

# NIHR Work and Health Research Awards Round 2

## Overview

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**Opportunity status:** Open

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**Type:** Programme

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**Funding available** £2000000.00

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**amount:**

**Opening date:** 5 November  
2024 at 12:00 am

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**Closing date:** 11 March 2026 at 1:00 pm

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**Reference ID:** 97026

## Ready to apply?

Apply for this funding opportunity through our online application form

**Apply now**  
(<https://ccfrms.nihr.ac.uk/>)

The National Institute for Health and Care Research (NIHR) invites applications for work and health research awards. The purpose of these awards is to enable research teams to receive funding for larger programmes of research or large scale and ambitious projects to tackle priorities in work and health research. These awards can cost up to £2 million over 3 years.

This competition aims to:

- bring together teams representing different disciplines, professions and sectors to submit plans for ambitious research and to catalyse future research capacity;
- fund large scale, ambitious and transdisciplinary projects or programmes of research addressing key priorities and substantial areas of need in work and health and occupational health.

More information can be found in the Research Specification section of this page.

## How to apply

To apply for this funding opportunity you will need to log in through the NIHR Research Management System (RMS). Click the link below to log-in to the system and start your application.

**Apply now**  
(<https://ccfrms.nihr.ac.uk/>)

## Timetable and Budget

### Description

Application available online

### Deadline/Timeline

05 November 2024

Deadlines for outline application submission\*

11 June 2025, 1pm (Wave 1)

11 March 2026, 1pm (Wave 2)

Notification of outcome of outline application

July/August 2025 (Wave 1)

April/May 2026 (Wave 2)

<b>Description</b>	<b>Deadline/Timeline</b>
Deadline for full application submission	16 September 2025, 1pm (Wave 1) 23 June 2026, 1pm (Wave 2)
Notification of outcome of full application	January 2026 (Wave 1) October 2026 (Wave 2)
Expected start of Research Awards	01 April 2026 (Wave 1) 01 January 2027 (Wave 2)
Budget	£750k to £2m per Research Award
Project Duration	up to 36 months

\* We have decided to design this round of Research Awards (formerly called Research Collaboration Awards) as a rolling call. There will be two deadlines for outline applications: one in June 2025 and the other in March 2026. This will offer two opportunities for researchers to apply. Bidders who are unsuccessful within the Wave 1 outline application process can use Committee feedback and apply again in Wave 2. We hope that this will offer a more flexible approach to obtaining research funding.

## **Research Specification**

### **Summary**

The National Institute for Health and Care Research (NIHR) invites applications for work and health research awards. The purpose of these awards is to enable research teams to receive funding for larger programmes of research or large scale and ambitious projects to tackle priorities in work and health research. These awards can cost up to £2 million over 3 years.

This competition aims to:

- bring together teams representing different disciplines, professions and sectors to submit plans for ambitious research and to catalyse future research capacity;

- fund large scale, ambitious and transdisciplinary projects or programmes of research addressing key priorities and substantial areas of need in work and health and occupational health.

The NIHR Work and Health Team have published the [Logic Model for the NIHR Work and Health Research Initiative](https://openresearch.nihr.ac.uk/documents/4-77) (<https://openresearch.nihr.ac.uk/documents/4-77>), which illustrates the short term and long term ambitions of the initiative. Note the NIHR Work & Health Research Awards were initially termed NIHR Work & Health Research Collaborations, and this is used in the Logic Model. We recommend that applicants look through this logic model to understand the short term and long term ambitions of the initiative.

## **Priorities in Work and Health**

There are around 14.8m working-age people in the UK with a long-term health condition, including 9.5m disabled people whose condition reduces their ability to carry out day-to-day activities [1]. Only 5 in 10 disabled people of working age are in work compared to 8 in 10 non-disabled people. In 2019, 138 million working days were lost to sickness absence, and every year, 1.4 million people have a sickness absence lasting 4+ weeks [2]. For the working age population (aged 16-64) in 2022/23, over 1 million (11.1%) of people in the UK who were economically inactive reported that their main health condition was a musculoskeletal (MSK) condition. 1.2 million (13.8%) of those economically inactive reported their main health condition was a mental health (MH) condition. Of those who are economically inactive because of long-term sickness, 1.46 million people in 2022/23 reported MH as a main or secondary health condition. This is followed by main or secondary MSK conditions, where 1.25 million of those economically inactive due to long-term sickness report having an MSK condition. There is some overlap between these groups, and 776,000 of those who are economically inactive due to long term sickness report have both a MH and MSK condition [3].

A paper by the Society of Occupational Medicine highlights the impact of Covid-19 on the workforce could also have detrimental, long-term effects on both individuals and the economy [4]. Another study found that forty five per cent of patients with long Covid decreased their work commitment [5]. The Society of Occupational Medicine also emphasises that more needs to be understood about the long term impacts of Covid on the workforce, including its effects on health and wellbeing, and inequalities [4]. This emphasis on long term impacts on mental and physical health is also relevant for illness or disabilities beyond Covid-19 and their impacts on economic inactivity.

Economic inactivity has been increasing in the United Kingdom, with long-term sickness accounting for 30% of total inactivity, making this the most common cause of economic inactivity [6]. We need

to understand the needs of individuals with long term conditions, and how employers can support these individuals to lead positive and healthy working lives, to boost both their own wellbeing and the economy.

Working conditions and the environment have an impact on mental and physical health, with 15% of people experiencing mental health problems in the workplace [7]. Introducing interventions and resources in the workplace that support mental health can lead to increases in revenue for businesses, reduction in need for health care services, and a reduction in absenteeism.

Understanding the mental health needs of the workforce helps employers, human resources personnel and policy-makers develop evidence-based recommendations to accommodate those affected by the workplace and/or working with pre-existing MH conditions.

Quality Occupational Health (OH) and related work and health provision can drive workforce participation by supporting individuals to remain in, return to and thrive in work. It can reduce sickness absence, increase productivity, and enable individuals to live in better health for longer.

The [Long Term Plan](https://www.longtermplan.nhs.uk/) (<https://www.longtermplan.nhs.uk/>) for the NHS in England emphasises the need for more integrated and collaborative care systems, greater focus on prevention and tackling health inequalities, improved care outcomes, the development of local enablers, and expanding the workforce's capacity and capability. Recent work has been starting to address this through small scale workforce expansion and the introduction of the WorkWell Programme. Lord Darzi's report published in September 2024 also acknowledges that the health of the nation has deteriorated, with increases in mental health needs and people living with long-term conditions including MSK. It identifies 'long waits for mental health and MSK services which are the biggest causes of long-term sickness' and also notes that 'long term sickness absence for people aged 16 to 34 with musculoskeletal conditions grew 16 percent between 2019 to 2023'. The report also highlights the 'virtuous circle' if the NHS can help more people get back into work – where they could help grow the economy [8].

Improving work, physical health and mental health outcomes has the potential to deliver substantial economic and social benefits for individuals, employers, and wider society. Individuals and their families benefit through improved employment, income, and health outcomes.

## **Objectives for work and health research awards**

The funding available through this call will allow researchers to address key challenges in work and health and occupational health through ambitious research. These awards should also bring together the necessary range of skills and expertise to address these challenges, recognising the need for a systemic and collaborative approach to bring about the desired change.

We ask applicants to consider the contextual factors likely to affect how evidence, tools and interventions are received or used. Applicants are encouraged to refer to established implementation science frameworks to reflect on pathways to impact. It is the NIHR ambition that any funded work through this initiative will be used to build a strengthened, more cohesive community and create evidence, including interim findings, with a longer term horizon to public impact and ideally within the context of the implementation of [Integrated Care Systems \(ICSs\)](https://www.england.nhs.uk/integratedcare/what-is-integrated-care/) (<https://www.england.nhs.uk/integratedcare/what-is-integrated-care/>) and systems of integrated care in Wales, Scotland and Northern Ireland. The ICSs in England represent a fundamental acceleration towards partnership working between health and social care providers, local authorities, local communities and voluntary associations. They have 4 key objectives: (i) improving population health and healthcare, (ii) tackling unequal outcomes and access, (iii) enhancing productivity and value for money and (iv) supporting broader social and economic development.

Each application should outline how the proposed knowledge and interventions generated are intended to ultimately lead to public benefit and reduce economic inactivity. Applicants should also demonstrate a strong intention to work with other successful groups funded by this call to create synergies between research projects; and share learning and expertise through collaborative working. Applicants should outline how their skills, resources or expertise might be used to support the wider network of awards.

It is expected that the awards will consolidate and expand collaborations between academic experts and professionals from a wide range of fields and sectors, including (but not limited to) occupational health, social science, health and care services, public health, human resources, ergonomics, business studies, universities, charities, employers, [Health Determinants Research Collaborations \(HDRCs\)](https://www.gov.uk/government/news/50-million-to-tackle-health-inequalities-through-research) (<https://www.gov.uk/government/news/50-million-to-tackle-health-inequalities-through-research>), the commercial sector, wellbeing providers and relevant professional bodies. Funded projects should be delivered by trans-disciplinary teams capable of linking up and working with relevant groups, stakeholders and initiatives at regional and national levels and where appropriate internationally. We encourage cross-institution, cross-sector working.

Researchers should also consider how their work contributes to reducing inequalities across the nation. All research funded by the NIHR should contribute to reducing inequalities, defined as avoidable and unfair differences in health and/or social status between groups of people or communities. Our health is determined by our genetics, lifestyle, the health care we receive, and the impact of wider determinants, such as our physical, social and economic environments, education and employment [9]. Inequalities are a major government and research priority, but although we are seeing advances in health and care, these inequalities persist [10]. Applicants are asked to be clear in their proposal if there is a health and care inequalities component within the project.

As part of their proposal, applicants should explain what they believe will be the **key risks** to delivering their research, and what **contingencies they will put in place** to deal with them. The NIHR acknowledges that significant challenges remain in terms of access and quality of the data required to pursue robust research. Applicants are expected to explain which data sources they will use in order to complete their projects, to outline the benefits and suitability of using any combination of data sources and to outline the expected challenges in accessing and handling these sources.

Applicants are required to have clearly articulated **Patient and Public Involvement and Engagement (PPIE)** plans for embedded and continuous interactions with public and community groups throughout the project (please see section below for more details).

## Research required

NIHR has identified the need for a coordinated approach, bringing together resources and experience to address key evidence gaps and enable the research community to progress work and health, and occupational health research. Work and health research will benefit from greater cohesiveness across professional, disciplinary and sector boundaries, to help meet the needs of people living with multiple long-term conditions and other physical or mental health conditions. Increased emphasis on the relationship between work and health is expected to lead to a broader awareness of health as a key determinant of work by the health research community, a more equal distribution of OH services, and engaged employers who would benefit from actionable evidence.

This funding opportunity is open to research ideas and proposals in work and health, including occupational health, harnessing necessary cross disciplinary expertise from relevant areas of employment and healthcare. Topics may range across mental/physical health and wellbeing, occupational disease, musculoskeletal disorders, new and young workers, ageing workforces, systemic work, data linkage, health issues, labour market outcomes, economics, quality of work, ergonomics and delivery methods/ processes. We acknowledge that the use and interpretation of the term wellbeing varies across different stakeholders within the context of work and health, so please apply and use terminology that represents your perspective within the work and health space. We would like to encourage applicants to include any underpinning evidence base or theory about their perspective.

Priorities that have been identified during the NIHR Work and Health Research virtual event in December 2022 and various consultations with the work and health community include **but are not limited to**:

1. Investigate the impact of job quality on health, particularly for disabled people and people with health conditions, and explore the ways to support employers to provide high quality jobs.

2. Understand the role of Integrated Care Boards and the health system in supporting the public to remain in, enter and return to the workforce.
3. Importance of labour market outcomes to understand the economics of work
4. The need for improving access to, quality of and linkage between relevant datasets to achieve a more nuanced understanding of the relationship between work and health and better assess interventions designed to improve outcomes for the working age population
5. The use of co-production to develop relevant research, such as designing workplace interventions that improve health and wellbeing of various workforces and sectors
6. How can people with physical and/or mental health conditions, including anxiety, depression and MSK, be supported to remain in the workforce? How can we reduce the number of individuals leaving work due to disability, physical and/or mental illness, long term conditions, multiple long term conditions and menopause, either through prevention or through improved treatments, support and access? How can we create new approaches to ensure the working age population who are out of work have a higher chance of reemployment?
7. How can people be enabled to remain physically and mentally healthy in work and retain work up to their state pension age?
8. To understand if early preventative interventions can help to reduce prevalence of MSK conditions in the younger population. For example, targeting children and young people who are identified as at risk of developing MSK conditions in the future (those from deprived backgrounds, those who are overweight or obese, those with emerging mental health conditions) and offering them preventative interventions to understand if this reduces the likelihood of them developing future MSK conditions.
9. Investigate how to support children, young people and school leavers to become and remain economically active.
10. How do researchers successfully engage with employers and occupational health providers?
11. How can employees obtain better access to occupational health resources and other mental and physical health resources?
12. The impact of exposures (biological/chemical, environmental, physical and social) at work
13. The intersectionality of health inequalities and economic inequality - how tackling health inequalities can help people of working age and boost the UK economy



14. What factors affect the sustainability of employment and health outcomes, and how can outcome sustainability be improved?
15. What are the most cost effective and impactful ways to support unpaid carers to participate in the workforce?
16. What are the most effective ways to engage employers, health professionals, employees and other relevant stakeholders to support disabled people and people with health conditions with employment? How are employers balancing business objectives with the health needs of their employees? How can further evidence-based practice be encouraged?
17. What would be the most effective, cost effective and efficient health and care support to address the needs of the working age population of the future, over the next 20 years? What are the successful interventions that need to be scaled?
18. What is the most cost effective and impactful way work and health support could be delivered?
19. What support do the health and social care workforce and employment advisors need to deliver health and work outcomes?

Previous priority themes from the NIHR Policy Research Programme Working Age call were:

1. Understanding population needs in relation to employment and health among working age people: rich descriptions of population needs that can inform policy assumptions.
2. Supporting participation in good work for people experiencing sickness or who have long term health conditions or disabilities: research that could lead to the improvement or development of activities aimed at supporting disabled people and those experiencing ill health that affects their ability to work, to remain in work, or re-enter work where that is beneficial for their health [11].
3. Trends, new developments and delivery models where there are implications for health and work intervention or service design, and/or health and work outcomes; new ways of approaching health and work intervention or service design and delivery

## **Proposals**

The core funding for this initiative will be allocated between two streams that will run in parallel.

1. **Research Awards:** £750k - £2m is available for Research Awards delivered over a period of up to 36 months. These awards are expected to:
1. comprise a large scale, ambitious and transdisciplinary project or a number of high-quality interrelated projects that form a coherent programme of research, where added value is gained from the combination of the various strands of research;
  2. create a portfolio of research which includes innovation but balances possible risk allowing for learning through failure;
  3. use a range of transdisciplinary and methodological approaches, building a critical mass of transdisciplinary experts with the capacity to provide a long-term research resource and develop expertise and research capacity within and relevant to work and health as well as the health and social care systems;
  4. demonstrate clear trajectory towards public and economic benefits;
  5. include clear plans for implementation, knowledge mobilisation and dissemination, contributing towards a step change to further research, practice and/or outcomes.
- Collaborations should demonstrate the ability to collaborate and operate across a wide range of stakeholders to influence agendas and system changes.

## **Eligibility**

The lead organisation must be either: (a) an NHS organisation (including NHS Trusts and NHS Foundation Trusts) or equivalent UK authorities, or (b) a university, research institutes or not-for-profit organisation. In addition to these lead organisations, SMEs (including start-up or 'spin-out' companies) are also eligible to receive funding. In particular, this call encourages participation of private sector applicants working with, or planning to work with, NHS organisations, local governments, the Voluntary, Community and Social Enterprise community, in the context of implementing [Integrated Care Systems](https://www.england.nhs.uk/integratedcare/what-is-integrated-care/) (<https://www.england.nhs.uk/integratedcare/what-is-integrated-care/>) or similar/equivalent entities in devolved administrations.

Applications will be considered from lead researchers in other UK countries (Scotland, Wales and Northern Ireland) provided they address the priority areas and impact UK systems and meet all other selection criteria. If an appropriate case is made, then overseas university partners are permissible. We would expect the application to make a strong case that the chosen overseas academic partner was the organisation best placed to provide input to the planned research.

Specialist services or expertise may be brought into the team through consultancy or sub-contract arrangements; however, appropriate justification must be provided. Sub-contractors may be based outside of England. The day-to-day running of the project should be handled through a project manager. We would expect the lead organisation to ensure dedicated project management support to handle complex novel relationships. The NIHR will verify on a regular basis that successful applicants have access to adequate, dedicated management support.

Commercial organisations may apply and claim direct and indirect costs associated with the proposed research provided these are fully justified. As this is non-commercial research activity, such organisations may not charge profit and as a result this may mean this funding stream is unattractive to large companies. For all collaborations where a partner is providing in-kind contributions, the exact nature of the commitment of each partner must be clearly detailed.

If the application is successful, a contract will be placed with the lead organisation for delivery of the research.

## **Patients and Public Involvement and Engagement (PPIE)**

The NIHR expects researchers to actively involve patients and the public in their research at every stage. From identifying research topics through to involving them as members of a research advisory group to monitor and evaluate research results and disseminate those to different audiences. Applicants are required to detail what active involvement is planned, how it will benefit the research and the rationale for their approach. NIHR suggests that applicants utilise the [UK Standards for Public Involvement](https://sites.google.com/nih.ac.uk/pi-standards/home) (https://sites.google.com/nih.ac.uk/pi-standards/home) when developing their strategy. PPIE also needs to be undertaken in a manner that acknowledges that some people may need additional support, or to acquire new knowledge or skills to enable them to become involved effectively (see [NIHR Patient and Public Involvement resources for applicants to NIHR research programmes](https://www.nih.ac.uk/ppi-patient-and-public-involvement-resources-applicants-nih-research-programmes) (https://www.nih.ac.uk/ppi-patient-and-public-involvement-resources-applicants-nih-research-programmes) ). Applicants should therefore provide information on arrangements for training and support.

The nature and extent of PPIE is likely to vary depending on the nature of the study. Where no PPIE is proposed, a rationale for this decision must be given. For research in work and health, PPIE can include but is not limited to employers, human resource departments, professional bodies, trade unions, unemployed, community groups, regulators as well as employees and the public.

For further information and guidance about PPIE, please visit the NIHR [Learning for Involvement website](https://www.learningforinvolvement.org.uk/) (https://www.learningforinvolvement.org.uk/).

## **Assessment criteria**

Applicants are expected to include in their application relevant information in line with the assessment criteria outlined below. This criteria can be applied to both development awards and research collaborations and should be taken in context of what each award is focused on achieving:

### **RELEVANCE of the proposed research to the research specification**

1. How relevant is the proposal in relation to the research brief? Does it address the call's strategic objectives (e.g. capacity and capability development; consideration of inequalities and PPIE; methodological development; alignment with the implementation of ICSs or other integrated care systems in the UK, etc.)?
2. Does the application demonstrate an awareness and understanding of previous relevant research or developments in this area?
3. To what extent does the proposal add distinct value or advance existing knowledge?

### **QUALITY of the research design (Research Awards only)**

4. How appropriate is the research design in relation to the stated objectives?
5. To what extent is the proposed design and methodology for all elements of the research well defined, appropriate, valid and feasible within the timeframe and resources requested?
6. To what extent does the research show originality and innovation?
7. To what extent does the proposed work add to or complement initiatives at a regional/national/international level?

### **QUALITY of the preparatory work (Development Awards only)**

8. To what extent will the proposed work address key uncertainties in developing a research collaboration
9. To what extent will the proposed work support development of a strong and inclusive team in preparation for a larger research award
10. How likely is it that the proposed work will lead to a competitive application for a larger research award

## **QUALITY of the work plan and proposed management arrangements**

11. Are work packages coherent, fully justified, and aligned with the overall vision of the proposal?
12. How appropriate are the work plan and management arrangements? Have clear milestones been proposed? How likely is it that these will be met within the specified timeframe?
13. Have the applicants identified key risks to delivery (e.g. ethical, technical, and organisational)? Have these been adequately addressed?

## **STRENGTH of the collaboration leadership and research team**

14. Does the Principal Investigator appear suitably qualified and experienced to lead the proposed work? Are the leadership and management arrangements convincing and coherent? If the Principal Investigator is an Early Career Researcher, do they have the appropriate level of support to fulfil the proposed research?
15. Are the roles of the team members clearly described?
16. Does the research team provide the necessary breadth and depth of expertise to deliver the proposed work?
17. Have the applicants proposed what they can offer to support the wider network of Development Awards and Research Awards as well as how they plan to engage to create a community of knowledge and practice?

## **IMPACT of the proposed work**

18. Does the proposal offer a clear vision for benefits to the working age population, employees, employers and other relevant stakeholders?
19. Are the necessary clinical, academic, organisational links needed to support the research in place or are there sufficient plans in place to create these links, for example, to access evidence or relevant data sources?
20. Are knowledge mobilisation, dissemination and stakeholder engagement plans clearly described and credible? Are the identified audiences appropriate and their needs considered? Are there specific resources and competencies dedicated to these activities?
21. Does the proposal outline credible plans to make data available and share learning with the wider health and work research community?

22. Are there credible plans and budget for the implementation of patient and public involvement and engagement? Are these appropriately resourced?
23. Does the proposal build capacity in work and health research and therefore contribute to a more sustainable future for research in this area?

### **VALUE for money**

24. Does the proposal sufficiently justify the resources required to deliver the proposed work?
25. Do the proposed costs demonstrate value for money?
26. Is the time committed by the applicants realistic to ensure delivery?

### **PATIENTS and PUBLIC INVOLVEMENT and ENGAGEMENT**

27. Have the applicants carefully considered ways to embed input from patients and the public in the definition of research priorities, the delivery and dissemination of the research?
28. Are adequate, well justified training and support measures for PPIE representatives described in the proposal?
29. Does the budget reflect the proposed research ambitions for PPIE?
30. Assessment criteria for PPIE is the [UK Standards for Public Involvement](https://sites.google.com/nih.ac.uk/pi-standards/home) (<https://sites.google.com/nih.ac.uk/pi-standards/home>) : Working together; Governance; support and learning; communications; inclusive opportunities; and impact

### **Budget and duration**

The NIHR is expecting to fund between 4-6 Research Awards. The range for this award is £750k - £2m for up to 36 months. We encourage applications of varying scale, duration and objectives as suits the research aims of the specific alliance and their research programme. We are looking to fund a balanced portfolio of Research Awards. The funding requested needs to be proportionate to the research aims and questions of the work programme.

Full economic costing (FEC) rules will depend on the type of organisation applied:

- For HEIs, up to 80% of FEC will be paid, provided that TRAC methodology has been used
- For NHS organisations, up to 100% of direct costs will be paid

- For commercial organisations, up to 100% of direct and indirect costs will be paid (but not profit elements)
- For charity and NGO organisations, up to 100% of direct and indirect costs will be paid

Applicants are advised that value for money is one of the key criteria used by peer reviewers and funding committee members to assess applications.

The treatment of VAT in applications will vary depending on VAT registration:

- Organisations that are VAT-registered:
  - Input VAT on purchases: should not be included in the application costing as this will be recovered by the organisation via HMRC
  - Output VAT on sales: should not be included in the application costing. Following contracting, it is up to the company to decide if it is appropriate to apply VAT on the invoice. If the company decides to apply VAT, then DHSC will pay the invoice and claim back the VAT. We recommend that applicants seek independent professional VAT advice, if required
- Organisations that are not VAT-registered:
  - Input VAT on purchases: can be included in the application costing as this will be passed onto DHSC rather than being recovered via HMRC
  - Output VAT on sales: should not be included in the application costing

Capability to start promptly will be an advantage and for this commissioning round, applicants should be able demonstrate that the Research Awards award can start from April 2026 (Wave 1) and January 2027 (Wave 2).

## **Management arrangements**

Successful applicants will be expected to:

1. Allocate budget to attend in-person NIHR events such as launch and end of award events
2. Provide regular feedback on progress
3. Produce timely reports to the NIHR

4. Produce a final report for sign off
5. Produce outputs
6. The applicants may consider appointing an advisory group to assist with the management and direction of the NIHR Work & Health Research Award.
7. Funded researchers are asked to engage with other successful award holders in order to develop a community of knowledge and practice.

## References

- [1] Department for Work and Pensions (2023) [The employment of disabled people 2023](https://www.gov.uk/government/statistics/the-employment-of-disabled-people-2023/employment-of-disabled-people-2023) (https://www.gov.uk/government/statistics/the-employment-of-disabled-people-2023/employment-of-disabled-people-2023).
- [2] Office for National Statistics (2022). Labour Market Overview, UK: April 2022, Table A08. A08: [Labour market status of disabled people - Office for National Statistics](https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/labourmarketstatusofdisabledpeoplea08) (https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/labourmarketstatusofdisabledpeoplea08).
- [3] Employment of disabled people 2023. [Employment of disabled people 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/the-employment-of-disabled-people-2023/employment-of-disabled-people-2023) (https://www.gov.uk/government/statistics/the-employment-of-disabled-people-2023/employment-of-disabled-people-2023)
- [4] Society of Occupational Medicine (2022) [Long COVID and Return to Work – What Works?. \(.PDF\)](https://www.som.org.uk/sites/som.org.uk/files/Long_COVID_and_Return_to_Work_What_Works.pdf%20%5b.pdf) (https://www.som.org.uk/sites/som.org.uk/files/Long\_COVID\_and\_Return\_to\_Work\_What\_Works.pdf%20%5b.pdf)
- [5] Davis, H.E., Assaf, G.S., McCorkell, L., Wei, H., Low, R.J., Re'em, Y., Redfield, S., Austin, J.P. and Akrami, A. (2021). [Characterizing Long COVID in an International Cohort: 7 Months of Symptoms and Their Impact.](https://doi.org/10.2139/ssrn.3820561) (https://doi.org/10.2139/ssrn.3820561.) *SSRN Electronic Journal*.
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- [7] Lelliott, P., Tulloch, S., Boardman, J., Harvey, S., & Henderson, H. (2008). [Mental health and work \(.PDF\)](#)



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[8] The Rt Hon. Professor the Lord Darzi of Denham (2024) [Independent investigation of the NHS in England](https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england) (<https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england>)

[9] Public Health England (2017). [Reducing Health Inequalities: System, Scale and Sustainability \(.PDF\)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/731682/Reducing_health_inequalities_system_scale_and_sustainability.pdf)

([https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/731682/Reducing\\_health\\_inequalities\\_system\\_scale\\_and\\_sustainability.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/731682/Reducing_health_inequalities_system_scale_and_sustainability.pdf))

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[11] Command of Her Majesty(2018). [Good Work Plan - Policy Paper](https://www.gov.uk/government/publications/good-work-plan) (<https://www.gov.uk/government/publications/good-work-plan>)

## Standard information for applicants

The sections below provide standard information on different aspects of NIHR funding and commissioning process and will contain details relevant to your application.

More general advice on how to prepare a strong application can be found on our [Planning a funding application](/research-funding/application-support) (/research-funding/application-support) page.

For specific application advice, the Research Support Service (RSS) supports health and social care researchers across England on all aspects of developing and writing a funding application. [Find out how the RSS can help with your application.](https://www.nihr.ac.uk/explore-nihr/support/research-support-service/) (<https://www.nihr.ac.uk/explore-nihr/support/research-support-service/>)

## General comments about applications

Applications will be considered from other UK countries (Scotland, Wales and Northern Ireland) provided they address the priority areas in a way that is relevant to the needs of the Department of Health and Social Care (England) and meet all other selection criteria.

Applicants are encouraged to submit transdisciplinary applications.

Applicants should consider the full range of potential audiences and describe how the research findings could be disseminated most effectively to ensure that the lessons from this research impact on policy and practice.

NIHR is committed to [promoting equality, diversity and inclusion in research](https://www.nihr.ac.uk/about-us/our-key-priorities/equality-diversity-and-inclusion/) (<https://www.nihr.ac.uk/about-us/our-key-priorities/equality-diversity-and-inclusion/>) and asks applicants to provide Equality and Diversity Monitoring Information (age, sex, ethnicity and race, and disability). By answering these Equality and Diversity Monitoring Information questions, you will help us to better understand the different groups of people that apply to us for funding and their experiences of the funding process – particularly the groups protected by UK equality legislation. Although it is mandatory to answer these questions, it is possible to select “prefer not to say” as a response. However, the more information you provide, the more effective our monitoring will be. This information will not be used to make decisions about funding. The NIHR’s mission to ensure that research is representative and promotes inclusion is ongoing and so this guidance may be updated in the future.

## **Research governance**

Day-to-day management of this research will be provided by the principal investigator. They and their employers should ensure that they identify, and are able to discharge effectively, their respective responsibilities under the Health Research Authority (HRA) [UK Policy Framework for Health and Social Care Research](https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/uk-policy-framework-health-social-care-research/) (<https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/uk-policy-framework-health-social-care-research/>) (Health Research Authority, 2018), which sets out the broad principles of good research governance.

All successful research involving National Health Service (NHS) and social care users, carers, staff, data and/or premises must be approved by the appropriate research ethics committee (REC) or social care research ethics committee (SCREC). For further information on RECs, please visit the [Health Research Authority website](https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/uk-policy-framework-health-social-care-research/) (<https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/uk-policy-framework-health-social-care-research/>).

The successful research team must adhere to the General Data Protection Regulation and the new [Data Protection Act](https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/) (<https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/>) (2018) and the Freedom of Information Act (2000). Effective security management, and ensuring personal information and assessment data are kept secure, will be essential. In particular:

- The research team shall, at all times, be responsible for ensuring that data (including data in any electronic format) are stored securely. The research team shall take appropriate measures

to ensure the security of such data, and guard against unauthorised access thereto, disclosure thereof, or loss or destruction while in its custody.

- Personal data shall not be made available to anyone other than those employed directly on the project by the research team, to the extent that they need access to such information for the performance of their duties.

For any research involving clinical trials, the successful team will be expected to be familiar with the Medical Research Council (MRC) Framework for Evaluating Complex Interventions, and to follow the principles of the MRC Guidelines for Good Clinical Practice in Clinical Trials in proposing structures for oversight of such trials and comply with the Medicines for Human Use (Clinical Trials) Regulations 2004.

The Institution leading the proposal should confirm that it has the capacity and is prepared to take on sponsorship responsibilities for clinical trials undertaken as part of the programme. Where the proposal includes a proposal for multi-site clinical trial activities the research unit should demonstrate that they have the experience of governance and management of clinical trials across multiple clinical trial sites.

## **Risk management**

Applicants should submit, as part of their proposal, a summary explaining what they believe will be the key risks to delivering their research, and what contingencies they will put in place to deal with them. A risk is defined as any factor which may delay, disrupt or prevent the full achievement of a project objective. All risks should be identified. The application should include an assessment of each risk, together with a rating of the risk likelihood and its impact on a project objective (using a high, medium or low classification for both). The risk assessment should also identify appropriate actions that would reduce or eliminate each risk, or its impact.

Typical areas of risk for a study might include ethical approval, site variation in data gathering, staffing, resource constraints, technical constraints, data access and quality, timing, management and operational issues; however, please note this is not an exhaustive list.

## **Outputs and reporting arrangements**

The research team will be expected to provide regular progress reports over the lifetime of the research and will be provided with a progress report template to complete at regular intervals. In addition to describing progress, these reports will allow researchers to indicate any significant

changes to the agreed protocol, as well as setting down milestones for the next reporting period, giving an update on PPIE and any publications or other outputs. Information on emergent findings that can feed more immediately into policy development and practice will be encouraged and should be made available as appropriate.

All NIHR Work & Health Research Awards are required to submit a final report. We may use lessons learned to share best practice. In consultation with you, we may also alert key stakeholders about any emerging findings or upcoming outputs, to ensure there is a receptive audience and outputs are used as soon as possible to inform policy and practice.

## **Dissemination**

Applicants should describe how the research findings could be disseminated most effectively, ensuring that results of this research impact on policy and practice in the NHS, DHSC, DWP, social care and wider sectors, including employers, local authorities, and OH providers, OH companies/stakeholders, employer representative organisations.

Publication of scientifically robust research results is encouraged. This could include plans to submit papers to peer reviewed journals, national and regional conferences aimed at service providers, professional bodies and professional leaders. It might also include distribution of executive summaries and newsletters. Less traditional dissemination routes are also welcomed for consideration.

## **Transparency**

In line with the government's transparency agenda, any contract resulting from this tender may be published in its entirety to the general public. Further information on the transparency agenda is at:

[Procurement and contracting transparency requirements: guidance - GOV.UK](https://www.gov.uk/government/publications/procurement-and-contracting-transparency-requirements-guidance)

(<https://www.gov.uk/government/publications/procurement-and-contracting-transparency-requirements-guidance>).

If you wish to view the standard terms and conditions of the NIHR contract, please go to: [Sign a contract | NIHR](https://www.nihr.ac.uk/researchers/i-need-help-designing-my-research/) (<https://www.nihr.ac.uk/researchers/i-need-help-designing-my-research/>).

## **Application process**

The NIHR runs an online application process and all applications must be submitted electronically. No applications will be accepted that are submitted by any means other than the online process.

**Deadlines for the submission of outline applications occur at 1.00 pm on the day indicated and no applications can be accepted after this deadline.**

We strongly recommend that you submit your application the day before. Once the 1.00 pm deadline passes, the system shuts down automatically and NIHR Programme Managers are unable to re-open it. If you are experiencing any technical difficulties submitting your application, please contact the Work and Health Team via [workandhealth@nihr.ac.uk](mailto:workandhealth@nihr.ac.uk) (<mailto:workandhealth@nihr.ac.uk>) in good time, before 1.00 pm on a closing date. Please ensure that you provide a contactable phone number, email address and a member of the team will get back to you.

Applicants are expected, before submitting applications, to have discussed their applications with their own and any other body whose cooperation will be required in conducting the research.

If your outline application is successful, you will be invited to submit a full application. The 'Acknowledgement, review and submit' page must be approved by the **Lead Applicant** to confirm that the content of the application is complete and correct.

**Until this is completed the lead applicant is unable to validate and submit the application.**

## **Commissioning process**

1. In June 2025, outline applications for Wave 1 of the Research Awards will be submitted and shortlisted by the Funding Committee. Those with existing development awards will not need to apply until Wave 2 of this competition. Wave 1 outline applications that are successfully shortlisted will proceed to Wave 1 full application process and will be invited to submit a full application for consideration.

**N.B.** During the selection process, incomplete applications, applications too remote from the issues set out in the research specification, or applications that have clearly inadequate presentation or methods may be triaged. If an application is thought to be more appropriate for a different funding stream, the team will approach the applicants and discuss the best course of action. At the discretion of DHSC and based on the advice of the funding Committee, proposals that fail to secure funding at this stage, but are considered to be fundable, may be considered for funding at a later stage should the research question remain relevant.

2. All Research Award full application submissions will be peer-reviewed by both stakeholder and independent academic referees. The applicants will be able to respond to the peer reviewers'

comments. We are planning for this to be via a presentation given to the funding Committee. This will be confirmed in due course. The applicants will respond to the rebuttals in this presentation and take additional questions from the Committee members.

3. Full applications, peer reviewers' comments and responses to those comments and questions will then be considered by the Funding Committee, which is composed of independent experts (possibly with observers from government departments), who will advise the NIHR on which applications are most suited to receive funding. However, it is ultimately the responsibility of the Committee to make any funding recommendations to the NIHR and the DHSC.

## Guidance for Outline Applications

Please follow the link to the [NIHR Work and Health Outline Application Guidance for Applicants](https://www.nihr.ac.uk/nihr-work-and-health-outline-application-guidance-applicants) (<https://www.nihr.ac.uk/nihr-work-and-health-outline-application-guidance-applicants>).

## Webinar

A virtual webinar took place on Friday 22 November to discuss the launch of Round 2 of the Work and Health Research Initiative for potential applicants. If you would like access to the slides or the recording please contact [workandhealth@nihr.ac.uk](mailto:workandhealth@nihr.ac.uk) (<mailto:workandhealth@nihr.ac.uk>).

## Contact Details

- Please submit all queries relating to this funding opportunity [via the enquiries form](https://docs.google.com/forms/d/e/1FAIpQLScoOyX90zYtr04wPsuK0XywiVnSTmG2c7P49boiKdzgQP6uHg/view) (<https://docs.google.com/forms/d/e/1FAIpQLScoOyX90zYtr04wPsuK0XywiVnSTmG2c7P49boiKdzgQP6uHg/view>).
- For urgent queries and trouble with submissions please contact the NIHR Work and Health Research Team - [workandhealth@nihr.ac.uk](mailto:workandhealth@nihr.ac.uk) (<mailto:workandhealth@nihr.ac.uk>)

- Got a research idea and not sure how to turn it into a funding application? The free NIHR Research Support Service (RSS) supports researchers in England to apply for funding, and to develop and deliver clinical and applied health, social care and public health research post award. [Find out how the RSS can help you](https://www.nihr.ac.uk/explore-nihr/support/research-support-service/) (https://www.nihr.ac.uk/explore-nihr/support/research-support-service/).