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Scholz, F and Ingold, J orcid.org/0000-0001-8088-8262 (2021) Activating the ‘ideal jobseeker’: Experiences of individuals with mental health conditions on the UK Work Programme. Human Relations, 74 (10). pp. 1604-1627. ISSN 0018-7267

https://doi.org/10.1177/0018726720934848

Activating the 'ideal jobseeker': Experiences of individuals with mental health conditions on the UK Work Programme

Abstract

This paper examines active labour market programmes (ALMPs) as critical preparation mechanisms to assist people to enter the workplace. The paper analyses qualitative data from a hard-to-access group of individuals with mental health conditions (MHCs) participating in a large-scale UK ALMP (the Work Programme). Using the lens of the 'extended social model of disability' (Reeve, 2014) and the concept of the 'ideal worker', the paper demonstrates that ableist norms of the 'ideal jobseeker' were embedded within the Programme's design, prioritising individuals with certain abilities and behaviour over others. Secondly, the paper extends Ackers' (2006) framework of inequality regimes to demonstrate that formal and informal inequality practices within the Programme maintained, rather than challenged, disability inequality. This was visible along four dimensions: (1) ALMPs as organising processes producing disability inequality; (2) the visibility of disability inequality; (3) the legitimacy of disability inequality; and (4) control and compliance derived from hierarchical social relations within ALMP design and implementation, involving either stabilising or destabilising effects on disabled jobseekers. The theoretical and practical contributions of this paper demonstrate that the design of the WP as an employment preparation mechanism pushed disabled jobseekers further away from paid employment, rather than towards workplace inclusion.

Keywords

Active labour market policy, disability, mental health, ideal worker, jobseeker, inequality regime

Introduction

This paper analyses the experiences of people with mental health conditions (MHCs) participating in an active labour market programme (ALMP) that aimed to move them into employment. Mental ill health is problematic both for those in work and those out of work. Over the last decade, the number of people who have acquired long-term mental health conditions (MHCs) such as work-related stress, depression or anxiety has been steadily increasing (WHO, 2002; BITC, 2019). In 2017-18, 595,000 people of working age in the UK had experienced poor mental health, amounting to a total of 15.4 million working days lost (HSE, 2018). While increasingly more workers feel able to disclose their MHCs to employers due to improved legal protection, data from the Labour Force Survey (2016-2017) shows that 300,000 people with long-term MHCs lose their job every year due to insufficient organizational practices to either prevent poor mental health, or a lack of reasonable adjustments within the workplace (Stevenson Farmer Review, 2017; BITC, 2019) and persistent stigma within organizations towards the work ability of people with MHCs (Elraz, 2018). One way of overcoming barriers to paid employment is through the provision of employability interventions such as those provided as part of ALMPs.

This paper draws on a unique sample of individuals of working age with a heterogeneous range of long-term MHCs who under the criteria for the Work Capability Assessment had been assessed as being ‘fit for work’ and were therefore required to participate in the UK Work Programme (WP) to move them into employment (Jordan, 2018; Baumberg et al, 2018). Given the difficult-to-access nature of this population, this paper gives a voice to individuals who are under-represented in extant research, in order to answer the key research question: What were the experiences of individuals with MHCs in relation to their participation in the Work Programme? The paper employs the feminist concept of the 'ideal worker' who is perceived to be a man, able-bodied, a strong leader, rational, committed to undertake productive work and free from family or other responsibilities (Acker, 1990; 2012; Collinson and Hearn, 1996; Foster and Wass, 2013; Martin, 2003; Smith and Neuwirth, 2008; Williams, 2000;) and transposes this into a novel context. It also utilises and modifies Acker's (2006) conceptual framework of inequality regimes with a focus on disabled people.

The paper analyses the experiences of these participants through an 'extended social model of disability' lens (Reeve, 2014) that facilitates analysis of disability within both the societal (public) and private spheres in order to analyse the social relations of individuals with MHCs on the WP, illuminating their experiences of direct and indirect 'psycho-emotional disablism' (Thomas, 1999; 2004; Reeve, 2014). Extending the 'ideal worker' model (Williams, 2000) it is argued that participants were treated as 'ideal jobseekers' who were able-bodied (with an ideal state of body and mind), had no other responsibilities outside the Programme and were capable of adapting to the terms of benefit conditionality embedded within the Programme, irrespective of fluctuations in their conditions. The paper utilises Ackers' (2006) framework of inequality regimes to demonstrate that ALMPs (in this case, the WP) can be viewed as inequality regimes because through their adoption of exclusionary mechanisms, they are designed around ableist norms that continue to produce disability inequality. The analysis leads to a modified version of Acker's inequality regime model comprising of four dimensions: (1) ALMPs as an organising process producing disability inequality; (2) the visibility of disability inequality, specifically the lack of awareness of the WP to acknowledge individuals' differences in relation to their impairment and personal context; (3) the legitimacy of disability inequality embedded within benefit conditionality and sanction regimes and within the support provided to jobseekers with impairments; and (4) control and compliance, which was manifested in this study as power derived from hierarchical social relations that impede changes in the way that ALMPs are designed and implemented. This is a novel finding that extends the concepts of inequality regimes and the ideal worker to potential workers who are currently outside the workplace. The paper also provides a practical contribution because the policy goal of genuine inclusion of disabled people in the workplace (including via ALMPs) requires a radical re-thinking and re-orientation.

The next section provides an overview of the Programme design and delivery. This is followed by a review of the literature regarding ALMPs for disabled people and the conceptual framework for the study, Acker's (2006) inequality regimes and the 'ideal worker' (Acker, 1990; Smith and Neuwirth, 2008). The third section outlines the research methods employed. The findings are then presented along the four dimensions of the modified inequality regime model. The significance of implementing in practice ways of acknowledging heterogeneity amongst jobseekers is discussed in the fifth section of this paper.

Active labour market programmes for disabled jobseekers in the UK

During the 2000s in the UK and internationally, active labour market programmes (ALMPs) have been extended to target groups of individuals, including disabled people and those on long-term disability benefits, including people with MHCs were extended to groups such as disabled people, largely on a voluntary basis. The Work Programme (WP) introduced by the Conservative-Liberal Democrat Coalition government in 2011 replaced all existing New Deal programmes and was intended to be a single, homogenised and mandatory ALMP for the long-term unemployed, or those at risk of it (DWP, 2011). The WP was contracted to 'Prime' providers who delivered the Programme through their own supply chains of organizations. For the past two decades, the number of people claiming the main out-of-work sickness and disability benefit, Employment and Support Allowance (ESA) has not fallen below two million (DWP Stat-Xplore). In 2008 a Work Capability Assessment (WCA) was introduced to determine applicants' payment eligibility and their capacity for work. Following the introduction of the WP, individuals assessed as unable to work were placed in a Support Group and not required to participate in any interventions. Individuals assessed as not currently able to work were placed in a Work-Related Activity Group (WRAG); they were not required to look for work but could be asked to participate in interventions to move towards employment. Those in the group assessed as 'fit for work' were required to participate in the WP in order to move into the workplace. At the eligible point in their unemployment period, they were referred by Jobcentre Plus to a contracted employment service organization with whom they remained for up to two years. Between 2011 and 2017, 1.95 million people were referred to the WP. Of these, 612,700 achieved a 'sustained' job outcome; 15 per cent of ESA claimants who were considered work-ready, moved into a job outcome (Learning and Work Institute, 2018). The WP was unsuccessful in moving ESA recipients into work, although there was some improvement prior to the close of the programme in 2017 (DWP, 2017). This is unsurprising given the persistent issue for ALMPs of 'creaming' of jobseekers closest to the labour market and 'parking' of those further away associated (House of Commons, 2013). However, two novel elements of the WP were intended to overcome these issues. Firstly, the government's 'Payment by Results' model aimed to incentivize 'sustained' employment by offering providers greater financial rewards the longer individuals remained in work (DWP, 2012). Secondly, the WP utilised a 'black box' delivery model outside of the conventional centrally-prescribed government process' which was intended to incentivize providers to employ interventions based on 'personalised' to move individuals closer to work. This included standard ALMP measures such as job search assistance, work experience and training but also support tailored to individual and complex needs. The aim of this paper is to go beyond existing accounts of perceived failings of the WP and through a micro-level study of programme delivery to give voice to an under-represented group in extant research.

A parallel trend across many countries has been the move from 'passive' to 'active'. Alongside this has been the increased use of benefit conditionality and sanctions whereby individuals in receipt of social security benefits (including disability and long-term sickness benefits) to undertake activities as part of ALMPs, in order to continue to receive financial payments. A further recent and increasing trend in the UK has been the use of financial sanctions on individuals to reinforce compliance. Disabled people participating in the WP were required to comply by attending meetings with their advisers at their allocated provider organization and to participate in activities determined by their adviser. McNeill et al. (2017) have documented its disproportionate impact on disabled people, as well as the experience of stigma as part of this process (Garthwaite, 2014) and this paper further illustrates its specific repercussions for individuals with MHCs.

Having introduced the context for the WP in the UK, the next section introduces Ackers' framework of inequality regimes, which has both informed conceptualisations of disability and influenced the way that disabled people are perceived in workplaces. The section also draws on the concept of the 'ideal worker' (Acker, 1990; Smith and Neuwirth, 2008; Williams, 2000).

The Work Programme as an inequality regime and the construction of the 'ideal jobseeker'

The labour market discrimination faced by disabled people has been well-documented (Aiden and McCathy, 2014; Foster and Scott, 2015; Roulstone and Williams, 2013; Schneider and Dutton, 2002; Vedeler, 2014). Disabled people are more likely to experience barriers when they search for a job and when they are in work (Barr et al. 2016; Wright, 2016). Since the 1970s the disabled people's movement, disabled people and others have advocated against the medical, individual model of disability as 'personal tragedy' and for a 'social model' of disability that demonstrates how society produces social barriers and creates a disabling environment for people with physical, mental, intellectual or sensory impairments (Barnes, 1985; 1997, Oliver, 1990; 1996, Finkelstein, 1980, 2001). The social model accepts that disabled people face physical barriers and social exclusion (or 'social barriers') that impact upon their experiences of both employment and unemployment. This model views organizations as being constructed on the basis of able-bodiedness, including the development of workplace methods that discriminate against disabled workers, such as the standardisation of job tasks for non-disabled people to perform them most efficiently (Erevelles, 1996; Harlan and Roberts, 1998).

Organization and management studies (Foster and Wass, 2013; Jammaers et al., 2016; Williams and Marvin, 2012) have increasingly engaged critically with the concept of 'ableism' to identify ableist norms that are embedded within workplaces in terms of how work is organised, further disabling people with impairments. Consequently, conceptualisations of skills and measures of productivity are highly subjective, intrinsically excluding people who are not seen as being able to undertake productive work in line with the imposed requirements. Such ableist norms, processes or practices produce a particular kind of self, body and mind that is viewed as the flawless, 'species type' and essential 'fully human' (Butler and Parr, 2005; Campbell, 2001; 2009). From this perspective, disability is perceived as an inferior state of being human. This belief is deeply embedded within society and within the labour market and workplaces and can have a significant, negative impact on how disabled people are perceived as workers (or potential workers), or how they view themselves (Jammaers et al. 2016).

For Acker (2006), organizations are critical places for the study of the on-going creation of multifaceted inequalities because such social inequality arises within them. For Acker, 'inequality regimes' are comprised of organizations and systems that are loosely connected practices, processes, actions and meanings which result from, and reproduce, gender, class and racial inequalities within workplaces (Acker, 2006) and constitute barriers to creating equality in organizations. However, the potential for incorporating disability inequality specifically into this analytical tool has, until recently, been ignored. Within Acker's analysis, disability as a dimension has been defined as a socially constructed difference based on psychological and physical characteristics, culture, and historical domination and oppression (p.52). This means that disability can be defined as the socially constructed difference between people with and without impairments. From this view, disability is not 'natural' or given but, like gender (see, Acker, 1990; 1992), it is socially constructed and enacted daily in the processes and practices within organizations, as well as within other settings and social relations in society based on ableist ideals and behaviours. It is because of accepted social expectations of the ableist body that society and its institutions treat people with impairments differently compared to people without them.

Acker (2006) divides inequality regimes into six different components: (1) the basis of inequality; (2) the shape and degree of inequality; (3) organising processes that create and recreate inequality; (4) the visibility of inequality; (5) the legitimacy of inequality; and finally (6) the control that prevents protests against inequalities. Ackers' analytical approach can be helpful in demonstrating how organizations create disability inequality between individuals in relation to power and control over resources, goals, outcomes, workplaces decisions, as well as to critically assess the way that work is organised (Acker, 2006). Acker (2006, p.455) emphasises that it is important to acknowledge that the extent to which inequalities in organizations exist can vary, and change is difficult, yet she maintains that inequality regimes can be challenged. Thus, research adopting the notion of inequality regimes can be vital to demonstrate how and why discrimination towards disabled people occurs and is maintained. While this analytical tool has only been used to explain specific organizations at specific historical moments, Acker (2006) acknowledges that considered decisions can be made so that research can only focus on certain facets of inequality regimes to answer particular questions about inequality. The approach taken in this study is to focus on MHCs as a specific disabling dimension of inequality regimes, in the context of ALMPs that aim to move disabled people who are disadvantaged in the labour market and disconnected from workplaces.

Relatedly, Acker (1990) and Williams (2000) have argued that workplaces hold fixed views of the 'ideal worker' originally formed around gender norms and the 'ideal qualities and behaviour' that a 'disembodied' and 'abstract' worker should have for an 'abstract' job (Acker, 1990; 2012; Granberg, 2015). In practice the typical 'disembodied' worker able to undertake this 'abstract' job is a man, who is a strong leader, rational, committed to undertake productive work and free from family or other responsibilities (Acker, 1990; 2012; Collinson and Hearn, 1996; Martin, 2003; Williams, 2000). This inevitably creates a mismatch with individuals who do not fit this norm and who are viewed as less productive workers. According to Reeve (2012), disabled jobseekers have adopted ableist norms expected of workers in order to fit into an ableist society and, in order to adjust to these ableist norms, disabled people have to embrace or adopt an identity other than their own. Disabled people can therefore experience internalised ableism resulting from the constant reminder of this construction of their provisional (and real) identity by others (Campbell, 2008). Consequently, some individuals may engage in behaviour that involves fitting in to meet the normative expectations formed around the ideal worker. Alternatively, individuals may accept that they are less productive than non-disabled workers by adopting and internalising ableist norms. Increasingly, good mental health is recognised as crucial for the workplace (ref). However, the act of appearing to be the norm of 'mentally healthy' may result in performative pressures for workers. Thus, MHCs "may appear as either a failure or a refusal to perform the image of a rational, consistent and responsible subject that may be expected in order to fit within a modern social order" (Tew, 2005; 25), rather than a response to, and an indirect revolt against, experiences of discrimination, enforced harm or mistreatment (Tew, 2005). Smith and Neuwirth (2008) have drawn attention to the link between the construction of the ideal worker and the role of labour market intermediaries such as the labour hire sector. In the context of the delivery of ALMPs, WP service providers act as labour market intermediaries that have a critical role in challenging or perpetuating the notion of the ideal worker as able-bodied (with an ideal state of body and mind).

Scholars such as Reeve (2014; 2004) and Thomas (2004) have argued for an 'extended social model of disability' lens that facilitates analysis of disability not only within the societal (public) domain, but also within the private sphere. This approach is pertinent for individuals with MHCs as it can demonstrate that there are also barriers that erect 'restrictions' within people and that impact on their psycho-emotional wellbeing, such as feeling hurt by reactions or the behaviour of others (for example, co-workers, employers or society) that make them feel of lesser value. In addition to emotional reactions such as feeling hurt or anger at being excluded (Reeve, 2012), experiences of psycho-emotional disablism can either arise directly through acts of 'invalidation' in the forms of words, looks or actions from social relations with others or the self and indirectly through experience of structural barriers that restrict activities and serve as a reminder of being different, These 'spatial barriers' (Reeves, 2012) can affect the lives of individuals with impairments on different levels. For instance, inaccessible public spaces can decrease social contact with others and poor housing can impact on where individuals can live (and therefore their travel to work areas). This paper employs the ‘extended social model of disability’ (Reeve, 2014) to analyse the social relations of individuals with MHCs with advisers, providers and experiences and illuminates their experiences of direct and indirect ‘psycho-emotional disablism’ (Thomas, 1999; 2004; Reeve, 2014). Psycho-emotional disablism acknowledges that some restrictions experienced by disabled people are not social in origin and that, rather than being viewed as a disability, they are seen as ‘impairment effects’ combined with disablism within society (Thomas, 2004). These emanate from structural disablism (barriers to doing) but also psycho-emotional disablism (barriers to being) triggered by relations with others or the self or by experiences of structural disablism that indirectly restrict activity (Reeve, 2013: 122). Disablism is therefore predicated on what is visible to the observer and how apparent impairment and impairment effects are to others. In the case of individuals living with MHC, impairment effects can be exacerbated by societal responses of ‘stigmation’ and ‘scapegoating’, initiating a potential vicious circle of reinforcing victimisation, distress and powerlessness (Tew, 2005). Their views of themselves as workers formed around a medicalised view of disability persistent within society and within organizations, suggesting that people are disabled because of their impairment and therefore responsible for their inability to engage in work activities (Abberley, 2002; Gleeson, 1999; Harlan and Roberts, 1998; Oliver, 1990: 1996).

In this study, the Work Programme as an ALMP is examined as an example of an inequality regime, constructed both through policy design and its implementation and delivery by employment service intermediary organizations. This paper utilises and extends the conceptual tool of the ideal worker and inequality regimes to demonstrate that ALMPs, here with a specific focus on the UK WP, can be viewed as inequality regimes because these are designed around ableist norms that (re)produce disability inequality. The analysis employed in the study is informed by Acker's (2006) inequality regimes. Extending the concept of the 'ideal worker', the paper demonstrates that ableist norms of the 'ideal jobseeker' were embedded within the design of the Programme, prioritising individuals with certain abilities and behaviour over others. Secondly, the paper extends Ackers' (2006) framework of inequality regimes to demonstrate that formal and informal inequality practices within the Programme maintained, rather than challenged, disability inequality. This was visible along four dimensions:

1. Active labour market programmes as organising processes producing disability inequality;
2. The visibility of disability inequality, specifically the capacity and willingness of the Programme to acknowledge individuals' differences in relation to their impairment and their individual context;
3. The legitimacy of disability inequality embedded within the benefit conditionality and sanction regimes as part of the broader employment support provided to jobseekers with impairments;
4. Control and compliance which is manifested in power derived from hierarchical social relations and which impedes changes in the way that ALMPs are designed and implemented.

The next section sets out the methods for the study, how it was designed to give voice to disabled people as participants, how the sample was accessed and how the data were analysed.

Methods

Despite the popularity of ALMPs as mechanisms to promote workplace inclusion, few studies have given voice to the experiences and perceptions of disabled individuals participating in them, particularly individuals with MHCs. This is partly a product of this particular group being difficult to access, firstly, due to the accessibility of employment service organizations for researchers (Sainsbury 2017: 57). Secondly, this group has latterly been considered as vulnerable due to their unfair treatment in research, or exclusion from research opportunities (Bracken-Roche et al. 2017). As such, this was a unique that obtained critical insights into the experiences of ALMPs for a group of disabled people with a diversity of MHCs.

The authors were invited by a WP provider (Prime) to conduct the study, based on an existing, trusted relationship. Prior to the data collection, ethical approval for this project was obtained from the institutional ethics committee and an access agreement was signed with the DWP as service purchaser and the Prime. The sample design was purposive in that being in receipt of ESA and having a MHC were threshold criteria for participation and impacted on the small sample size (Ritchie and Lewis, 2003). From the beginning of the WP in 2011 through to its closure in 2017, 198,933 individuals with MHCs were referred to the programme, constituting 28% of a total of 717,906 of people with a disability (DWP Stat-Xplore) and identified by the Prime contractor as the largest group on their caseloads. The Prime contracted with an outsourced supply chain of organizations to deliver services for jobseekers. Respondents were obtained from a sample of WP claimants generated from the organization's database and limited to those who had self-identified as having a MHC in the provider's management information. These participants were in the Work–Related Activity Group and considered to be 'work ready'. A tailored letter written by the researcher was sent to 150 possible respondents inviting them to participate in an interview either face-to-face or by telephone; this was followed by a telephone call. Incentives were provided to research participants in the form of high street vouchers, as an accepted strategy in research as recompense for individuals' time. Importantly, although access to the sample was obtained via the organization, they had no influence over who was interviewed.

Semi-structured interviews were conducted over a period of three months in 2014 with a group of eight female and eleven male participants aged 21 and over. In total, 19 participants took part in this study. The initial achieved sample consisted of 14 respondents. A further five were interviewed in a second phase to explore respondents' experiences of a specific employability intervention that the provider targeted at this group. Interviews were undertaken either face-to-face or via telephone and were recorded with the informed consent of the participants. Only one participant did not wish to be recorded; in this case, detailed notes were taken. The interview guide covered topics about participants' previous employment, education, future goals, their experience of the WP and the interventions offered by their service provider(s). The duration of the interviews ranged from 30 minutes to one hour. Participants were from a range of five different employment service organizations in the Prime's supply chain. Providers were free to choose the location of their interview but all were held in private at the employment service organizations' offices as this offered an environment that was familiar to participants. Participants signed consent forms before the interviews. Ensuring informed consent of this underrepresented group of interviewees was vital to ensure that they understood the reasons for this study and were aware of their rights (Farmer and Macleod, 2011). On two occasions, the participants' health conditions meant that a proxy respondent in the form of a family member also took part in the interview (Farmer and Macleod, 2011). The presence of a proxy person is indicated in Table 1 and was carefully reflected on when the data were analysed.

Interviews were transcribed and a manual thematic analysis undertaken in order to bring to light the meaning, richness and magnitude of the subjective experience of individuals with

MHCs on the WP (Atheide and Johnson, 1994). No software was used in the analysis. Table 1 shows details of the participants in terms of their pseudonyms, age, impairment/s and whether they had work experience both prior to and during the Programme. Participants' MHCs were diverse and the heterogeneity of the conditions amongst the sample can be seen in Table 1. The nature of the sample and participants' fluctuating health conditions meant that sometimes interviews were cancelled at short notice, or that the researcher had to respond to participants' wishes to be interviewed at short notice. Importantly, the research was based on trust built up with participants and the nature of the narratives was often distressing both for participants and for the researcher. As such, support mechanisms were built into the process for both parties.

INSERT TABLE 1 ABOUT HERE

Data were open coded through an iterative process. The theoretical framework was then used to code and analyse the data further. The first and second order themes are depicted in Figure 1, along with the exclusionary mechanisms that emanated from the codes and that constituted the framework for analysis and the contribution of the paper. During this process it was important that the data analysed represented the voices of participants and their personal and shared experiences of disability (Shakespeare, 1996; Stone and Priestley, 1996). In contrast to positivist approaches in disability research where researchers cast themselves as the experts or 'knower', this study implemented a qualitative approach using an 'extended social model of disability' lens to document individuals' personal experiences and give 'voice' to its respondents (Barnes, 1992; Shakespeare, 1996; Stone and Priestley, 1996). The research aimed to provide individuals with a space where they could share their stories of any disabling experiences and where the researcher listened to them with respect and openness (Shakespeare, 1996; Stone and Priestley, 1996). These stories will be mediated in their most accurate form through the researcher's voice throughout this paper.

INSERT FIGURE 1 ABOUT HERE

A limitation of the sample is that it represents those individuals who responded to the call and who were willing to share their experiences on the WP. Findings may therefore not be fully generalizable to the full co-cohort of individuals who participated in the WP, or who participate in similar programmes. Nevertheless, the findings contribute to the scarce literature available about the experiences of disabled people on ALMPs and the study aimed to give voice to this under-represented group.

The following sections present the research findings along the four dimensions of the modified version of Acker's inequality regime framework: (1) The WP as organising processes producing disability inequality; (2) the visibility of disability inequality; (3) the legitimacy of disability inequality; and (4) control and compliance. The final sub-section highlights the significance of implementing ways of acknowledging heterogeneity amongst jobseekers, along with recommendations voiced by the research participants.

The Work Programme as an organising process producing disability inequality

The critical starting point for the majority of participants in the study (17 out of 19) was that having a MHC was their main barrier to obtaining a job. Other studies (Lindsay and Dutton, 2013) have evidenced that disability and health-related barriers are real and significant but in this study individuals specifically felt that their MHCs were not taken into consideration by their service provider. Despite the espoused flexibility under the 'black box' model for providers delivering the WP to personalise employment interventions, the majority of experiences shared by participants evidenced the opposite. More than half of respondents said that the Programme was hard to fit into their lives and they felt that they lacked opportunity to voice their own opinion and instead had to conform to pressures placed upon them by their employment advisers. There was evidence of direct psycho-emotional disablism (Reeve, 2014) due to oppressive social relations:

> You're given no opportunity to express how you feel about things without being told you're wrong and you should just buck your ideas up and get better. (Olivia)

> I always thought that they [provider] ought to have someone who can help get a person ready to work, who understands people with mental health problems. (Bianca)

Along with other participants, Bianca felt that her providers did not understand how they could help jobseekers with MHCs back to work. Her experience highlights that the Programme's design involved an implicit assumption that every person should be an 'ideal jobseeker', who is able-bodied (has an ideal state of body and mind), has no other responsibilities outside the Programme and is capable of adapting to the terms of benefit conditionality embedded within it. Individuals explained that their MHCs were sometimes so severe that it was impossible even to apply for jobs, let alone function in a workplace and this was exacerbated by the fluctuating nature of their conditions. Edward's experience demonstrates internalised ableism that left him questioning his ability and confidence based on socially accepted qualities and behaviour of the ideal jobseeker ready to engage in Programme activities:

> I feel pressured just coming to a bloody appointment, never mind anything else. And then I've got to put a friendly smile on no matter how I feel inside…I don't feel mentally capable of working at this moment in time and people don't understand that. And I know getting a job and doing everything else gives you more positive, makes you more confident but I feel that I am not capable of doing that at the moment. Because I don't want to let anybody down. (Edward)

While their MHCs were a major hurdle for individuals, most respondents also faced additional barriers. This encompassed a broad range of issues, including the effects of medications that affected their concentration, childcare responsibilities, the need for a full-time carer, housing issues, or a lack of IT skills. This finding firstly reflects the complexity of obstacles to work that jobseekers faced, echoing other studies (Roulstone, 2002). It also indicates that, despite their desire to work, individuals were far from the labour market and questions whether MHCs or individual contexts were taken into consideration by the Programme's design. For many participants their personal circumstances but also the act of being on the WP were reminders of being different; these 'spatial barriers' (Reeve, 2012) led to feelings of anger and frustration, evident in the comment made by Gina:

> I have 1 year left [on the Programme]. I am still stuck in my housing. I wonder why I am wasting my time. To push me into work if it doesn't work. What are they going to do when housing or physical condition stand in the way? I live with many people who have housing problems and are on benefits. They don't see another solution and take drugs instead. This is a vicious circle. We need to break this circle, it should benefit people. (Gina)

Other participants mentioned the medication they took to ease their MHCs. Some had not yet found the optimum medication to alleviate their symptoms and this restricted them from undertaking certain types of work. However, they felt that the provider and/or their adviser did not understand the impact of this on them or their job search, as illustrated by the example of Robert, who had decided to try to withdraw from his medication:

> I need to do a detox… and that's something that nobody seems to understand and I explained that it's going to take a couple of months to do it and to be right again afterwards. (Robert)

Among respondents there was a clear understanding that, although the WP was intended to help those further away from work, it was most beneficial for the job-ready and in practice was not designed for individuals who faced multiple barriers getting back into work. This suggests that personal circumstances should be taken into consideration before jobseekers are pressured to apply for work that they might not be able to take up in the first place, as Henrik explained:

> I think it's quite helpful for people, because I mean like, different people have different requirements and some people need a lot of help. Some people need a lot of help in a lot of ways and everything. I don't think this Programme is designed to help people with a lot of problems, it's for people who are a bit less, they are a bit like you know, they are midway. Like me. If you are really really ill, I think only the hospital can help you. (Henrik)

Individuals were acutely aware of what the WP could provide and what it did not do. The Programme inevitably failed to take into account the heterogeneity of individuals' MHCs and the vital task of adjusting personal support around this to remove barriers to social inclusion. Instead, the Programme was based on the notion of an ideal jobseeker with an ideal state of body and mind, has no other responsibilities outside the Programme and is capable of adapting to the terms of benefit conditionality embedded within the Programme. It is therefore not surprising that none of the 19 WP participants in the study found a job. This finding questions the capacity of this type of ALMP to move this group closer to the labour market, a critical point in terms of the dominance of 'work-first' (quickest way into work) within UK activation.

The next section examines further the visibility of inequality with a focus on the WP as an ALMP and the lack of awareness of inequality (intentional or unintentional) embedded within its design.

The visibility of disability inequality

Respondents within this study were in general dismissive about the potential of the WP as preparation for future work. Having been placed into the Work-Related Activity Group following a WCA, individuals were considered to be 'work-ready'. All study respondents stated that they wished to work, however only seven jobseekers said they felt ready to move into a job. Kaitlyn and Quin's expression of frustration was typical of other claimants, who did not disguise their feelings of anger and discomfort:

> Well obviously, I’m not fit to work and that’s been said by doctors... But when I come here, they’re always saying you could do this, you could do that but I know I can’t so they’re not really taking that into account. (Kaitlyn)

> Well the reason I’m not in work is because I have serious health problems… which I am still recovering from…. So obviously a lot of tiredness… So it makes applying for a job very very difficult indeed and then obviously it would make holding down a job difficult. (Quin)

Most individuals experienced fluctuating MHCs and because their impairments were often hidden this was misunderstood by others as not being ‘real’. Disability inequality was visible from this erroneous assessment of work capacity. Some had been allocated to the wrong activity group and were then pushed by advisors/providers to undertake job searches. This inevitably led to experiences of direct psycho-emotional disablism. Edward, for instance, spoke energetically and with anger:

> Is not about giving people a break, it’s about empowering somebody, they don’t do that, they just tell them, they don’t ask them… You can’t speak to people like that, you’ve got to turn around and say what do you want? What are your needs? How can I help you? (Edward)

Edward explained that he had been employed as a support worker in the past and criticised the way that WP participants were treated. He strongly argued that the service should focus on the individual and what they needed, rather than on imposing expectations. His experiences underline the view from most participants that they were not expected to have an opinion regarding their job search, resulting in a removal of their agency and a sense that they were second-class citizens. For some respondents the lack of privacy at their service provider's premises compounded this:

> I don't like it because you go in there, they want to know how you are and there are other people around and it's disturbing. It's irritating, disturbing, it's noisy. It's not a one to one, it just a horrible experience. (Chloe)

Such comments illustrate that the support provided to individuals with MHCs was insufficiently accounted for needs arising from their impairments. The standardised support practices led to experiences of indirect psycho-emotional disablism and served as a reminder of being different. Other studies have advocated for personal one-one-one support (Fuertes and Lindsay, 2016) which have the potential to introduce agency and give individuals the capacity to choose their job search strategy independently. However, the services provided by the WP relied on individuals to self-service, exacerbating their experiences of indirect psycho-emotional disablism:

> I had to go every Wednesday, but it was just a case of going in, speaking to an adviser, they were supposed to help me to look for jobs and things like that, or help me get ready. But I was just left, just put on a computer looking on job sites. (Bianca)

> …all they want me to do is go on the Internet and look for work. Ok, I know how to use a computer… but I am just thinking about others who have not got a clue, who

> don't even know what a keyboard is, never mind pressing access or entering the Internet [but] people [working here] don't understand. I think that's the problem. They've got pressures so they put pressure on others [us]. (Edward)

That participants were left to their own devices symbolises a 'one-size-fits-all' approach that is designed for an 'ideal jobseeker' who is capable of adapting to the conditions of the Programme. This ignores that disabled people may not be able to engage in online jobseeking activities without support, serving as a reminder to them that they may never be able to return to work. Other research (Erickson, 2002; Lazar et al. 2012) has demonstrated evidence of disability discrimination within the inaccessibility of job advertisements, recruitment websites and public employment agencies. Robert recognised that IT skills were critical to search for work but, like others, he lacked these skills and did not have a computer at home:

> It will be very helpful to get IT skills, it's going to be like a key to unlock this tool that I'm locked out of. Everything like I said, that guy [adviser] the first thing he said to me can I email you? And I just thought I wouldn't even know where to start, mate. I need to become computer literate. It is a necessity these days… but I haven't got a computer… (Robert)

This finding underscores that disabled people on the WP became further disconnected from the labour market, workplaces and society. The embedded inequality within the WP impacted on individuals by exposing them to direct and indirect experiences of psycho-emotional disablism. Consequently, ALMPs such as the WP can have a *destabilising* effect on disabled jobseekers, in that they negatively impact on an individual's impairment such as MHCs, impose a feeling of being a second-class citizen, and act as a constant reminder of never being able to return to work, leading to further disconnection from the workplace.

The legitimacy of disability inequality

The degree of legitimacy of disability inequality imposed on disabled jobseekers varied in the way the WP was designed. Some actors – in this case, providers and employment advisers – may try to reduce inequalities within the Programme, however the predominantly negative experiences within this study suggested the opposite. Nevertheless, the study does offer some positive evidence that the WP had had a *stabilising* effect on nine individuals in their daily lives. Importantly, these experiences were based on whether claimants felt empowered by their adviser to find a way back to work on their own terms, as Henrik described:

> I think this Programme in itself is designed to kind of like prepare people to get back on their feet by just making them turn up every two weeks in time to an appointment on a regular basis. And that in itself is an achievement for some people. (Henrik)

Other respondents commented that the WP provided a 'focus' for them. This illustrates the potential of the WP to provide stability for some participants, in terms of regular meetings. The employment adviser role was central to participants feeling supported and not isolated but, at the same time, this needed to be carefully balanced with flexibility required by their MHCs and the fluctuating nature of their conditions, as Dan indicated:

> Overall, I’ve been pretty pleased with it, because I just had – I haven’t been challenged in any way, apart from obviously the [social security] tribunal, they just left me to my own devices and things like that… But I’ve just done what they wanted me to apply for jobs and waited and see the outcome, so they’ve been happy with me and left me to my own devices. (Dan)

Ian expressed the importance of his adviser treating him as a person, not as a number:

> I could probably go in tomorrow and say I want to be a rocket scientist or an astronaut or whatever and I am sure there would be something that my adviser would be able to find and help me with. (Ian)

The magnitude of individuals’ own agency in making decisions was critically important to participants, as well as to not exacerbating their existing MHCs. Legitimacy, along with visibility, varied. While the majority of jobseekers did not view their treatment as fair, individuals’ perceptions of their interactions with advisers suggested that the latter often perceived as fully legitimate the visible inequalities that these jobseekers experienced. For some participants the WP brought stability back into their lives, which could improve their self-esteem, confidence and progress towards employment, even if individuals did not return k to work during their time on the Programme. Some advisers found ways to empower people on a more personal level. Employment support services can therefore have a stabilising effect on disabled jobseekers by offering the opportunity to engage in a regular routine, to increase their social contact, provide autonomy in their job searches, or improve their self-confidence.

However, this dimension could be undermined by procedures and processes focused on work-first approaches and on benefit conditionality, the latter being the subject of the next section.

Control, compliance and the deployment of 'double sanctions'

The final dimension of the modified version of Acker's inequality regimes is control that prevents protests against inequalities. Based on the analysis, it is argued that control and compliance impedes changes in the way that ALMPs are designed and implemented. In this study, controls were created and recreated in interactions between the DWP (as the government department responsible for the policy and contracting), employment services providers and employment advisers. Within these interactions, expectations of able-bodied appropriate behaviours were covertly or overtly expressed and complied with, only seldom facing resistance. This was evident from Olivia's experience of being sent on an employability course for jobseekers closer to the labour market despite informing her adviser that this would intensify her stress by being in a room with strangers:

> I'm in a situation at the moment where I'm waiting for a medical … this compliance interview where they're going to decide whether to sanction me for throwing me off the course that I shouldn't have been on. So I am going through a lot of stress with that and I feel like I'm put in a position where I've got little choice but to try and leave ESA and get onto WTC [Working Tax Credit]. (Olivia)

Regardless of their MHCs, participants were treated as 'ideal jobseekers' and individuals who did not fit this ideal or could not comply with strict regulations required punishment, leading to experiences of psycho-emotional disablism. Other forms of control were visible whereby individuals expressed concern that they could lose their benefits if they did not comply with the 'threats' made by their adviser or provider. This included being sanctioned financially and also undergoing processes of assessment and reassessment for ESA, as illustrated by the following comment by Dan:

> They just tried to take me off my ESA allowance, and put me on JSA (Jobseeker's Allowance) because they were trying to claim I wasn't disabled with my epilepsy. Because epilepsy is only a mild form of nocturnal epilepsy and they were trying to say, because of the cutbacks and things, that my epilepsy is not, doesn't fall under ('ESA). They were trying to say that I wasn't able to claim it anymore… So I just basically challenged them and said, you shouldn't take me off this benefit, because I have done nothing wrong. (Dan)

While individuals began the WP already classified as 'disabled', constant fear of being sanctioned and losing their benefit intensified their MHCs and led to further stress and experiences of direct psycho-emotional disablism arising from relations with advisers/ providers and indirect psycho-emotional disablism resulting from benefit conditionality practices that reminded individuals of their difference. Conditionality and sanction regimes were embedded within the employment support within the WP in terms of individuals being required to participate in activities to move them closer to employment. However, there was evidence of 'double sanctioning' whereby individuals were punished for non-compliance with activities but these sanctions were a product of their disability or ill-health. The Equality Act 2010 prohibiting discrimination on ground of disability and requires compliance to remove barriers within public services, inequality embedded within this ALMP was legitimised in practice through rationalisations built around different abilities and the negative stereotyping of disabled people (Grant, 2013). Across the WP, respondents voiced experiences of distress associated with inappropriate sanctioning for their ill-health, or fear that, if they did not comply with the procedures, they would be sanctioned in the future:

> Because sometimes when she fits [due to her epilepsy] it can be 12 hours before she comes round and she has missed one appointment in February and she's been sanctioned ever since. They keep saying that they've sent this to them [DWP] and nobody is getting anywhere. And the reason for her missing that appointment, I did phone up and leave messages on his [Advisor] phone. By the time he got her messages, she'd been sanctioned. (Kaitlyn's mother)

Such comments illustrate the inflexible way that the WP was designed, based on rigid assumptions of the ideal jobseeker. This led to individuals being exposed to 'double-sanctions' for non-compliance with activities as a result of their disability or ill-health. These 'double-sanctions' further contributed to the WP's destabilising effect on disabled jobseekers by worsening MHCs, imposing a feeling of being a second-class citizen and being a continuing reminder of never being able to return to work

Challenging disability inequality: The acknowledgement of difference

Modifying Acker's (2006) inequality regimes as an analytical tool has offered a way to demonstrate that the WP is an organising process that produces and maintains disability inequality by imposing experiences of direct and indirect psycho-emotional disablism onto disabled jobseekers. The unique contribution of this study is to provide individuals with a voice and offer insights into the private experiences of disability, which are social in origin. The key recommendation made by participants was that the entire Programme and the practices and processes embedded within it should acknowledge that every jobseeker and their context are different. Individuals do not only have to deal with their situation of being unemployed and their personal circumstances but they also have fluctuating health conditions. For many, these conditions were aggravated by the way the WP was designed, as demonstrated by Chloe's words below:

> I think they need to be transparent, they need to really consider looking at the other person and in the situation they are in and just see for that. Once they've seen that person, that transparent person, they can reflect exactly how they can help them. They don't do that. Here its numbers, they've got so many clients, tick them off… You can see it on the boards, it is off putting, it really is… I certainly don't feel like I'm treated like a human, so it's just numbers. (Chloe)

The wish to be treated as a human being and not just a number on a board that advisers can tick off or perceived as a second-class citizen was shared by other respondents:

> If I look around I can see that many people are not happy. Advisers have to learn how to respond to individuals and what they need. They need to have strategy/scenarios around it. The big room puts people off. You get intimidated. (Gina)

This deeply-felt tension placed emotional strain on participants when attending their required meetings with advisers and served as a continuing reminder of being different, with concomitant impacts on individuals' emotional wellbeing and sense of self. Respondents felt that basic requirements, such as private spaces for meeting their employment advisers, had been overlooked, despite the considerable number of participants on the WP with traumatic experiences. Participants considered it to be critical that advisers have flexibility to spend more time with their clients to acknowledge their individual context and situation and build a relationship based on trust and not fear:

> It needs people here, who are active listeners and have got a lot of empathy because I've got serious mental health issues. I need somebody [where] you can sit back, relax, not have pressure and [not someone who] looks at the clock thinking oh right, we've got the next appointment in the next ten minutes so – I don't need that. What's needed is quarter of a day, half a day to focus on that individual needs, rather than looking for work and ticking a box. Because life is more complex than just work. (Edward)

These experiences support previous research by Toerien et al. (2013) who have argued that, in order to engage in personalisation, advisers need to be given the resources to provide appropriately flexible services and have the skills to undertake a personal approach in their interactions with jobseekers. They also illustrate the adverse impact that a target-driven approach can have on disabled jobseekers and their health conditions. Although the WP aimed to incentivise more personalised employment support, the evidence from this study and others (Fuertes and Lindsay, 2016) suggests that the practices and processes embedded within the WP, including advisers' high caseloads of individuals and pressures to reach their targets, maintained rather than reduced disability inequality. The importance of providing more inclusive and personal support was also emphasised by Kaitlyn:

> … Once they go out of this building, it shouldn't be the end of it. They need to look at being there when they [jobseekers] need them, once they've left the building, if they need to get back in touch for whatever reason. Not only that, I think they should consider the reasons why people do come here and try and work around that as well. (Kaitlyn)

Such comments illustrate the ways in which the WP was assumed to fit into the lives of ideal jobseekers irrespective of their circumstances, with design and delivery overlooking the requirement that many participants had for additional support in their daily lives. A key dimension of employers offering opportunities to disabled participants is offering reasonable adjustments to workplaces, job roles and working patterns. However, the WP appeared to struggle to provide reasonable adjustments within its delivery to accommodate disabled participants requirements, thus making their disability more visible and further disabling.

INSERT FIGURE 2 ABOUT HERE

Figure 2 demonstrates two additional dimensions evident in the employment support provided to jobseekers: *stabilising* and *destabilising* effects. For some individuals the employment support services provided had a stabilising effect by providing them with a regular routine, social contacts, improved self-confidence and some autonomy over their job searches provided they complied with the benefit conditionality practices embedded in the programme. However, for most jobseekers, the employment services provided had a destabilising effect by increasing their MHCs, constructing barriers that were a reminder of never being able to return back to work and leading to individuals feeling further excluded. Financial sanctions and lack of reasonable adjustments led to experiences of direct and indirect psycho-emotional disablism.

Participants experienced varying levels of personalised support, speaking not to personalised and tailored interventions but rather to discrimination and, at root, an ignorance of core, disabling health-related issues that prevented these individuals from moving into, or close to, workplaces. Rather than reducing disability inequality, the WP further reproduced it, resulting in individuals moving further away from workplace inclusion, rather than closer to it. In response to the findings from this study, the provider made changes to its delivery of the WP. However, delivery still had to operate within the constraints proscribed by the overarching programme design.

Conclusion

This paper has examined active labour market programmes (ALMPs) as critical preparation mechanisms to assist unemployed individuals to enter the workplace. The paper drew on a study of a hard-to-access group of individuals with MHCs on the UK Work Programme (WP), an ALMP delivered by intermediary organizations. As such, the paper has given voice to an under-represented group in research to date and offers a theoretical and practical contribution to the field. The study's unique contribution is to offer insights into the private experiences of disability, which are social in origin. The paper's key research question was: What were the experiences of individuals with MHCs in relation to their participation in the Work Programme?

A key aim of the WP was to activate and include disabled people as a group both into the labour market and into wider society. Employing the concept of the 'ideal worker' (Acker, 1990; Smith and Neuwirth, 2008; Williams, 2000) and Ackers' (2006) inequality regimes, the paper argues that, instead of altering patterns of inequality, the WP reproduced disability inequality that exacerbated individuals' workplace exclusion through two key mechanisms.

Firstly, ableist norms of the ‘ideal jobseeker’ that were embedded within the design of the WP, prioritising individuals with certain abilities and behaviour (being able-bodied, having no responsibilities outside the Programme and being adaptive) over others. Drawing on Ackers’ (2006) framework of inequality regimes, the second exclusionary mechanism of the WP resulted from formal and informal inequality practices and processes, comprising four elements: (1) ALMPs as organising processes producing disability inequality; (2) the visibility of disability inequality; (3) the legitimisation of disability inequality embedded within benefit conditionality and sanction regimes; and (4) control and compliance derived from hierarchical social relations that impede changes in the way ALMPs are designed and implemented. The paper demonstrates that, as a result of this exclusionary approach and the destabilising effect of services on disabled jobseekers ALMPs such as the WP maintain, rather than challenge, disability inequality in the labour market. Disabled jobseekers do not only contend with their circumstances of unemployment but also the effects of personal experiences of disability and impairment, which are often of a fluctuating nature. Our study suggests that these factors were aggravated by the way in which an ALMP such as the WP was designed.

Consequently, individuals experienced direct and indirect psycho-emotional disablism: while the data demonstrated that some advisers were able to provide some personalised support that had a stabilising effect for specific clients, findings suggested that internal regulations and the work-first ideology constrained this type of support to all individuals, resulting in destabilising effects that increased their MHCs, with barriers encountered being a reminder of never being able to return back to work and resulting in individuals feeling like second-class citizens. Financial sanctions and lack of reasonable adjustments (McNeil et al., 2017) reflects not only the concept of the ideal jobseeker but led to experiences of direct and indirect psycho-emotional disablism. It also speaks to lack of compliance both with the Convention of the

Rights of Persons with Disabilities (CRPD) and with the anticipatory duty under the UK Equality Act 2010 to remove any disadvantage to end-users in the provision of public services.

As the paper's findings show, individuals were inappropriately routed to the WP although the Work Capability Assessment was not a core focus of the paper and its problems have been critiqued elsewhere (see Baumberg-Geiger et al, 2018). Nevertheless, the findings from the study have practical relevance to the design and delivery of ALMPs both in the UK and elsewhere, not only in relation to individuals with MHCs but also those with other health conditions, particularly ones that are fluctuating (see Demos, 2019). It also, critically, has resonance to the broader issue of the workplace inclusion of individuals with MHCs. Through the voices of disabled participants themselves there are a number of ways in which ALMPs could be improved for disabled participants in relation to both design and delivery. This includes reducing caseloads for frontline workers, offering genuinely personalised job search support and flexible appointment schedules and a benefit conditionality regime that allows for fluctuations in conditions and for medical appointments. As a result of this study, the provider in this study made changes to their delivery but this was within the overarching programme design constraints. The WP has now been replaced with the Work and Health programme and it remains to be seen whether lessons from the WP have been learned in its design and delivery. There is a shift towards digital employment service delivery in the UK, Australia and elsewhere but, as this study highlights, that participants lacked skills and access to the Internet and devices means that this could lead to the further disconnection of disabled people. More research is needed that places disabled people's voices at the centre and further investigates the inequality within both employment service design and delivery. Otherwise, a policy that is intended to promote the inclusion of individuals in the workplace risks further excluding them.

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Table 1: List of participants
* Indicates proxy respondent during interview

Participant	Age	Impairment	Work Experience/Education
Anita	20s	Anxiety disorder	Placements/University
Bianca	30s	Depression	Retail and Sales
Chloe	40s	Depression/Cancer	Hospitality sector
Dan	20s	Nocturnal Epilepsy/Depression	Admin/HR/Accountancy degree/ Hospitality Sector
Edward	40s	Pneumonia/Alcoholism	Health & Social Care/Teaching certificate
Fiona	40s	Depression	Minor work experience
Gina	20s	Depression/Lung emphysema	Arts/Master of Fine Arts
Henrik	40s	Depression/Triple bypass	Seasonal work
Ian	20s	Depression	Creative arts
John	30s	Anxiety/Back injury	Volunteering
Kaitlyn*	20s	Epilepsy/ Depression	Placements/College
Liam	20s	Depression	No work experience/IT course
Michael	40s	Depression	Civil service
Nathan*	30s	Psychological stress/Psychosis	Manufacturing
Olivia	30s	Depression /Eating disorder	No work experience
Peter	30s	Depression	No work experience
Quin	30s	Anorexia/OCD/ CFS	No work experience
Robert	40s	Depression	No work experience
Sarah	40s	Schizophrenia/Nervous breakdown	No work experience

Figure 2: Two dimensions of conditionality practices

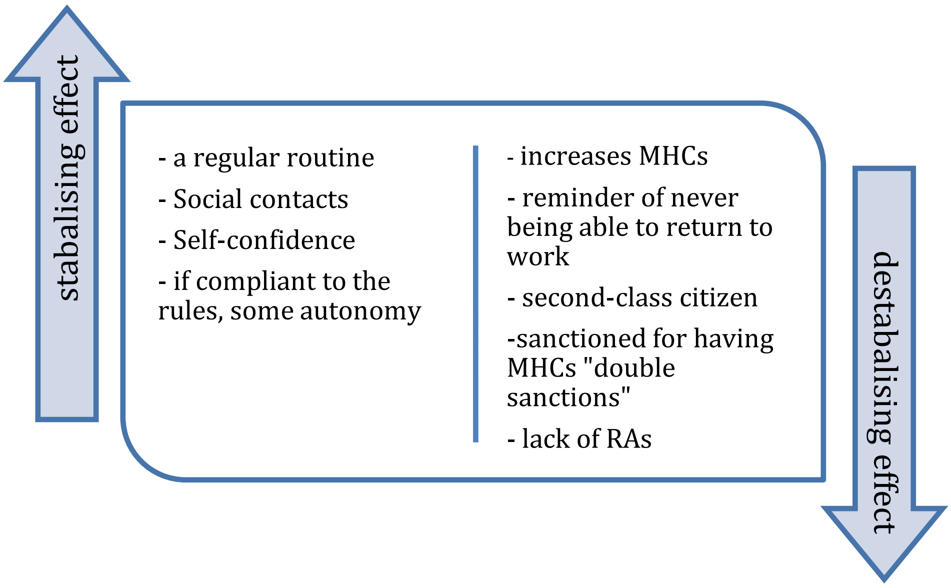

Figure 1 Data structure