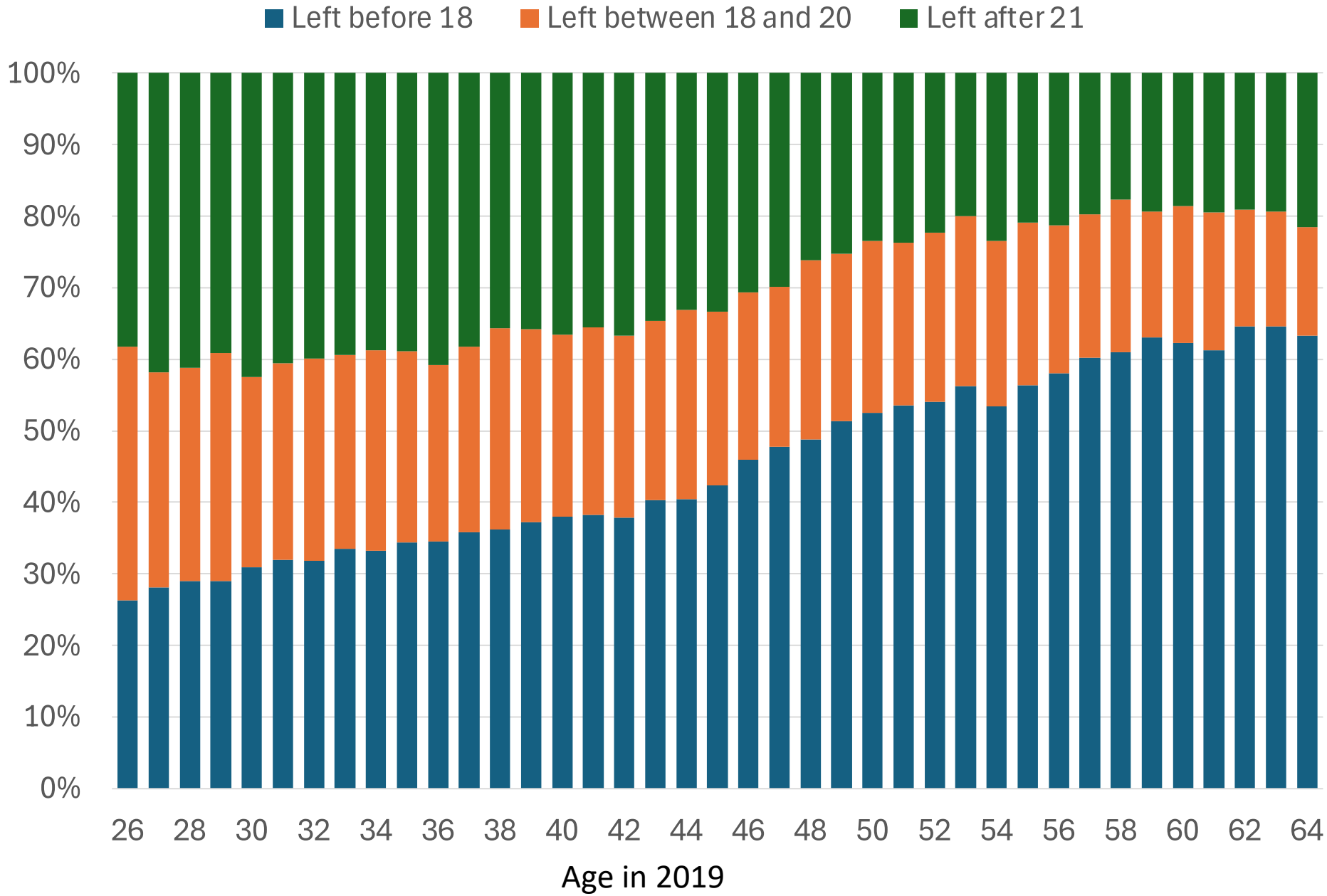
Figure 3. Long-standing and limiting disability



Source: UKHLS, 2009–19.

- A good (and very welcome paper) on a topic that was always important, but is becoming more so:
  - Rise of disability rates across cohorts
  - Increasing correlation of disability with education across cohorts
  - Increasing importance of in-work transfers and benefits
- Why does everything always have to be additive?
- Interaction between education and age probably quite important, would be interesting to see sub-group analysis or some kind of cohort methods

Distribution of education still very dependent on age/cohort



Source: LFS 2019q4

- A good (and very welcome paper) on a topic that was always important, but is becoming more so:
  - Rise of disability rates across cohorts
  - Increasing correlation of disability with education across cohorts
  - Increasing importance of in-work transfers and benefits
- Why does everything always have to be additive?
- Interaction between education and age probably quite important, would be interesting to see sub-group analysis or some kind of cohort methods
- Also: in the longer run we have reverse causality. Need to think about ‘good jobs’ that can protect/preserve health

- Next step is to get deeper into `structural issues':
  - Individual versus employer
  - Choices versus constraints
  - Differences by types of disability, by age, by job and by skill levels
- Many possible candidates, policy prescriptions need to be more specific
  - Minimum wages?
  - Physical accommodations (including transport issues)
  - Flexible working and accommodation of mental health issues
  - What will be the long run effects of WFH?
  - The elephant in the room: Occupational health
- Demand side issues always difficult: What 'should' employers do, and how might policy influence that? https://www.businessforhealth.org/workforce-health

But saying ‘education isn’t enough’ is an important first step

Even though increasing education, and closing systemic educational inequalities (by area, family background, health etc) would still be good for other reasons

One final issue we need to start worrying much more about about now is disability *causing* educational outcomes

… So lot’s of interesting work to do, this paper and conference kicks off an important agenda

Nuffield Foundation

Unpacking the Disability Employment Gap

The role of education in the Disability Employment Gap

Louise Murphy, Resolution Foundation

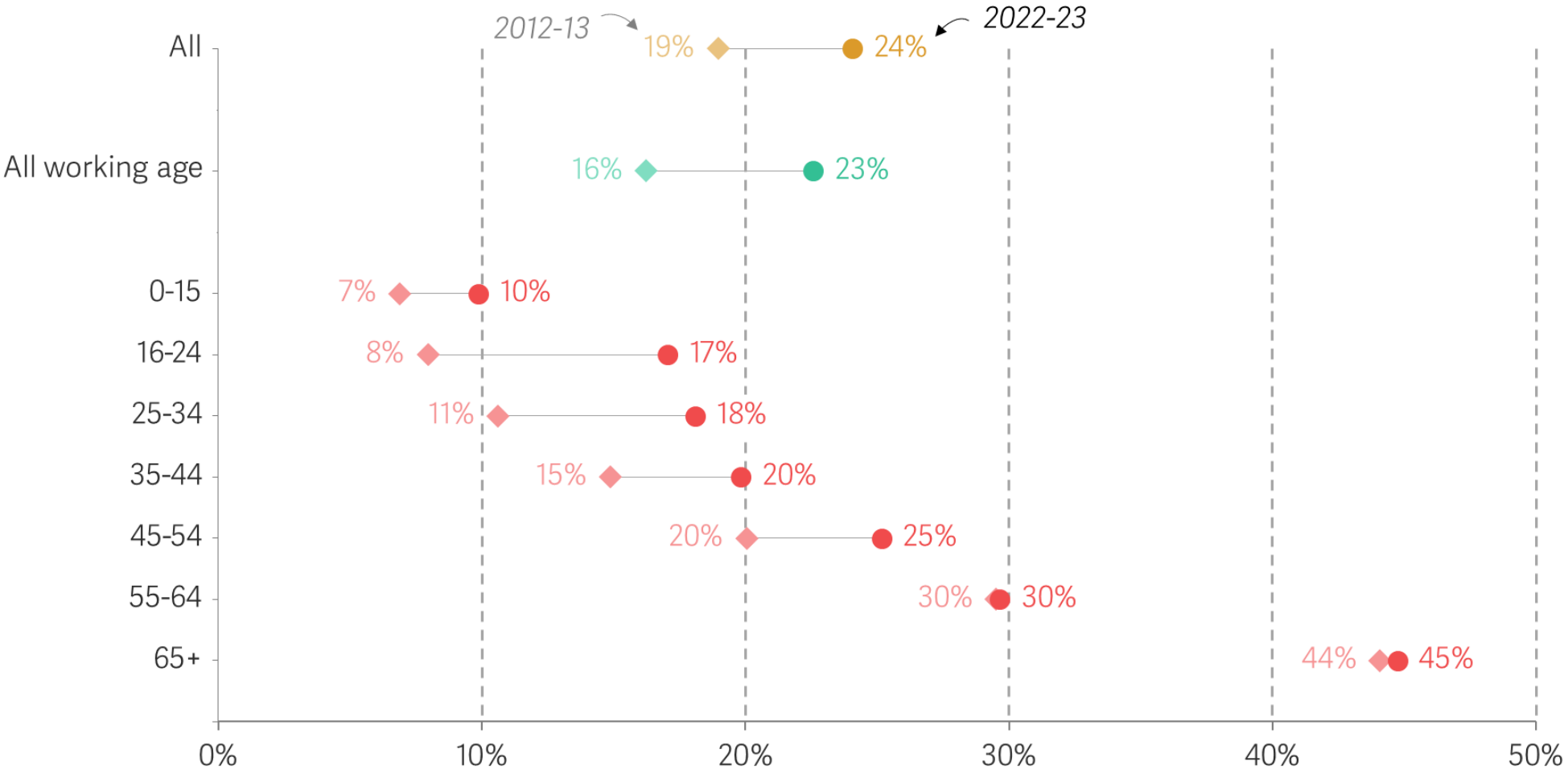
Policy response

Nuffield Foundation event, Thursday 27 June

An very good paper on **an important topic**

Resolution Foundation

Proportion of the population reporting a disability, by age: Great Britain



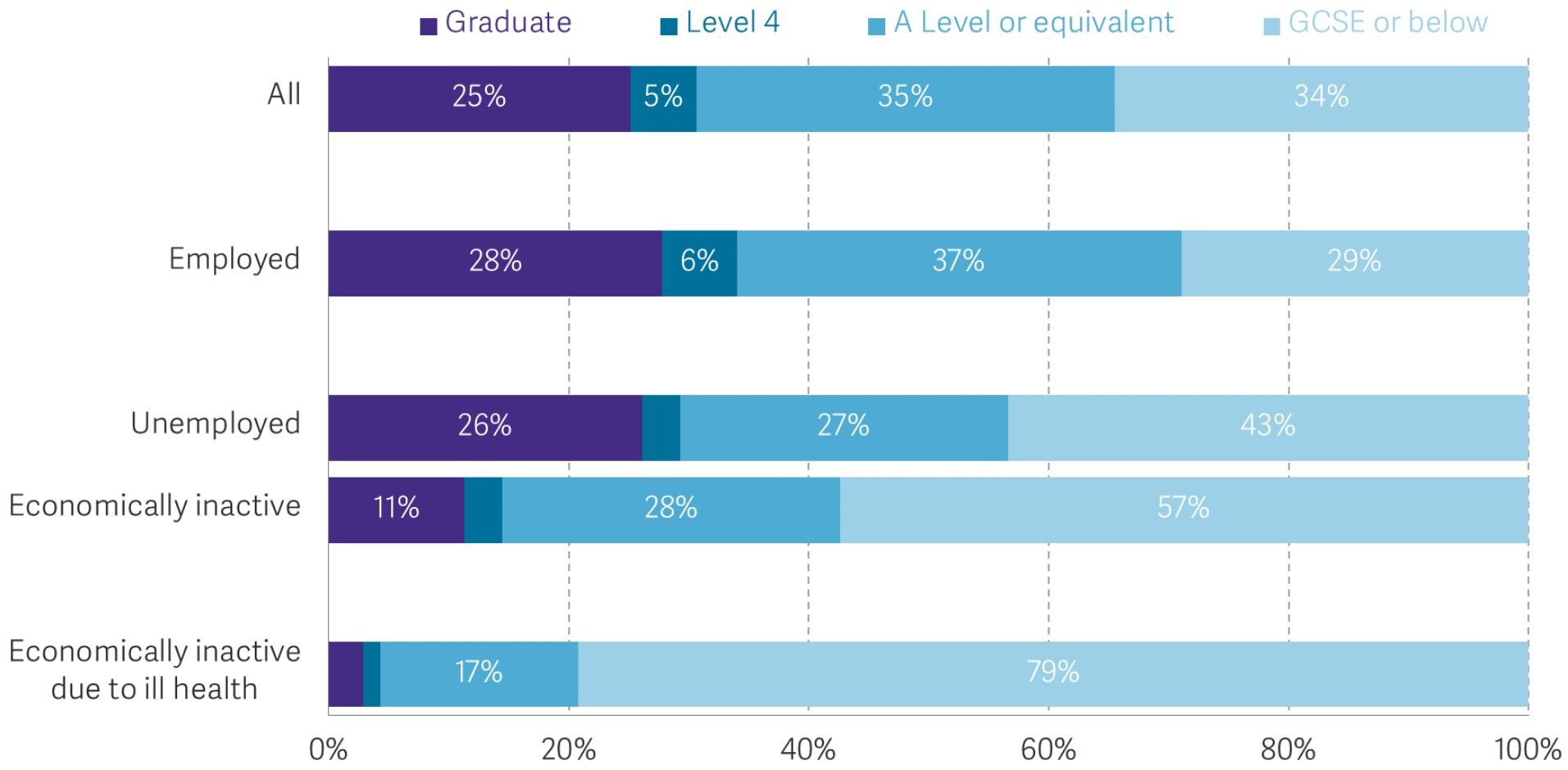
By 2023, a quarter (23 per cent) of working-age adults were disabled.

Notes: The definition of disability used in the FRS is consistent with the core definition of disability under the Equality Act 2010. A person is considered to have a disability if they have a long-standing illness, disability or impairment which causes substantial difficulty with day-to-day activities.
Source: RF analysis of DWP, Family Resources Survey.

Implications for policy?

✓ Focus on structural barriers **for the least qualified**

Highest qualification level of 18-24-year-olds, by current economic status (excluding full-time students): UK, 2020-2022

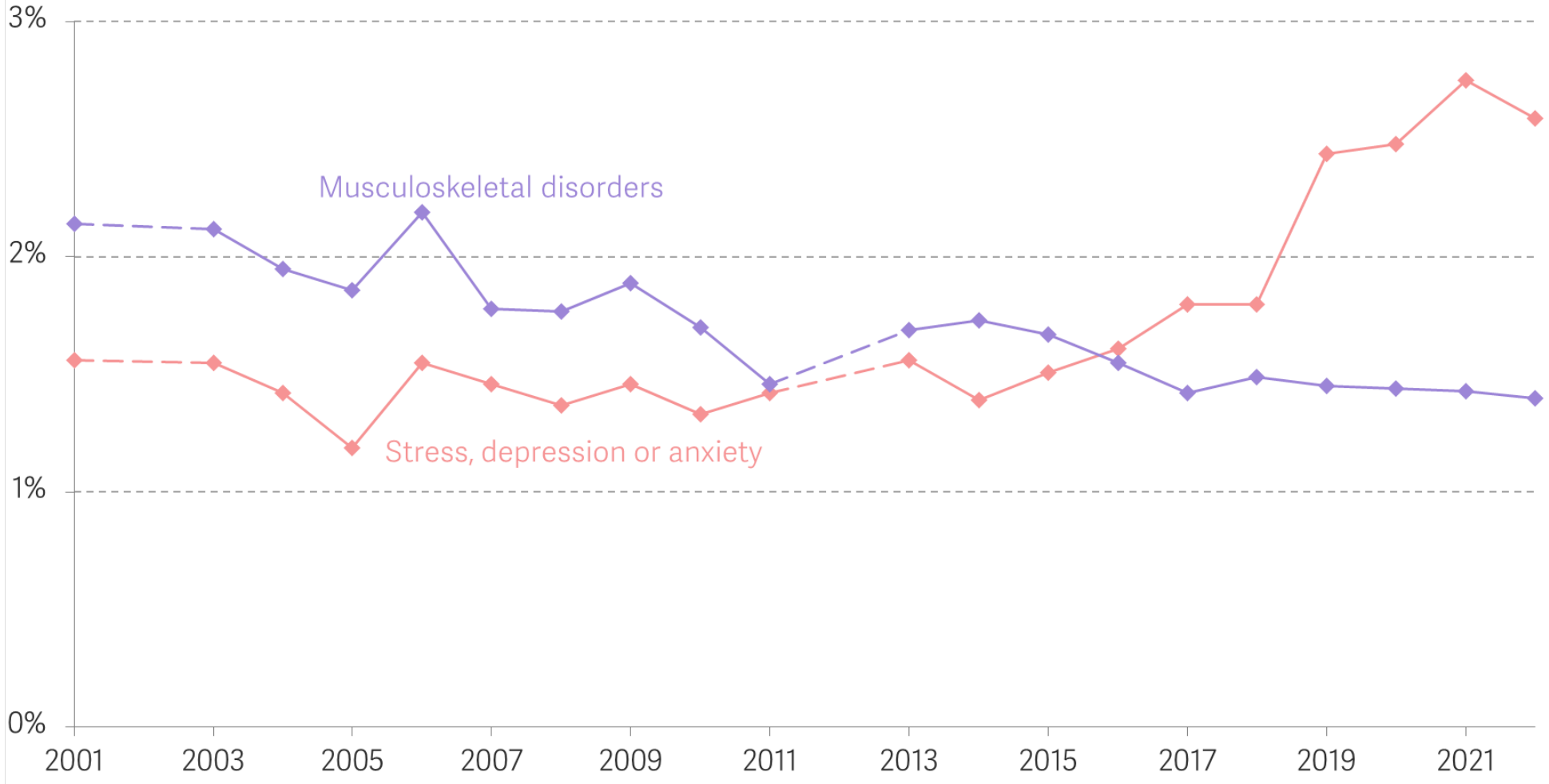


Even among young people aged 18-24, the majority (79 per cent) who are out of work due to ill health only have qualifications at GCSE-level or below.

Notes: Level 4 qualifications include higher apprenticeships, higher national certificates (HNCs) and certificates of higher education (CertHEs).
Source: RF analysis of ONS, Labour Force Survey.

✓ Focus on barriers relating to **labour demand**

Proportion of workers suffering from an illness which they believed was caused or made worse by work, among those with musculoskeletal disorders and stress, depression or anxiety: GB



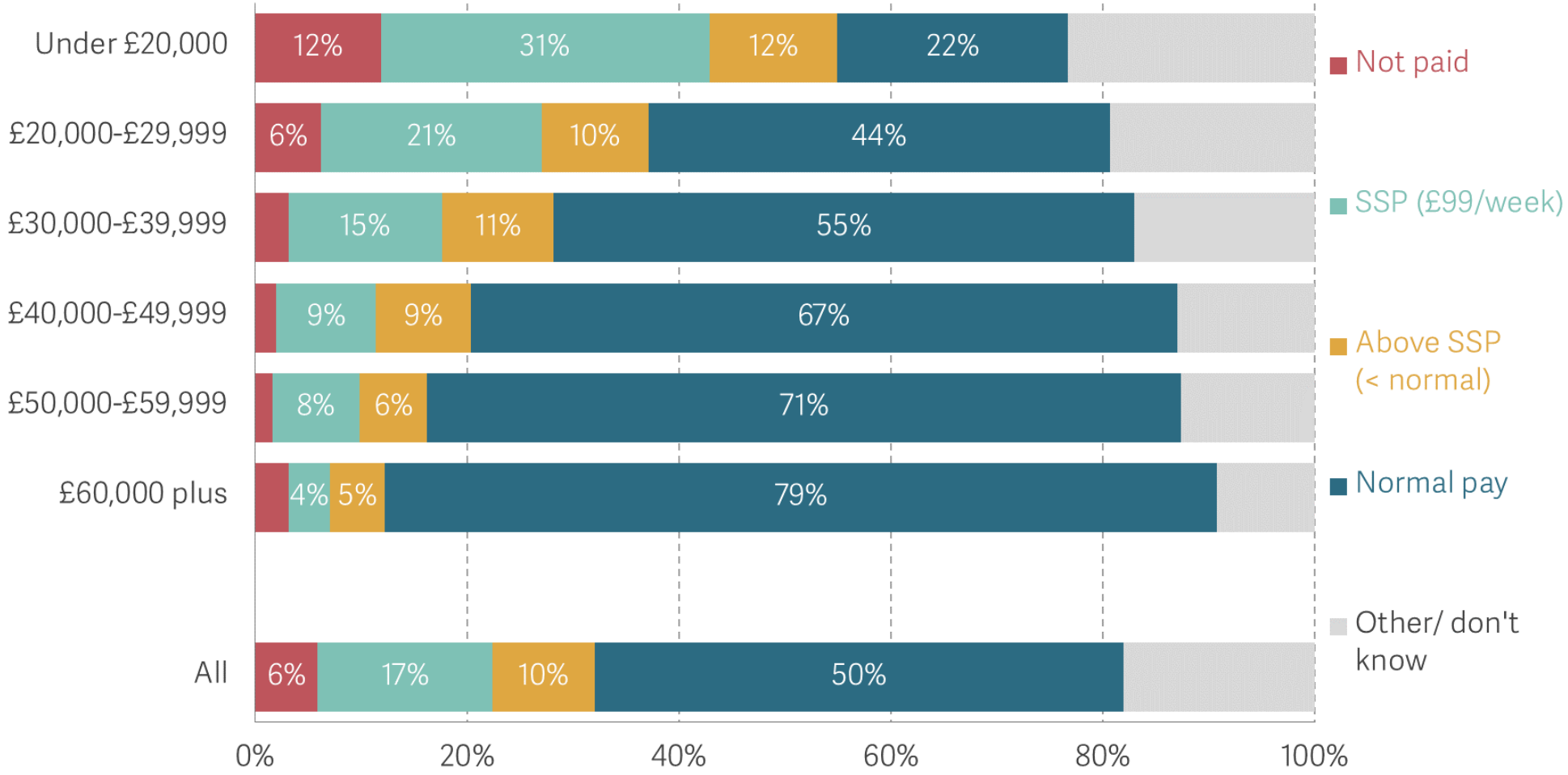
Recommendations for employers need to be specific, e.g.

- Focus on priority sectors (e.g. retail and hospitality)
- Learn from past successes, e.g. 1990s manual handling regulations

Notes: Data unavailable for 2002 and 2012.
Source: RF analysis of Health and Safety Executive data

✓ Focus on barriers relating to **labour supply**

Expected pay if employee took a week off work through sickness, by gross individual income band: UK, 10-14 March 2023



Recommendations around 'good work' need to be specific, e.g.

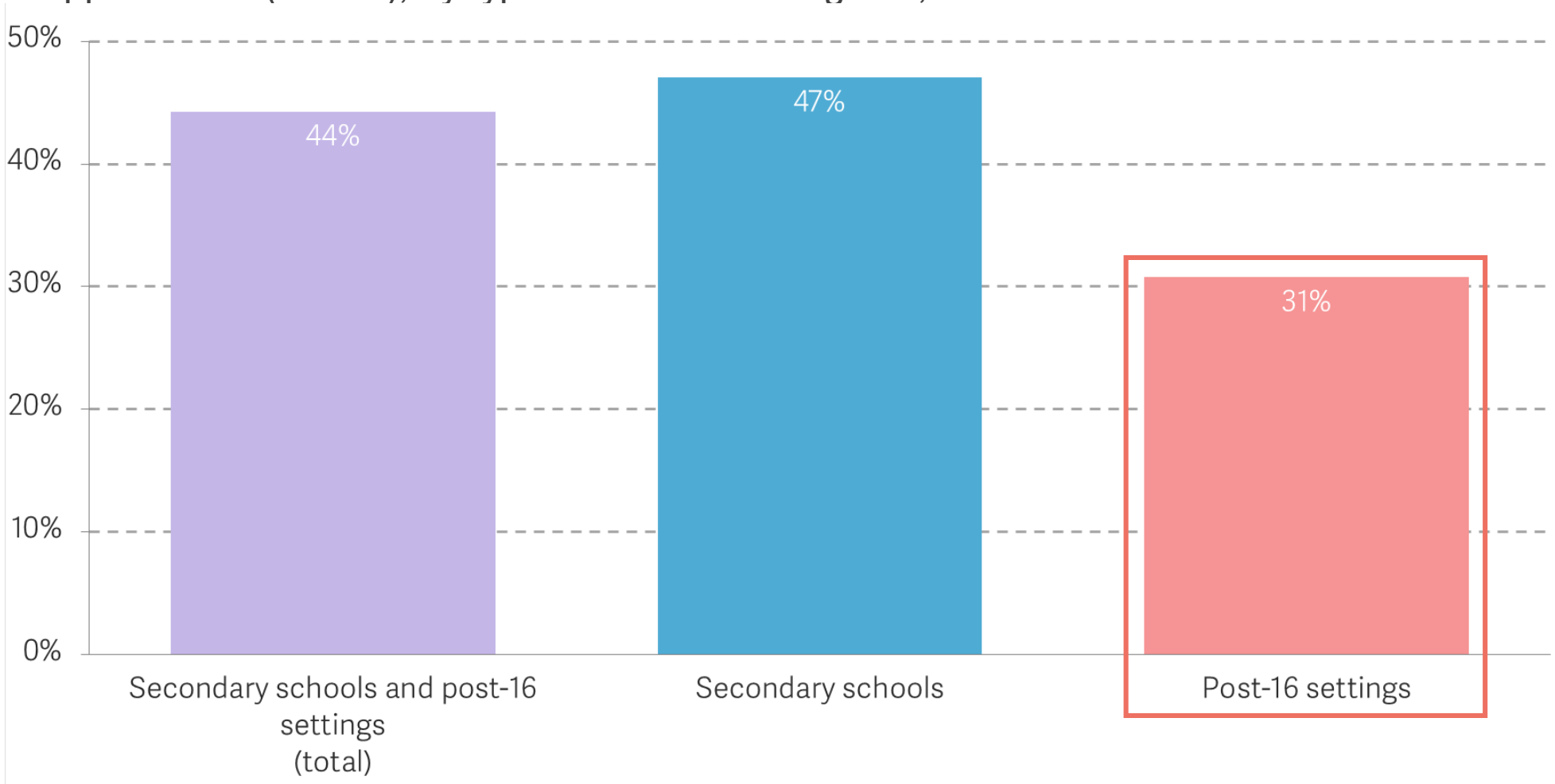
- Improve working conditions for **low-paid workers** (sick pay, protection against hours insecurity, etc.)

Notes: Base is all private sector employees (n=2011). All also includes those who didn't give an income figure. Under £20,000 (n=330), £20,000-£29,999 (n=477), £30,000-£39,999 (n=340), £40,000-£49,000 (n=238), £50,000-£59,000 (n=144) and £60,000 plus (n=223).
Source: RF analysis of YouGov, March 2023 survey.

? **Focus early,** to improve outcomes during compulsory education

Resolution Foundation

Proportion of pupils/learners in secondary schools or post-16 settings covered by a Mental Health Support Team (MHST), by type of institution: England, March 2023



We can do more to support young disabled people while they are in compulsory education. The focus should be on young people on non-academic pathways.

This is especially important given the fast-rising prevalence of disability among children and young people.

Notes: Data covers institutions participating in the Mental Health Support Teams (MHST) programme up to waves 5 and 6 which became operational in March 2023.
Source: RF analysis of DfE, Transforming Children and Young People's Mental Health Implementation Programme data release.

Nuffield Foundation

Unpacking the Disability Employment Gap

The Geography of the Disability Employment Gap:

Exploring spatial variation in the relative employment rates of disabled people

Unpacking the Disability Employment Gap, Nuffield Foundation, London, 27 June 2024

Mark Bryan, Andrew Bryce, Jennifer Roberts, Cristina Sechel
University of Sheffield

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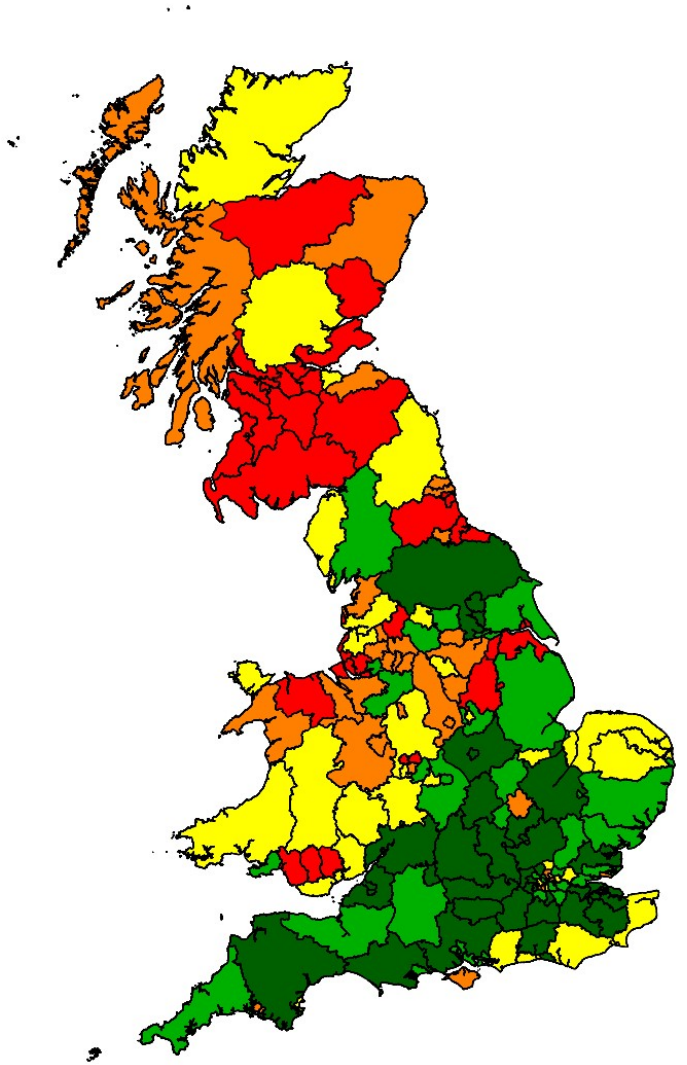
Summary

- Disability Employment Gap (DEG) - difference between employment rates of disabled people and non-disabled people
    - Large differences across the UK (lowest in England, highest in Northern Ireland)
    - Within Great Britain, DEG varies from 17 percentage points (pp) in Buckinghamshire to 43pp in North Lanarkshire (2014-19)
- Using decomposition analysis, we unpack this spatial variation
    - How much due to **people effects**:
        - differences in the characteristics of the population
    - And how much due to **place effects**:
        - differences in area level factors
        - any remaining (unexplained) variation between places
- We find that:
    - Both people and place effects matter
    - Local labour markets explain much of the spatial variation
    - Other place-based factors such as healthcare, social institutions and policies are less important



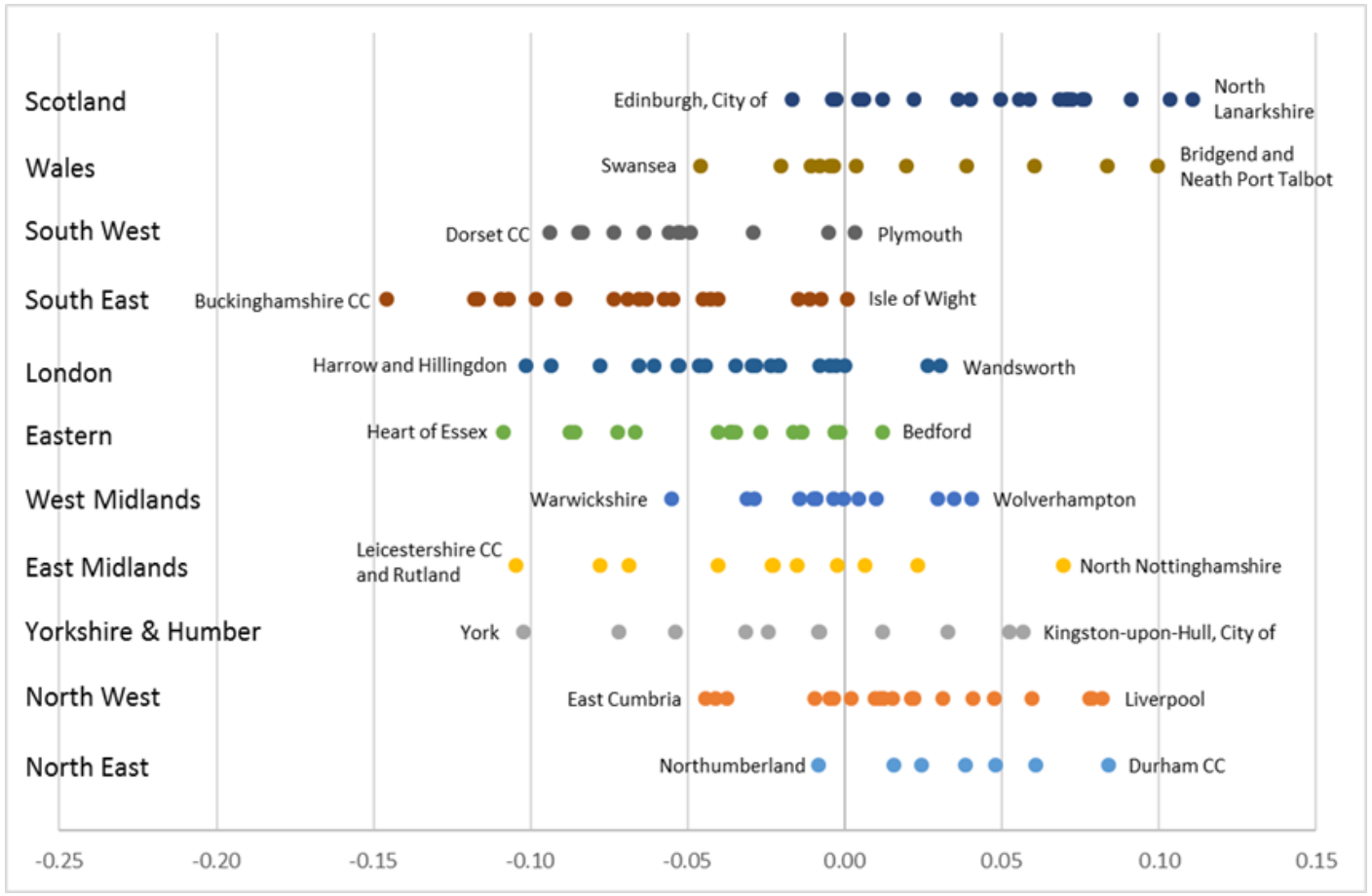
Motivation

- The UK is one of the most spatially unequal countries in the developed world
  - While some cities and regions are thriving economically, other areas are becoming increasingly ‘left behind’
  - The government has identified the need to ‘level up’ the UK economy, with plans set out in the 2022 Levelling Up White Paper

- We aim to bring together the policy issues of the DEG and Levelling Up
  - Do spatial inequalities disproportionately affect disabled people in terms of inequality of employment outcomes?
  - How much can ‘levelling up’ be expected to reduce geographic differences in the DEG?

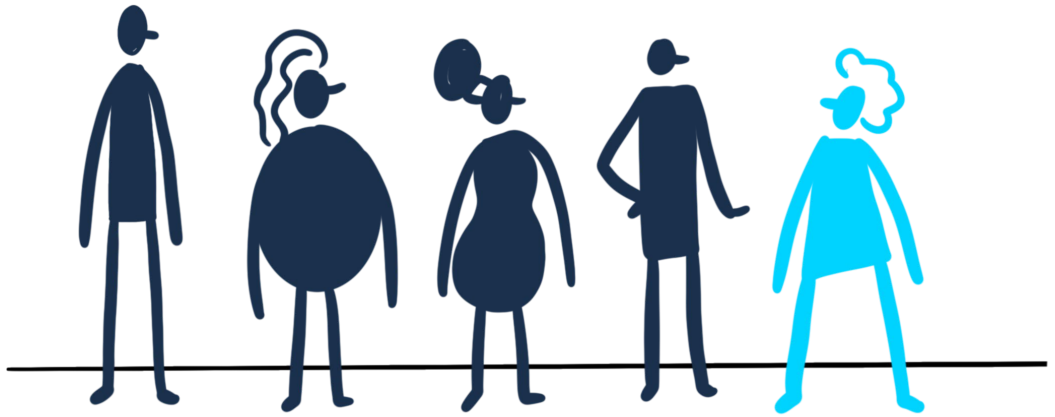
Motivation

Difference from national DEG (2014-19) by ITL3 area



Data

- Annual Population Survey (APS) pooling the years 2014 to 2019
  - Individuals aged 16 to 64
  - Sample: 195,455 disabled & 791,401 non-disabled
  - 166 International Territorial Level 3 (ITL3) areas in Great Britain (note that Northern Ireland, Orkney and Shetland are excluded)
- Disabled (Equality Act definition)
  - = 1 if any health problems or illnesses lasting 12 months or more AND this reduces ability to carry out day-to-day activities
  - = 0 otherwise
- Employment
  - = 1 if employed or self-employed
  - = 0 if unemployed or inactive
- Individual level characteristics: highest qualification, sex, age, marital status, children, family structure interactions, ethnicity, employment status of partner, housing tenure, urban/rural



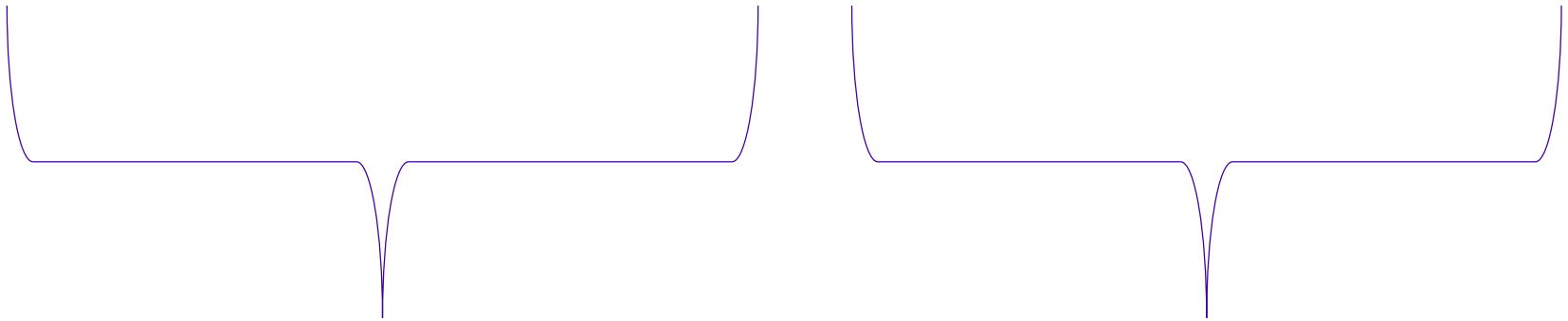
Data

- Area level characteristics merged from external sources
- Demand
  - Unemployment rate – average of years 2014 to 2019 (from NOMIS)
  - GVA per hour worked – average of years 2014 to 2019 (from ONS Subregional Productivity statistics)
  - Share of employment by industry sector – 2011 (from the Census)
  - Share of employment by occupation – 2011 (from the Census)
  - *Supplementary analysis: Area 'scores' for homeworking, flexible working and autonomy at work*
- Supply
  - Number of GPs per head – 2020 (from NHS Digital, StatsWales and Public Health Scotland)
  - Social Fabric Index – 2020 (from Onward)
  - *Supplementary analysis: Journey times by public transport*
- Policy
  - Number of employers signed up to the government's Disability Confident scheme per thousand enterprises – August 2018 (from DWP)
  - Universal Credit sanction rates – 2019-20 (from DWP)

Decomposition

For each area:

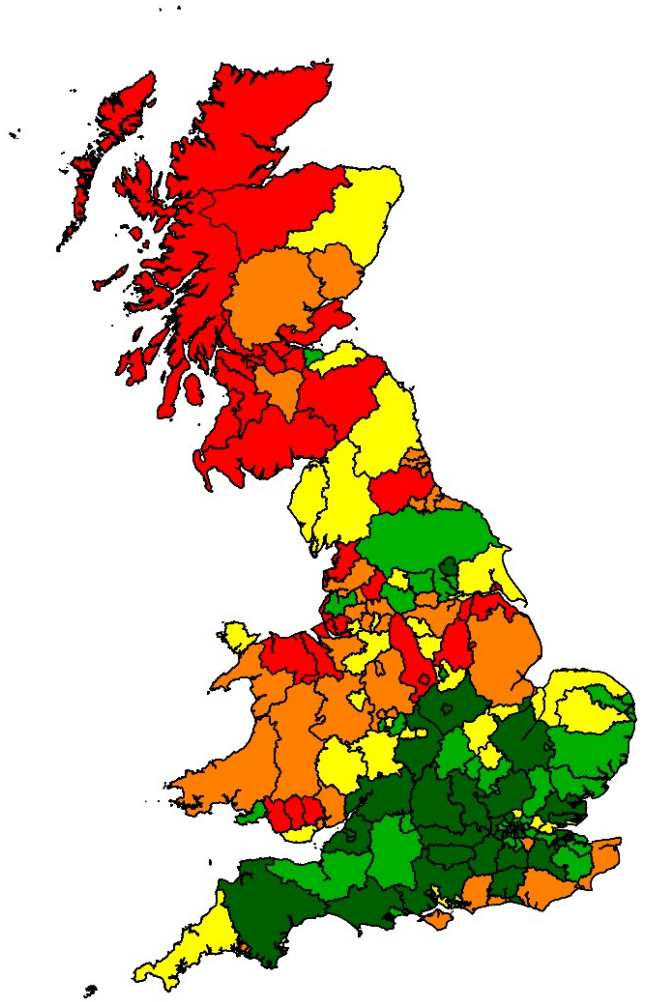
DEG difference = Population characteristics (relative) + Population characteristics (absolute) + Area characteristics + Residual



= People effects + Place effects

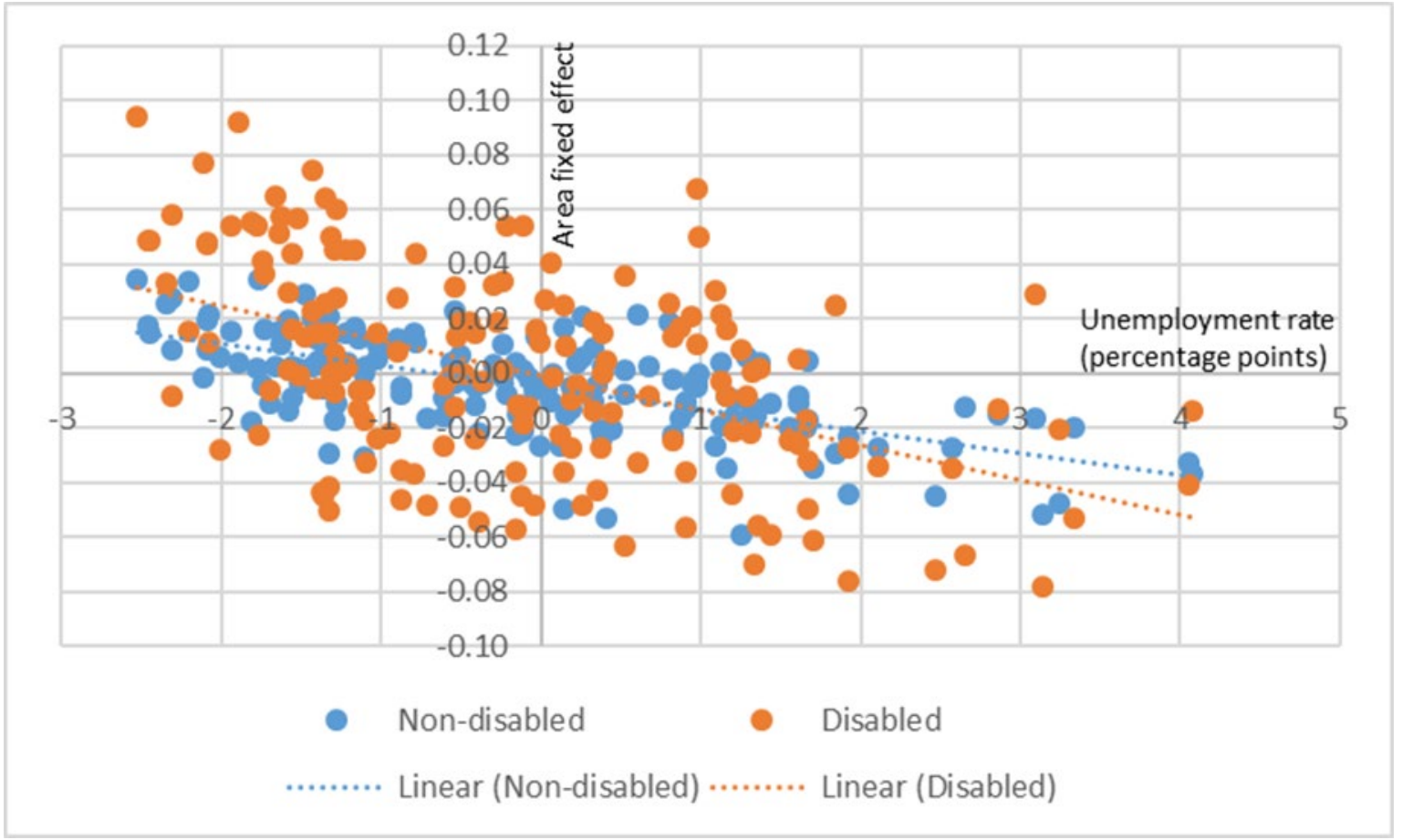
Results

Relationship between actual DEG difference and the DEG difference explained by population characteristics



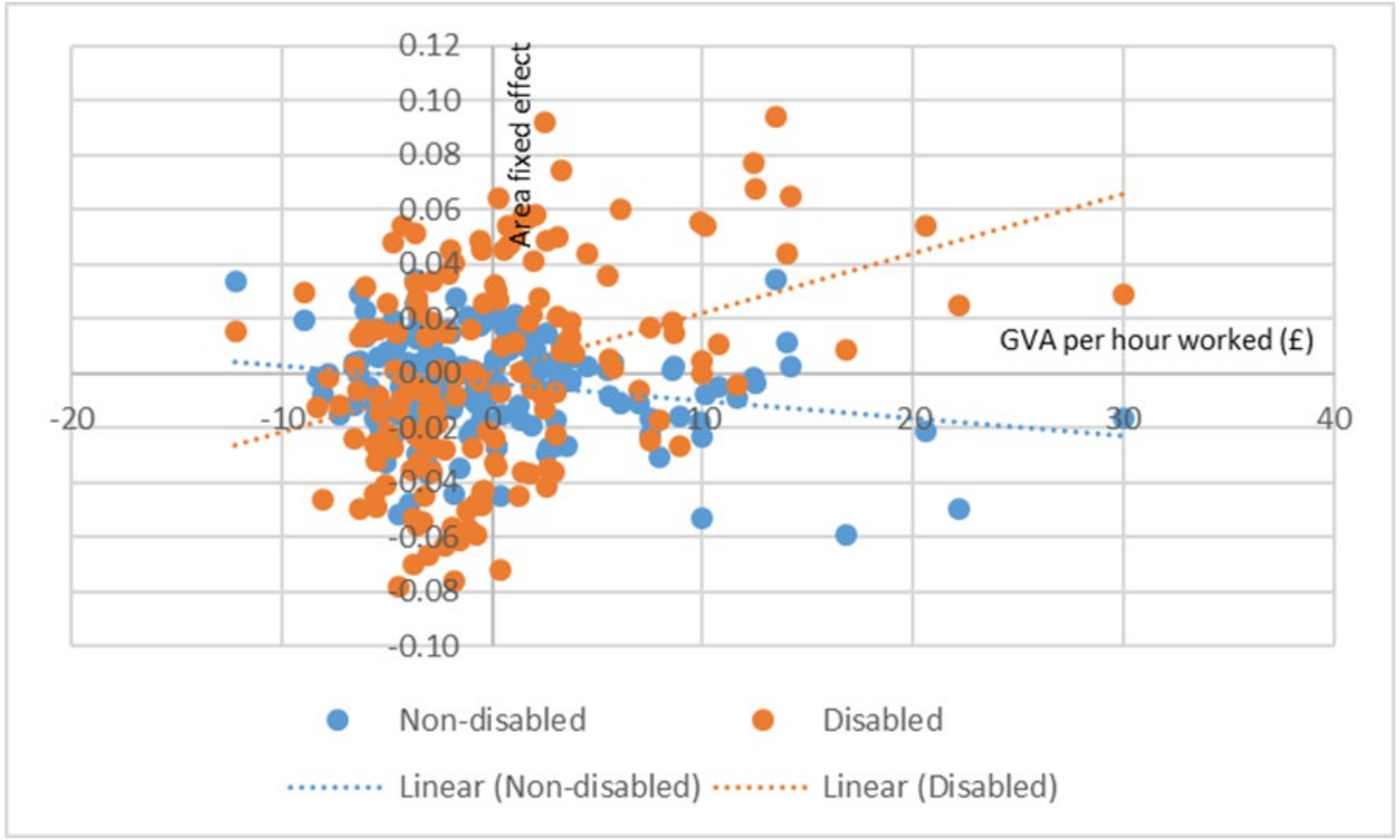
Results

Relationship between local unemployment rate and place effect



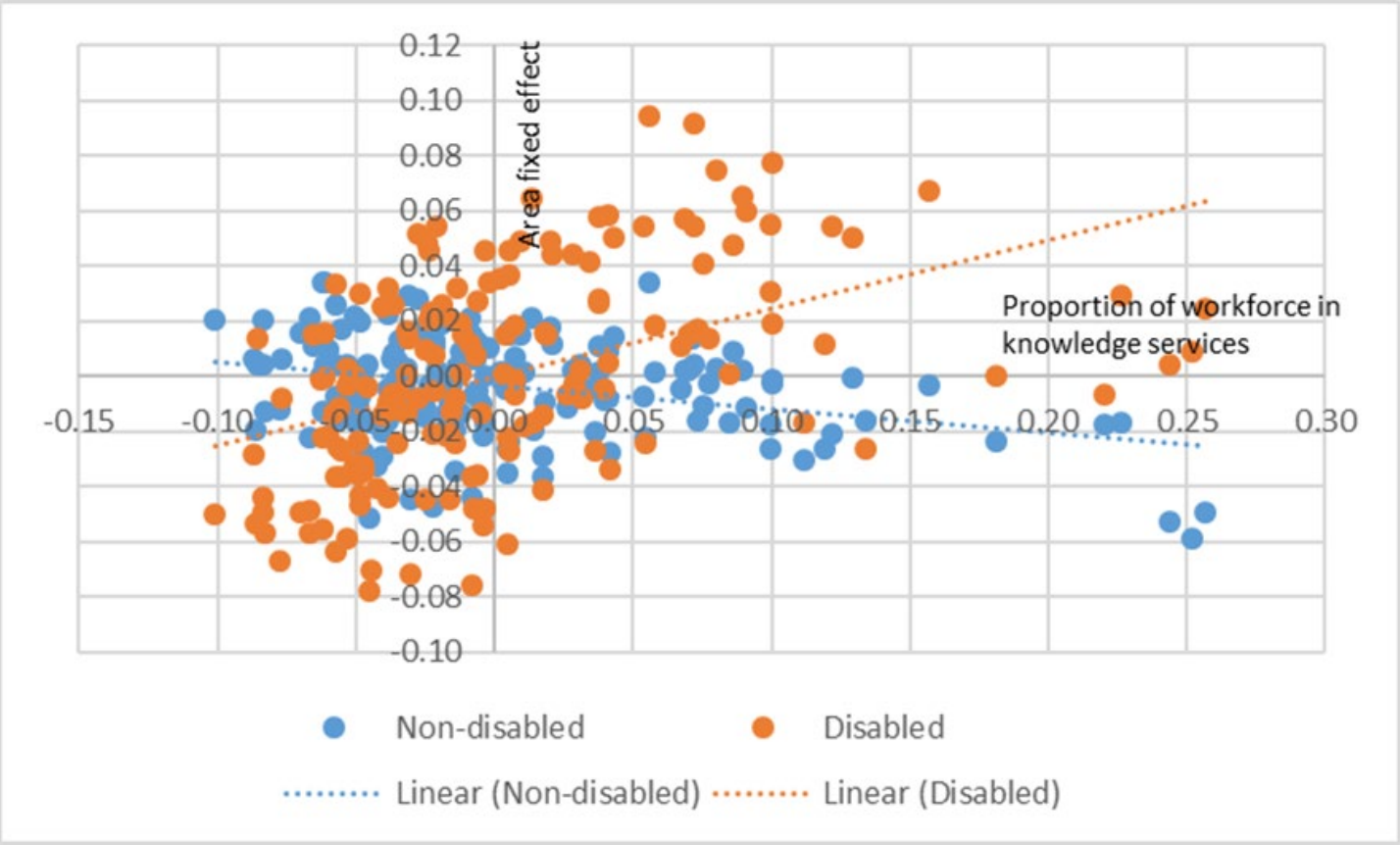
Results

Relationship between GVA per hour worked and place effect



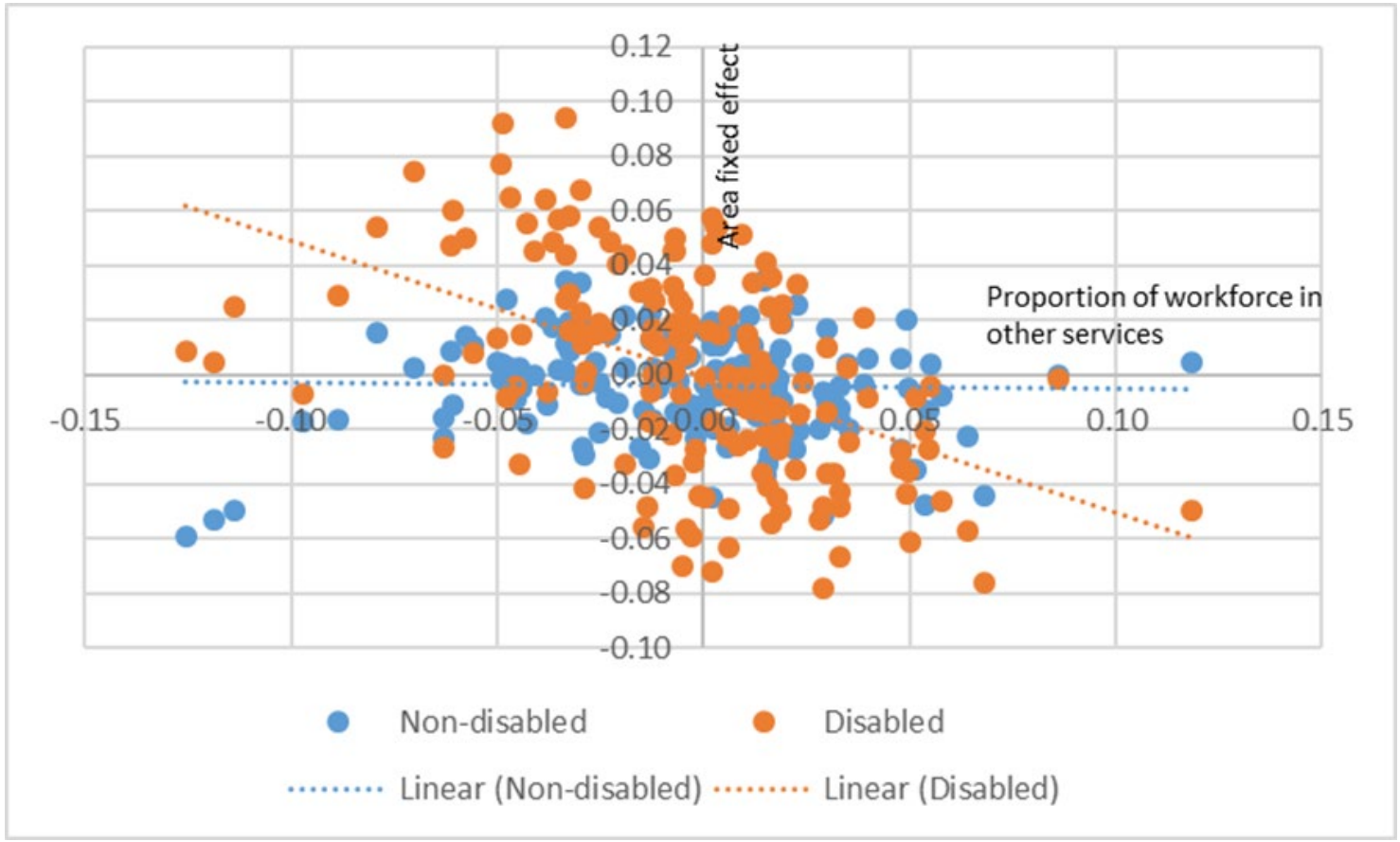
Results

Relationship between employment share in knowledge services and place effect



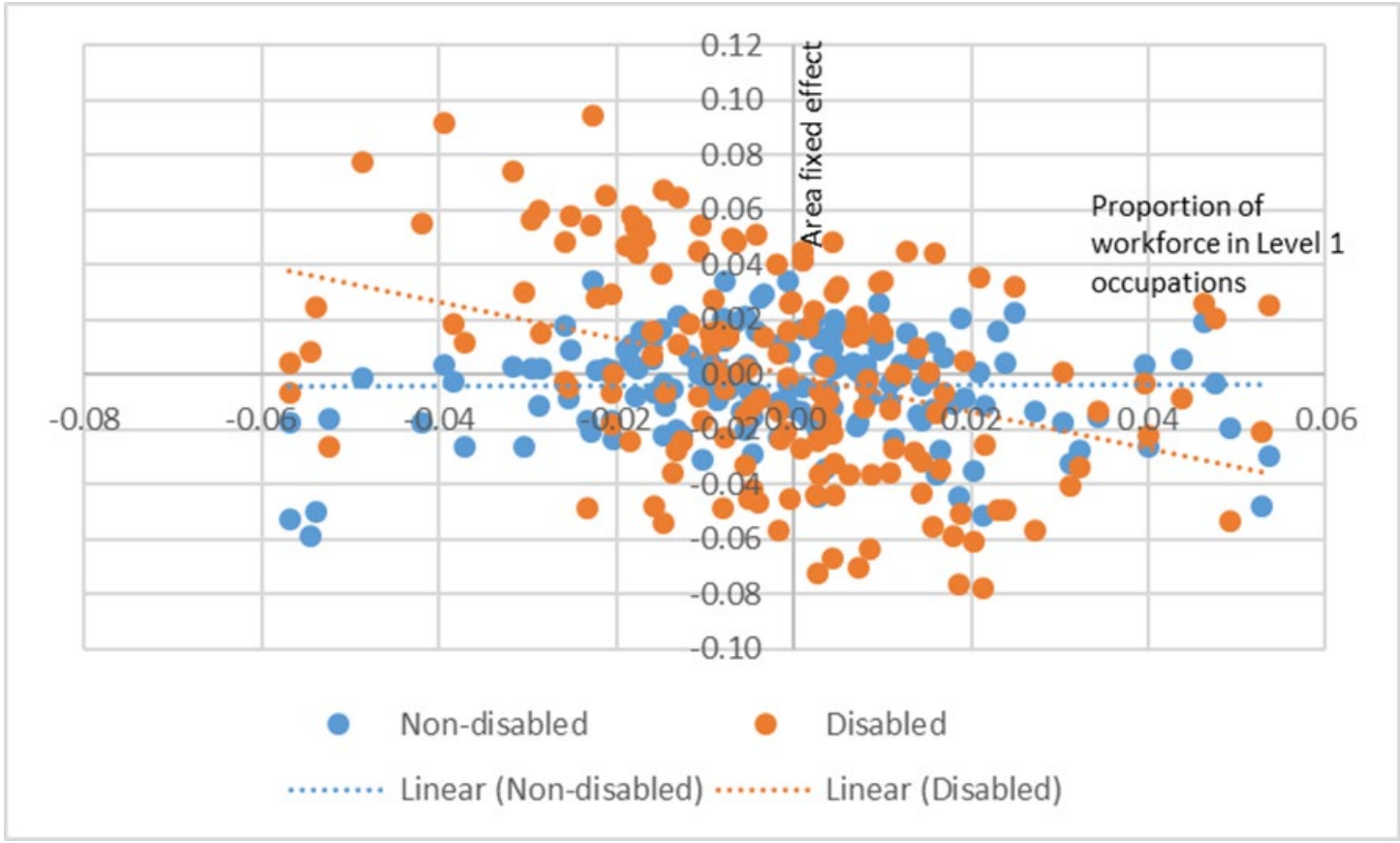
Results

Relationship between employment share in other services and place effect



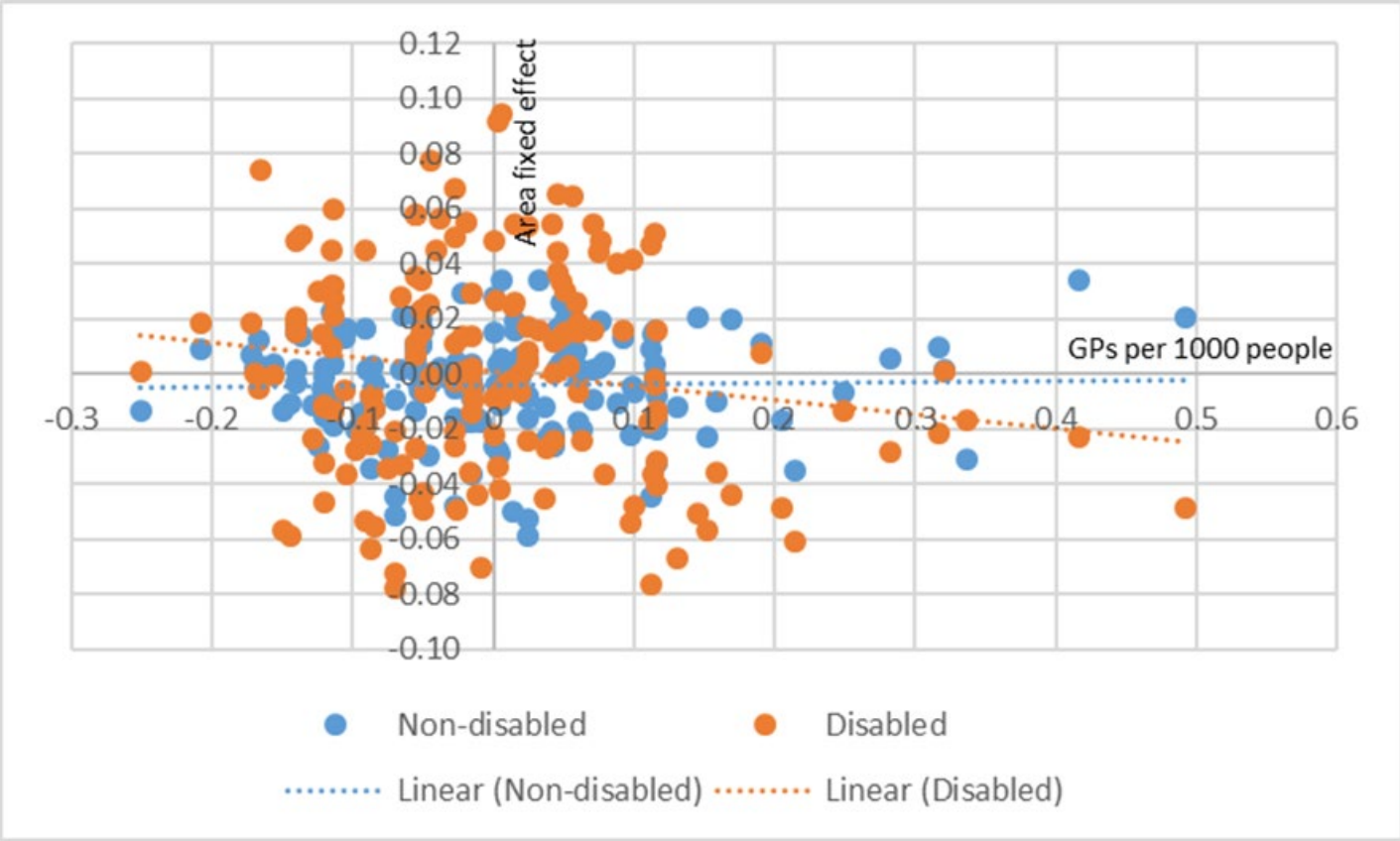
Results

Relationship between employment share in elementary occupations and place effect



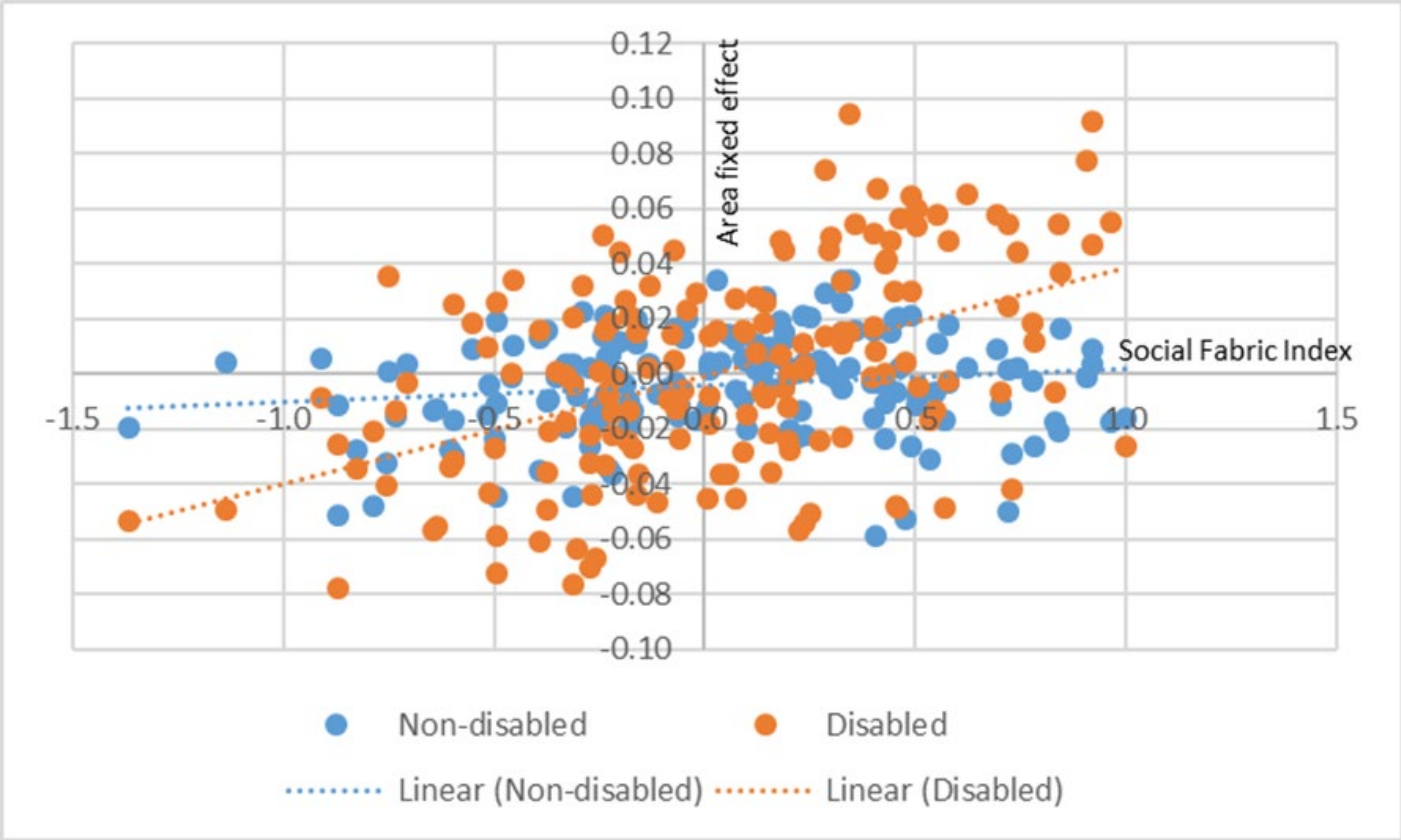
Results

Relationship between GPs per head and place effect



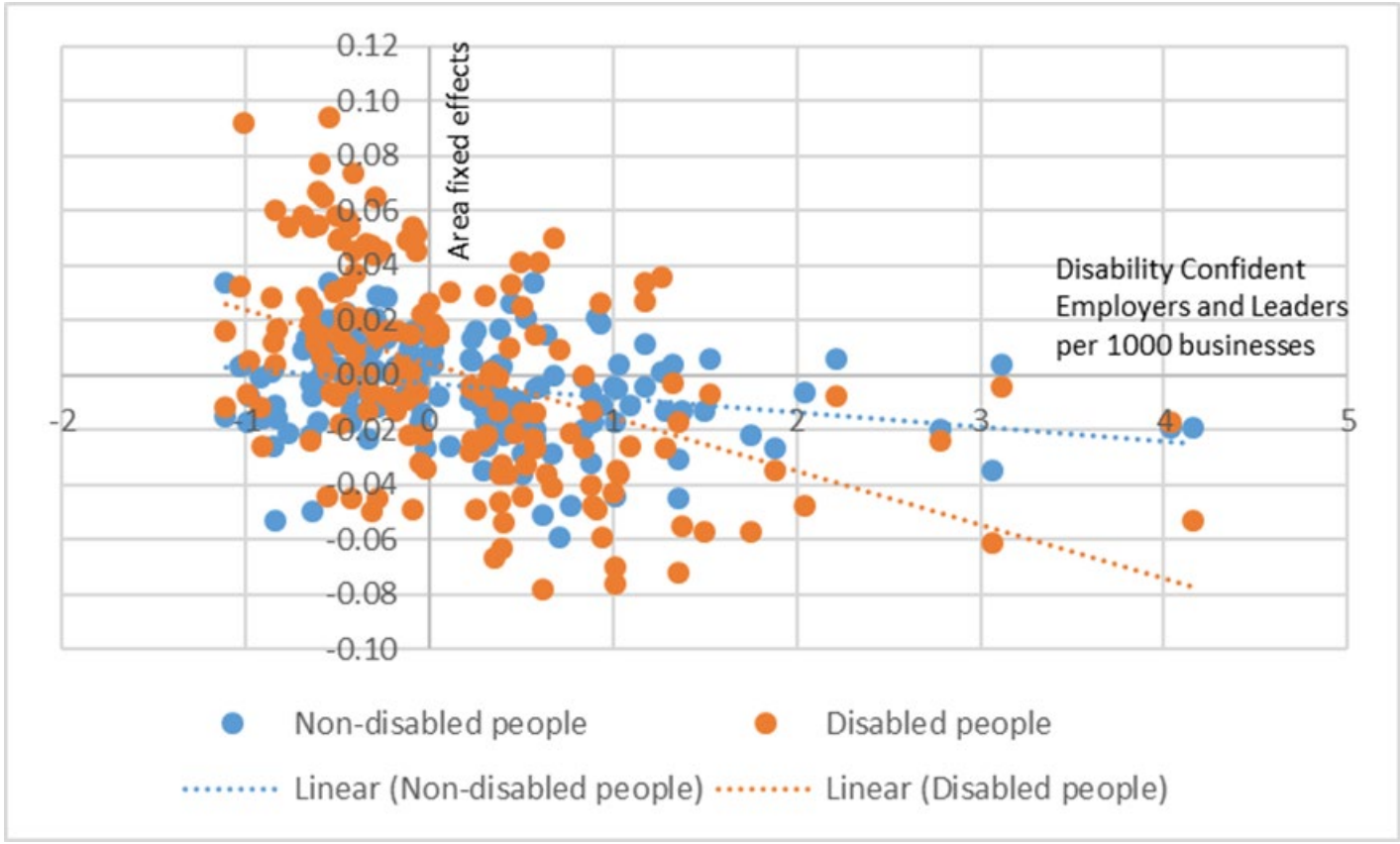
Results

Relationship between Social Fabric Index and place effect



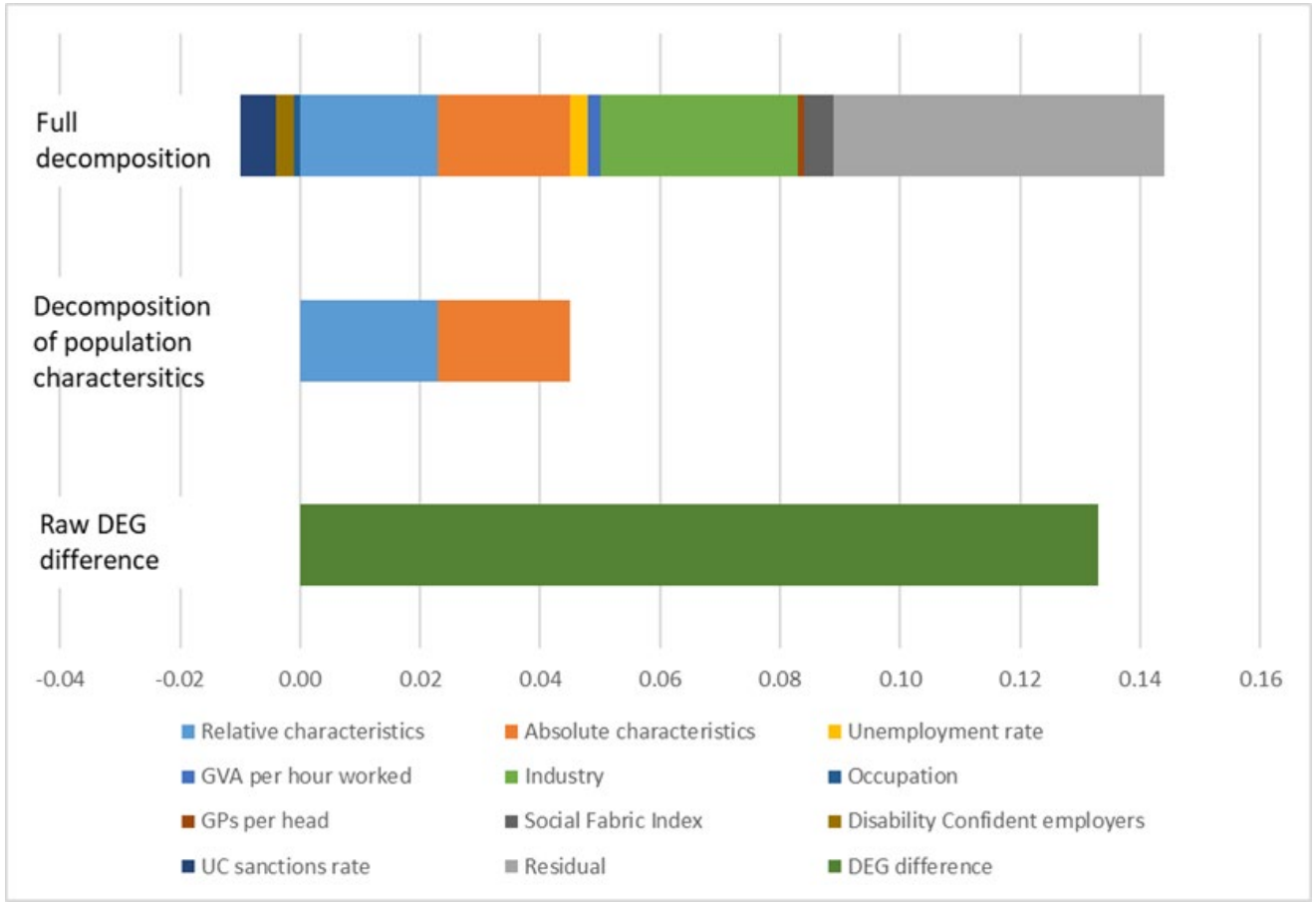
Results

Relationship between Disability Confident employers per thousand firms and place effect

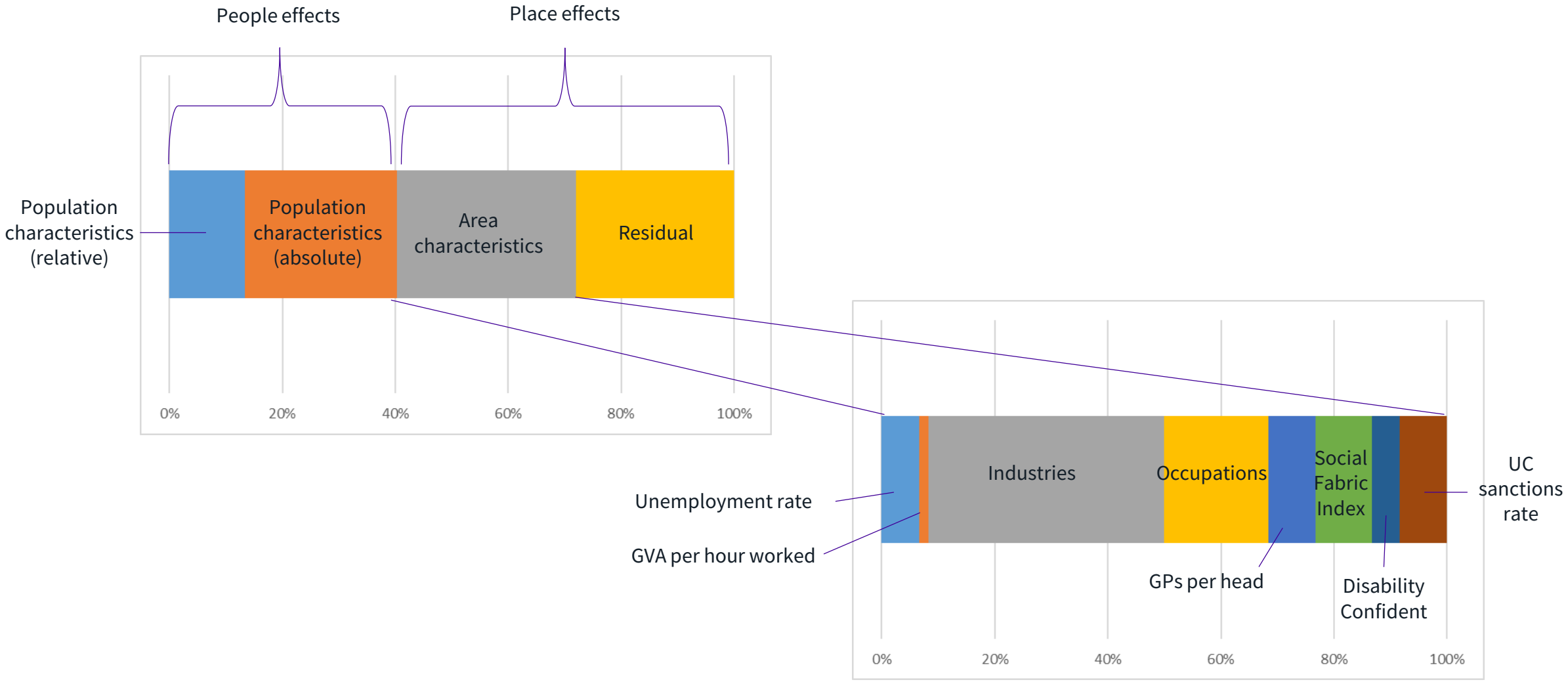


Results

Decomposition of the DEG difference between Blackpool and Southampton



Results


People effects
Place effects
Population characteristics (relative)
Population characteristics (absolute)
Area characteristics
Residual
0%
20%
40%
60%
80%
100%
Unemployment rate
GVA per hour worked
Industries
Occupations
Social Fabric Index
UC sanctions rate
GPs per head
Disability Confident
0%
20%
40%
60%
80%
100%

Conclusion

- Substantial variation in the DEG across Great Britain, not fully explained by demographic differences (people effects)
- Area level factors (place effects) explain some of this variation, in particular factors related to labour demand
- Suggests that the dual government priorities of levelling up and reducing the DEG may be highly symbiotic – efforts to achieve job creation in left behind areas (particularly in highly productive industries) may disproportionately improve the employment prospects of disabled people
- Perhaps this would be more effective than policies or schemes specifically aimed at promoting the employment of disabled people
- But levelling up is not a magic bullet – significant residuals remain in many areas

Thank you!

More information at:

bit.ly/sheff-DEG

@M_L_Bryan
@brycemeister
@sheffeconomics

Nuffield Foundation

Unpacking the Disability Employment Gap

A discussion of *"Levelling up the disability employment gap: Exploring spatial variation in the relative employment rates of disabled people in Great Britain"*

Luke Munford, University of Manchester

MANCHESTER 1824
The University of Manchester

HOPE
Health Organisation, Policy & Economics

HEALTH EQUITY NORTH

Initial thoughts

A very good paper, that is timely and informative

- Disability employment gap (DEG) is large (and growing??) in the UK
  - Form of discrimination?
- But – before now – we know little about what drives spatial variation in the disability employment gap in the UK
  - UK is a very unequal country
- Key takeaway: *"clear evidence of spatial variation in the DEG that is not explained fully by 'people effects' (differences in the characteristics of the working age population). These remaining 'place effects', however, are not random but to some extent can be explained by variation in area level characteristics, particularly the nature of labour demand."*
- Nice (potential) policy recommendations
  - I won't touch too much on these and defer to Dave

Some points for discussion

Points for discussion 1: Background and motivation

The European Journal of Health Economics (2022) 23:313–327
https://doi.org/10.1007/s10198-021-01366-1

ORIGINAL PAPER

Estimating the additional costs of living with a disability in the United Kingdom between 2013 and 2016

Lukas Schuelke[1] · Luke Munford[2] · Marcello Morciano[2]

Received: 19 November 2020 / Accepted: 29 July 2021 / Published online: 23 August 2021

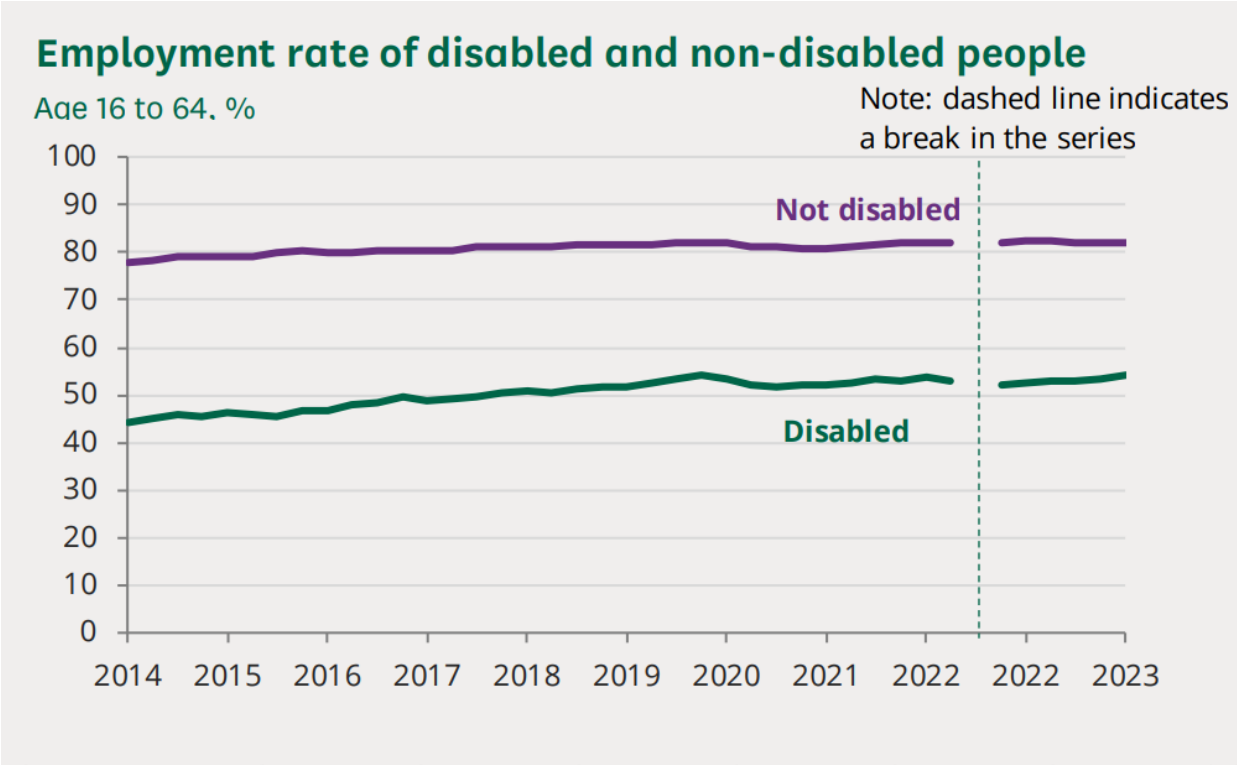
Abstract
In the United Kingdom, more than 20% of the population live with a disability. Past evidence shows that being disabled is associated with functional limitations that often cause social exclusion and poverty. Therefore, it is necessary to analyse the connection between disability and poverty. This paper examines whether households with disabled members face extra costs of living to attain the same standard of living as their peers without disabled members. The modelling framework is based on the standard of living approach which estimates the extra income required to close the gap between households with and without disabled members. We apply an ordered logit regression to data from the Family Resources Survey between 2013 and 2016 to analyse the relationship between standard of living, income, and disability, conditional on other explanatory variables. We find that households with disabled members face considerable extra costs that go beyond the transfer payment of the government. The average household with disabled members saw their weekly extra costs continually increase from £293 in 2013 to £326 in 2016 [2020 prices]. Therefore, the government needs to adjust welfare policies to address the problem of extra costs faced by households with disabled members.

Points for discussion 2: Methods

1. It was not clear to me if the series of sequential equations were estimated jointly?
   - If not, does the uncertainty need to be accounted for in some way?
     - Bootstrapping for example?
2. Area-level analysis
   - I think this needs to be the case, but potential for ecological fallacy?
   - Also, what about ‘movers’ and self-selection?
     - E.g. disabled (and/or non-disabled) people self-select into areas with higher (or lower) employment rates? Or other area characteristics
       - Can you use UKHLS to test for this? Are disabled people more or less likely to move into areas with different employment rates than non-disabled people?

Points for discussion 3: Methods

1. I am not sure I understand why you average everything over six years (2014 to 2019)
   - Is it because of sample size?



Source: ONS, A08: Labour market status of disabled people

Source: https://researchbriefings.files.parliament.uk/documents/CBP-7540/CBP-7540.pdf

Points for discussion 4: Methods

1. Is the sample weighted (using APS weights)?
   - Two competing arguments:
     - It should be if you want to generalise to the population based on a sample
     - It should not be as you split your sample (disabled vs. non-disabled) therefore the weights may not be representative of the sub-populations
2. You mention that there are ‘unequally sized areas’
   - Not clear what this refers to: true population size, APS sample size, geographic size
3. In the derivation of the model, the area terms (**z**) have disability super-scripts (e.g. $\mathbf{z}^0$ and $\mathbf{z}^1$)
   - But I think the area variables are the same for disabled and non-disabled people?

Points for discussion 5: Variables

- Demand
  - Unemployment rate
    - Don’t think this is broken down by disabled and non-disabled?
    - I don’t think I fully buy into the justification (as is written)
  - Gross Value Added (GVA) *per hour worked*
    - I think I need more convincing on this too
    - By definition, is affected by employment rates (‘per hours worked’)
    - If anything, I would suggest that GVA was affected by employment rates and the DEG
  - Shares in sectors and occupation levels
    - Definitely agree here
    - But again, unsure if ‘pooled’ or split by disabled vs. non-disabled
      - Like my point on $\mathbf{z}$ vs. $\mathbf{z}^0$ and $\mathbf{z}^1$

Points for discussion 6: Variables

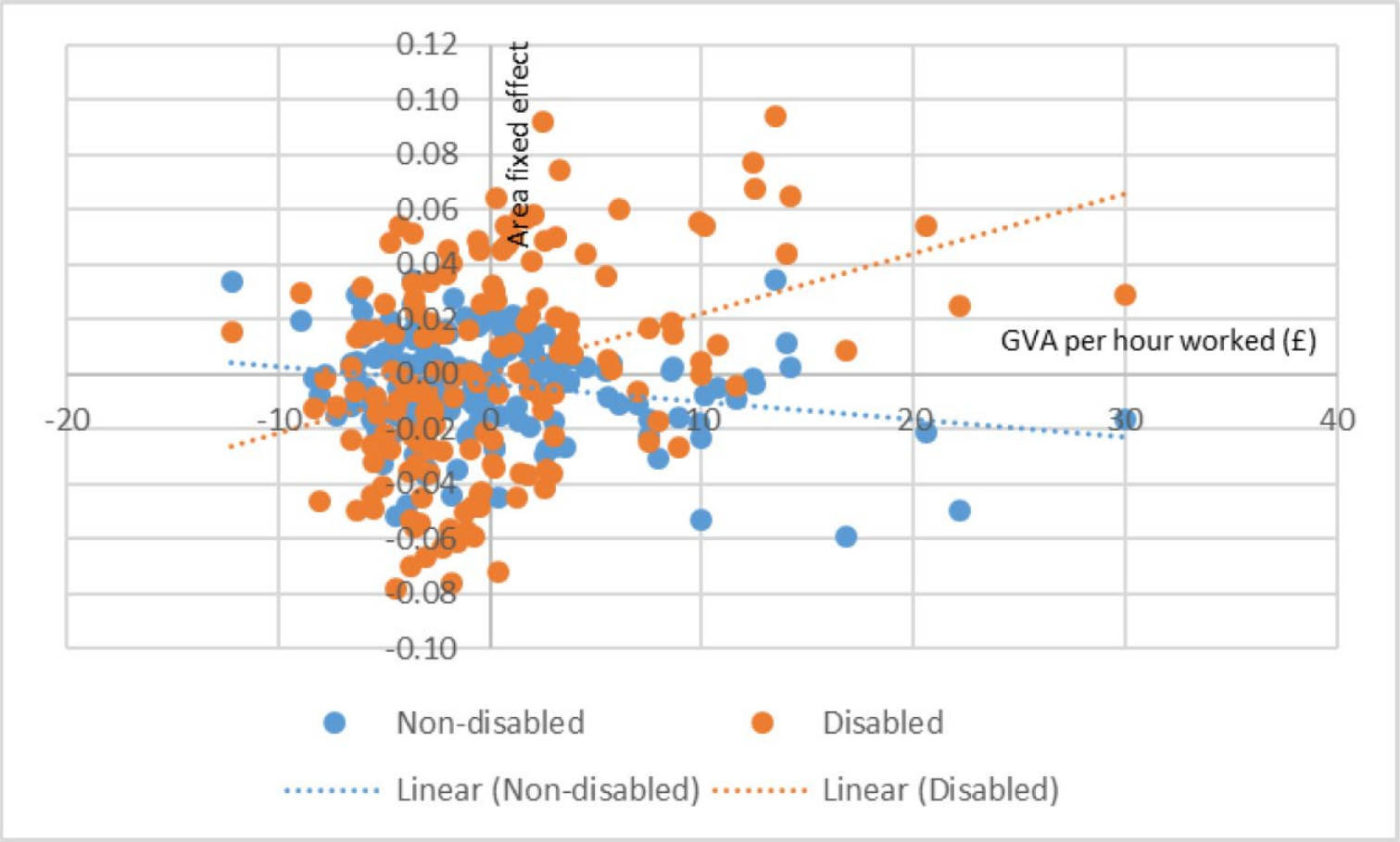
- Supply
  - Relative supply of health care = number of GPs per 1,000 population
    - I think this is ‘raw count’? If so, I would suggest full time equivalents (FTEs) as many GPs work part-time
    - Inverse care law?
  - Social capital = Social Fabric Index
    - Developed by ‘Onward’, a centre-right think tank
    - Method has been critiqued and their ‘workings out’ are quite vague
    - However, I think it is important to include
      - Possible alternative: *Community Needs Index*, developed by Oxford Consultants for Social Inclusion (OCSI) for Local Trust, who run the APPG on ‘Left Behind Neighbourhoods’
  - Transport in supplementary analysis

Points for discussion 7: Variables

- Policy
  - Disability Confident initiative
    - I think this is very good
  - Universal Credit (UC) sanction rates
    - Zeros may not be comparable between areas over time
    - ‘Managed migration’ from legacy benefits to UC (still ongoing)
      - Affected by a number of things, but importantly here:
        - Job Centre area (linked to ITL3)
        - Employment status
        - Household size and composition
    - Some evidence from DWP that sanction rates vary by region, but they cannot explain why (e.g. no observable differences between people across regions)

Points for discussion 8: Results

Figure 3 – Relationship between GVA and area fixed effects



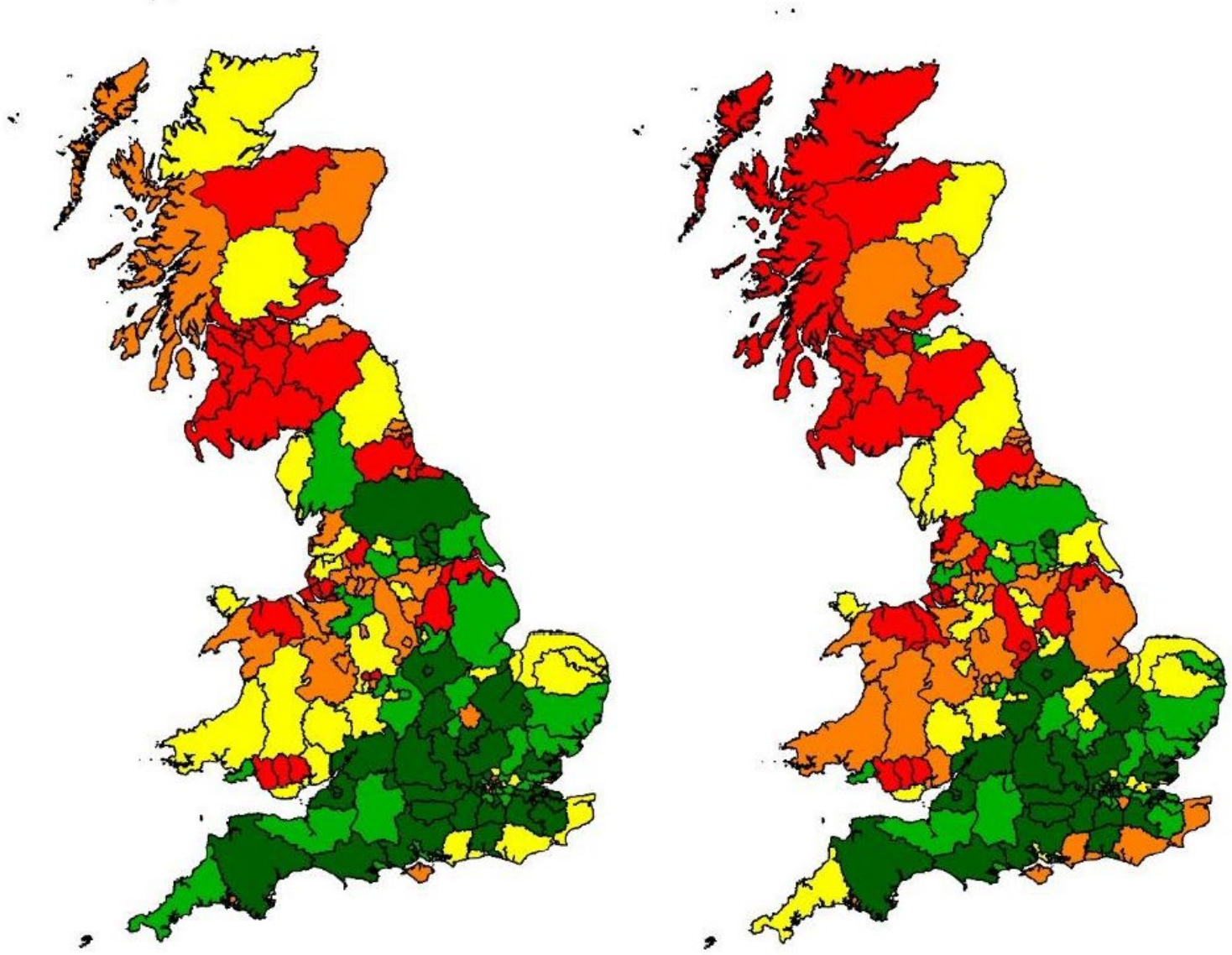
- Not sure what is on the x-axis?
- It cannot be GVA per hour worked as this cannot be negative
- Is it a residual term?

- Either way, interesting that positive association for disabled people and negative for non-disabled people

Points for discussion 9: Results

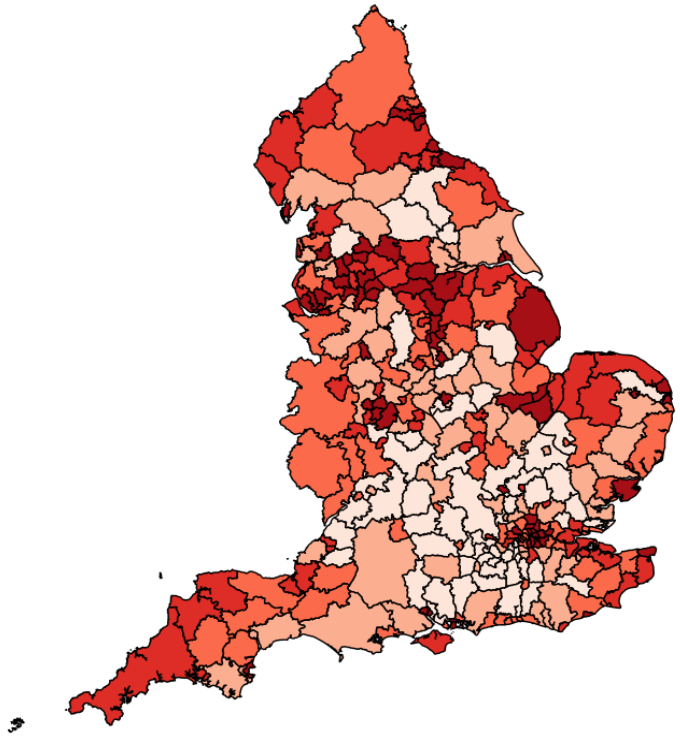
- On the whole, very interesting results – and well explained
- Minor points:
  - Why is London not a ‘core city’? I know it is not your definition, but could be interesting to look at?
  - The between area comparisons is interesting
    - Not quite sure why Blackpool and Southampton were chosen
    - Perhaps look at the two extremes (Buckinghamshire and North Lanarkshire) or within country extremes (Buckinghamshire and County Durham)
  - Interesting north:south divide within England
  - The ‘outliers’ of the core cities, and the extrema of the distributions of the disability employment gap appear to me to be very correlated with deprivation…

Figure 17 – DEG quintiles by ITL3 area[16]



2019 Index of Multiple Deprivation (IMD)

(England only)



Points for discussion 10: Conclusion/Policy

- Clearly policy relevant
- One-size-fits-all policies won't work
  - Role on mayoral authorities (new and existing)?
- Manchester is intriguing to me…
  - Have had quite a lot of private sector investment, but doesn't come out in the results
    - Maybe it is too early
- Idea of the Government's *"Individual Placement and Support in Primary Care Initiative"* – areas bid against each other…

REGIONAL STUDIES, REGIONAL SCIENCE
2023, VOL. 10, NO. 1, 496–505
https://doi.org/10.1080/21681376.2023.2200529

Routledge Taylor & Francis Group

RSA Regional Studies Association

SHORT ARTICLE

OPEN ACCESS Check for updates

Levelling up or widening the gap? An analysis of community renewal fund allocation in English regions using an economic resilience index

Overall a great paper, that can make a difference

I look forward to seeing it published ☺

Thank you!

luke.munford@manchester.ac.uk

Nuffield Foundation

Unpacking the Disability Employment Gap

Levelling up the disability employment gap: Policy implications

27 June 2024

David Finch, Health Foundation

The Health Foundation

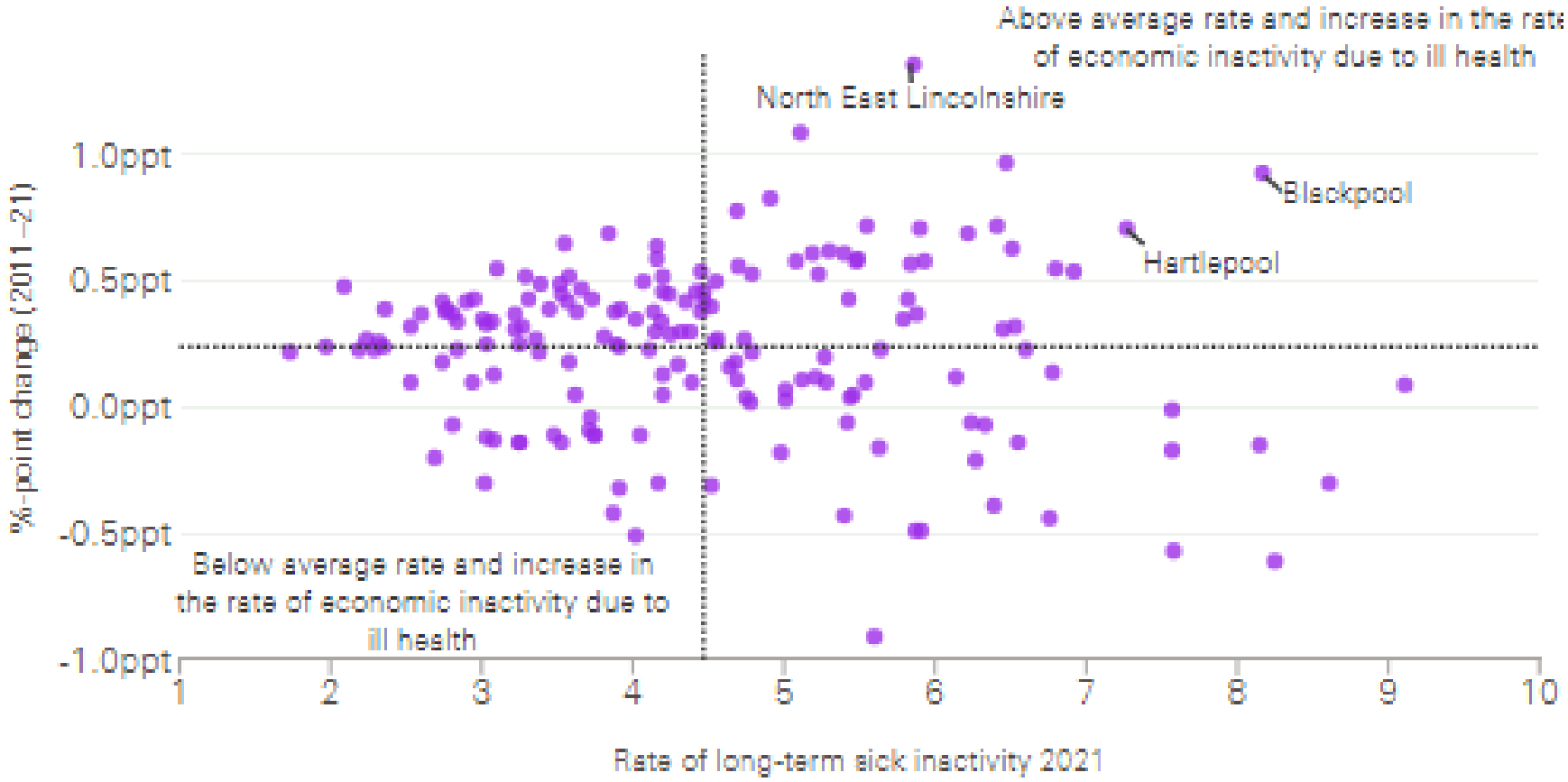
Important research on a longstanding, tricky issue

Proportion of working age population who are work-limiting disabled vs. average deprivation score, by local authority district: England, 2023

Source: Health Foundation analysis of the Annual Population Survey (Oct 2022-Sep 2023), Office for National Statistics, 2023; English Indices of Multiple Deprivation, 2019. Note: The deprivation score refers to the average score across LSOAs in each local authority. A small number of local authorities are missing due to data issues.

Important research on a longstanding, tricky issue

Economic inactivity rates (ages 16+ years) due to ill health by local authority: England and Wales, 2011 & 2021

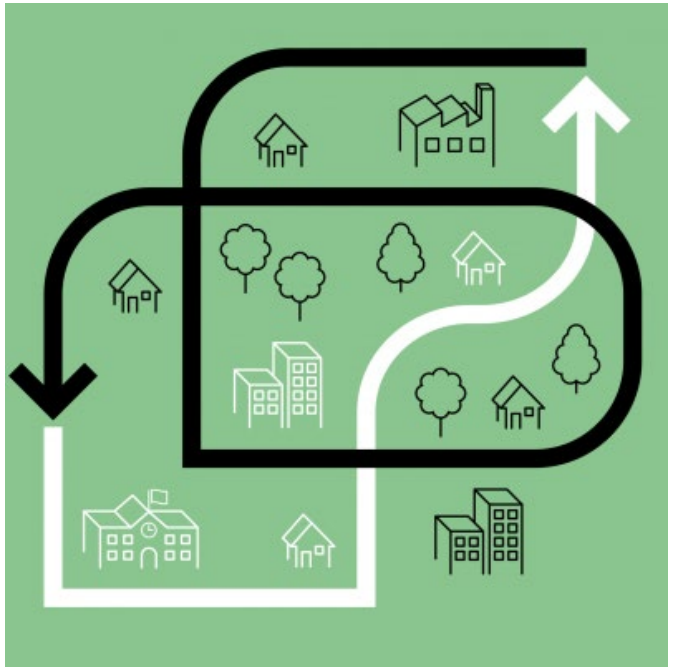


Source: Health Foundation analysis using Census 2021 and 2011

Some key takeaways

- No ‘magic bullet’ – progress will mean action on a range of factors
- Can help to better understand role of local government by understanding how the needs and challenges of different local areas vary
- What level of local will make a difference?
- Shows that progress is possible, even if it is hard and likely to take a long time
- If not significant it doesn’t mean it doesn’t matter

Challenges to working locally



Five key lessons from Economies for Healthier Lives:

1. Engage employers in designing interventions to meet work and health aims
2. Community engagement and participation to identify local needs
3. Understand and navigate differing local systems (eg LAs, ICBs, JCPs)
4. Obtain buy in from local senior leaders to sustain effective pilots over the long term with evidence to show impact
5. Resourcing and time is needed to set up, engage, and deliver change

Partnerships have benefitted from learning across the programme locations and are developing toolkits and guides.

https://www.health.org.uk/funding-and-partnerships/programmes/economies-for-healthier-lives

Making progress – flows matter

Flows from employment

- Focusing on keeping people in good health in the first place
- Keeping people attached to their work: SSP, right to return

Flows back into work

- Tailored, joined up & widely available support for ‘activation’
- Job design to increase work opportunities (eg flexibility & work from home)

Role of social security

- Help comes too late in the journey into sickness and out-of-work

- Financial incentives are difficult:
  - Increasing evidence of the consequences of inadequacy of benefit system
  - Social security is playing a role of income top-up for people very unlikely to return to work
  - Important to recognise non-financial benefits of working
  - Strict sanctioning regime creates its own incentives
  - Earnings drop-down from former higher paid role

Nuffield Foundation

Unpacking the Disability Employment Gap

Leticia Veruete-McKay,
Research team at Scope disability equality charity

Presentation at Nuffield Foundation.

27th June 2024

Scope uses a local disability data map to engage and influence Government

1. Scope's strategy 'An Equal Future' sets up to achieve three main goals in the next decade, seeking to:

- **Transform attitudes to achieve an inclusive society with no prejudice to disabled people or inequalities**
- **End the disability price tag to achieve the same standard of living of non-disabled people and their families**
- **Close the disability employment gap to achieve that disabled people who want to work can progress in**

2. Our colleagues in policy and public affairs have produced a Manifesto for equal future for disabled people

3. They started to engage parliamentary candidates using a local disability data map tool. This displays key metrics (including disability employment gap) based on new UK Parliamentary constituencies. Local Disability Data Map (scopedisabilitymap.org.uk)

Adjusted disability employment gap figures can help to target better disabled community

3. Looking at the adjusted DEG estimates at constituency level can help to target better those 'left behind areas' where disabled people might have less job opportunities

- **By providing data at a constituency level, parliamentary candidates can better understand and represent their local community.**
- **It also helps us target and tailor our engagement with candidates to build new relationships in the next Parliament**.

4. Scope will include **the adjusted disability employment gap figures** estimated by University of Sheffield in a detailed statistical page to talk/engage with members of parliament (MPS) of our local disability data map.

5. This represents valuable and robust evidence to influence in the early stages of the next government to support disabled people to enter and stay in the labour market.

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Unpacking the Disability Employment Gap