

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

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Abstract

Active labour market programmes (ALMPs) are critical preparation mechanisms to assist people to enter the workplace. This article 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 (WP). Using the lens of the ‘extended social model of disability’ and the concept of the ‘ideal worker’, the article demonstrates that ableist norms of the ‘ideal jobseeker’ were embedded within the Programme’s design, prioritising individuals with certain abilities and behaviour over others. Second, the article extends Acker’s 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 article 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.

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Keywords

active labour market programmes (ALMPs), disability, ideal jobseeker, inequality regime, mental health conditions (MHCs)

Introduction

This article 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 MHCs such as work-related stress, depression or anxiety has been steadily increasing (BITC, 2019; WHO, 2005). In 2017–2018, 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). Increasingly more workers feel able to disclose their MHCs to employers due to improved legal protection under the Equality Act 2010. However, data from the Labour Force Survey (2016–2017) show that 300,000 people with long-term MHCs lose their job every year due to either insufficient organisational practices to prevent poor mental health, or by not providing workplace adjustments (BITC, 2019; Stevenson, 2017) as well as persistent stigma within organisations towards the work ability of people with impairments (here MHCs) (Elraz, 2018). Such stigma based on a medical, individual model views disability as ‘personal tragedy’ rather than from a ‘social model’ perspective as the societal production of social barriers that create disabling environments for people with physical, mental, intellectual or sensory impairments (Barnes, 1991; Finkelstein, 1980; Oliver, 1990). Thus, having 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). A critical way of overcoming barriers to paid employment is through employability interventions such as those provided by ALMPs.

This article draws on a unique sample of individuals of working age with a heterogeneous range of long-term MHCs and who, under the criteria for the Work Capability Assessment had been assessed as being ‘fit for work’ and were required to participate in the UK Work Programme (WP) to be moved into employment (Baumberg Geiger et al., 2018; Jordan, 2018). Given the difficult-to-access nature of this population, this article 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 WP? The article transposes into a novel context the feminist concept of the ‘ideal worker’, who is perceived to be male, able-bodied, a strong leader, rational and committed to undertake productive work free from family or other responsibilities (Acker, 1990, 2012; Foster and Wass, 2013; Scholz, 2017; Williams, 2000). It also utilises and modifies Acker’s (2006) conceptual framework of inequality regimes with a focus on disabled people.

The article analyses the experiences of these participants through an ‘extended social model of disability’ lens (Reeve, 2004: 83) that facilitates an analysis of disability within both the societal (public) and private spheres in order to analyse the social relations and

social barriers of individuals with MHCs on the WP, illuminating their experiences of direct and indirect ‘psycho-emotional disablism’ as being socially constructed (Reeve, 2004, 2013, 2014). Extending the ‘ideal worker’ model (Acker, 1990; Foster and Wass, 2013; Scholz, 2017) 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 article utilises Acker’s (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 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 is 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 both the concepts of inequality regimes and the ideal worker to potential workers. The article also provides a practical contribution by arguing that 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; Foster and Wass, 2013; Scholz, 2017). 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 among jobseekers is discussed in the fifth section.

Active labour market programmes for disabled jobseekers in the UK

During the 2000s in the UK and internationally, ALMPs were extended to target groups of individuals on long-term disability benefits, including people with MHCs, often on a voluntary basis (Etherington and Ingold, 2012). The 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, 2017). The WP was contracted to ‘Prime’ providers who delivered the Programme through their own supply chains of organisations. 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, 2020). 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 obligated to participate in any interventions. Individuals assessed as having the potential to work but not currently able to do so 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 to move into work. At the eligible point in their unemployment period, the latter were referred by DWP to a contracted employment service organisation 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. Despite some improvement prior to the close of the Programme in 2017 (DWP, 2017), the WP was largely unsuccessful in moving ESA recipients into work and only 15% of those considered 'work-ready' moved into a job (Learning and Work Institute, 2018). This is unsurprising given the dominant 'work-first' (quickest way into work) approach within UK ALMPs, as well as the persistent issue within ALMPs of 'creaming' of jobseekers closest to the labour market and 'parking' of those further away (House of Commons, 2013). However, two novel elements of the WP were intended to overcome these issues. First, the government's 'Payment by Results' model that paid providers more the longer individuals remained in work ('sustained' employment) (DWP, 2017). Second, the WP utilised a 'black box' delivery model outside of the conventional centrally prescribed government process; this was intended to incentivise providers to personalise employability interventions in order to move individuals closer to work. This included typical measures such as job search assistance, work experience and training but also support tailored to individual and complex needs. The aim of this article 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 further development associated with ALMPs has been the move from 'passive' (receipt of benefits with no conditions) to 'active' welfare through 'activation' programmes (ALMPs). 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) are required 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. McNeill et al. (2017) have documented the disproportionate impact of this on disabled people, as well as the experience of stigma as part of this process (Garthwaite, 2014) and this article further illustrates its specific repercussions for individuals with MHCs.

Having introduced the context for the WP in the UK, the next section introduces Acker's 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; Foster and Wass, 2013; Scholz, 2017; 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 McCarthy, 2014; Foster and Scott, 2015; Roulstone and Williams, 2013). Disabled people are more likely to experience barriers to accessing the Internet (Scholz et al., 2017), when they search for a job, particularly online (Lazar et al., 2012; Scholz, 2017, 2020) and also 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 accepts that people with impairments (here, MHCs) face physical barriers and social exclusion (or 'social barriers') (Barnes and Mercer, 2005) that impact upon their experiences of both employment and unemployment (Barnes, 1991; Finkelstein, 1980; Oliver, 1990). This model views organisations 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 Robert, 1998).

Organisation and management studies (Foster and Wass, 2013; Jammaers et al., 2016; Scholz, 2017, 2020; Williams and Mavin, 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 (Harlan and Robert, 1998). Such ableist norms, processes or practices produce a particular kind of self (body and mind), that is viewed as the flawless, 'species type' and 'fully human' (Butler and Parr, 1999; 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), as well as how they view themselves (Jammaers et al., 2016; Scholz, 2017, 2020).

For Acker (2006), organisations are critical places for the study of the ongoing creation of multifaceted inequalities because such social inequality arises within them. These 'inequality regimes' are comprised of organisations 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: 443) and constitute barriers to creating equality in organisations. However, the potential for incorporating disability inequality specifically into this analytical tool has, until recently, been ignored. This article incorporates the disability dimension added to Acker's inequality regimes by Scholz (2017) that has been defined as a socially constructed difference based on psychological and physical characteristics, culture, and historical domination and oppression 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 organisations, 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. It is also vital to reflect on what Campbell (2009) calls the 'double bind of ableism', which means that organisations may be keen to promote 'inclusion' and have positive attitudes towards disabled workers, however there are numerous practices that connect in multifaceted ways to maintain, rather than challenge, disability inequality in organisations.

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. Acker's analytical approach can be helpful in demonstrating how organisations create disability inequality between individuals in relation to power and control over resources, goals, outcomes, workplace decisions, as well as to critically assess the way that work is organised (Acker, 2006). Acker (2006: 455) emphasises that it is important to acknowledge that the extent to which inequalities in organisations exist can vary and change is difficult, yet she maintains that inequality regimes can be challenged. Thus, research adopting the notion of inequality regimes is 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 organisations 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 how people with MHCs experience disability inequality within inequality regimes, in the context of ALMPs that aim to move disabled people closer to the labour market.

A further dimension to this is organisations' 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; Williams, 2000). More recently, this has been extended by Foster and Wass (2013) and Scholz (2017) to ableist norms around able-bodiedness. In practice, the typical 'disembodied' worker able to undertake this 'abstract' job is an able-bodied man who is a strong leader, rational, committed to undertake productive work and free from family or other responsibilities (Acker, 1990, 2012; Foster and Wass, 2013; Scholz, 2017; Williams, 2000). 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 similarly act as labour market intermediaries (Ingold and Valizade, 2017) 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). Similarly, scholars (see Clegg and Dunkerley, 1977) have criticised approaches to job design and organisations that adopt a positivistic stance that views both organisations and workers as machines without acknowledging the impact of individual differences. This inevitably creates a mismatch between individuals who fit this norm and those who do not and who are viewed as less productive. According to Scholz (2017, 2020), disabled jobseekers adopt ableist norms expected of workers in order to fit into an ableist society and, in order to adjust to these norms, disabled people

have to embrace or adopt an identity other than their own. Disabled people can therefore experience internalised ableism resulting from constant reminders of this construction of their provisional (and real) identity by others (Campbell, 2009; Reeve, 2004). Consequently, some individuals may engage in behaviour to 'fit in' to meet the normative expectations formed around the ideal worker (Scholz, 2017). Alternatively, individuals may accept that they are less productive than non-disabled workers by adopting and internalising ableist norms. In the context of good mental health being increasingly recognised as crucial for the workplace (WHO, 2005), the act of appearing to be the norm of 'mentally healthy' may therefore result in performative pressures for workers.

Scholars such as Reeve (2004, 2014), Scholz (2017) and Thomas (1999) 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 well-being, such as feeling hurt by the reactions or behaviour of others (such as co-workers, employers or society) that make them feel of lesser value or even excluded (Reeve, 2013). In addition to emotional reactions, experiences of psycho-emotional disablism can arise either directly through acts of 'invalidation' in the form of words, looks or actions within social relations with others or the self, or indirectly through experience of structural barriers that restrict activities and serve as a reminder of being different. These 'spatial barriers' (Reeve, 2012: 82) 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). 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 MHCs, impairment effects can be exacerbated by societal responses of 'stigmatisation' and 'scapegoating', initiating a potential vicious circle of reinforcing victimisation, distress and powerlessness (Tew, 2005: 25). Their views of themselves as workers are formed around a medicalised view of disability persistent within society and within organisations, suggesting that people are disabled because of their impairment and therefore responsible for their inability to engage in work activities (Harlan and Robert, 1998; Oliver, 1990).

This article employs the 'extended social model of disability' (Reeve, 2004, 2014) to analyse the social relations of individuals with MHCs with frontline employment advisers and providers of the WP in order to illuminate their experiences of direct and indirect 'psycho-emotional disablism'. The study utilises and extends the conceptual tools of the ideal worker and inequality regimes (Acker, 1990, 2006) to demonstrate that ALMPs, in this example the UK WP, can be viewed as inequality regimes because these Programmes are designed around ableist norms of the '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; this (re) produces disability inequality. The extension of these conceptual tools demonstrated 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, 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 a 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 and a proliferation of studies, few 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; first, due to the (in)accessibility of employment service organisations for researchers (Sainsbury, 2017: 57). Second, 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 study 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 Prime and the Department for Work and Pensions (DWP) as service purchaser. 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 people with a disability (DWP, 2020). People with MHCs were identified by the Prime contractor as the largest group on their caseloads. Respondents were obtained from a sample of WP claimants generated from the organisation's database and limited to those who had self-identified as having a MHC in their management information. 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, an accepted strategy in research as recompense for individuals' time. Importantly, although access to the sample was obtained via the organisation, 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 11 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 fieldnotes 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 attended a range of five different employment service organisations in Prime's supply chain. Respondents were free to choose the location of their interview but all were held in private at the organisation's offices as this offered an environment familiar to participants. Participants signed consent forms before the interviews. Ensuring informed consent of this under-represented 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. Further 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 among the sample is evident. The nature of the sample and participants' fluctuating health conditions meant that sometimes interviews were cancelled, 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.

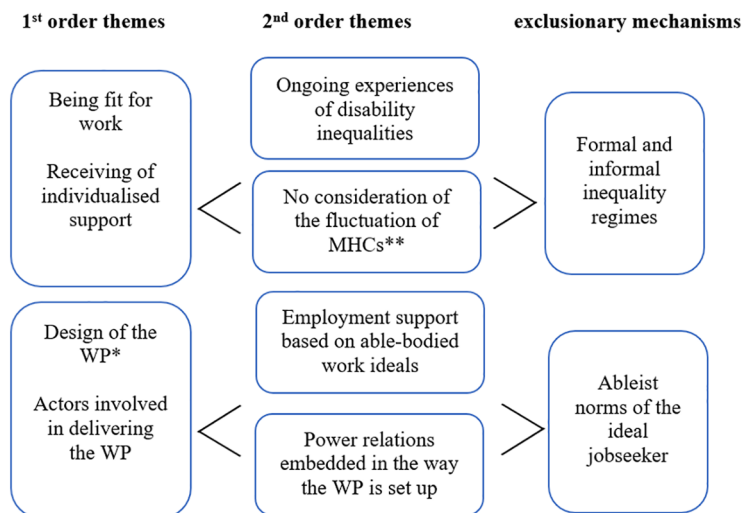
Interviews were transcribed and a manual thematic analysis undertaken in order to bring to light the meaning, richness and magnitude of the subjective experience of individuals with MHCs on the WP (Atheide and Johnson, 1994). No software was used in the analysis and data were manually open coded through 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 article. During this process, it was important that the data analysed represented the voices of participants and their personal and shared experiences of disability (Barnes, 1992; Stone and Priestley, 1996). In contrast to positivist approaches in disability research where researchers cast themselves as the experts or 'knower', the 'extended social model

Table 1. List of participants.

Participant	Age	Impairment(s)	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/
Edward	40s	Pneumonia/Alcoholism	Hospitality sector
Fiona	40s	Depression	Health & Social Care/Teaching certificate
Gina	20s	Depression/Lung emphysema	Minor work experience
Henrik	40s	Depression/Triple bypass	Arts/Master of Fine Arts
Ian	20s	Depression	Seasonal work
John	30s	Anxiety/Back injury	Creative arts
Kaitlyn ^a	20s	Epilepsy/Depression	Volunteering
Liam	20s	Depression	Placements/College
Michael	40s	Depression	No work experience/IT course
Nathan ^a	30s	Psychological stress/Psychosis	Civil service
Olivia	30s	Depression/Eating disorder	Manufacturing
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

^aIndicates proxy respondent during interview.

CFS: chronic fatigue syndrome; OCD: obsessive compulsive disorder.

**Figure 1.** Data structure.

*: Work Programme (WP); **: Mental health conditions (MHCs).

of disability' lens underpinning this study's qualitative approach was utilised to document individuals' personal experiences and to give 'voice' to its respondents (Barnes,

1992; 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 (Barnes, 1992; Stone and Priestley, 1996). These stories will be mediated in their most accurate form through the researcher's voice throughout this article.

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 generalisable to the full co-cohort of individuals who participated in the WP, or who participate in similar programmes. Nevertheless, the findings still contribute to the scarce literature concerning the experiences of disabled people on ALMPs and giving 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 section highlights the significance of implementing ways of acknowledging heterogeneity among 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 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 the 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, 2004, 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 provider did not understand how they could help jobseekers with MHCs back to work. Her experience highlights that the WP'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 illustrates the 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 (or to 'be activated'):

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, 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, including the effects of medications that affected their concentration, childcare responsibilities, their need for a full-time carer, housing issues or a lack of IT skills. This finding first 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 both their personal circumstances as well as being on the WP to begin with were reminders of being different; these 'spatial barriers' (Reeve, 2012: 82) led to feelings of anger and frustration, evident in the comment made by Gina:

I have one 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.'

Echoing the official statistical data, 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 was not designed in practice 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 may not be able to take up in the first place, as Henrik explained:

I think it's quite helpful for people, because I mean, different people have different requirements and 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 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 normative ideals embedded within its design that prioritised individuals with certain (ideal) abilities and behaviour over others. 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 the 'work-first' (quickest way into work) approach 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. Following their Work Capability Assessment, individuals were considered to be 'work-ready' and indeed all respondents stated that they wished to work. However, only seven jobseekers said that they actually felt ready to move into a job. Kaitlyn's and Quin's expressions of frustration were 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. . . 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 advisers/providers to undertake job searches. This inevitably led to experiences of direct psycho-emotional disablism through acts of invalidation. 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 in the past he had been employed as a support worker 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 needs arising from their impairments were insufficiently accounted for in the support provided to individuals. The standardised practices led to experiences of indirect psycho-emotional disablism and served as a reminder of being different. Other studies have advocated for personal one-on-one support (Fuentes and Lindsay, 2016), which has 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 through experience of structural barriers that restricted their activities:

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 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 (Lazar et al., 2012; Scholz, 2017, 2020; Scholz et al., 2017) has demonstrated evidence of disability discrimination because of the inaccessibility of job advertisements, recruitment websites and services provided by public employment agencies and the existence of a disability digital divide. 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, through their participation and experiences on the WP, disabled people became further disconnected from the labour market, organisations and

society. The embedded inequality within the Programme impacted on individuals by exposing them to direct and indirect experiences of psycho-emotional disablism. Consequently, ALMPs such as the WP 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. For example, on a basic level, the requirement under the Equality Act 2010 for service providers to anticipate any disadvantage that may be caused (EHRC, 2014) appeared to be limited or non-existent within this ALMP. Nevertheless, the study does offer some positive evidence that the WP had (to some extent) 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, illustrating the potential of the WP to provide stability for some participants in terms of regular meetings. Critically, 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 the flexibility required by the fluctuating nature of their MHCs, 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 MHCs. Legitimacy, along with visibility, varied. While the majority of jobseekers did not view the behaviour towards them 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 improved their self-esteem, confidence and progress towards employment, even if individuals did not return 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 impede 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 of the Programme), 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 being in a room with strangers would intensify her stress level:

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 – unemployment benefit] because they were trying to claim I wasn't disabled with my epilepsy. Because [my] 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. It also imposed 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. There was also 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. While the Equality Act 2010 requires public services to anticipate any barriers towards disabled people by providing reasonable adjustments to practices or services (EHRC, 2014), inequality embedded within this ALMP was legitimised in practice through rationalisations built around different abilities or stigma towards 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 [adviser] phone. By the time he got her messages, she'd been sanctioned. (Kaitlyn's mother)

Such comments further 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 impairment effects. These 'double-sanctions' exacerbated 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. The significance of implementing in practice ways of acknowledging heterogeneity among jobseekers is discussed in the next section.

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 the 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:

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 it's 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 well-being 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 also 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 10 minutes so' – I don't need that. What's needed is a quarter of a day, half a day to focus on that individual's 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 concurs with others (Fuertes and Lindsay, 2016) in suggesting 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)

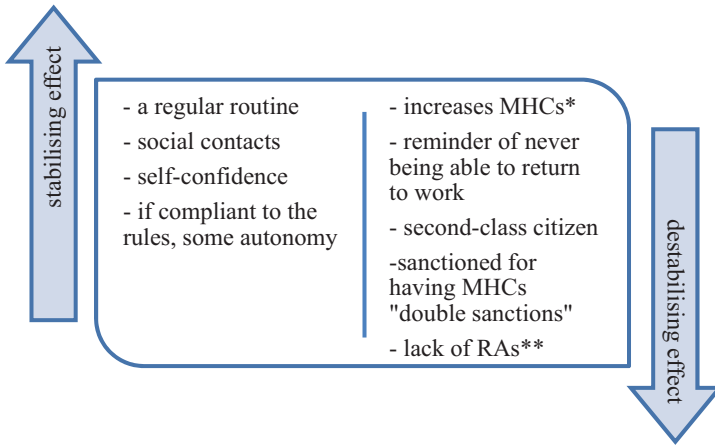


Figure 2. Two dimensions of conditionality practices.

*: Mental health conditions (MHCs); **: Reasonable adjustments (RAs).

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 by making reasonable adjustments to workplaces, job roles and working patterns (Ingold, 2020). However, the WP appeared to struggle to provide reasonable adjustments to accommodate the requirements of disabled participants within its delivery, thus making their disability more visible and further disabling.

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 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 had a destabilising effect by increasing their MHCs, constructing barriers that were a reminder of never being able to return 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 issues that prevented these individuals from moving into, or closer to, work. Rather than reducing disability inequality, the WP further reproduced it, resulting in individuals moving further away from workplace inclusion. 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, reinstating the existence of a 'double bind of ableism' in that numerous practices adopted still maintained, rather than challenged, disability inequality (Campbell, 2009).

Conclusion

This article has examined ALMPs as critical preparation mechanisms to assist unemployed individuals to enter the workplace. The article drew on a study of a hard-to-access group of individuals with MHCs on the UK WP, an ALMP delivered by intermediary organisations. As such, the article 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 article's key research question was: what were the experiences of individuals with MHCs in relation to their participation in the WP?

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; Foster and Wass, 2013; Scholz, 2017; Smith and Neuwirth, 2008; Williams, 2000) and Acker's (2006) inequality regimes, the article argues that, instead of altering patterns of inequality, the WP reproduced disability inequality and exacerbated individuals' workplace exclusion through two key mechanisms. First, 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 Acker's (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 article 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 effects, 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 because it viewed disability as an individual problem, rather than as socially constructed by society, where only removal of ableist norms and mindsets can challenge experiences of disability inequality. Consequently, individuals experienced direct and indirect psycho-emotional disablism. The data demonstrated that some advisers were able to provide some personalised support that had a stabilising effect for specific clients. However, internal regulations and the work-first ideology underpinning the WP constrained the provision of 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 (McNeill et al., 2017) reflected not only the concept of the ideal jobseeker but led to experiences of direct and indirect psycho-emotional disablism. They also spoke to the lack of compliance both with the anticipatory duty under the UK Equality Act 2010 to remove any disadvantage to end-users in the provision of public services, as well as the UN Convention on the Rights of Persons with Disabilities 2006 (CRPD).

As the article's findings show, individuals were inappropriately routed to the WP via the Work Capability Assessment (WCA), which was not a core focus of the study and its problems have been critiqued elsewhere (see Baumberg Geiger et al., 2018). Nevertheless, the findings 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 impairments, 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. Drawing on 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 fluctuating health conditions and for medical appointments. As a result of this study, the provider in question made changes to their delivery, but this was within the overarching Programme's 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 also a shift towards digital employment service delivery in the UK, Australia and elsewhere but, as this study highlights, lack of digital skills and access to the Internet and devices means that this development could lead to further disability inequality. 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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