

Title: Mapping Employability Assessments for Adults with Limitations of Functioning: A Scoping Review

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Abstract:

Purpose. Work is a fundamental life domain, providing income, social engagement, and a sense of identity. Despite evidence that employment can support recovery, rehabilitation, and well-being, adults with limitations of functioning continue to face barriers to labor market participation. Employability assessments are central for access to vocational services, income support, and workplace accommodations, yet little is known about how these assessments are conducted across contexts. This study aimed to explore practices used in assessing employability among individuals with limitations of functioning. **Methods.** A structured four-step scoping review drew on scientific and grey literature published since 2005 in English or French. It systematically identified, selected, analyzed, and extracted evidence on employability assessment among adults with functional limitations. **Results.** The review identified 37 documents, revealing variation in assessment objectives, models, content, and methods. Assessments address individual factors (e.g., health, skills), environmental contexts (e.g., workplace, institutional settings), and activities and participation (e.g., job tasks, daily living). Data collection relies on interviews, observations, and standardized tools, often combined. Key challenges include overreliance on medical information, variability across assessors, administrative constraints, and assessment-related burden. **Conclusion.** This study identifies key components documented in employability assessments and highlights variation in assessment objectives and approaches, from standardized procedures to professional judgment, shaped by broader social and political contexts. These findings underscore the need for more reflective assessment practices.

Key words (4-6): Limitations of Functioning, Employability assessment, Scoping review, ICF, work, occupational therapy

Word count: 4808

INTRODUCTION

Work is a highly valued form of participation across cultures and societies and constitutes one of the central life domains for most individuals [1]. Beyond providing income, it fulfills essential needs for social interaction and participation [2] while contributing to overall well-being [3]. Through work, individuals enact socially valued roles [3], develop a sense of usefulness, and experience contribution [4], all of which play a key role in identity construction [3, 4]. Work may also serve as a lever for social inclusion among marginalized populations, particularly individuals living with health-related conditions. When aligned with an individual's functional capacities and health status, participation in work can support recovery, facilitate rehabilitation processes, reduce the risk of long-term disability, and promote quality of life [3]. Moreover, under favorable conditions, such as appropriate workplace accommodations and manageable job demands, returning to work following a health-related absence may further enhance well-being, including improvements in self-esteem [5]. Despite these potential benefits, access to employment and sustained participation in work remain limited for some individuals due to impairments in functioning, manifested as activity limitations and participation restrictions. This article therefore focuses on the employability of these individuals.

Several terms are used to describe functional issues that can affect work participation, such as disability [6, 7], functional limitation [8], and incapacity [9]. Although these concepts differ subtly, they all reflect the idea that difficulties in functioning emerge from the interaction between individual characteristics and environmental factors [10]. To clarify the concept of limitations of functioning, the World Health Organization's International Classification of Functioning, Disability and Health (ICF) [11] provides a widely recognized theoretical framework. The ICF offers a common language to describe human functioning and is extensively applied in research [12, 13] across many countries [14]. It conceptualizes functioning as interactions among body functions and structures (e.g., motor functions), activities (e.g., dressing, eating), participation (e.g., work), as well as personal (e.g., age, lifestyle) and environmental (e.g., social support, accessible housing) factors [11]. From this perspective, limitations of functioning refer to difficulties or restrictions in activities or participation, including work, arising from interactions between capacities and contextual factors. Limitations of functioning do not result solely from health conditions but also from environmental barriers. For clarity and consistency with the ICF, the term *limitations of functioning* is used throughout this article.

Globally, approximately one in seven adults of working age report experiencing limitations of functioning [15]. In Canada, this figure rises to one in four individuals aged 15 and older, accounting for 27% of the population. Prevalence increases with age, from 20% among those aged 15–24, to 24% among adults aged 25–64, and 40% among those aged 65 and above [16]. The majority of limitations are described as mild (39%), while 21% are considered very severe. Pain, mental health-related limitations, reduced flexibility, vision impairment, and mobility challenges are the most commonly reported limitations [16]. Women are disproportionately affected compared with men (30% versus 24%) [16]. In the United States, one in four adults reported at least one limitation of functioning in 2022 [17], with cognitive and mobility-related issues being the most prevalent. Women remain overrepresented among those affected, likely reflecting their longer life expectancy [18]. Across the European Union, roughly 24% of individuals aged 16 and older reported limitations that interfered with their daily activities in 2024, including 17% described as mild and nearly 7% as severe. Consistent with patterns observed in North America, European women are disproportionately affected [19]. Vision, mobility, and cognitive functions (particularly memory and concentration) are the domains most frequently affected by limitations of functioning [20].

Despite these considerations, the employment rate of individuals with limitations of functioning remains markedly lower than that of individuals without such limitations, with an estimated gap of 27% that has remained relatively stable over the past decades [15]. In Canada, among adults aged 25 to 64, employment rates reach 90% for men and 83% for women without limitations of functioning, whereas they fall to 74% among individuals with limitations of functioning across genders [21]. In the United States, the disparity is even more pronounced: in 2024, 75% of individuals aged 16 to 64 without limitations of functioning were employed, compared with only 38% of individuals with limitations of functioning [22]. Similar patterns are observed in the European Union, where 75% of individuals without limitations of functioning are employed, compared with approximately 51% of those reporting limitations of functioning [23]. Collectively, these figures point to a persistent and substantial underrepresentation of individuals with limitations of functioning in the labour market. Furthermore, in Canada, individuals who are employed earn, on average, wages that are approximately 6% lower than those of individuals without limitations of functioning [21].

In many countries and regions, the assessment of employability among individuals with limitations of functioning represents a pivotal step in accessing financial support measures related to basic

needs, such as disability-related benefits, as well as vocational integration services, including supported employment and return-to-work assistance [24, 25]. In Quebec (Canada), such assessments are required to gain access to certain employment integration programs [26]. In France, they lead to the recognition of *workers with a disability* status, which provides access to specialized employment-related services and support schemes [27]. In the United Kingdom, employability assessments may serve as a mechanism for accessing *Access to Work* program, which offers financial or practical support to facilitate labour market integration [28].

Despite its central role in the employment trajectories of individuals with significant limitations of functioning, the available information on the objectives, procedures, and content of such assessments remains limited. The literature nevertheless highlights several gaps associated with this type of employability assessment across countries, including a lack of standardization and substantial variability in procedures [29]. Similarly, reviews indicate that the judgments of professionals conducting these assessments can vary widely even for individuals with comparable profiles [30], and that various biases shaped by preconceived notions may influence assessment outcomes [31]. According to Nordling et al. [32], the ability to recognize the impact of limitations of functioning on employability also depends on the weight that practitioners place on addressing social inequalities, thereby giving rise to trajectories of exclusion. For certain types of limitations, such as those dependency-related limitations, difficulties may be perceived as self-inflicted, thereby undermining fair and equitable evaluation [33]. Collectively, the literature underscores multiple challenges surrounding employability assessments, which may compromise equitable access to rights, services, and employment opportunities for individuals with limitations of functioning.

Considering the current gaps in knowledge, **this study aimed to explore practices used in assessing employability among individuals with limitations of functioning.**

METHOD

Design. A scoping review was undertaken [34] to map the volume, nature, and breadth of the literature on employability assessment, thereby addressing the study's objectives. This approach was chosen for its flexibility, enabling the inclusion of quantitative, qualitative, and mixed-methods studies as well as grey literature sources. To this end, a structured procedure was followed throughout the review to ensure methodological rigor, in line with established best practices [35].

Procedure and Analysis

Step 1: Formulation of the research question and specification of inclusion and exclusion criteria

The literature review was guided by the following research question: *Which practices are used to assess employability among individuals with limitations of functioning?* Documents were eligible for inclusion if they met all of the following criteria: 1) addressed employability assessment, 2) focused on an adult population, 3) involved individuals with limitations of functioning, and 4) were published in 2005 or later. All types of documents were considered, including peer-reviewed articles and government reports. For practical reasons, documents not written in English or French were excluded. To ensure clarity and consistency, the inclusion and exclusion criteria were pilot-tested on ten abstracts by two members of the research team, confirming both interrater reliability and the criteria's effectiveness in identifying documents relevant to the research question [36].

Step 2: Literature search strategy

To ensure comprehensive coverage of the topic, we first consulted a research librarian and identified relevant keyword combinations (e.g., assessment, measurement, employability) along with appropriate databases (e.g., ABI/INFORM Global, PsycINFO, Medline). Keywords were developed in both French and English and explicitly mapped to the three core concepts framing the research question, which are (1) assessment, (2) employability, and (3) limitations of functioning. Search strategies tailored to each database were iteratively refined to ensure they captured documents relevant to the study's objective. Reference lists of identified documents were also examined to uncover additional documents. To enhance the retrieval of grey literature, a manual Google search using similar keywords was conducted, focusing on results ranked as most relevant [37]. Using this approach, documents appearing within the first five pages were screened. The literature search was conducted independently by two members of the research team.

Step 3: Document eligibility assessment

Once the documents were selected, they were imported into a reference management software and subsequently uploaded to the Covidence web platform for literature review management [38]. Following the removal of duplicates, two members of the research team independently assessed the relevance of all selected documents through a two-stage process: (1) screening of titles and abstracts, and (2) full-text review. Any conflicts in document selection were resolved by involving a third reviewer when necessary. Eligibility was determined based on relevance to the study objectives and compliance with the inclusion and exclusion criteria [39]. Collaborative

meetings between reviewers were held periodically throughout the eligibility assessment process to ensure consensus. A PRISMA diagram (Figure 1) was developed to illustrate the literature search process and the final number of documents included [40].

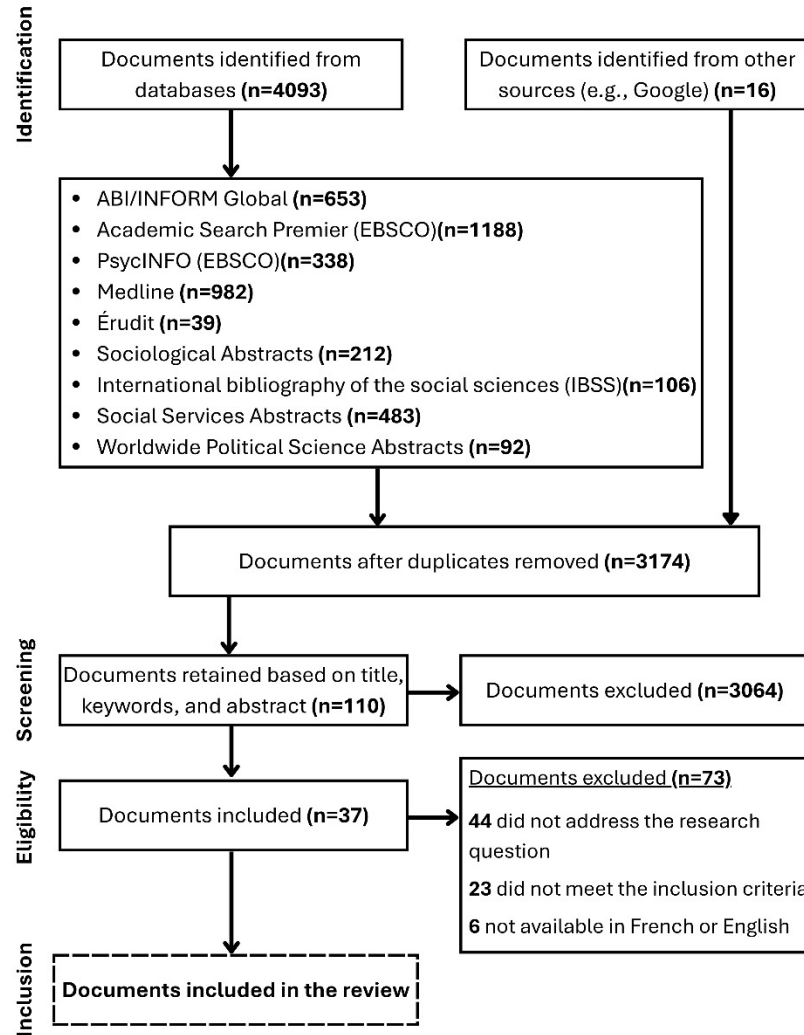


Figure 1. PRISMA diagram

Step 4: Data extraction and classification

Two members of the research team independently extracted information from the documents to address the study objectives. This process was carried out using a data extraction form developed specifically for the project, based on the team's prior experience and informed by the ICF. The use of such a form helps reduce variability and potential bias [41]. The form was structured around key analytical dimensions aligned with the ICF, including employability capacities (activities and participation), documented limitations of functioning, and contextual and environmental factors shaping the assessment process. Extracted information also covered bibliographic characteristics

(authors, year of publication, country), assessment tools and content, organizational and stakeholder involvement, training and competencies of assessors, as well as reported strengths, challenges, and outcomes of the assessment processes. The form was piloted on a sample comprising 25% of the selected documents before being revised and applied to the entire set of documents [42]. In line with best practices for scoping reviews [43], the findings were organized using tables outlining the characteristics of the included documents, along with a descriptive summary of the main information extracted from the documents in relation to the research question.

RESULTS

Quantitative characteristics of the documents

A total of 37 documents were selected and are presented in Appendix A. The majority were written in English (70%), published in Canada (35%), and presented studies using a qualitative design (41%). Most of the documents (43%) addressed limitations of functioning without specifying the type, while 10 (27%) focused specifically on mental health, 8 (22%) on physical health, 7 (19%) on chronic diseases and 3 (8%) on substance use. Table 1 presents the characteristics of the included documents.

Table 1. Characteristics of Included Documents

37 documents	n (%)
Year of publication	
2000 to 2009	7 (18,9%)
2010 to 2020	25 (67,6%)
2021 to present	5 (13,5%)
Language	
English	26 (70,3%)
French	11 (29,7%)
Country	
Canada	13 (35,1%)
Switzerland	6 (16,2%)
United Kingdom	5 (13,5%)
Netherlands	4 (10,8%)
United States	4 (10,8%)
Sweden	2 (5,4%)
Other	3 (8,1%)
Study design	
Quantitative	5 (13,5%)

Qualitative	15 (40,5%)
Mixed	5 (13,5%)
Case study	1 (2,7%)
Unassigned	11 (29,7%)
Limitations of functioning (some documents address multiple limitations)	
Mental health	10 (27%)
Substance use	3 (8,1%)
Chronic diseases	7 (18,9%)
Physical health	8 (21,6%)
Unspecified	16 (43,2%)

Qualitative description of the assessment practices

This section presents the results of the scoping review. The analysis of the included documents enabled the identification of employability assessment practices across various countries. Overall, the findings highlight five key characteristics of these practices. First, the assessment objectives and models that structure the assessment practices identified across the documents are described. Next, the content and modalities of the identified assessment practices are outlined. Finally, the strengths and challenges associated with these practices are highlighted. Table 2 presents the categories and subcategories used in the qualitative description of assessment practices.

Table 2. Categories and subcategories of the qualitative description

Categories	Subcategories
Assessment objectives	▪ Determining access to services and to guiding service trajectories ▪ Establishing eligibility for additional income support
Assessment models	▪ Structured assessment models ▪ Professional judgment model ▪ Demonstrated assessment model ▪ Participatory and contextual model ▪ Mixed models
Assessment content	▪ Individual factors ▪ Environmental factors ▪ Activities and participation
Assessment methods	▪ Interviews ▪ Observations ▪ Self-report questionnaires ▪ Content analysis (e.g. medical reports, job descriptions, previous assessments)
	Strengths ▪ Establishment of a shared vocabulary

Strengths and challenges in assessment practices	▪ Holistic perspective ▪ Interdisciplinary collaboration Challenges ▪ High focus on medical diagnosis ▪ Complex process ▪ Validity and reliability of available tools ▪ Gaps in information and resources for practitioners ▪ Burdens on the individual being evaluated
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Assessment objectives

Analysis of the included documents indicates that two main employability assessment objectives were reported in the literature. First, assessment may aim to determine access to services and to guide service trajectories [9, 44-52]. It supports decisions such as referral to job search assistance or training programs [52]. Second, assessment may aim to establish eligibility for additional income support, particularly in disability-related contexts [53-55].

Assessment models

The information extracted from the 37 included documents identifies five models of employability assessment for individuals with limitations of functioning, which are 1) the structured assessment models, 2) the professional judgment model, 3) the demonstrated assessment model, 4) the participatory and contextual model, and 5) mixed models. These models differ in the components assessed and in the assessment modalities used across countries [10, 53]. In some countries (Germany, the Netherlands, Sweden, and the United Kingdom), assessments are primarily based on structured assessment tools [45, 53], whereas in others (Belgium, Switzerland, and France), they rely predominantly on professional judgment [10, 53]. In Canada, employability assessment places greater emphasis on a holistic evaluation of functional autonomy and participation [9, 56, 57]. Only 14 documents (38%) explicitly specified an assessment model, whereas the majority (62%) were classified as “unspecified” with regard to the model used. This limited reporting underscores the lack of explicit framing in many assessment practices.

First, we identified **the structured assessment model**, which relies on standardized instruments to evaluate individuals’ capacities and compare them with labour market requirements. This model is widely used within health systems and social protection programs across several countries [9, 10, 45, 53, 58-60]. Some countries, such as Germany, use the Mini-ICF-APP, a standardized instrument that measures psychological capacities commonly affected by mental disorders, including task management, decision-making, and social interaction [45]. Similarly,

Sweden uses the Work Ability Index to assess work ability across seven standardized dimensions (e.g., work ability in relation to job demands, sickness absence during the previous year) [48, 50]. Self-assessments and medical reports complement this analysis [10].

The **professional judgment model** is distinguished by its reliance on professional judgment and an in-depth analysis of medical and functional conditions. The assessment primarily focuses on the capacity to work on a regular and sustained basis, taking into account the impact of health conditions on the individual [10]. For example, in New Zealand, the assessment is based on the treating physician's opinion, which evaluates the impact of an individual's health on their capacity to participate in work, particularly with respect to regular work activities exceeding 15 hours per week [10].

Other documents describe the **demonstrated assessment model**, which evaluates work capacity based on the effectiveness of work integration or vocational rehabilitation programs and on individuals' employment histories [10]. In Denmark, this model involves a multidisciplinary team assessing whether a person, after completing an integration or rehabilitation program, is able to return to work, based on a detailed analysis of limitations of functioning and involving multiple stakeholders [10].

The literature also addresses the **participatory and contextual model** of employability assessment, which is characterized by an approach centered on how individuals interact with their social and work environments, integrating social and contextual factors alongside professional judgment [61-63]. Instruments such as the Assessment of Life Habits (LIFE-H), which documents the level of participation in the accomplishment of daily life habits (e.g., washing, preparing a meal) and social roles (e.g., paid employment, volunteering) [64], are used in the Canadian context. Moreover, the Functional Independence Measure (FIM), which assesses the level of functional independence across various activities, including self-care and mobility [9], is also used in Canada. Similarly, the Social Functioning Questionnaire, which measures limitations of functioning in the performance of social roles (e.g., work, volunteering) or in daily functioning (e.g., financial and administrative management), is used to assess these limitations as well as social participation and integration in daily activities and social roles [9].

Finally, other authors suggest that **mixed models** may be applied by introducing variations in employability assessment approaches [59, 65].

Assessment content

This section outlines the information documented in employability assessments of individuals with limitations of functioning. Among the documents reviewed, 32 (86%) cover this topic across three themes: (1) individual factors, (2) environmental factors, and (3) activities and participation (e.g., work).

Individual factors. Medical history is central, encompassing diagnoses, treatments, and prognosis [7, 45, 46, 48, 53, 54, 62, 66-69]. Physical and mental health, substance use disorders [9, 57], current functioning [7, 45, 67, 68], comorbidities [48], prior history [66], and effects of treatment or responses [66, 68] are documented.

The assessment of personal factors influencing work-related functioning is performed, including age [63, 67], prior work experiences [61, 64, 70, 71], as well as training and level of education [9, 52]. Adaptive capacity is also assessed, for example in relation to job seeking, learning, and resilience [9, 44, 51]. Finally, vocational skills [52], social skills [72], teamwork skills [45], and digital and language skills [49] are taken into account. Physical functioning is likewise assessed, including strength [68, 73], joint range of motion [68, 73], balance [73], dexterity [49], sensory functions [9, 44], as well as pain and fatigue [68].

Environmental factors. Multiple environmental contexts are considered in the assessment, including the work environment [44], the social environment [66], the physical environment (e.g., housing, transportation) [9], and the institutional environment (e.g., criminal record, immigration status) [57, 61].

Activities and participation. Employment-related tasks [7], including physical, cognitive, or social demands [44], as well as functioning in activities of daily living and domestic activities [6, 66], are examined, along with the ability to carry-out self-care and household tasks [64].

Assessment methods

The majority of the documents, 34 (84%), report interviews (open or unstructured) as part of the assessment process to cover the individual's medical or social history [63]. This modality is used to obtain a subjective description of psychopathological symptoms and functional capacities without relying on a structured framework [45]. Other types of interviews (e.g., structured and standardized) are employed to assess these limitations using specific criteria. For example, the Functional Independence Measure (FIM) determines the level of limitations of functioning using 21 items [9], whereas the Mini-ICF-APP measures impairments in psychological capacities commonly affected by mental disorders across 13 dimensions [45].

In addition, several documents (59%) rely on observations. For example, the assessment of limitations of functioning conducted by occupational therapists requires a combination of assessment modalities, including observations [72] carried out either in clinical settings or in the individual's natural environment. These observations focus on both limitations of functioning and environmental factors. Standardized tools are used to support observation. For example, the Assessment of Motor and Process Skills (AMPS) [44] assesses motor skills and process skills required for the performance of daily activities, and the Instrumental Activities of Daily Living (IADL) [9] evaluates the capacity to perform complex daily activities such as financial management or home maintenance. These observations are generally used to validate the information provided by individuals with limitations of functioning [7]. Similarly to observation, self-report questionnaires are mentioned in some documents (32%) to document subjective information on physical or mental functioning in relation to employability. For example, Kelly and colleagues [68] emphasize that employability assessments among individuals with chronic pain should include self-report measures such as the Beck Depression Inventory (BDI), which assesses the presence and severity of depressive symptoms, and the Oswestry Disability Index (ODI) [65], which measures the level of disability and the impact of chronic pain on daily activities. Finally, only one document (3%) reports the use of self-reported journals to gain a better understanding of the individual's work-related functional activities [49].

Some documents (22%) report the use of content analysis, most focusing on medical reports. Indeed, the individual's record, including medical reports, job descriptions, and previous assessments, should be reviewed even before meeting the individual [7]. Content analysis may involve consultation with other professionals involved in the individual's care in order to better assess limitations of functioning and their impact on employability [47].

Strengths and challenges in assessment practice

The majority of documents (33; 89%) report both the strengths and the challenges associated with employability assessment practices. Among the strengths, the establishment of a shared vocabulary accessible to all professionals involved in the assessment process is frequently highlighted, as it facilitates communication [6, 51, 53, 74]. Additionally, adopting a holistic perspective when evaluating employability is consistently emphasized across the selected literature [9, 44, 52, 56, 61-63, 65, 69, 74, 75]; authors generally advocate for a holistic analysis of the individual's life situation, extending beyond strictly medical information to include, for instance, their personal resources, competencies, and the challenges encountered in everyday life

[44, 56]. Finally, interdisciplinary collaboration is consistently identified as essential within the assessment process [29, 61, 63, 67], as it allows the coordinated mobilization of expertise among multiple practitioners [63, 67].

However, assessment practices also present notable challenges. Many remain heavily focused on medical diagnosis [48, 62, 63, 69], even though it is widely acknowledged that medical information alone cannot fully account for an individual's employability [48, 69]. Several studies report that such practices often lead to incomplete assessments [10, 44, 50, 51, 53, 68], as they overlook essential factors, including cultural aspects [44]. Furthermore, these practices operate within a complex process [52, 61-63, 65, 67] marked by multiple areas of ambiguity [9, 10, 57, 61, 63]; for instance, health professionals are frequently required to act both as caregivers and as assessors, which can generate conflicts of interest. Given this complexity, current assessment procedures demand significant time and effort from both the individual being assessed and the practitioners involved, sometimes resulting in negative outcomes such as anxiety or discouragement [62, 67]. Questions regarding the validity and reliability of available tools are also commonly raised [6, 9, 10, 44, 51, 55, 57, 70]. Likewise, gaps in information (e.g., regarding disability programs) and in resources (e.g., insufficient training) for practitioners represent additional challenges that may undermine the assessment process [9, 55, 57, 59, 61-63, 67]. Finally, assessment practices may impose burdens on the individual being evaluated, both in terms of the demands of the process (e.g., limited support, administrative complexity) and the potential consequences it may carry (e.g., stigmatization) [55, 63, 66, 67].

DISCUSSION

This study examined how employability is assessed among individuals with limitations of functioning. Analysis of 37 documents enabled the identification of employability assessment practices and identified distinct assessment models, variations in evaluation scope and procedures as well as key strengths and challenges across employability assessment practices. The findings highlight three main ideas: (1) the tension between standardization and professional judgment, (2) the central role of the assessment's objectives, and (3) the conceptualization of employability assessment as a reflection of broader social and political structures.

Balancing standardization and professional judgment

This review highlights a persistent tension between the use of standardized tools and professional judgment in employability assessment. This tension reflects divergent perspectives across jurisdictions regarding validity, fairness of assessments, and the capacities to capture complex

situations. Some countries rely heavily on standardized approaches [45, 53], which promote procedural consistency and a shared professional vocabulary [53, 69]. However, standardization has clear limitations. Overreliance on standardized instruments may result in incomplete and inequitable assessments, particularly when contextual dimensions of lived experiences are overlooked [10, 44, 51]. Moreover, concerns have been raised regarding the validity and reliability of available tools, especially when they are applied to heterogeneous populations [6, 10, 44].

In contrast, other jurisdictions rely more heavily on professional judgment to guide employability assessments [10, 53]. In New Zealand, for example, assessments are grounded in the treating physician's judgment, taking into account how an individual's health condition affects their ability to carry out routine tasks [10]. Professional judgment is central in complex or atypical cases not captured by standardized tools. However, judgment-based approaches are subjective and may result in variability between assessors depending on training, resources, and professional values [10, 63].

These findings suggest that tensions reflect complementarity rather than opposition. Assessment content varies considerably across individuals and contexts (e.g., personal factors such as prior work experience, adaptive capacity, and digital competence). In response to this complexity, several studies combine multiple assessment modalities, drawing on both standardized tools (e.g., observation grids) and professional judgment-based approaches (e.g., interviews)[7, 72]. This approach recognizes practitioners' professional judgment while simultaneously providing structure to the assessment process. Such multi-modal approaches reflect the ICF's perspective by capturing both limitations and contextual factors influencing participation, thereby supporting a more comprehensive understanding of employability.

The large proportion of documents in which the assessment model was unspecified (62%) suggests that assessment frameworks are often implicit rather than formally articulated. This finding highlights a limited explicit reporting of assessment foundations in the literature, which constrains the interpretation and comparison of assessment practices across contexts. In highly standardized systems, the underlying model may be embedded within procedures and protocols, making its explicit articulation unnecessary. Conversely, in contexts where assessments rely more heavily on professional judgment, models may remain tacit and grounded in situated practice rather than formalized frameworks. As a result, the absence of specification does not necessarily indicate the absence of a model, but rather reflects differences in how assessment practices are conceptualized and documented. Accordingly, the models identified in this review should be

interpreted with caution, as they reflect only explicitly reported frameworks and likely underestimate the diversity of approaches underpinning employability assessment practices. This gap in reporting also points to a need for greater transparency in how assessment processes are structured, in order to support comparability, reproducibility, and critical appraisal of practices across jurisdictions.

Central role of the assessment objective

The results of this study indicate that the objective of the employability assessment shapes both the assessment process and the meaning ascribed to its outcomes. The assessment objective structures the selection of assessment modalities, the interpretation of findings, and the decisions derived from them. In some contexts, employability assessment is conceived as a clinical support instrument, used to inform access to services or to guide intervention pathways [44, 45, 48]. In others, it operates primarily as a mechanism for determining eligibility for income support benefits [53, 55]. These objectives reflect different logics and lead to distinct practices.

For example, when the objective of an employability assessment is to guide access to services, the assessment is a clinical process aimed at a holistic understanding of functioning. In this context, it seeks to account for personal factors, environmental conditions, and patterns of activity and participation, in order to inform intervention planning [62, 66]. This aligns with the ICF framework, emphasizing interaction between individuals' functioning, personal factors and environmental contexts and highlighting the importance of assessing both activities and participation. The focus is on identifying functional capacities, needs and resources, which supports the use of multiple assessment modalities, including interviews, direct observation, and self-reported measures [44, 72]. Assessment supports tailored interventions and social inclusion in line with the individual's capacities.

Conversely, when the objective is to determine eligibility for income-support benefits, employability assessment is situated within a more administrative and verification-oriented framework, focused on identifying limitations and meeting diagnostic criteria [53, 55]. In this setting, institutional requirements and administrative standards tend to shape the assessment process. Practices rely more on medical documentation and standardized tools intended to support a more uniform and defensible assessment [53, 69]. Several authors report that assessments conducted under these conditions may be partial, especially when social and environmental factors are overlooked [10, 51]. Moreover, the centrality afforded to medical

diagnosis in these evaluations is problematic, as diagnosis alone cannot adequately account for employability [48, 69].

Accordingly, it is essential to clarify the assessment objective at the outset of the evaluative process. Doing so ensures that assessment modalities are appropriately aligned, facilitates a coherent and ethically informed interpretation of the findings, and ultimately promotes more equitable assessment practices. In this sense, consideration of the assessment's objective is not merely a procedural formality but a fundamental element shaping the evaluation itself.

Assessment as a reflection of social and political systems

The results of this scoping review demonstrate that employability assessment is embedded in social, political, and economic contexts. Understandings of employability and limitations of functioning are shaped by prevailing policy orientations and public management paradigms, shaping how work-related capacities are defined, measured, and interpreted [10, 51].

Employability assessment practices reflect, and are shaped by, broader collective constructions of work participation, individual responsibility, and the role of the state. On one hand, several authors note that assessment modalities are strongly influenced by the administrative criteria of insurance and social security systems [53, 68], for example by emphasizing the demonstration of the persistence of a given limitations of functioning or health condition. This reflects an administrative logic distinguishing those fit and unfit for work [69]. On the other hand, labor-market activation policies have reinforced a governing logic that positions employability primarily as an individual responsibility [10, 51]. From an ICF perspective, these administrative and policy frameworks can be seen as environmental factors that either facilitate or constrain individuals' participation in work-related activities, illustrating how contextual factors shape the expression of functional capacities. This may shift responsibility from contextual interactions to the individual. These policy frameworks also shape conditions under which assessments are conducted: limited resources, administrative burdens, and pressures for rapid decision-making frequently constrain the assessment process [51, 53]. Nonetheless, because assessments are embedded within the social and political systems that shape them [10, 66], they can also reveal structural inequalities and support critical reflection on systems.

Accordingly, employability assessment for individuals with these limitations should be understood as a social and political construct. It does not merely provide an objective account of limitations of functioning; rather, it reflects jurisdiction-specific collective understandings of individuals' capacity to engage in work-related activities and participate in society.

Study limitation

This study benefits from a scoping review design that allowed for a comprehensive mapping of employability assessment practices across diverse contexts, including both peer-reviewed and grey literature, while following a systematic and transparent review process. At the same time, limitations should be noted. The methodological quality of included documents was not assessed, as is typical for scoping reviews. Many documents did not specify the type of limitations of functioning considered, and the literature is predominantly from Western countries, which may limit the generalizability of the findings. Finally, the review captures the state of knowledge at the time it was conducted, and some findings may become less relevant as the field evolves.

CONCLUSION

This study explored practices used to assess employability among individuals with limitations of functioning. Analysis of the 37 included documents highlighted variation in assessment objectives, models, content, modalities, strengths, and challenges. The primary contribution is the identification of key content to document, providing reference points for practitioners. These findings suggest that employability assessment is not a neutral or standardized process, but a context-dependent practice shaped by multiple interacting factors. Beyond these contributions, the findings highlight key conceptual and practical issues, including the tension between standardization and professional judgment, the role of assessment's objective, and the influence of social and political systems. These findings align with the ICF's conceptualization of functioning, activity, and participation, emphasizing that employability assessments should consider both individual capacities and environmental facilitators or barriers to engagement in work and society. These observations call for a more reflective approach to current employability assessment practices, particularly regarding how their objectives and underlying assumptions shape both processes and outcomes. Future research should examine how these tensions are navigated in practice across different contexts, and how assessment approaches can evolve to better capture the interaction between individual functioning and environmental conditions. Ultimately, this line of inquiry is essential not only for improving assessment practices, but also for better understanding how employability is defined and operationalized, and how these processes influence access to work, services, and opportunities for participation in society.

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Conflicts of interest

The authors have no conflict of interest to declare.

Authors' contributions

A.L. conceived and designed the study. R.B.M. conducted the material preparation and data collection, while A.L. performed the analysis. Both authors contributed to the writing of the manuscript and approved the final version.

Data availability

Not applicable

Ethical approval

This study is based on previously published data. Therefore, ethics approval certification is not required.

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