

Written evidence submitted by the University of Southampton (ESD0008)

I would be happy to provide oral evidence or further clarification on any of the points raised.

Executive Summary

The response provides evidence and policy recommendations to the following questions from the call for evidence:

- Q.1.** Why has progress with closing the disability employment gap slowed in recent years?
- Q.2.** What barriers prevent disabled people who want to work, or to work more, from doing so? How do these vary for different disabilities? How do these vary across the country?
- Q.3.** What kinds of support are most effective at supporting people with different disabilities (such as physical, mental or fluctuating conditions) to enter and stay in work?
- Q.4.** How effective is the support provided by Disability Employment Advisers? Are they able to support across all disabilities?
- Q.13.** To what extent is the success of DWP's plans to improve disability employment contingent on improvements made to other public services, in particular, health?

Policy Recommendations:

In response to the Work and Pensions Committee's call for evidence on Employment Support for Disabled People, I make the following policy recommendations:

1. **Differentiate employability from employment.** Recognise the distinction between being capable of doing a job (employability) and holding a job at a specific point in time (employment). Policy **must** prioritise long-term employability development over short-term job placement metrics.
2. **Adopt the Employability Capital Growth Model** (ECGM; Donald, 2025a; Donald, Baruch & Ashleigh, 2024) as a tool for career development practitioners to support disabled people. It captures nine interrelated forms of employability capital (including health, personal identity, and social capital), and how these evolve in response to personal and contextual factors.
3. **Design a sustainable and inclusive career ecosystem** (Donald, 2025b; Donald, Van der Heijden & Baruch, 2024). Acknowledge the interdependence of disabled individuals, employers, career development professionals, service providers, and national/regional governments. Co-produce training, policies, and support systems with disabled people and representative organisations to ensure that lived experience shapes every level of design and delivery.
4. **Fund long-term, person-centred employability support** (Hooley, Percy & Neary, 2023). Stabilise and expand funding for holistic, adaptable support models that reflect the complexity and diversity of disability. Shift away from time-limited, target-driven programmes toward sustained, flexible interventions with qualified and accredited career development professionals (Donald, Van der Heijden & Baruch, 2024; Donald, Van der Heijden & Manville,

2024).

5. **Consider Universal Basic Income (UBI) as a social safety net** (Perkins, Gilmore, Guttormsen & Taylor, 2022) to reduce financial precarity, enable flexible participation in the labour market, and support those with fluctuating health conditions who may be unable to engage with conventional work patterns. UBI can help decouple survival from employment, allowing disabled people to engage in work at a pace and in ways that align with their health and capabilities.
6. **Address systemic barriers through legal enforcement and proactive reform.** Strengthen the implementation of existing disability legislation to challenge structural bias in recruitment (Donald, Baruch & Ashleigh, 2023) and reduce the disability pay gap (Veruete-McKay, Moss & Davy, 2025). Shift the responsibility for inclusion from individuals to institutions through clear accountability mechanisms.
7. **This submission urges the Committee to embed sustainable, person-centred approaches into employability/employment policy** by aligning funding, legal accountability, and career development practice with inclusive design principles co-produced with disabled communities.

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Responses

Q.1. Why has progress with closing the disability employment gap slowed in recent years?

- a. The policy focus has remained on short-term employment outcomes rather than long-term employability. This narrow approach overlooks the broader, evolving capabilities needed for sustainable career participation.
- b. Theoretical models of sustainable careers have not been adequately translated into practice (e.g., De Vos, Van der Heijden & Akkermans, 2020; Donald, Van der Heijden & Manville, 2024; Talluri, Van der Heijden, Baruch & Donald, 2025). Existing policy fails to incorporate evidence-based approaches that account for non-linear career paths, fluctuating capacity, and long-term development of person-career alignment.
- c. Public funding has failed to keep pace with rising need despite known returns on investment in career guidance (Hooley, Percy & Neary, 2023). Budget allocations have remained flat while the eligibility pool and complexity of need, especially among those with fluctuating or

multiple health issues, have increased.

- d. There is limited implementation of holistic, person-centred models such as the Employability Capital Growth Model (ECGM; Donald, 2025a; Donald, Baruch & Ashleigh, 2024), which captures how various forms of employability capital develop over time and interact with contextual barriers.
- e. Disability employment strategies have lacked sustained co-production with disabled people. Without meaningful and continuous involvement, policies risk being mismatched with the lived realities of those they intend to support. See [Scope's Co-Production Charter](#) for more information (Scope, 2025).
- f. Employer incentives have not been effectively aligned with inclusion goals. Voluntary schemes (e.g. Disability Confident) lack rigorous evaluation and enforcement, resulting in limited impact on genuine inclusive hiring practices.
- g. The increasing use of AI in recruitment risks reinforcing structural exclusion (Donald, Baruch & Ashleigh, 2023). If not trained on inclusive datasets or tested for accessibility, automated systems can disadvantage disabled applicants through biased screening processes.

Q.2. What barriers prevent disabled people who want to work, or to work more, from doing so? How do these vary for different disabilities? How do these vary across the country?

- a. Health-related barriers, particularly those associated with fluctuating or invisible conditions, are poorly supported by jobcentre structures that prioritise fixed, linear notions of work readiness, often excluding those with variable capacity.
- b. An underlying structural barrier for many disabled people is the rigid and conditional nature of the current welfare system. The fear of losing vital financial or social care support discourages individuals from testing their capacity for work, especially when dealing with fluctuating conditions or unpredictable health.
- c. Universal Basic Income (UBI) presents a social safety net (Perkins, Gilmore, Guttormsen & Taylor, 2022) that could enhance employment equity. By providing a stable, unconditional income floor, UBI has the potential to reduce financial precarity (Donald, 2025c), decouple survival from employment, and empower disabled people to engage with the labour market in a way that reflects their own pace, preferences, and capabilities. It could also mitigate the psychological and bureaucratic toll of reassessment processes, which often act as deterrents to participation in work or training.
- d. Employer bias and limited provision of reasonable adjustments remain widespread. These issues disproportionately impact people with mental health conditions, neurodivergence, or energy-limiting impairments, for whom tailored support is critical.
- e. The psychological impact of systemic exclusion, repeated rejection, and inaccessible workplace structures erodes confidence and personal identity capital (Donald, 2025b), deterring further engagement with employment pathways.
- f. Conventional labour market frameworks often impose narrow, ableist definitions of success, such as full-time, continuous employment, which marginalise those who rely on episodic,

flexible, or portfolio careers due to disability related constraints.

- g. Inflexible workplace policies, particularly mandatory return-to-office requirements, pose significant barriers to participation for many disabled people (Direct Access, 2025). For those with mobility, energy-limiting, or sensory conditions, the ability to work remotely can be a crucial accommodation. Mandates that disregard the proven effectiveness of remote and hybrid working models risk excluding disabled workers from the labour market entirely. Flexibility in location, schedule, and task design **must** be the default, not the exception, to foster genuine inclusion and to reflect the reality of diverse needs.
- h. Support infrastructure varies significantly across the UK, driven by fragmented commissioning practices and inconsistent provision across local authorities. This creates postcode-based inequalities in access to effective employment support.
- i. Timely access to assistive technologies, workplace adaptations, and accessible transport is uneven across regions. These disparities intensify inequality across both disability types and geographic locations.

Q.3. What kinds of support are most effective at supporting people with different disabilities (such as physical, mental or fluctuating conditions) to enter and stay in work?

- a. Employability **must** be understood as a dynamic, context-sensitive process (Donald, 2023; Donald, Van der Heijden & Manville, 2024; Talluri, Van der Heijden, Baruch & Donald, 2025). Support is most effective when it evolves over time to reflect an individual's changing health, circumstances, and aspirations, rather than assuming linear progression toward fixed outcomes.
- b. Holistic, long-term, person-centred approaches are essential, particularly those that support individuals before, during, and after employment. These models are especially valuable for those managing fluctuating conditions, complex health needs, or layered disadvantage.
- c. The Employability Capital Growth Model (ECGM; Donald, 2025a; Donald, Baruch & Ashleigh, 2024) provides a comprehensive framework for capturing how various forms of capital, such as health, identity, social, and cultural, interact to influence work outcomes over time. This supports more nuanced assessments and interventions.
- d. In-work support mechanisms such as job coaching, peer mentoring, workplace advocacy, and sustained access to Access to Work funding are vital in maintaining employment, especially in the face of changing needs or hostile work environments.
- e. Support **must** be co-produced with disabled people to ensure it is relevant, inclusive, and practically applicable. Co-production strengthens trust, increases engagement, and ensures interventions reflect lived experience across different disability types (Scope, 2025).
- f. AI-driven assistive technologies offer emerging opportunities for enhanced communication, task management, and accommodation, especially for people with sensory, cognitive, or communication-related disabilities. However, these tools **must** be co-designed, user tested, and equitably distributed to avoid reinforcing exclusion (Donald, Baruch & Ashleigh, 2023).
- g. Support **must** also be culturally and contextually responsive. Disabled people from ethnic minority, LGBTQ+, or migrant backgrounds often experience compounded barriers and

require approaches that reflect their intersecting identities and lived experiences (Donald, 2025; Donald, Baruch & Ashleigh, 2024).

Q.4. How effective is the support provided by Disability Employment Advisers? Are they able to support across all disabilities?

- a. Disability Employment Advisers (DEAs) often lack condition-specific training, particularly in relation to fluctuating, invisible, or less commonly understood disabilities such as chronic fatigue conditions or neurodivergence. This limits their capacity to offer relevant, empathetic support.
- b. Support frequently ends once employment is secured, despite the reality that many challenges, such as bullying, lack of adjustments, or inaccessible environments, emerge or intensify in the workplace itself.
- c. To be effective across the full spectrum of disabilities, DEAs require comprehensive, co-produced training that draws on lived experience and enables tailored, flexible, and sustained interventions.
- d. High caseloads and rigid performance targets constrain advisers' ability to offer personalised, in-depth guidance. As a result, many disabled job seekers receive generic or rushed support, undermining trust and long-term outcomes.
- e. Inconsistent practice across jobcentres results in regional inequalities in the quality, scope, and accessibility of DEA support, creating a postcode lottery for disabled individuals seeking assistance.
- f. A shift from transactional, compliance-focused interactions toward more relational, trust-based engagement is needed. DEAs **must** be given time and tools to build rapport and psychological safety with clients.
- g. Reflective career conversations, focusing on individual values, career goals, adaptive strengths, and long-term employability, are underutilised, including integrating the benefits of Large Language Models (LLMs) and the experience of career development practitioners for tailored support (Donald & Straby, 2024). Embedding this approach could improve both outcomes and user satisfaction, particularly for those navigating complex or non-traditional career paths.

Q.13. To what extent is the success of DWP's plans to improve disability employment contingent on improvements made to other public services, in particular, health?

- a. Sustainable progress on disability employment is heavily contingent on integrated access to essential health services, including occupational therapy, pain management, and mental health care. Delays, rationing, or fragmented provision in these areas directly undermine employability. This recognises the two-way relationship between health and work (The Health Foundation, 2024).
- b. Health capital is a foundational component of employability (Donald, 2025; Donald, Baruch & Ashleigh, 2024). Without consistent investment in health systems that support long-term management of physical and mental health conditions, employment interventions risk being

ineffective or exclusionary.

- c. Employment support cannot function in isolation. A genuinely inclusive career ecosystem depends on cross-departmental coordination between the Department for Work and Pensions (DWP), the Department of Health and Social Care (DHSC), local authorities, education, and employers, to deliver coherent, person-centred services.
- d. Access to adequate housing, accessible transport, and adult social care is critical. Even the most progressive employment schemes will fall short if disabled people are unable to travel to work, live safely, or receive the support required to maintain daily independence.
- e. Employment outcomes are shaped by the overall quality and accessibility of public infrastructure. This includes access to digital services, healthcare appointments, benefits systems, and workplace accommodations, all of which **must** be inclusive by design.
- f. Digitalisation of public services introduces new risks if accessibility is not embedded from the outset. Poorly designed platforms or rigid systems can create new exclusion points for disabled people, particularly those with sensory, cognitive, or dexterity-related impairments.
- g. A systems-level approach is required. Employment support **must** be viewed not as a standalone policy but as part of a broader social infrastructure, where health, social care, education, housing, and transport are interlinked components of a sustainable, inclusive labour market.
- h. Exploring models such as UBI could offer a social safety net (Perkins, Gilmore, Guttormsen & Taylor, 2022) and offer systemic levers for integrating employment with health and social outcomes in a coherent, inclusive framework.

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