House of Commons

Work and Pensions Committee

# Employment support for disabled people: Disability at Work

Seventh Report of Session 2024–26

HC 1227

# Work and Pensions Committee

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## Publication

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Committee Reports are published on the Committee's website at www.parliament.uk/workpencom and in print by Order of the House.

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# Summary

The government wants to reduce ill health and disability-related economic inactivity, slow the increase in spending on health and disability benefits, and achieve an employment rate of 80%. If it is to succeed, however, it must also tackle the persistent disability employment gap (DEG), which has flatlined since the pandemic. The DEG is stark evidence of the barriers that still face disabled people who want to work. To explore this subject, we launched an inquiry into employment support for disabled people in July 2025. In this report, the first arising from that inquiry, we turn our attention to the role of employers.

We conclude that for too many disabled people the workplace is a hostile environment. If the government is serious about reducing disability-related economic inactivity, it must urgently address two of the main workplace barriers: the reluctance of employers to make reasonable adjustments, and the inaccessibility of workplaces, which leaves disabled people unnecessarily reliant on reasonable adjustments in the first place.

We recommend that the government require employers to (a) respond to requests for reasonable adjustments within two weeks and, if a request is refused, to explain in writing the grounds for refusal, and (b) provide all new employees, whether they know them to be disabled or not, with information about the rights of disabled people at work, and of sources of support and advocacy.

To provide a stronger evidence base for future policymaking, the government should commission more research into the impact of flexible working, particularly remote working, on productivity, and the costs and benefits of giving disabled people the right to paid time off to attend disability-related medical appointments.

We wholeheartedly support the ambition in the Keep Britain Working report to transform how employers manage the health of their employees. If it succeeds, disabled people, who leave work at a higher rate than non-disabled people, could be among those who benefit most. It is too early to assess its chances of success, however, because the proposal for Workplace Health Provision (WHP) lacks detail. We call on the government to clarify the nature of the WHP by the end of the year.

While the focus of Keep Britain Working is on preventing people from falling out of work, its proposals are also an opportunity to support more disabled people into work by encouraging employers to adopt more inclusive workplace practices. We lack confidence that even a reformed Disability Confident can achieve this goal. Encouraging employers to make their workplaces more accessible should instead be made an explicit aim of the Healthy Working Lifecycle (HWL) and WHP.

We have concerns about the proposal to spread the burden of funding the WHP equally between all employers, whatever their size, especially given the evidence that small employers are sceptical about the benefits. While we disagree that smaller employers will not benefit, making them pay too much, too soon, will place a particular burden on precisely those employers who think they have the least to gain. We recommend that the government explore alternatives, at least until the benefits have started to be clearly realised. To inform future funding decisions, it should also undertake a full cost-benefit assessment of the WHP as compared to other disability employment interventions.

The employer Vanguards are rightly exploring ways of incentivising employers, especially small employers, to engage with the Keep Britain Working proposals, but one form of incentive not considered in the report is mandatory disability workforce reporting, which has the potential to improve disability employment rates. The government should legislate to require large employers to report on the number of disabled people they employ. We heard that employers might be defining disability differently, however, so we also recommend that it assess how consistently employers are defining disability and, if necessary, provide further guidance.

# 1 Introduction

## Disability employment

**1.** The official statistics on disability employment are stark evidence of the challenges facing disabled people who want to work.[1] In the second quarter of 2025, the employment rate for disabled people was 52.8%, compared with 82.5% for non-disabled people – a disability employment gap (DEG) of 29.7 percentage points.[2] Up until the pandemic, the DEG had been falling steadily for several years, but it has been relatively flat ever since.[3] Disabled people also move out of work at more than twice the rate of non-disabled people (10.1% a year, on average, since 2014, compared with 4.6%).[4] The government has a target employment rate of 80% and has set out reforms to support and incentivise economically inactive people, many of whom will be disabled, to find work. These measures are partly driven by the government's desire to reduce the rate of increase in disability-related welfare spending.[5]

## Our inquiry

**2.** Recognising the importance of removing the barriers to work facing disabled people, both for the individuals concerned and the UK economy, we launched our inquiry, Employment support for disabled people, on 16 July 2025. The terms of reference were intentionally broad and attracted many responses, of which we published 113. The submissions we did not publish contained personal information, but their contents were taken into account during the inquiry. We are grateful to all those who took the time to respond to our call for evidence.

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1 In this report, we use the definition of disability in Section 6 of the Equality Act 2010, which states that a person is disabled if they have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities. This will include people with long-term health conditions, including fluctuating conditions, and so references in this report to disabled people should be read as references to disabled people and people with long-term health conditions.

2 DWP, The employment of disabled people 2025, last updated: 24 March 2026

3 DWP, The employment of disabled people 2024, 20 June 2025

4 DWP, The employment of disabled people 2025, last updated: 24 March 2026

5 DWP, HM Treasury, Department 3for Education, Get Britain Working White Paper, 26 November 2024; DWP, Pathways to Work: Reforming Benefits and Support to Get Britain Working, March 2025

3. The written evidence we received highlighted many and diverse factors contributing to the persistent DEG, and from these we identified discrete subjects that we thought deserved to be treated in separate reports: Connect to Work, the government's new employment support programme; disability in the workplace; and Access to Work. While the last two are closely related, we plan to report on Access to Work separately, later in the year, given the serious problems and delays besetting that scheme and the fact the government has not yet announced plans for its reform, following its consultation in 2025.[6]

4. We held three oral evidence sessions for our Employment support for disabled people inquiry. In the first, in November 2025, we heard from disabled people and their representatives, as well as employer groups. In December 2025 we took evidence from academics and providers of employment support, focusing on Connect to Work. Finally, in February 2026, we heard from local authorities tasked with delivering Connect to Work and other employment support programmes, followed by the Minister for Employment, Rt Hon. Dame Diana Johnson MP. We also held two roundtables, one online and one in person in Durham, where we heard from disabled people about their experiences of employment support.

5. In November 2025, Sir Charlie Mayfield published the final report of his Keep Britain Working Review into health-based economic inactivity and promoting healthy and inclusive workplaces that seek to support workers who acquire a health condition or disability, rather than them leaving work prematurely. The report identified three persistent problems: a culture of fear, a lack of support for employers and employees, and structural barriers to disabled people starting and staying in work. To combat these problems, it proposed three main reforms, which we will address in our report, and called on the government to launch a Vanguard phase, comprising employers and providers, to develop the proposals. In response, the government said it would launch the Vanguards,[7] which are now being overseen by a Vanguard Taskforce, co-chaired by the Secretary of State and Sir Charlie Mayfield.[8]

6. We took evidence from Sir Charlie in a one-off session on disability and ill-health in the workplace, on 4 February 2026; a second panel comprised representatives from Mind, Scope, the Federation of Small Businesses and the Forum of Private Business. This report draws on that evidence session as well as the evidence submitted to the inquiry.

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6 DWP, Government Response to the Pathways to Work Consultation, October 2025

7 DWP, Employers join forces with government to tackle ill-health and keep Britain working, 5 November 2025

8 Keep Britain Working Review: Government Response, HCWS1020, 5 November 2025

## Our report

**7.** This is a short report that attempts to summarise a hugely complex area and make recommendations for how the government could make meaningful interventions. Chapter 2 begins with an assessment of the main workplace barriers facing disabled people before making recommendations for how the government could improve the situation, particularly in respect of reasonable adjustments. Chapter 3 deals primarily with the proposals in *Keep Britain Working* and how they could help to increase disability employment.

# 2 Disability at Work

## Reasonable adjustments

**8.** The Equality Act 2010 places a duty on employers to make reasonable adjustments for disabled people in order to remove any "substantial disadvantage" they might face at work, and an employer discriminates against a disabled person if they fail to comply with that duty. The duty applies in respect of job applicants, as well as employees, but not if the employer does not know, or could not reasonably be expected to know, that a person is disabled.[9]

**9.** The evidence to our inquiry clearly indicated that the failure of too many employers to make reasonable adjustments was one of the biggest barriers to employment facing disabled people.[10] The Chartered Institute for Personnel and Development (CIPD) told us the problem was particularly acute among small and medium-sized businesses.[11] DWP's own analysis of Access to Work in 2025 found that, of a sample of 40 cases, only four included a record that discussions about reasonable adjustments had taken place between employee and employer. In the same year, however, separate DWP-commissioned research indicated employers had failed to make reasonable adjustments in 18% of cases reviewed.[12]

**10.** It appears the problem is not only that employers are rejecting people's requests for reasonable adjustments; in many cases, they are either failing to respond at all, or, having agreed to make them, taking far too long to

9 Sections 20–21 of, and Schedule 8 to, the Equality Act 2010

10 Scope (ESD0045); Citizens Advice (ESD0042); UNISON (ESD0084); CIPD (ESD0039); Professor Kim Hoque, King's College London, and Professor Nick Bacon, Bayes Business School) (ESD0021); Sense (ESD0098); Business Disability Forum (ESD0091); TUC (ESD0035); Greater Manchester Disabled People's Panel (ESD0011); National Association of Disabled Staff Networks (ESD0046); Dr Jane Lewis, London Metropolitan University (ESD0051); The Dyscalculia Network CIC (ESD0076); Ambitious about Autism (ESD0087); UK Young Academy THRIVE project (ESD0092); RNID (ESD0094); Nguyen, Tutin, Tutin and Uche (ESD0063); Versus Arthritis (ESD0024); Institution of Occupational Safety and Health (IOSH) (ESD0114); Associate Professor William E. Donald, University of Southampton (ESD0008); Autism East Midlands (ESD0055); Mental Health Matters (ESD0081); Thomas Pocklington Trust (ESD0095); British Assistive Technology Association ("BATA") (ESD0097); Young Lives vs Cancer (ESD0074)

11 CIPD (ESD0039)

12 National Audit Office, Access to Work, February 2026, paras 1.15–1.16; the research involved a review of 200 cases where support had been approved.

implement them. A survey by the Trades Union Congress (TUC) in 2024 found that 82% of disabled people who made a request had had to wait between four months and over a year for the adjustment to be implemented.[13] A 2023 survey of local government by UNISON found 11% of requests never received any response at all.[14] There are currently no statutory deadlines by which employers must respond to requests or implement adjustments once agreed.

**11.** Some of the evidence echoed the Disability Employment Charter in calling for the government to legislate to require employers to respond to requests for reasonable adjustments within two weeks, or at least within a set timeframe.[15] In its 2025 report, *Think Work First*, the House of Lords Public Services Committee (PSC) recommended a four-week deadline.[16] In September 2025, the government told the PSC it took stakeholders' concerns seriously and had commissioned the University of York to undertake the "first stage of research" on the subject. It said it would report back later in 2025 but had not done so by the time we agreed our report.[17]

**12.** To make it easier for disabled people to talk to their employer about adjustments, some disabled people and employers have started using reasonable adjustment passports. Organisations such as the TUC have developed their own "model" passports, and the government has also produced one, called the Health Adjustment Passport.[18] Passports can be used to identify adjustments an employee might need and record those already made. A passport belongs to the disabled person, who can take it with them when they move role or employer, and can, in theory, help to structure conversations around disability. We were told the government should promote their use to avoid the need for disabled people to 're-explain' their disability and renegotiate adjustments.[19]

13 TUC, Disabled people's access to reasonable adjustment, May 2025

14 UNISON, Disabled people not supported in workplace, 17 June 2025

15 Disability Employment Charter; Greater Manchester Disabled People's Panel (ESD0011); Professor Kim Hoque, King's College London, and Professor Nick Bacon, Bayes Business School (ESD0021); TUC (ESD0035)

16 House of Lords Public Services Committee, First Report of Session 2024–26, Think Work First: The transition from education to work for young disabled people, HL Paper 12, para. 140

17 Letter to Baroness Morris of Yardley, Chair, Public Services Committee, from Georgia Gould MP, Minister for School Standards, Department for Education, re Think Work First report, 25 September 2025

18 TUC, Reasonable adjustments disability passports

19 Work Foundation (ESD0059); CIPD (ESD0039); NAHT (ESD0012); Centre for Ageing Better (ESD0106); Employment Related Services Association (ESD0067); ME Association (ESD0116)

**13.** The Business Disability Forum (BDF) was more cautious, however, saying there was little evidence that passports were effective and, even worse, employers often opted for them as an easier alternative to an "end-to-end systems review" of their workplace adjustments processes.[20] In its Great Big Workplace Adjustments Survey 2023, it said managers and employees reported mixed but mostly negative experiences of passports. One of the most serious concerns was employees having the impression that passports 'protected' their adjustments and that, once recorded in a passport, an adjustment could not be taken away. The BDF said this was unrealistic as an assessment of 'reasonableness' could change over time. Ultimately, it concluded passports were not necessary if other things were in place, such as supportive line managers and colleagues and effective organisational adjustments processes.[21]

## Flexible working

**14.** We heard that the reasonable adjustment many disabled people valued the most was flexible working. Contributors said it was often critical to disabled people's ability to find or stay in work[22] and could be particularly helpful for those with fluctuating conditions, such as energy-limiting or mental health conditions, who needed flexibility to manage their symptoms.[23] By flexible working, we mean any arrangement that comprises one or more of the following: part-time work; the ability to work from home some or all of the time; flexi-time (the ability to choose when to work within a set period of time); and the ability to take time off at short notice as the need arises, or to attend regular disability-related medical appointments. According to recent reports by the Resolution Foundation and the Centre for Society and Mental Health, what really matters is having access to more than one of these.[24]

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20 Business Disability Forum (ESD0091)

21 BDF, Great Big Workplace Adjustments Survey 2023, June 2023, pp. 37–48

22 Work Foundation, Stemming the tide: Healthier jobs to tackle economic inactivity, 5 December 2024; Grant (ESD0028); Scope (ESD0045); Professor Kim Hoque, King's College London and Professor Nick Bacon, Bayes Business School (ESD0021); TUC (ESD0035); University of Manchester (ESD0070); CIPD (ESD0039); Mind (ESD0052); Reed in Partnership (ESD0093); Make UK (ESD0058); ME Association (ESD0116); Muscular Dystrophy UK (ESD0077); Organise (ESD0031)

23 ME Association (ESD0116); Associate Professor William E. Donald, University of Southampton (ESD0008); University of Manchester (ESD0070); Money and Mental Health Policy Institute (ESD0044); Work Foundation (ESD0059); Business Disability Forum (ESD0091); Carrington (ESD0015); Professor Kim Hoque, King's College London, and Professor Nick Bacon, Bayes Business School (ESD0021); Versus Arthritis (ESD0024); Down's Syndrome Association (ESD0027); Dr Christine Grant, Coventry University (ESD0028); Institution of Occupational Safety and Health (IOSH) (ESD0114); Make UK (ESD0058); Anonymous (ESD0032)

24 Resolution Foundation, Opening Doors: How to incentivise employers to create more opportunities for disabled workers, 24 July 2025; Centre for Society and Mental Health, The 39 Steps: Realising the potential of Flex Plus working for disability inclusion, March

15. The evidence suggests that disabled people, though more reliant on flexible working, tend to have less access to it than non-disabled employees.[25] This might be partly because they are more likely to be in lower-skilled and less well-paid work and so to lack the leverage needed to agree flexibility.[26] They are also over-represented in roles that cannot easily accommodate flexible working and under-represented in those that can, such as professional occupations, which tend to be desk based and more easily done from home.[27]

16. One type of flexibility that might have the potential to significantly increase disability employment is remote working.[28] According to data from the Office for National Statistics, while disabled people are less likely to work hybridly than non-disabled people, they are slightly more likely to work from home all of the time.[29] In response to a recent large-scale survey of disabled people's experiences of remote working, conducted as part of the Inclusive Remote and Hybrid Working study (IRHW), 85% of disabled people said remote working was essential or very important when looking for a new job, and 79% said they would not consider applying for a job without it.[30] Some evidence also suggests that remote working is good for businesses.[31] Employers surveyed for the study thought productivity had increased or stayed the same since implementing remote working, while the CIPD's latest Health and Wellbeing Report found home working could result in lower absence rates and productivity gains.[32]

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2025

25 Business Disability Forum (ESD0091); techUK (ESD0061); Work Foundation, Lancaster University (ESD0059); Mental Health Matters (ESD0081)

26 DWP, The employment of disabled people 2025, 18 November 2025; 39 Steps, p. 7; Mind (ESD0052)

27 Professor Melanie Jones and Professor Vicki Wass, Cardiff University (ESD0007); techUK (ESD0061). Different sectors will better accommodate different types of flexible working. Hospitality, for example, provides limited opportunities for remote working but is the largest provider of part-time roles (UKHospitality (ESD0038)

28 Dr Christine Grant, Associate Professor at Coventry University (ESD0028); Reed in Partnership (ESD0093); Work Foundation, Lancaster University (ESD0059); Muscular Dystrophy UK (ESD0077)

29 Office for National Statistics, Who has access to hybrid work in Great Britain?, 11 June 2025

30 Work Foundation, Lancaster University (ESD0059); Holland et al., How Remote and Hybrid Work can support Disabled Workers, February 2026, p. 8

31 King's College London, Study shows working from home has potential to significantly boost productivity, 19 June 2025; Dr Christine Grant (Associate Professor at Coventry University) (ESD0028)

32 Holland et al., How Remote and Hybrid Work can support Disabled Workers, February 2026, p. 10; CIPD, Health and Wellbeing at Work, September 2025, p. 4; see also: CIPD, Flexible and Hybrid-working practices in 2025, July 2025

**17.** For some disabled people, one of the most helpful forms of flexibility was the ability to take time off, sometimes at short notice, to meet an unplanned need related to their disability.[33] The BDF, which runs the Great Big Workplace Adjustments Survey, said:

> It is the disability-related situations that are unplanned and where an employee may have to say to their manager, "I can't do X today," and the manager immediately responds and accommodates, which is what flexibility for many disabled employees really is.[34]

**18.** Diabetes UK identified another closely related problem: the refusal of some employers to give employees time off to attend disability-related medical appointments. Some 21% of respondents to a recent survey said they had taken unpaid leave to attend medical appointments in the previous 12 months and 17.3% had taken it as annual leave, while 14% had been refused time off. Nearly a third (31%) said they found it difficult to discuss the matter with their employer.[35]

**19.** The ability to take time off for disability-related medical appointments will often be a reasonable adjustment, but guidance is equivocal: Acas says employers should have an absence policy that includes what to do if someone needs time off for reasons related to their disability, and as examples of reasonable adjustments in this case, it cites: not counting some or all sickness absence related to a disability towards any trigger points (the number of days of absence that automatically triggers an absence review); increasing the number of absences that will trigger a review; and recording disability absence separately from other types of sickness absence.[36] There is also no expectation that people be given paid time off to attend disability-related medical appointments. Diabetes UK and the Work Foundation called for the government to introduce a statutory right to paid time off for disabled people to attend disability-related medical appointments, or other appointments necessary to manage their disability.[37]

33 Business Disability Forum (ESD0091), roundtable with disabled people, Durham (see Annex)
34 Business Disability Forum (ESD0091)
35 Diabetes UK (ESD0029)
36 Acas, Disability related absence
37 Work Foundation, Lancaster University (ESD0059); Diabetes UK (ESD0029)

## Inaccessible workplaces

**20.** The second main barrier to disability employment flagged in evidence to our inquiry was the fact that too many workplaces were inaccessible by default, leaving people unnecessarily reliant on reasonable adjustments.[38] Academics from the University of Bristol said simply knowing they had to ask for adjustments could accentuate disabled people's feelings of difference and undermine their confidence.[39]

**21.** We heard that the first and often most inaccessible workplace practice disabled people faced was the recruitment process.[40] This is particularly true for neurodivergent candidates, especially autistic people, as traditional interview techniques tend to emphasise social rather than professional skills.[41] We were also told too few vacancies were being advertised with the needs of disabled people in mind, as highlighted by recent analysis of DWP's Find a Job website.[42] Among other concerns raised were:

- the increasing use of AI risked reinforcing structural exclusion, if those systems were not being trained on inclusive datasets or tested for accessibility;[43] and
- despite it being generally unlawful for employers to ask about disability and health before making a job offer, some still used generic pre-employment disability and health questionnaires.[44]

**22.** We heard many examples of inclusive recruitment practices, including: offering guaranteed interviews to all disabled candidates;[45] working interviews, ideally with a guaranteed role at the end of it for those who

38 The Disability Policy Centre (ESD0102); Association of Disabled Professionals (ESD0069); Nguyen, Tutin, Tutin and Uche, University of Bristol (ESD0063); Greater Manchester Disabled People's Panel (ESD0011); University of Hertfordshire (ESD0089)

39 Nguyen, Tutin, Tutin and Uche, University of Bristol (ESD0063)

40 Dr Jane Lewis, London Metropolitan University (ESD0051); Thomas Pocklington Trust (ESD0095); Papworth Trust (ESD0085); UKHospitality (ESD0038); The British Association for Supported Employment (ESD0075); Mental Health Matters (ESD0081); Leeds Beckett University (ESD0105); roundtable with disabled people, Durham (see Appendix)

41 Equalise: ESRC Centre for Lifecourse Health Equity (ESD0033); Leeds Beckett University (ESD0105); Ambitious about Autism (ESD0087); Autism East Midlands (ESD0055); UNISON (ESD0084)

42 Professor Kim Hoque, King's College London, and Professor Nick Bacon, Bayes Business School (ESD0021)

43 Associate Professor William E. Donald, University of Southampton (ESD0008)

44 Business Disability Forum (ESD0091); Section 60 of the Equality Act 2010; Equality and Human Rights Commission, Pre-employment health questions, Guidance for employers on Section 60 of the Equality Act 2010

45 Public Health Wales (ESD0065); Scope (ESD0045); UNISON (ESD0084)

successfully completed the placement;[46] always sharing interview questions in advance;[47] the option of submitting a video, rather than a CV, when applying for a role;[48] making it as easy as possible to request reasonable adjustments—for example, by embedding links to forms in adverts;[49] and including disabled people among those responsible for recruitment.[50] The thrust of all the proposals was enabling disabled people to demonstrate what they could do, rather than what they could not do, and so to better assess a person's ability to do the job.

**23.** As we have already noted, as well as barriers to finding work, disabled people also fall out of work at a much higher rate than disabled people.[51] The evidence highlighted one possible reason: the failure of too many employers to embed flexible working for all employees, not just disabled people.[52] This is despite the fact that everyone has long had the right to request flexible working – a right that was mostly recently updated in the Employment Rights Act 2025. Once these changes have taken effect, in 2027, the law will provide that an employer may only refuse a request for flexible working on one of eight grounds, and only if it is reasonable to refuse the request on one of those grounds. They will have to state the ground or grounds for the refusal and explain why they think it is reasonable to do so.[53] The government consulted on the implementation of the new right in early 2026.[54]

**24.** Rates of remote working for all workers remain higher than before the Covid pandemic, but in recent years, worried about potential productivity losses, some employers have started issuing return-to-office mandates. We were told these mandates were disregarding the proven effectiveness of remote and hybrid working and risked excluding disabled workers from the labour market entirely.[55] Analysis of Adzuna job vacancy data by the IRHW study suggests this could be feeding through to new roles. It found the proportion of jobs advertised as fully remote had declined markedly since the pandemic, from 8.7%, in 2020–21, to 4.3% in 2024–25, whilst the growth

46 Scope (ESD0045); Maximus (ESD0104); Centre for Ageing Better (ESD0106); Anonymous (ESD0032)
47 Papworth Trust (ESD0085)
48 Papworth Trust (ESD0085)
49 Roundtable with disabled people, Durham (see Annex)
50 National Association of Disabled Staff Networks (ESD0046)
51 DWP, The employment of disabled people 2025, last updated: 24 March 2026
52 TUC (ESD0035); UK Women's Budget Group (ESD0100); CIPD (ESD0039); UNISON (ESD0084)
53 Section 9 of the Employment Rights Act 2025,
54 Department for Business and Trade, Make Work Pay: improving access to flexible work, 5 February 2026
55 Associate Professor William E. Donald, University of Southampton (ESD0008); for an example of employers' concerns, see: Panorama, Should We Still Be working From Home?, January 2025

in hybrid job vacancies had stalled, at around 13.5%. As with other types of flexibility, though, rates vary considerably between sectors, with rates much higher and still rising in some areas.[56] They also vary by size of employer, with those working for large businesses three times more likely to have access to very flexible working than those working for small businesses (18% and 6% respectively).[57]

**25.** The other main workplace problems identified in the evidence were:

- **The physical environment.** For people with physical impairments, including mobility and sensory disabilities, we heard that the physical environment of the workplace could be exclusionary.[58] For some, noisy workplaces could be overwhelming, especially if quiet rooms were not available.[59] The overly stimulating nature of many workplaces was cited as one reason for the demand for remote working, particularly for those with sensory issues.[60] LightAware said disability arising from sensitivity to new workplace lighting was an increasingly common problem forcing people out of work.[61]

- **Attitude of co-workers.** We were told the way disabled people were treated by their manager and colleagues was often the most important factor.[62] Negative experiences could leave them feeling "unwelcome and unwanted", "judged", "excluded" and "bullied".[63] One of the roundtable participants said her biggest worry, given past experiences, was the people she would be working with. She had previously volunteered at a primary school and had found the staff room intimidating and the other workers unfriendly.

- **Absence management.** We heard that employers' absence management policies, especially if overly punitive, could force disabled people out of work, particularly those with fluctuating and chronic conditions, including Chronic Fatigue Syndromes/Long

56 Holland et al., How Remote and Hybrid Work can support Disabled Workers, February 2026, p. 15; The Times, How the UK was crowned the hybrid work capital of Europe, 29 December 2025;

57 Resolution Foundation, Opening Doors, p. 6

58 British Assistive Technology Association (ESD0097); Employment Related Services Association (ESD0067); NAHT (ESD0012); Greater Manchester Disabled People's Panel (ESD0011); UNISON (ESD0084)

59 University of Hertfordshire (ESD0089); Society of Occupational Medicine (ESD0047); Epilepsy Action (ESD0083); Ambitious about Autism (ESD0087)

60 Work Foundation (ESD0059); UNISON (ESD0084)

61 LightAware (ESD0041)

62 Greater Manchester Disabled People's Panel (ESD0011); Epilepsy Action (ESD0083); Business Disability Forum (ESD0091); UK Young Academy THRIVE project (ESD0092); RNID (ESD0094); NAHT - The school leaders' union (ESD0012); Diabetes UK (ESD0029)

63 Business Disability Forum (ESD0091); UK Young Academy THRIVE project (ESD0092); RNID (ESD0094); Epilepsy Action (ESD0083)

Covid, musculoskeletal (MSK) and mental health conditions.[64] One issue highlighted was employers feeling like they could not contact employees during a sickness absence. We were told that in some countries, such as the Netherlands and Norway, employers were required or encouraged to stay in touch with absent workers and agree return-to-work plans.[65] Another challenge, particularly for small employers, was access to occupational health services, which, it was emphasised, improved return to work rates significantly.[66]

- **Access to assistive technology (Atech).** Submitters told us that inaccessible technology was an increasing problem, with employers needing to be more proactive in offering assistive technology.[67] The government agrees: in the Pathways to Work green paper, it said Atech could "transform the employment prospects of disabled people" but many did not have the products they needed. The green paper also highlighted the Cabinet Office's idea of establishing a Centre for Assistive and Accessible Technology.[68] Policy Connect called on the government to partner with the tech and disability sectors to establish such a centre.[69]

## Lack of support and awareness

**26.** The most cited explanation for the inaccessibility of workplaces was a lack of confidence, understanding or awareness among employers and line managers, particularly within small businesses, resulting in what *Keep Britain Working* described as a culture of fear among both employers and employees.[70] In some cases, we heard, it was likely that employers and line managers were not even aware of their legal duties.[71] The role of line managers was especially important, given their role in responding to

64 Greater Manchester Disabled People's Panel (ESD0011); CIPD (ESD0039); Versus Arthritis (ESD0024); Employment Related Services Association (ESD0067); UNISON (ESD0084)
65 Versus Arthritis (ESD0024); The Health Foundation (ESD0036)
66 Society of Occupational Medicine (ESD0047); CIPD (ESD0039)
67 TechUK (ESD0061); Microsoft (ESD0112); Greater Manchester Disabled People's Panel (ESD0011); Thomas Pocklington Trust (ESD0095); British Assistive Technology Association (ESD0097); Policy Connect (ESD0107)
68 DWP, Pathways to Work, May 2025, paras 285 and 292
69 Policy Connect (ESD0107)
70 Q33 (Kate Nicholls); Q35 (Jamie Cater, Patrick Milnes); Q11 (Chris Russell); Q13 (James Taylor); Make UK (ESD0058); Dr Jane Lewis, London Metropolitan University (ESD0051); Scope (ESD0045); British Assistive Technology Association (ESD0097); Mind (ESD0052); Autism East Midlands (ESD0055); Mental Health Matters (ESD0081); Reed in Partnership (ESD0093); Fedcap UK (ESD0096); Thomas Pocklington Trust (ESD0095); Muscular Dystrophy UK (ESD0077). For the specific point about small employers, see, for example: CIPD (ESD0039)
71 Greater Manchester Disabled People's Panel (ESD0011)

requests for reasonable adjustments and the level of day-to-day contact they had with the disabled person. For some, the line manager's attitude and level of understanding could be the deciding factor in whether they remained in work.[72] We heard there was particular confusion about the definition of 'reasonable' and a misconception that adjustments were expensive or complicated, despite the fact that disabled people could often be supported with very simple, inexpensive or cost-effective changes to the way they worked.[73]

**27.** BDF told us the problem was not too little, but too much advice and guidance and the absence of a single repository of information, and called for a single authoritative source of advice on how to determine what was reasonable.[74] In its Great Big Workplace Adjustments Survey 2023, it found that employers' biggest frustration was the lack of a single entry point for all workplace health and adjustments-related support.[75] Michelle De Oude, Co-Chair, Greater Manchester Disabled People's Panel (GMDPP), made the same point when she said you could "paper the walls of Westminster with the generic guidance that is available to employers". She called instead for a support service that could provide context-specific advice to employers when they needed it. If such a service existed, she said "you would see a massive increase in employers feeling confident to employ disabled people, and many more opportunities for disabled people being opened up".[76]

**28.** Witnesses explained that the problem was not just a lack of support for employers; some disabled people themselves either did not know they had a right to reasonable adjustments or lacked the knowledge, confidence or support to advocate for them, particularly if they thought their employer would respond negatively.[77] Recent research into the experience of older

72 Oral evidence taken on 4 February 2026, Q5 (Tom Pollard); Q32 (Jamie Cater); Dr Christine Grant, Coventry University (ESD0028); Professor Suzanne Verstappen, University of Manchester (ESD0037); Society of Occupational Medicine (ESD0047); Equalise: ESRC Centre for Lifecourse Health Equity (ESD0033); Diabetes UK (ESD0029); CIPD (ESD0039)

73 On definition of 'reasonable', see: oral evidence taken on 4 February 2026, Q11 (Chris Russell), Q13 (James Taylor), Q36 (Charlie Mayfield); Scope (ESD0045). On misconception about cost, see: Q33 (Kate Nicholls); CIPD (ESD0039); Royal National Institute of Blind People (RNIB) (ESD0086); Association of Disabled Professionals (ESD0069); Nguyen, Tutin, Tutin and Uche, University of Bristol (ESD0063); Society of Occupational Medicine (ESD0047); The Dyscalculia Network CIC (ESD0076); UK Young Academy THRIVE project (ESD0092); UK Women's Budget Group (ESD0100); Scope (ESD0045); UKHospitality (ESD0038); Reed in Partnership (ESD0093)

74 Business Disability Forum (ESD0091)

75 Business Disability Forum, The Great Big Workplace Adjustments Survey 2023, June 2023, p. 6

76 Q5 (Michelle De Oude)

77 Q6 (Evan John); Diabetes UK (ESD0029); TUC (ESD0035); UK Young Academy THRIVE project (ESD0092); Lewis (ESD0051); Mental Health Matters (ESD0081); Dr Gabriel Lawson, King's College London (ESD0054); Young Lives vs Cancer (ESD0074); TUC (ESD0035)

disabled workers found some believed adjustments were earned through hard work, rather than a basic right grounded in legislation, whilst 71% of young people with cancer had reported not knowing about reasonable adjustments.[78] The TUC's 2024 Equality Audit found that roughly a third of disabled workers had not made a request for reasonable adjustments even though they would have benefited from one. Of these, 17% did not feel comfortable making a request, 16% were unaware they could make a request, and 14% had not made a request because they assumed their employer would say no.[79] The GMDPP said funded support should be available for disabled people to access case specific advice when their employer refused to make adjustments.[80]

## Stigma and discrimination

**29.** Cutting across many of the barriers to disability employment highlighted to us was the issue of stigma and discrimination.[81] Discrimination was described as "widespread", "rife and often difficult to prove" and "systemic".[82] Sense said it partly explained why disabled people moved out of work at a much higher rate than non-disabled people every year.[83] The GMDPP said, however, that this was often the result of unconscious bias and misconception, rather than outright hostility.[84]

**30.** We heard the fear of discrimination was exacerbating many of the barriers disabled people were facing and often leaving those with hidden disabilities too afraid to disclose their disability, especially at the recruitment stage, when reasonable adjustments could help them get the job.[85] It also damaged people's confidence, with disabled people reporting feeling perceived as less productive, capable or competent than their non-disabled

78 Dr Gabriel Lawson, King's College London (ESD0054); Young Lives vs Cancer (ESD0074)
79 TUC (ESD0035)
80 Greater Manchester Disabled People's Panel (ESD0011)
81 UNISON (ESD0084); Sense (ESD0098); Dr Jane Lewis, London Metropolitan University (ESD0051); Citizens Advice (ESD0042); TUC (ESD0035); Greater Manchester Disabled People's Panel (ESD0011); Huntington's Disease Association (ESD0014); RNID (ESD0094); Association of Disabled Professionals (ESD0069); NASUWT (ESD0066); The British Association for Supported Employment (ESD0075); Mental Health Matters (ESD0081); Epilepsy Action (ESD0083); Scope (ESD0045); Work Foundation , Lancaster University (ESD0059); Muscular Dystrophy UK (ESD0077)
82 TUC (ESD0035); NASUWT (ESD0066); The British Association for Supported Employment (ESD0075)
83 Sense (ESD0098)
84 Greater Manchester Disabled People's Panel (ESD0011)
85 Dr Jane Lewis, London Metropolitan University (ESD0051); Diabetes UK (ESD0029); Versus Arthritis (ESD0024); Mind (ESD0052); University of Hertfordshire (ESD0089); Disability Unit, Disabled people's employment in the UK

colleagues.[86] Fedcap UK said disabled people often faced entrenched social and cultural perceptions about their ability to work, and that these negative attitudes could "erode self-confidence, lower aspirations, and contribute to long-term disengagement from the very systems designed to support them".[87]

**31.** The Equality and Human Rights Commission (EHRC) is responsible for enforcing the Equality Act and taking action against employers who discriminate against disabled people. We heard it was not doing enough and that, in particular, the government needed to increase its funding.[88] As the TUC pointed out, in 2007, when it was set up, the EHRC had a budget of £70 million and a workforce of 525. Had its funding remained flat in real terms, its budget today would be worth approximately £115 million. Instead its actual funding is £17.5 million and its workforce now 200. The TUC asked for the EHRC's funding to be restored to its 2007 level and for it to be given additional ring-fenced resources to conduct targeted enforcement of workers' right to reasonable adjustments.[89]

**32.** **CONCLUSION**

For too many disabled people, the workplace remains a hostile environment. This manifests itself in two main ways: a reluctance among employers to make reasonable adjustments, and inaccessible workplaces and practices that leave disabled people unnecessarily reliant on reasonable adjustments in the first place. If the government is serious about reducing disability-related economic inactivity and reducing the rate at which welfare spending is increasing, it must urgently address both these issues.

**33.** **RECOMMENDATION**

To improve disabled people's experiences of requesting reasonable adjustments, the government should strengthen the Equality Act 2010 by requiring employers to respond to requests for such adjustments in writing within two weeks. It should also provide in legislation that any written refusal must include the following:

- the employer's assessment of whether the person meets the legal definition of disabled;

86 Greater Manchester Disabled People's Panel (ESD0011); TUC (ESD0035); UK Young Academy THRIVE project (ESD0092); National Association of Disabled Staff Networks (ESD0046)

87 Fedcap UK (ESD0096)

88 Citizens Advice (ESD0042); Associate Professor William E. Donald, University of Southampton (ESD0008); MS Society (ESD0115); Employment Related Services Association (ESD0067); Diabetes UK (ESD0029); TUC (ESD0035); UNISON (ESD0084)

89 TUC (ESD0035)

- the employer's assessment of whether the person, if they consider them to be a disabled person, is at a substantial disadvantage;
- the employer's reasons, if they consider the disabled person to be at a substantial disadvantage, for concluding that the request is not reasonable; and
- what advice or guidance they sought in coming to their conclusions.

**34.** **RECOMMENDATION**

To provide a stronger evidence base for future policymaking, the government should commission more research into:

- the impact of flexible working, particularly remote working, on productivity;
- the costs and benefits of giving disabled people the right to a certain amount of paid time off every year to attend disability-related medical appointments; and
- the impact on disability inclusion of using AI during recruitment.

**35.** **RECOMMENDATION**

We also recommend that the government provide an update on its plans to improve disabled people's access to assistive technology, including the proposal to establish an Assistive and Accessible Technology Centre.

**36.** **RECOMMENDATION**

To ensure that no disabled person misses out on reasonable adjustments through a lack of awareness or confidence, the government should require employers to provide all new employees, whether they know them to be disabled or not, with information about the rights of disabled people at work, including the right to request reasonable adjustments, and of sources of support and advocacy. It should also run an extensive awareness-raising campaign across radio, social media and television. Finally, it should increase funding to the Equality and Human Rights Commission. If it cannot do this, it should explain how it thinks the EHRC can be expected to carry out its functions properly within its current budget.

# 3 Keep Britain Working

## Introduction

**37.** The rest of our report focuses mainly on the work of the Vanguards, set up to trial the proposals in *Keep Britain Working*. However, we first turn briefly to the Disability Confident scheme, as it is the principal means by which successive governments have sought to improve the way employers recruit and manage disabled employees, and because reforms to it, announced separately from *Keep Britain Working*, are being trialled by the Vanguards.

## Disability Confident

**38.** We were repeatedly given the same criticism of Disability Confident: though an excellent idea in theory, it was failing to make any meaningful difference to rates of disability employment, because it had become a box-ticking exercise with no means of driving real cultural change among participating employers.[90] Stakeholders argued that participation in, and progress through, the scheme needed to be linked to hard outcomes, which ultimately meant employing more disabled people, as confirmed by independent evaluation, rather than self-reporting.[91] Some suggested it be scrapped completely and replaced with a robust, independently verified framework co-designed with disabled people and unions.[92]

90 For example: Jones and Wass (ESD0007); Associate Professor William E. Donald, University of Southampton (ESD0008); Greater Manchester Disabled People's Panel (ESD0011); Miss Tina Carrington (ESD0015); Professor Kim Hoque, King's College London, and Professor Nick Bacon, Bayes Business School (ESD0021); Mr G.K. Thompson (ESD0023); Enable Works (ESD0025); Down's Syndrome Association (ESD0027); Equalise (ESD0033); TUC (ESD0035); The Health Foundation (ESD0036); Scope (ESD0045); Mind (ESD0052); The Growth Company (ESD0053); ThinkForward UK (ESD0056); Campaign for Disability Justice, Inclusion Barnet (ESD0062); Employment Related Services Association (ESD0067)

91 Professor Melanie Jones and Professor Vicki Wass, Cardiff University (ESD0007); Miss Tina Carrington (ESD0015); Professor Kim Hoque, King's College London, and Professor Nick Bacon, Bayes Business School (ESD0021); Enable Works (ESD0025); Equalise (ESD0033); Scope (ESD0045); ThinkForward UK (ESD0056); Employment Related Services Association (ERSA) (ESD0067); Association of Disabled Professionals (ESD0069); The British Association for Supported Employment (ESD0075)

92 TUC (ESD0035); Campaign for Disability Justice, Inclusion Barnet (ESD0062)

**39.** In explaining the underperformance of Disability Confident, employers were more likely to stress a lack of awareness among businesses, especially small employers, who said they had less time and resources to devote to accreditation and implementation.[93] Chris Russell, Senior Policy Manager, Federation of Small Businesses (FSB), said it was often a "bit of a PR exercise" for larger businesses. Ian Cass, Managing Director, Forum of Private Business (FPB), and Chair, Micro Business Alliance (MBA), said the scheme was "not being leveraged enough". He went on:

> Small and micros are fairly simple creatures, "What is in it for me?" "Why should I take any notice of this?" and unless you are giving them reasons to take notice of it, they will just ignore it.

**40.** The government is currently trialling reforms through the Vanguards. These include:

- reducing the time employers can remain at the entry level from three years to two and removing the option for them to renew at this level to encourage employers to progress up the scheme;
- tailoring support for small and medium businesses to meet their needs and capabilities;
- connecting employers so they can access peer-to-peer support and share good practice; and
- reflecting the views and voices of disabled people throughout the scheme so guidance reflects real experiences.[94]

## Keep Britain Working

**41.** The *Keep Britain Working* report made three main recommendations: the development of a certified Healthy Working Lifecycle (HWL) standard, better Workplace Health Provision (WHP) to support employers in delivering that standard, and a Workplace Health Intelligence Unit (WHIU) to gather data, guide continuous improvement and provide leadership across the new system.

**42.** The aim of the HWL and WHP is to reduce ill-health and disability-related economic inactivity. The HWL is described as a framework to help employers and employees work together to reduce sickness absence, improve returns to work and increase disabled people's participation in the labour market, and the report envisages it becoming a formalised accreditation and

93 Q34 (Patrick Milnes); Oral evidence taken on 4 February 2026, Q22 (Chris Russell, Ian Cass); British Chambers of Commerce (ESD0050); Make UK (ESD0058)

94 DWP, Press release, Disability Confident scheme overhauled to boost workplace standards for disabled people, 15 January 2026

standard. The purpose of the WHP is essentially to support employers to adhere to the HWL. In one place, it is described as a largely non-clinical service providing triage, support, advice and signposting to early intervention. Elsewhere, the report says it would work with employers and employees to, among other things, agree tailored stay-in-work and return-to-work plans, which could include reasonable adjustments. It is expected to build on existing services and be provided by and through current provision, including occupational health and vocational rehabilitation.[95]

**43.** The proposals are particularly relevant to two challenges raised in evidence to our inquiry. The first is the fact that disabled people leave work at a much higher rate than non-disabled people.[96] This is true of all disabled people, but it presents particular challenges in respect of older workers, who risk being forced into early retirement and pre-pensioner poverty, and younger workers, who face long periods of economic inactivity at the start of their working lives.[97] Those with fluctuating conditions, such as mental health, energy-limiting and MSK conditions, are especially vulnerable to poor health and sickness absence management, partly because their unpredictable symptoms and work capacity render standardised support ineffective.[98]

**44.** Where these issues intersect—most notably, in respect of older people with MSK conditions and young people with mental health conditions—the problem is particularly acute. As we heard in evidence to another of our inquiries, Transition to Stage Pension age, older people are more prone to work-related MSK conditions, although rates of work-related mental health problems have also spiked among older women in recent years. As a result, physical and mental ill-health are the main reasons over-50s drift away from work.[99] We are currently exploring the challenges posed by young people's deteriorating mental health as part of our inquiry into Youth employment, education and training. Recognising these challenges, *Keep Britain Working* says the Vanguards will conduct 'deep dives' into the challenges facing these cohorts.[100]

**45.** The second challenge, which exacerbates the first, was a lack of access, particularly among small businesses, to good quality occupational health provision and other services that could help them to better manage the

95 Keep Britain Working, pp. 32–57
96 DWP, The employment of disabled people 2025, as updated on 24 March 2026
97 Centre for Ageing Better (ESD0106); Professor Suzanne Verstappen, University of Manchester (ESD0037)
98 Dr Hua Wei, Dr Sarah Daniels, Dr Ruth Wiggans, Dr Anna Coleman, Dr Donna Bramwell, Professor Damien McElvenny, Professor Martie Van Tongeren, University of Manchester, and Davine Forde, Manchester Biomedical Research Centre (ESD0070); Versus Arthritis (ESD0024);
99 Fabian Society (SP0026); Arthritis UK (SPA0005)
100 Keep Britain Working, p. 44

health of their workforce.[101] On the question of what the WHP will actually provide, Sir Charlie Mayfield told us it would not be a national occupational health service, however, as this would require significant funding from central government.[102] According to *Keep Britain Working*, it will instead "build on existing ecosystems" of providers, including of occupational health, but it also calls it a largely non-clinical case management service. Since occupational health is clinical, this suggests the WHP will not itself provide much if any occupational health.

**46.** The *Keep Britain Working* report does say the WHP will provide three core services: case management, stay-in-work and return-to-work plans, and targeted early support. The latter is described as providing rapid access to help for common conditions, such as early-stage mental health or MSK conditions, bridging the gap between clinical care and workplace support. This could mean the WHP will directly provide the first two of these core services and triage employers and employees to the third, which in some cases could amount to occupational health, but equally it leaves open the possibility that the WHP will not provide any of these services but only bring together existing provision. What "build on existing ecosystems" means in this context is unclear, and therefore it is also unclear exactly what employers will have access to that is not already available on the market. Elsewhere, the report says, to ensure small employers are not left behind, the Vanguards should explore pooled funding models, but it does not say if this funding is in addition to the cost of the WHP and therefore whether the services to which this pooled funding would give employers access would be functions of the WHP.[103]

**47.** **CONCLUSION**

We wholeheartedly support the ambition in the Keep Britain Working Report to transform the way employers manage the health of their employees and thereby prevent people from falling out of work and into economic inactivity. If it succeeds, disabled people, who leave work at a higher rate than non-disabled people, could be among those who benefit most. It is, though, too early to assess its chances of success, because there is simply not enough clarity around what the Workplace Health Provision will be and, in particular, whether it will involve the provision of occupational health services to small employers.

101 Society of Occupational Medicine (ESD0047); Work Foundation, Lancaster University (ESD0059); The Council for Work & Health (ESD0079)

102 Oral evidence taken on 4 February 2026, Q39

103 Keep Britain Working, p. 34

**48.** **RECOMMENDATION**
We urge the Vanguard Taskforce, and ultimately the government, to clarify the nature of the Workplace Health Provision (WHP) by the end of the year and to include within its scope at least some element of occupational health for small employers. The Vanguards should also explore how the Healthy Working Lifecyle and WHP could be used to increase access to, and take up of, disability inclusion training among employers and line managers.

## Moving disabled people into work

**49.** The proposals in *Keep Britain Working* are focused on preventing people from falling out of work, as the Pensions Minister himself told us when he gave evidence to our inquiry, Transition to State Pension age.[104] The HWL also seems to assume that people start work healthy.[105] This is despite the fact that one of the three main problems identified in the report is the structural exclusion of disabled people and one of the HWL's three core aims is to support disability employment. While the focus on preventing people from falling out of work could greatly benefit disabled people, it does mean the report has relatively little to say about helping disabled people into work.

**50.** In his evidence to us, Sir Charlie Mayfield acknowledged the structural exclusion of disabled people but called it a manifestation of the first two problems identified in the report: a culture of fear and a lack of support. He recognised the distinction between disability and ill-health but said employers needed a solution that was "simple and coherent", and he added that many of the functions of the HWL and WHP, particularly the stay-in-work plans, would benefit disabled people too. On the report's assumption that employees start work healthy, he said he had "chosen one bit to illustrate the point" but was not suggesting it was "the be-all and end-all".[106] On the changes being trialled to Disability Confident, he said 74% of the Vanguard employers had expressed an interest in disability inclusion but acknowledged this was a self-selecting cohort, and said he would work with disabled people's organisations and groups such as the BDF to improve the scheme.[107]

104 Oral evidence taken on 18 March 2026, Q141
105 Keep Britain Working, p. 27
106 Oral evidence taken on 4 February 2026, Qq34–37 (Sir Charlie Mayfield)
107 Oral evidence taken on 4 February 2026, Q35 (Sir Charlie Mayfield)

**51.** **CONCLUSION**
We recognise that the focus of the Keep Britain Working Report was on preventing people from falling out of work, but the proposals being trialled by the Vanguards present an opportunity to support more disabled people into work by encouraging employers to adopt more inclusive workplace practices. We lack confidence in even a reformed Disability Confident scheme to make a meaningful difference in this area.

**52.** **RECOMMENDATION**
We recommend that encouraging employers to make their workplaces more accessible for disabled people, beyond improving access to reasonable adjustments, be made an explicit aim of the Healthy Working Lifecycle (HWL) and Workplace Health Provision (WHP). The Vanguards should explore how the HWL and WHP could be used to encourage employers in all sectors and of all sizes to adopt the sorts of practices that disabled people value the most, particularly flexible working and inclusive recruitment practices. The government should also set out its intentions for monitoring the performance of the WHP. This should include its impact on the rates at which disabled people move into and fall out of work.

## Engaging small employers

**53.** Another concern was whether small employers would engage with the proposals. This matters since small businesses (0 to 49 employees) account for 99.18% of all businesses in the UK and 47% (13.1 million) of total business employment, and, as we heard, are often very different organisations from medium (50–249 employees) and large (over 250 employees) employers.[108] Chris Russell, from the FSB, questioned how well suited to smaller employers the proposals in *Keep Britain Working* were, calling them a "large-business solution". He called the process "convoluted" and said he struggled to see why a small business owner would sign up to be a Vanguard. "I have tried to explain it to our members", he said, "and they do not understand it". He went on: "They have no interest in it. They are too busy running their businesses".[109] The majority of the Vanguards are large employers.

**54.** Sir Charlie Mayfield said most of the conversations he was having were with small and medium-sized businesses. He admitted to having spoken less to micro-employers but said he was mindful of their needs and of ensuring any proposals pass the 'Hannah and Tom' test—a reference to two small

108 Department for Business and Trade, Business population estimates for the UK and regions 2025, statistical release, 2 October 2025; the 13.1 million figure includes employment associated with the more than 4 million businesses classed as 'with no employees'; not all of this group are classed as 'employees'.

109 Oral evidence taken on 4 February 2026, Q5 (Chris Russell)

business owners he had met. He also said the Vanguards included 10 mayoral authorities, which were helping them reach small and medium-sized enterprises (SMEs).[110]

## Funding arrangements

**55.** If the HWL and WHP are to work for small businesses, there are two aspects of their design that need be developed with them in mind. The first is funding. The report estimates the cost of the WHP at between £5 and £15 per employee per month, or between £60 and £180 a year, and expects this cost to fall primarily on employers (although it considers the possibility that some of it could be shared, directly or indirectly, with employees). It says public funding would risk inefficiency, but that strategic support will be needed to ensure SMEs and the self-employed can access the provision fairly. It also estimates the direct benefits to employers at between £2.8 billion and £7.4 billion a year, although these estimates are not based on a full Green Book appraisal.[111]

**56.** It is difficult to say how much this would raise as it is not clear who would count as an 'employee'. In 2025, there were roughly 5.6 million small businesses in the UK, but, according to official statistics, 4.3 million of these are categorised as "with no employees". This category comprises sole proprietorships and partnerships with only self-employed owner-managers and companies with one employee (assumed to be a working proprietor). Technically, and for the purposes of paying the WHP, some of these will count as 'employees', but it is not clear how many. It is therefore difficult to estimate how much would be raised from small businesses. If we were to assume, however, that none of the 4.3 million were employees, that would still leave 1.4 million small businesses employing roughly 8.5 million people and therefore contributing between £500 million and £1.5 billion annually.[112]

**57.** Asked about employers paying for the WHP, Chris Russell said the FSB would not support any "extra taxation" on businesses, saying they would be more likely to cut back on recruitment, especially at a time of already rising costs. In such circumstances, he said employers tended to look for better qualified or more experienced workers without gaps in their CVs, which could mean disabled people being overlooked. Ian Cass, from the FPB and MBA, said the government should be very careful about adding any more costs to business. His impression was that for most it was "survival time".[113] These concerns are backed up by the CIPD's latest Labour Market Outlook, which

110 Oral evidence taken on 4 February 2026, Q32 (Sir Charlie Mayfield)
111 Keep Britain Working, p.57 and Appendix C
112 Department for Business and Trade, Business population estimates for the UK and regions 2025, statistical release, 2 October 2025; numbers may not sum due to rounding
113 Oral evidence taken on 4 February 2026, Qq5–6

found employer hiring intentions at their lowest level since 2014, when the survey began, excluding the first year of the pandemic.[114] We were told that the increase in employer National Insurance Contributions (NICs) was one of the additional costs holding back recruitment.[115]

**58.** **CONCLUSION**
We have concerns about the idea of sharing the burden of funding the Workplace Health Provision (WHP) equally between all employers. While we disagree that smaller employers will not benefit from the WHP, making these employers pay too much, too soon, will place a particular burden on precisely those employers who think they have the least to gain from it.

**59.** **RECOMMENDATION**
We recommend that the government explore alternatives to asking small business owners to pay for the WHP, at least until the costs and benefits have started to be clearly defined. Among these alternatives, it should include the possibility of asking larger employers to pay slightly more, for example taking a supply chain approach. To inform future funding decisions, it should also undertake a full cost-benefit assessment of the WHP as compared to other disability employment interventions.

## Employer incentives

**60.** Another crucial aspect of the design of the HWL and WHP raised in the evidence was the development of genuine incentives for employers, whether to engage with the reforms or simply to hire more disabled people.[116] Tom Pollard, Head of Policy, Public Affairs and Campaigns, Scope, said incentives would be necessary if the proposals were to go beyond "just working with the willing".[117] According to Chris Russell, a survey of small businesses found financial incentives were the second most helpful thing the government could do, after making it cheaper to employ people.[118]

**61.** *Keep Britain Working* proposes financial incentives, such as recognition in government procurement scoring, access to pooled funding or risk pooling, tax reliefs on benefits in kind, sick pay rebates and National Insurance

114 CIPD, Labour Market Outlook, Views from Employers, Winter 2025/26
115 UKHospitality (ESD0038)
116 Oral evidence taken on 4 February 2026, Q6 (James Taylor), Q8 (Tom Pollard), Q9 (Chris Russell); ThinkForward UK (ESD0056); British Chambers of Commerce (ESD0050) University of Hertfordshire (ESD0089); Anonymous (ESD0032)
117 Oral evidence taken on 4 February 2026, Q8
118 Oral evidence taken on 4 February 2026, Q9

adjustments, as well as risk reduction incentives, such as integrating WHP certification into alternative dispute resolution frameworks, so that employers doing the right thing would face a lower risk of tribunal action.[119]

**62.** In February 2026, DWP published research on international comparisons of disability benefits and disability employment.[120] It found that financial incentives were widely used to encourage employers to engage with disability employment, and that recurring financial incentives, such as the wage subsidies provided in Denmark, had proven more effective than one-off payments, such as those in Australia.

**63.** The incentives most recommended in the evidence were employer national insurance rebates or reductions in respect of every disabled employee returning from welfare.[121] The Disability Policy Centre recommended a two-year scheme offering a 50% reduction on employer NICs in year 1 and a 100% reduction in year 2, or potentially a single additional allowance, for businesses hiring people who have been out of work for at least six to eight months. It predicted this would provide a return of £3.90 for every £1 spent, primarily through income tax receipts and welfare savings for a two-year scheme.[122] The British Chambers of Commerce called for a wage subsidy scheme for the same group of workers.[123] Sir Charlie Mayfield said it was the job of the government to design incentives, and that the Vanguards would simply be making recommendations, but he pointed out the huge benefit to the state that would accrue from keeping a large number of people off welfare.[124]

**64.** **CONCLUSION**

Employers often overestimate the costs and risks of employing disabled people, and underestimate the return on investment and long-term benefits, but employers' concerns will sometimes be justified. It is right, therefore, that the government explore financial incentives for employers who do the right thing, as it is doing through the Vanguards.

119 Keep Britain Working, pp. 39–40
120 DWP, International Comparisons of Disability Benefits and Disability Employment, 26 February 2026
121 Oral evidence taken on 4 February 2026, Q9 (Chris Russell); UKHospitality (ESD0038); Disability Policy Centre (ESD0102)
122 The Disability Policy Centre (ESD0102)
123 British Chambers of Commerce (ESD0050)
124 Oral evidence taken on 4 February 2026, Q46 (Sir Charlie Mayfield)

**65.** **RECOMMENDATION**
Financial incentives for small employers to engage with the proposals in Keep Britain Working and hire more disabled people should be among the first concrete proposals coming out of the Vanguards. In its response to our report, we ask the government to give a firm commitment to testing and implementing such incentives as soon as possible, and that their development be informed, where appropriate, by evidence of what has worked in comparable economies such as Denmark's approach to encouraging employers to engage with disability employment.

## Disability workforce reporting

**66.** Another incentive slightly outside the scope of *Keep Britain Working* but recommended in written evidence was mandatory disability workforce reporting by large employers.[125] Professor Kim Hoque and Professor Nick Bacon said disability workforce reporting, along with disability pay gap reporting, could "significantly improve disabled people's employment outcomes" for several reasons, including:

- disabled job-seekers would be able to identify organisations most likely to hire, retain, and pay them fairly;
- employers would have the data to monitor and address disability pay and employment gaps, benchmarked against national, regional and sectoral averages; and
- the government would be able to identify employers with high workforce disability prevalence and low pay gaps, assess the practices driving these outcomes, and promote them more widely.[126]

**67.** The previous government developed a framework for voluntary reporting on disability, mental health and wellbeing in 2018 and consulted on making it mandatory for large employers in 2021–22.[127] The consultation identified risks and benefits. Among the risks, it cited issues around the disclosure of disability, including potential discrimination following disclosure, as well as a lack of real impact and data protection. Among the benefits, it identified improved disability employment and access to reasonable adjustments and improved awareness and understanding of disability. In March 2025, the current government launched its own consultation on mandatory ethnicity

125 Professor Melanie Jones and Professor Vicki Wass, Cardiff University (ESD0007); CIPD (ESD0039); Professor Kim Hoque, King's College London, and Professor Nick Bacon, Bayes Business School (ESD0021)

126 Professor Kim Hoque, King's College London, and Professor Nick Bacon, Bayes Business School (ESD0021)

127 DWP, DHSC, Voluntary reporting on disability, mental health and wellbeing, 22 November 2018; Disability Unit, Disability workforce reporting, 21 March 2022

and disability pay gap reporting, to inform the contents of the upcoming Equality (Race and Disability) Bill. In the consultation document, it said it would consider the findings of the 2021–22 consultation.[128]

**68.** Professor Melanie Jones and Professor Vicki Wass, from Cardiff University, said that despite the voluntary framework, most organisations did not measure or monitor disability among their workforce, and that those who did often used outdated and ad hoc definitions of disability, meaning employers were unable to assess the need for, or the impact of, their policies and practices on disability inequality. They said the voluntary framework required significant amendment and widespread adoption if it was to be effective, the most urgent change being the integration of organisational and national measurement to ensure that a consistent Equality Act definition of disability was being applied by organisations. They called this a prerequisite for the implementation of mandatory reporting and other organisational measures of disability inequality. They said, given the complexities involved, measurement would necessitate clear guidance and support from the government.[129]

**69.** **CONCLUSION**
Mandatory disability reporting has the potential to improve disability employment rates.

**70.** **RECOMMENDATION**
We recommend that the government legislate as part of the Equality (Race and Disability) Bill to require businesses with more than 250 employees to report on the number of disabled people they employ. Alongside a commitment to legislate, the government should set out its assessment of how consistently employers are defining disability where they already do report. If needs be, it should then set out its plans for providing guidance to employers on the definition of disability.

## Harnessing the third sector

**71.** We heard about the role third sector organisations, particularly disability charities and providers of employment support, played in advising and supporting employers and employees.[130] The Down's Syndrome Association,

128 Office for Equality and Opportunity, Equality (Race and Disability) Bill: mandatory ethnicity and disability pay gap reporting: Government consultation, March 2025, Annex B

129 Professor Melanie Jones (Professor at Cardiff University); Professor Vicki Wass (Professor at Cardiff University) (ESD0007)

130 Association of Disabled Professionals (ESD0069); Education Development Trust (ESD0013); Ambitious about Autism (ESD0087); Down's Syndrome Association (ESD0027); The Royal National Institute of Blind People (RNIB) (ESD0086); Versus Arthritis (ESD0024);

for example, runs an awarding-winning programme, called WorkFit, which provides wraparound support to people with Down's syndrome and their employers, and the RNIB has its Visibly Better Employer standard, a framework to help employers attract, support and retain blind and partially sighted employees.[131] The submission from the RNID included evidence from BID Services, a charity working to empower deaf, sight-impaired and deafblind people, which had been supporting employers in the midlands and northern and eastern England for many years and in 2021 launched an online platform to extend its reach even further.[132]

**72.** We were told the work of the third sector in supporting employers was being hampered, however, by geographic variations in the level of support available and a lack of awareness.[133] Ambitious about Autism said areas with strong voluntary sector involvement and established employer networks saw better outcomes than regions with little autism-specific provision.[134] Geoff Fimister, Head of Policy, and a spokesperson for the Campaign for Disability Justice, Inclusion Barnet, called on the government to support Disabled People's Organisations (DPOs) and promote their existence and contribution to supporting disabled people into work, while the RNIB called on the government to improve signposting to such support.[135]

**73.** *Keep Britain Working* does not appear to consider the role the third sector could play in delivering the WHP, perhaps given its focus on helping employers to better manage sickness absence, and instead imagines the WHP building only on "existing ecosystems available through social prescribers, NHS work initiatives, occupational health, vocational rehabilitation, income protection, and private insurers".[136] We discussed the delivery of the WHP with Sir Charlie Mayfield when he appeared before us. He started off by talking about insurers and providers of group income protection, before adding that the Vanguards included more than 30 providers, including large insurance companies as well as occupational health businesses and the third sector.[137]

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Fedcap UK (ESD0096); The British Association for Supported Employment (ESD0075)

131 Down's Syndrome Association (ESD0027); The Royal National Institute of Blind People (RNIB) (ESD0086)

132 RNID (ESD0094)

133 Q11 (Geoff Fimister); RNID (ESD0094); ThinkForward UK (ESD0056); Ambitious about Autism (ESD0087)

134 Ambitious about Autism (ESD0087)

135 Q11 (Geoff Fimister); RNIB (ESD0086)

136 Keep Britain Working, p. 57

137 Oral evidence taken on 4 February 2026, Q38 (Sir Charlie Mayfield)

74. **CONCLUSION**
We agree with the Keep Britain Working Report that the Workplace Health Provision (WHP) does not need to reinvent the wheel and should instead bring together and expand existing provision. There are already many third sector organisations, including disability charities, working with employers and disabled people, however, and these should also be included among providers of the WHP.

75. **RECOMMENDATION**
We recommend that the WHP capitalise on the existing support available from third sector organisations by providing a single point of entry to that support for employers and employees.

## Workplace Health Intelligence Unit

76. The *Keep Britain Working* report notes that data and intelligence gathering will be crucial if adoption of the HWL and WHP is to become the norm. Despite evidence that better managing health and disability at work yields strong returns on investment, as well as improved morale and retention, adoption is often hampered, it says, by poor understanding of the impact workplace health and inclusion initiatives can have, largely owing to a lack of data. The report therefore proposes the creation of a Workplace Health Intelligence Unit (WHIU), a joint government-industry body that would co-ordinate the collection, aggregation, and analysis of data, provide confidential benchmarking and anonymised best practice, and conduct deep dives to analyse what works best across conditions, sectors, and cohorts.

77. **RECOMMENDATION**
In the light of evidence set out throughout out report, we recommend that the Workplace Health Intelligence Unit seek to gather data on:

- the impact of adjustment passports on disabled people's access to, and experiencing of requesting, reasonable adjustments;
- what adjustments work for different groups of disabled people in different sectors, along with the level of access disabled people have to different types of flexibility as compared to non-disabled people, within different sectors;
- the availability of, and employer attitudes to, hybrid and remote working; and
- a cost-benefit analysis of employing disabled people, especially for small businesses.

# Annex: Summary of in-person roundtables

## Roundtable 1: recipients of employment support

### The role of the support worker

The importance of the role of the support worker was clear from the contributions of all the participants. One said their support worker had "really helped". They had told them about opportunities they hadn't known about, including how to get help with physical barriers. They described their support worker as a "really positive thing" in their life. They had developed a relationship with them, and felt comfortable with them and listened to, not patronised. They said it was important to know there was someone there for them.

Another participant said they too had a good relationship with their support worker. They said they never felt pressured into doing anything they didn't want to do. Their support worker helped them with communications and understanding terminology. Another participant, who had a part-time job, said theirs had helped them to prepare for the interview and to practice travelling into work (they did six weeks of travel training). They could now travel independently.

A support worker talked about how they had helped two of the participants. They had helped one, who was autistic and wanted to go into dog day care, to draw a mind map of other possible jobs that could help them get into that line of work. The mind map ended up including being a dinner lady in a primary school and making some money from crocheting, which was a hobby of theirs, as well as self-employment (dog walking). Another participant said of their support worker: "She is amazing, and I tell everyone about her".

All participants said their support workers had boosted their confidence when it came to applying for jobs and getting interviews, going through the interview process, requesting reasonable adjustments from employers, and generally talking to employers about their disability.

## The recruitment/interview process

All the participants talked about struggling with the interview process. One participant was asked to send a recorded statement and had found this "overwhelming". Another, who was autistic, said they'd had an interview on Zoom during the covid lockdown but everything had gone wrong and they had been unable to handle the interview. For their current role, they had not done an interview, because they had already been volunteering and had been offered a job off the back of that. Another said they struggled so badly with interviews they never wanted to do another one again.

Another participant described how, for their first interview, they had been really anxious and had prepared for ages, but halfway through the interview had been told the employer had decided to give the job to someone else. Other than that, they'd had little experience of interviews and needed to practice them with their support worker.

Another participant said they got very anxious in interviews, but their support worker had spoken to employers about "working interviews", which allowed them to showcase their ability to do the job without the anxiety of a typical interview. Another said they felt like they should have a choice over what kind of interview they did, as a reasonable adjustment, which they said would help neurodivergent people. Another said interviews should be more informal, more like "a chat". Others said that seeing questions before the interview helped a lot. One participant described video interviews as a form of exclusion.

A support worker said recruitment was also a worry for employers. They said Durham Enable worked with employers to keep an eye on vacancies and build links, but this could take a while (they had been working with Primark for two years), primarily because employers were worried about the recruitment process. They said employers sometimes thought reasonable adjustments during the recruitment process, such as providing the answers beforehand or allowing the support worker to be present, would be unfair on the other candidates. They said they didn't always get "the most welcoming responses" from employers, including one time the NHS, but things usually improved after the recruitment process.

## Reasonable adjustments

A support worker said it was often difficult for people to request reasonable adjustments, especially during the recruitment process, and they shared their idea for an off-the-shelf Google form that employers could easily link to from the application form. If the Google form was properly designed, they said it could make it much easier for people to request reasonable adjustments during the recruitment phase.

The support worker and one of the participants, who was autistic, talked about the latter's disability passport, which included their reasonable adjustments. One of these had involved the provision of a sieve for getting rid of fruit from empty cocktail glasses. The employee had not wanted to touch the fruit, so their employer had provide a sieve, and now everyone used the sieve.

### Supportive colleagues

One of the participants, who had a physical disability and had never worked, said their biggest worry was not about the workplace being physically accessible; given their past experiences, including of being bullied at college, their main concern was about the people they would be working with. They had previously volunteered at a primary school and had found the staff room very intimidating as people had not wanted to include them. They said all they would want was decent colleagues.

### Access to Work

A support worker told us about delays to Access to Work. They said they had waited 36 weeks for someone on Connect to Work, which raised retention concerns, especially as the in-work support funded through Connect to Work only lasted for four months. This meant the person would be left without support before having had their Access to Work application approved. One of the participants said they had waited nine months for a decision, and also pointed out that you could not claim until you had been offered a job. A support worker raised the issue of taxis. Under Access to Work, people have to pay upfront for the cost of taxis and then claim the money back, and this can often take quite a long time. They also said some taxi firms charged more when they knew it was being paid for through Access to Work.

## Roundtable 2: employers, providers and local authority leaders

### Connect to Work

Participants told us about the five-stage supported employment model of support that North East Combined Authority (NECA) was providing through Connect to Work. Building on existing relationships with employers, providers were matching disabled people with the right jobs to ensure employment was sustainable. It was breaking down recruitment barriers by

providing employers with motivated candidates, helping disabled people with the interview process, and then supporting both employers and employees with in-work support to maximise retention.

NECA said they were meeting, and even beating, their targets, particularly in terms of how quickly they were moving people into work, but they were keen to better integrate Connect to Work with other programmes and services and to ensure the various authorities within NECA were taking the same approach and speaking with one voice. Participants said NECA was well placed to mobilise and convene local providers and other partners and ensure an overarching strategic approach, and through their own procurement process they could encourage more inclusive recruitment. They said everyone was very excited about the programme and thought it would "come into its own" once it became established.

## Other local employment support

NECA representatives said they were keen to integrate Connect to Work with other existing services and programmes, such as WorkWell, to which many people were already being referred via their GP. The aim was to 'nip it in the bud' and prevent people from falling out of work in the first place. They also said they were collecting information to better understand who was at risk of falling out of work early, such as people with MSK conditions, which were often connected to anxiety and depression. They were also trying to find ways of getting people faster access to NHS services without their jumping the queue. One participant talked about Shine, NECA's employer accreditation scheme that aims to build workplaces that are fair, supportive and rewarding.

## Access to Work

We heard again about problems with Access to Work. One employer, a headteacher at a primary school, said they had waited 10 months for funding for a profoundly deaf cleaner. The funding was to cover a BSL interpreter for training sessions, such as safety and safeguarding. One provider said the average waiting time in their experience was more than 12 months. In the meantime, employers were having to "muddle through".

A senior council leader said local areas should have more control over Access to Work. They said this would enable them to integrate it into employment support, which would allow them to go to an employer and say, "We have these candidates, and with Access to Work, they could get these adjustments". They said it would also allow local areas to target

that funding to specific sectors and under-represented groups. Another participant agreed, saying they wanted to support Access to Work without "stepping on DWP's toes".

A large employer said Access to Work was a struggle for them. They said they had employees who had to manager their own BSL interpreters, but it was often tricky getting them, because of the backlog of bookings, and the funding often arrived well after they needed the interpreter.

## Inclusive workplaces/importance of finding the right employer

We heard about the importance of employers and colleagues making an effort to be inclusive. One employer, a headteacher at a primary school, explained how they had recently employed two disabled people through Connect to Work. In respect of the first, the school had been contacted by Durham Enable after they advertised for a position. They requested the questions in advance and on yellow paper, so they provided all the candidates with the questions. This was an example of making workplaces more inclusive by making a practice standard for everyone, which could reduce the need for disabled people to request adjustments. The employer said the candidate, who had been very nervous, did not get the job, but they offered them some work experience, and after that gave them a job. They said this person, who had a learning disability, was over 30 and had never had a job. They were nervous at first but just needed to get to know people, and now they had friends and the kids loved them. The employer called it a very positive outcome. Next time they had a suitable vacancy, they approached Durham Enable to see if they had a suitable candidate, which they did. That person ended up getting the job. They were profoundly deaf, but the other staff all learned some basic BSL, which helped that person to feel part of the team.

We heard from several employers keen to make their workplaces more inclusive. One large national employer said it had identified challenges to disabled people accessing its sector and subsequently set up a support programme, which had been running for two years and had just been extended for another three. They had employed a support worker whose job was to work with disabled people employed under the programme to improve retention. Others said they had been working with Durham Enable, including to make their recruitment practices more inclusive. One employer described that support as "very beneficial". Much of this work predated Connect to Work, but employers said they were exploring ways of using that programme to further this work. We were also told, however, that not all employers wanted to do the right thing and that encouraging culture change more widely was critical.

## Working with employers

One participant, from NECA, said programmes such as Connect to Work helped to educate employers by demonstrating that relatively small adjustments could make a huge difference, and show employers that employing disabled people was not "benevolence" but could actually improve their bottom line. They thought there was good potential overlap between local skills gaps and the economically inactive labour market, but they also thought not all employers were going to listen to them, and that you needed to get employers who had done it talking to those who were unsure, to highlight the potential benefits, including a workforce more in touch with their customer base or with different ways of looking at things. One participant thought there was scope for more local employer forums to share best practice.

Other participants said schemes such as Connect to Work helped by presenting employers with motivated candidates and then providing both employer and employee with in-work support to maximise retention. They said this could help employers to see employing disabled people as less of a risk and more of a benefit. One participant said it "de-risked the recruitment process". A provider said the important thing was overcoming that initial uncertainty, particularly among middle managers.

## Travel training

Travel training was one of the types of support we heard about. One participant, from NECA, told us what a difference it could make to disabled people, many of whom were able to travel independently for the first time after a few weeks of training. They said it was only available to adults though and thought there was a need to fund it for young people.

## The cost of supported employment

A provider explained the benefits of supported employment. They said it was a much more intensive form of support, not a numbers game, but it was also more resource intensive. One participant, from NECA, said it cost much more per person and that the funding arrangements needed to allow for more significant cost variations than was currently the case. They said it was not possible to call DWP and say, "We need to spend more money on this person, but it will be worth it in the long run".

# Conclusions and recommendations

## Disability at Work

1. For too many disabled people, the workplace remains a hostile environment. This manifests itself in two main ways: a reluctance among employers to make reasonable adjustments, and inaccessible workplaces and practices that leave disabled people unnecessarily reliant on reasonable adjustments in the first place. If the government is serious about reducing disability-related economic inactivity and reducing the rate at which welfare spending is increasing, it must urgently address both these issues. (Conclusion, Paragraph 32)

2. To improve disabled people's experiences of requesting reasonable adjustments, the government should strengthen the Equality Act 2010 by requiring employers to respond to requests for such adjustments in writing within two weeks. It should also provide in legislation that any written refusal must include the following:

    - the employer's assessment of whether the person meets the legal definition of disabled;
    - the employer's assessment of whether the person, if they consider them to be a disabled person, is at a substantial disadvantage;
    - the employer's reasons, if they consider the disabled person to be at a substantial disadvantage, for concluding that the request is not reasonable; and
    - what advice or guidance they sought in coming to their conclusions. (Recommendation, Paragraph 33)

3. To provide a stronger evidence base for future policymaking, the government should commission more research into:

    - the impact of flexible working, particularly remote working, on productivity;

- the costs and benefits of giving disabled people the right to a certain amount of paid time off every year to attend disability-related medical appointments; and
- the impact on disability inclusion of using AI during recruitment. (Recommendation,Paragraph 34)

4. We also recommend that the government provide an update on its plans to improve disabled people's access to assistive technology, including the proposal to establish an Assistive and Accessible Technology Centre. (Recommendation, Paragraph 35)

5. To ensure that no disabled person misses out on reasonable adjustments through a lack of awareness or confidence, the government should require employers to provide all new employees, whether they know them to be disabled or not, with information about the rights of disabled people at work, including the right to request reasonable adjustments, and of sources of support and advocacy. It should also run an extensive awareness-raising campaign across radio, social media and television. Finally, it should increase funding to the Equality and Human Rights Commission. If it cannot do this, it should explain how it thinks the EHRC can be expected to carry out its functions properly within its current budget. (Recommendation, Paragraph 36)

## Keep Britain Working

6. We wholeheartedly support the ambition in the Keep Britain Working Report to transform the way employers manage the health of their employees and thereby prevent people from falling out of work and into economic inactivity. If it succeeds, disabled people, who leave work at a higher rate than non-disabled people, could be among those who benefit most. It is, though, too early to assess its chances of success, because there is simply not enough clarity around what the Workplace Health Provision will be and, in particular, whether it will involve the provision of occupational health services to small employers. (Conclusion, Paragraph 47)

7. We urge the Vanguard Taskforce, and ultimately the government, to clarify the nature of the Workplace Health Provision (WHP) by the end of the year and to include within its scope at least some element of occupational health for small employers. The Vanguards should also explore how the Healthy Working Lifecyle and WHP could be used to increase access to, and take up of, disability inclusion training among employers and line managers. (Recommendation, Paragraph 48)

8. We recognise that the focus of the Keep Britain Working Report was on preventing people from falling out of work, but the proposals being trialled by the Vanguards present an opportunity to support more disabled people into work by encouraging employers to adopt more inclusive workplace practices. We lack confidence in even a reformed Disability Confident scheme to make a meaningful difference in this area. (Conclusion, Paragraph 51)

9. We recommend that encouraging employers to make their workplaces more accessible for disabled people, beyond improving access to reasonable adjustments, be made an explicit aim of the Healthy Working Lifecycle (HWL) and Workplace Health Provision (WHP). The Vanguards should explore how the HWL and WHP could be used to encourage employers in all sectors and of all sizes to adopt the sorts of practices that disabled people value the most, particularly flexible working and inclusive recruitment practices. The government should also set out its intentions for monitoring the performance of the WHP. This should include its impact on the rates at which disabled people move into and fall out of work. (Recommendation, Paragraph 52)

10. We have concerns about the idea of sharing the burden of funding the Workplace Health Provision (WHP) equally between all employers. While we disagree that smaller employers will not benefit from the WHP, making these employers pay too much, too soon, will place a particular burden on precisely those employers who think they have the least to gain from it. (Conclusion, Paragraph 58)

11. We recommend that the government explore alternatives to asking small business owners to pay for the WHP, at least until the costs and benefits have started to be clearly defined. Among these alternatives, it should include the possibility of asking larger employers to pay slightly more, for example taking a supply chain approach. To inform future funding decisions, it should also undertake a full cost-benefit assessment of the WHP as compared to other disability employment interventions. (Recommendation, Paragraph 59)

12. Employers often overestimate the costs and risks of employing disabled people, and underestimate the return on investment and long-term benefits, but employers' concerns will sometimes be justified. It is right, therefore, that the government explore financial incentives for employers who do the right thing, as it is doing through the Vanguards. (Conclusion, Paragraph 64)

13. Financial incentives for small employers to engage with the proposals in Keep Britain Working and hire more disabled people should be among the first concrete proposals coming out of the Vanguards. In its response to our report, we ask the government to give a firm commitment to testing and implementing such incentives as soon as possible, and that

their development be informed, where appropriate, by evidence of what has worked in comparable economies such as Denmark's approach to encouraging employers to engage with disability employment. (Recommendation, Paragraph 65)

**14.** Mandatory disability reporting has the potential to improve disability employment rates. (Conclusion, Paragraph 69)

**15.** We recommend that the government legislate as part of the Equality (Race and Disability) Bill to require businesses with more than 250 employees to report on the number of disabled people they employ. Alongside a commitment to legislate, the government should set out its assessment of how consistently employers are defining disability where they already do report. If needs be, it should then set out its plans for providing guidance to employers on the definition of disability. (Recommendation, Paragraph 70)

**16.** We agree with the Keep Britain Working Report that the Workplace Health Provision (WHP) does not need to reinvent the wheel and should instead bring together and expand existing provision. There are already many third sector organisations, including disability charities, working with employers and disabled people, however, and these should also be included among providers of the WHP. (Conclusion, Paragraph 74)

**17.** We recommend that the WHP capitalise on the existing support available from third sector organisations by providing a single point of entry to that support for employers and employees. (Recommendation, Paragraph 75)

**18.** In the light of evidence set out throughout out report, we recommend that the Workplace Health Intelligence Unit seek to gather data on:

- the impact of adjustment passports on disabled people's access to, and experiencing of requesting, reasonable adjustments;
- what adjustments work for different groups of disabled people in different sectors, along with the level of access disabled people have to different types of flexibility as compared to non-disabled people, within different sectors;
- the availability of, and employer attitudes to, hybrid and remote working; and
- a cost-benefit analysis of employing disabled people, especially for small businesses. (Recommendation, Paragraph 77)

# Formal Minutes

## Wednesday 22 April 2026

## Members present:

Debbie Abrahams, in the Chair

Lee Barron

Johanna Baxter

Peter Bedford

Steve Darling

Damien Egan

John Milne

## Employment support for disabled people: Disability at Work

Draft Report (*Employment support for disabled people: Disability at Work*), proposed by the Chair, brought up and read.

*Ordered*, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 77 read and agreed to.

Summary agreed to.

Annex agreed to.

*Resolved*, That the Report be the Seventh Report of the Committee to the House.

*Ordered*, That the Chair make the Report to the House.

*Ordered*, That embargoed copies of the Report be made available (Standing Order No. 134).

## Adjournment

Adjourned till Wednesday 20 May at 9.00 am

# Witnesses

The following witnesses gave evidence. Transcripts can be viewed on the inquiry publications page of the Committee's website.

## Wednesday 12 November 2025

**Michelle De Oude**, Co-Chair, Greater Manchester Disabled People's Panel; **Conor D'Arcy**, Deputy Chief Executive, Money and Mental Health Policy Institute; **Evan John**, Policy and Public Affairs Advisor, Sense; **Geoff Fimister**, Head of Policy, and a spokesperson for the Campaign for Disability Justice, Inclusion Barnet Q1–31

**Kate Nicholls OBE**, Chair, UKHospitality; **Jamie Cater**, Senior Policy Manager, Make UK; **Patrick Milnes**, Head of Policy – People and Work, British Chambers of Commerce Q32–49

## Wednesday 17 December 2025

**Professor Benjamin Barr**, Professor of Applied Public Health, University of Liverpool; **Becci Newton**, Director of Public Policy and Research, Institute for Employment Studies; **Professor Adam Whitworth**, Professor of Work, Employment and Organisation, University of Strathclyde, Glasgow; **Professor Bruce Stafford**, Emeritus Professor of Public Policy, University of Nottingham Q50–81

**Laura Davis**, CEO, British Association of Supported Employment; **Gareth Parry**, Managing Director, Maximus UK; **Nicola Whiteman**, Policy and Communications Manager, Papworth Trust; **Richard Clifton**, Managing Director – Employability and ERSA Board Member, Shaw Trust Q82–110

## Wednesday 11 February 2026

**David Lillicrap**, Assistant Director Health and Employment Programmes, West London Alliance; **Ruth Cooper**, Economic Development Manager, Renfrewshire Council Q111–132

**The Rt Hon. Dame Diana Johnson MP**, Minister for Employment, Department for Work and Pensions; **Dr Simon Marlow**, Deputy Director, Joint Work and Health Directorate, Department for Work and Pensions;

**Lorraine Jackson**, Director, Joint Work and Health Directorate, Department of Health and Social Care; **Angus Gray**, Policy Director, Department for Work and Pensions Q133–166

## Wednesday 4 February 2026

**Chris Russell**, Senior Policy Manager, Federation of Small Businesses; **Ian Cass**, Managing Director, Forum of Private Business; **Tom Pollard**, Head of Policy, Public Affairs and Campaigns, Mind; **James Taylor**, Executive Director, Strategy, Impact and Social Change, Scope Q1–26

**Sir Charlie Mayfield**, Author of Keep Britain Working Report Q27–49

# Published written evidence

The following written evidence was received and can be viewed on the inquiry publications page of the Committee's website.

ESD numbers are generated by the evidence processing system and so may not be complete.

| | | |
|---|---|---|
| 1 | Acccess to Work Collective; and CIMR Birkbeck, University of London | ESD0016 |
| 2 | Adam Smith Institute | ESD0111 |
| 3 | Alcohol Change UK | ESD0009 |
| 4 | Ambitious about Autism | ESD0087 |
| 5 | Anonymised | ESD0032 |
| 6 | Association of Disabled Professionals | ESD0069 |
| 7 | Aston, Jane (Researcher & Director, Jane Aston Associates) | ESD0119 |
| 8 | Autism East Midlands | ESD0055 |
| 9 | British Assistive Technology Association ("BATA") | ESD0097 |
| 10 | British Chambers of Commerce | ESD0050 |
| 11 | British Psychological Society | ESD0043 |
| 12 | Business Disability Forum | ESD0091 |
| 13 | Buziuk, Mr. Hleb (UK immigration adviser (IAA Level 3) and human-rights advocate, FairGo CIC) | ESD0072 |
| 14 | CIPD | ESD0039 |
| 15 | Calico | ESD0022 |
| 16 | Campaign for Disability Justice; and Inclusion Barnet | ESD0062 |
| 17 | Carrington, Miss Tina | ESD0015 |
| 18 | Central London Forward | ESD0122 |
| 19 | Centre for Ageing Better | ESD0106 |
| 20 | Citizens Advice | ESD0042 |
| 21 | Common Sense Policy Group | ESD0101 |
| 22 | Communities that Work | ESD0034 |
| 23 | Community Integrated Care | ESD0049 |

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|---|---|---|
| 24 | Cook, Mr Nigel D (Programme Manager, Retired) | ESD0026 |
| 25 | Department for Work and Pensions; and Joint DWP and Department of Health and Social Care Work and Health Directorate | ESD0118 |
| 26 | DFN Charitable Foundation | ESD0109 |
| 27 | Diabetes UK | ESD0029 |
| 28 | Down's Syndrome Association | ESD0027 |
| 29 | ENABLE | ESD0025 |
| 30 | Education Development Trust | ESD0013 |
| 31 | Employment Related Services Association (ERSA) | ESD0067 |
| 32 | Epilepsy Action | ESD0083 |
| 33 | Equalise: ESRC Centre for Lifecourse Health Equity | ESD0033 |
| 34 | Equity | ESD0040 |
| 35 | Essex County Council | ESD0127 |
| 36 | Fedcap UK | ESD0096 |
| 37 | Goldsmiths, University of London | ESD0030 |
| 38 | Goodwin, Mr Robin (Professor, University of Warwick); Ms Olena Orlova (Research assistant, University of Warwick); and Mr Tarandeep Kang (Ph.D. Student, University of Warwick) | ESD0018 |
| 39 | Grant, Dr Christine (Associate Professor, Coventry University) | ESD0028 |
| 40 | Greater Manchester Disabled People's Panel | ESD0011 |
| 41 | Hampshire County Council | ESD0128 |
| 42 | Headway – the brain injury association | ESD0060 |
| 43 | Hoque, Professor Kim (Professor of Human Resource Management and Vice Dean (People and Culture), King's Business School, King's College London); and Professor Nick Bacon (Professor of Human Resource Management, Bayes Business School) | ESD0021 |
| 44 | Huntington's Disease Association | ESD0014 |
| 45 | Inspired Community Enterprise Trust Ltd | ESD0078 |
| 46 | Institution of Occupational Safety and Health (IOSH) | ESD0114 |
| 47 | Jones, Professor Melanie (Professor, Cardiff University); and Professor Vicki Wass (Professor, Cardiff University) | ESD0007 |
| 48 | Lawson, Dr Gabriel (Research Associate, King's College London) | ESD0054 |

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|---|---|---|
| 49 | Leeds Beckett University | ESD0105 |
| 50 | Lewis, Dr Jane (Associate Professor, London Metropolitan University) | ESD0051 |
| 51 | LightAware | ESD0041 |
| 52 | ME Association | ESD0116 |
| 53 | MS Society | ESD0115 |
| 54 | Make UK | ESD0058 |
| 55 | Maximus | ESD0104 |
| 56 | Mental Health Matters | ESD0081 |
| 57 | Mental Health UK | ESD0057 |
| 58 | Microsoft | ESD0112 |
| 59 | Mind | ESD0052 |
| 60 | Money and Mental Health Policy Institute | ESD0044 |
| 61 | Motability Foundation | ESD0103 |
| 62 | Muscular Dystrophy UK | ESD0077 |
| 63 | NAHT – The school leaders' union | ESD0012 |
| 64 | NASUWT | ESD0066 |
| 65 | National Association of Disabled Staff Networks | ESD0046 |
| 66 | National Association of Welfare Rights Advisers | ESD0064 |
| 67 | National Centre for Social Research | ESD0048 |
| 68 | Nguyen, Ms Lan (Researcher, University of Bristol); Mrs Renitha Tutin (Academic, University of Bristol); Mr Ricky Tutin (Academic, University of Bristol); and Dr. Chinyere Uche (Academic, University of Bristol) | ESD0063 |
| 69 | Organise | ESD0031 |
| 70 | Papworth Trust | ESD0085 |
| 71 | Parkinson's UK | ESD0113 |
| 72 | Policy Connect | ESD0107 |
| 73 | Portsmouth City Council | ESD0124 |
| 74 | Public Health Wales | ESD0065 |
| 75 | RNID | ESD0094 |
| 76 | Recro Consulting | ESD0117 |
| 77 | Reed in Partnership | ESD0093 |
| 78 | Richmond and Wandsworth Councils | ESD0123 |

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|---|---|---|
| 79 | Scope | ESD0045 |
| 80 | Sense | ESD0098 |
| 81 | Shropshire Council | ESD0120 |
| 82 | Society of Occupational Medicine | ESD0047 |
| 83 | South Midlands Authorities | ESD0126 |
| 84 | South Yorkshire Mayoral Combined Authority | ESD0125 |
| 85 | Spinal Injuries Association | ESD0108 |
| 86 | Suffolk County Council | ESD0121 |
| 87 | techUK | ESD0061 |
| 88 | The British Association for Supported Employment | ESD0075 |
| 89 | The Council for Work & Health | ESD0079 |
| 90 | The Disability Policy Centre | ESD0102 |
| 91 | The Dyscalculia Network CIC | ESD0076 |
| 92 | The Growth Company | ESD0053 |
| 93 | The Health Foundation | ESD0036 |
| 94 | The Royal National Institute of Blind People (RNIB) | ESD0086 |
| 95 | The Wise Group | ESD0068 |
| 96 | ThinkForward UK | ESD0056 |
| 97 | Thomas Pocklington Trust | ESD0095 |
| 98 | Thompson, Mr G.K. | ESD0023 |
| 99 | Trades Union Congress (TUC); and TUC affiliated Unions | ESD0035 |
| 100 | Trussell | ESD0082 |
| 101 | UK Women's Budget Group | ESD0100 |
| 102 | UK Young Academy THRIVE project | ESD0092 |
| 103 | UKHospitality | ESD0038 |
| 104 | UNISON | ESD0084 |
| 105 | University of Hertfordshire | ESD0089 |
| 106 | Verstappen, Professor Suzanne (Professor of Epidemiology, The University of Manchester) | ESD0037 |
| 107 | Versus Arthritis | ESD0024 |
| 108 | Wei, Dr Hua (Research Associate, The University of Manchester); Dr Sarah Daniels (Research Associate, The University of Manchester); Dr Ruth Wiggans (Lecturer & Consultant Respiratory Physician, The University of | |

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|---|---|---|
| | Manchester & North Manchester General Hospital); Dr Anna Coleman (Senior Research Fellow, The University of Manchester); Dr Donna Bramwell (Honorary Research Associate, The University of Manchester); Professor Damien McElvenny (Honorary Senior Research Fellow & Principal Epidemiologist, The University of Manchester & the Institute of Occupational Medicine); Professor Martie Van Tongeren (Professor of Occupational and Environmental Health, The University of Manchester); and Davine Forde (Associate and Patient Involvement Representative, NIHR Manchester Biomedical Research Centre) | ESD0070 |
| 109 | William, Associate Professor (Associate Professor of Sustainable Careers and Human Resource Management at Southampton Business School, University of Southampton) | ESD0008 |
| 110 | Work Foundation at Lancaster University | ESD0059 |
| 111 | Yes2Ventures Ltd | ESD0080 |
| 112 | Young Lives vs Cancer | ESD0074 |
| 113 | Youth Futures Foundation | ESD0110 |

# List of Reports from the Committee during the current Parliament

All publications from the Committee are available on the publications page of the Committee's website.

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| Number | Title | Reference |
|---|---|---|
| 6th | The appointment of Emma Douglas as Chair of the Pensions Regulator | HC 1610 |
| 5th | Get Britain Working: Creating a new jobs and careers service | HC 1286 |
| 4th | Get Britain Working: Reforming Jobcentres | HC 653 |
| 3rd | Get Britain Working: Pathways to Work | HC 837 |
| 2nd | Pensioner Poverty: challenges and mitigations | HC 465 |
| 1st | Safeguarding Vulnerable Claimants | HC 402 |
| 7th Special | Get Britain Working: Creating a new jobs and careers service: Government response to the Committee's Fifth Report | HC 1494 |
| 6th Special | Get Britain Working: Reforming Jobcentres: Government response to the Committee's Fourth Report | HC 1493 |
| 5th Special | Pensioner Poverty: challenges and mitigations: Government Response | HC 1384 |
| 4th Special | Get Britain Working: Pathways to Work: Government Response | HC 1385 |
| 3rd Special | Safeguarding Vulnerable Claimants: Government response | HC 1248 |
| 2nd Special | Defined Benefit Pensions Schemes: Government Response | HC 870 |
| 1st Special | Statutory Sick Pay: Government Response | HC 787 |