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Building capabilities in disabled job seekers: A qualitative study of the Remploy Work Choices programme in Scotland

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1 Introduction

Welfare reform in the UK

The numbers of people in the UK of working age claiming welfare benefits for reasons of sickness, incapacity to work, and disability rose steadily in the 1980s and 1990s, and settled at over 2.5 million in the early 21st century (Beatty & Fothergill, 2015). These will be referred to as 'disability benefits' in the interests of brevity. Successive governments have sought to reform the welfare benefits system, reduce claimant numbers, and manage the costs to the public purse. One key reform was the introduction of Employment Support Allowance which replaced Invalidity Benefit as the main disability benefit for those of working age. Other changes (identified by Beatty, Fothergill & Houston, 2013) include:

- The introduction of Work Capability Assessments, a tougher medical test
- Re-testing of existing claimants, including the long-term unemployed
- Requirements to engage in work-related activity
- Conditionality and time limiting of entitlement to non-means tested benefits

Although the introduction of these changes has been gradual, it has still been problematic (Barnes and Sissons, 2013) and controversial. Beatty & Fothergill (2016) estimate that welfare reform reduced benefits to Scottish claimants by £1.1 billion in the period 2010-2015, and project in 2015-2020 further reductions of £1 billion. It is disproportionately the more disadvantaged communities in Scotland that are affected by this scaling back of financial input, increasing income inequalities between communities. To the extent that welfare reform is intended to reduce public spending on disability benefits, then these changes could be considered successful. They have been less successful at encouraging people to move from disability benefits into work (Curnock, Leyland & Popham, 2016). A more common transition is to move from disability benefits to (less generous) unemployment-related benefits, to move onto old age pensions, or to cease claiming altogether, whilst remaining economically inactive.

Success in addressing heath issues is also likely to be limited. Existing health conditions cannot be removed by changes in financial arrangements. Furthermore, unemployment is known to be associated with detriments to health, most particularly mental health (Paul & Moser, 2009; Waddell & Burton, 2006), so health status may tend to decline with extended periods of economic inactivity. Poor quality work may be most easily accessed and yet may

offer little or no health benefits relative to unemployment (Friedland & Price, 2003; Broom et al., 2006; Llena-Nozal, 2009).

Labour market demand side factors should not be neglected. Numbers of disability benefit claimants are relatively higher in regions of the UK with weak economies that have experienced post-industrial decline (Beatty & Fothergill, 2015; Curnock, Leyland & Popham, 2014). Health conditions do not prohibit employment but make leaving work more likely and re-employment harder, and both are aggravated by challenging labour markets, where employers can be highly discriminating in their choice of employee. Trends towards work intensification, use of robust sickness absence management processes by employers, and the availability of young healthy workers (including migrants) will tend to make it harder for those with health conditions to compete. It is in areas where labour market demand is weak that vulnerable workers are most likely to lose jobs, be identified as entitled to disability benefit, and be unable to find work again. Indeed Beatty & Fothergill (2013) persuasively argue that both health status and the local availability of jobs are important. This means in areas of industrial decline disability claimant numbers conceal hidden unemployment: people who might realistically find work in a prosperous region. Conversely there is hidden sickness at work: some people with substantive health conditions sustain employment and they are concentrated in areas of strong labour markets.

Warren, Garthwaite & Bambra (2013) point out that although there have been some demand-side policy interventions (financial incentives for employers; employment rights legislation offering protection to disabled workers; and accessibility interventions), it is the supply-side interventions that successive UK governments have relied on. Supply side approaches include training schemes, work placements, vocational advice and support services, vocational rehabilitation, and in work benefits. The rationale behind these policies appears to assume that many disability claimants can be prompted to return to work by a less lenient welfare benefits regime. Thus promoting employability has been the focus of intervention as opposed to addressing the substantive health issues of claimants or the regional lack of jobs.

Issues of precarity and inequality, are themes throughout the recent UK literature. Socio-economic gradients in health are relevant to employment (Bambra, 2011). This suggests that workers in lower paid and less secure work tend to enjoy worse health outcomes than those in secure professional or managerial roles. They are likely to have lower levels of skills and qualifications which reduces their employability. Workers with poorer health may be more likely to lose jobs, and less likely to find one again. They may be more likely to enter the 'low pay, no pay' cycle described by Shildrick, MacDonald, Webster & Garthwaite (2012). And be exposed to the detrimental health effects of unemployment. Poor health can be understood as a pathway to precarity in employment. Conversely it may be the case that precarity represents one important element in the relationship between social-economic factors and health outcomes. Many health conditions manifest slowly over years and decades. A growth in in the number of individuals whose long-term employment patterns are shaped by precarity may have public health implications which have yet to unfold.

Employment support programmes

In addition to disability benefits, another arm of labour activation policies is the use of employment support programmes facilitating job search and access to work. UK government commissioning practice shifted towards a model where service design and delivery approach was left largely up to providers, but funding was strongly linked to the achievement of

sustainable employment outcomes. This approach to commissioning may tend to lead to inconsistent levels of health support across providers (Ceolta-Smith, Salway & Tod, 2015).

A feature of government funded employment support programmes has been the embedding of elements to improve health status, known as 'condition management programmes' (CMPs). There is reason to believe that these can have positive effects on health, but the evidence for positive impacts on employment outcomes is less clear (Beatty et al., 2013), leading to reduced enthusiasm for CMPs from policy makers. Moving people from welfare to work remains the dominant objective of these programmes so the intrinsic value of health improvements may not be recognised by policy makers.

Responsibility for employment support arrangements was the responsibility of UK Government (Department for Work and Pensions). From April 2017 control of employment support programmes is devolved to the Scottish Government, providing an opportunity for some fresh thinking. It is therefore timely to provide research evidence on current programmes in Scotland to inform policy choices.

2 The context: Remploy Work Choices

The Work Choices programme was introduced in 2010 by the UK Government's Department of Work and Pensions (DWP, 2016a). It is an employment support programme for those whose disabilities prevent participation in mainstream programmes. On an area by area basis, the Department engages prime contractors for five year terms, with a proportion of funding linked to sustainable employment outcomes. The prime contractors have considerable freedom over programme design, and are free to sub-contract provision (Thompson, Trenell, Hope & McPhillips, 2011).

This study focuses on the 'Work Entry Support' module one of Work Choices, which all participants enter (as opposed to modules two and three which relate to the in-work support aspects of the programme). This lasts for up to six months. Service users are given support and advice to get them into either open or supported employment (DWP, 2016a). Remploy delivers the Work Choices Programme (Work Entry Support) to service users in Edinburgh.

Remploy was created at the end of the second world war by the UK Government to provide employment to wounded veterans. It subsequently became a source of employment for those disabled by industrial accidents. Remploy was the leading UK provider of the 'sheltered workshop' model where subsidised employment was provided for the disabled in small scale quasi-industrial settings. By the end of the 20th century this model was in decline. This was due to reduced numbers of industrial workers suffering serious physical injury (relative to the numbers with learning disabilities and mental health conditions), and the influence of the disability rights movement's opposition to segregation.

As a result, Remploy began to diversify by providing a specialist employment support agency for job seekers with disabilities and health conditions. At the time of this study the UK Government had recently withdrawn finding from the last of Remploy's sheltered workshops, and they were closing, leaving only the employment support agency role. Remploy had also just been privatised - it was leaving UK Government ownership to become part of the international business Maximus, but with a 20% element of employee ownership (Remploy, 2017). The commercial portfolio of Maximus includes occupational health services and fitness to work assessments. This study took place against a backdrop of considerable undergoing organisational change, with its full impact yet to unfold.

3 The Capability Approach

The Capability Approach (CA) is the conceptual lens adopted in this study. The CA was conceived by philosopher and economist Amartya Sen. Originally it was an approach to welfare economics, but it has subsequently been applied in a variety of settings, usually with a focus on addressing poverty and disadvantage. A key contribution of the CA is that the well-being needs to be understood in terms of the opportunities available to individuals, and their freedom to make choices that they have reason to value (Sen, 1985a, 1985b, 1990, 1998). Thus the CA stresses not just the lives that people actually live, referred to as functionings, but also the lifestyles they can potentially and realistically attain: their capability set. They are genuinely attainable only if people have real freedom of choice and agency, and if people have the commodities or resources available to them that those choices demand. Personal variables and social structures (e.g. education) act as conversion factors enabling people to translate commodities into valued beings and doings or lifestyles.

The CA offers a pragmatic view of freedom, and one that puts the autonomy of the individual as central to the notion of well-being. The notion of human agency is central to Sen's conception of freedom. The CA supplies a language for policy and practice that is broad brush and flexible. It makes it clear that inequality of access to resources is important, and that even with resources individuals may still have difficulty in converting them to their valued lifestyle outcomes. For example, the possession of employability attributes (such as skills) does not necessarily translate into desirable employment.

The CA has been applied to considering unemployed groups in developed economies, in spite of its original focus on poverty in developing and emerging economies. Sen (1997) has been critical of the injustice resulting from high structural unemployment in Europe. Some scholars have sought to apply the CA to welfare-to-work policy in Europe. Bussi (2014) provides a useful analysis of active labour market programmes (ALMPs), with its starting point as the dichotomy between 'work first' approaches that encourage participants to move rapidly into employment often encouraged by benefit sanctions, and 'human capital development' approaches which focus on skills development to improve employability. The rationale for the The UK Government's Work Choices programme seems to have roots in 'work first' thinking, with some softening of benefit sanctions, and time for human capital development allowed to make it appropriate for a population with disabilities and health conditions. Bussi contrasts the CA with these two perspectives, in terms of their underpinning rationale, assumptions about the nature of participants, intervention design, and relations to opportunity providers and other key institutions. Whilst the CA more closely resembles a human capital development approach, it is nonetheless different (Dean, Bonvin, Vielle & Farvaque, 2005) in several aspects. These include the centrality of social justice, the emphasis on freedom to choose, adaptations in response to practical barriers to work, its more nuanced view of the individual and their aspirations. Similarly Sen (1997) argues that whilst a human capital approach may improve productivity, it remains possible to improve lives without necessarily seeing people as serving an economic objective, because developing human capabilities (e.g. through education) may lead to enriched experiences, informed choices, and greater well-being.

This study adopts the CA as it offers a radically different perspective from a dominant UK policy discourse which locates the problem in the attitudes and behaviours of disability benefit claimants (Lindsay et al., 2015), and evaluates solutions by counting job placement and retention. From a CA perspective, ALMPs cannot be evaluated by employment outcomes in a purely instrumental way; the experience of participants is not an epiphenomenon. Rather

the purpose of such programmes should be to improve the lives of participants. A qualitative approach lends itself to investigating what participants themselves see as important, their experiences of barriers to accessing dignified lifestyle outcomes, and what helps them to do (or to be) what they have reason to value. Thus an exploratory research question is appropriate.

4 Methodology

Approval for the research was given by the ethics and research integrity committee of the School of Applied Sciences, Edinburgh Napier University.

Aim and research questions

The aim is to explore the experiences of unemployed disabled adults in the process of using support services intended to help them re-engage with work or training. The research questions are:

1. What barriers to employment, and strengths or resources are reported by disabled job seekers?

2. What kind of support experiences do disabled adults find empowering?

Sample

Nine participants took part in the study, five female and four male. Ages were in the range 22 - 52 years, with an average of 36 years. Four participants were of white Scottish origin; one was white other UK; one was white European Union; and three were of South Asian origin. One third of the sample were relatively recent migrants to the UK. The level of educational attainment was diverse, ranging from one participant with no qualifications other than a basic food hygiene certificate, to another with a postgraduate professional qualification. Participants were identified by Remploy staff. Participants were selected who were close to the end of their period on the Work Choices. There were three exceptions to this. These participants had been allowed to return to repeat the experience and so were at an early stage in their second (6 month) phase of engagement with Work Choices. All participants were able to reflect back on their experience of the programme.

Data generation

Semi-structured individual interviews were conducted with participants in the Work Choices programme delivered by Remploy in Scotland in 2015. They were an average duration of 40 minutes. The interviews took place in a private room at Remploy premises, and were audio recorded and subsequently transcribed.

Data analysis

The interview transcripts were analysed using a qualitative approach: Interpretative Phenomenological Analysis (IPA) as described by Smith, Flowers & Larkin (2009). IPA offers a number of advantages. As an explicitly phenomenological approach, it is relevant to studies that seek to understand participants' own understandings and sense making. It is a very thorough approach, and one that has frequently been applied to semi-structured interviews exploring experiences of disability and illness. Broki & Wearden (2006) conducted a critical review of is use in health psychology and found IPA was becoming more commonly

used and was appropriate to a wide range of questions. Whilst health psychology remains its most popular application, there are precedents of IPA being applied to work issues including employment rehabilitation, e.g. Sallis & Birkin's (2014) study of sickness absence and depression. IPA adopts an idiographic approach, i.e. an in-depth analysis of individual interviews as case studies prior to integration and identification of themes across the data set.

5 Results and analysis

Health status and prior work experiences

With one exception, all the health conditions disclosed were substantive. The exception was an individual who was discharged from a British armed forces unit following the diagnosis of a minor chronic condition. Health condition categories reported by participants were roughly evenly divided between physical and mental/behavioural conditions, with multi-morbidity being a feature of nearly half the sample. Two individuals had mental health conditions that were to a lesser or greater extent associated with being unemployed.

In one sense the presence of substantive health conditions is a trivial finding, given the nature of the sample. In another sense, it merits reporting given the debate in the literature concerning the extent to which health present genuine barriers to work; if health issues are not important barriers, then this population could be 'activated' by a tougher welfare regime. The evidence suggests that ill health is widespread in the working age population (Beatty et al., 2015), and increases with age as the effect of accidents or acquired conditions takes effect. However public policy tends to embed assumptions that disability benefit claimants are 'work shy' and downplays the reality of ill health (Warren, Garthwaite & Bambra, 2013). Thus the focus of interventions has been primarily on promoting employability, rather than addressing health needs or regional lack of job opportunities. For most of this sample, health issues were central in considering what they could or could not do.

The participants had all been unemployed for extended periods of time ranging from more than 6 months, to over 10 years. Two individuals in the sample had barely worked at all, having had some brief employment soon after leaving education. With these exceptions, the remaining participants had all had a substantive engagement with the labour market at some point in their lives. This had ended for a variety of reasons including migration to the UK, factory closure, and unsympathetic employers, for example:

> "And at first, when I started, my main boss was okay like, she was there if I needed her. But as the time went on, there was a new boss, it got changed. And the new owner, he was just horrible. And every time I went home I was in tears, because they weren't helping me, and wanting me to do things I couldn't do. They were wanting me to lift heavy tables and I've only got the use of one hand. They wanted me to do that, and I was just, I got fed up with it, and I just walked out…And it's just knocked, it's just, they've put my confidence right down." Participant 9 female.

This example, from the catering industry, illustrates that low pay or entry level jobs may require a baseline degree of physical robustness that is difficult for those with health conditions (Houston & Lindsay, 2013). Others in the sample reported difficulties with fatigue and stamina, such as difficulty with standing for long periods representing a problem in some roles in the retail sector. Trends toward work intensification may make reconciling health and employment a little harder. Nonetheless most of the sample had qualifications and substantive

work experience, but in their circumstances were unable to deploy these resources to full effect.

Other barriers to work

Inevitably the direct effects of health conditions, and associated factors such as a record of absence from work featured prominently in accounts of the difficulties participants had experienced. Individuals with health conditions may face additional substantive and multiple barriers to labour market participation (Barnes & Sissons, 2013; Lindsay et al., 2015), and the following barriers were identified in the sample:

- Lack of qualifications and skills. Specific issues included lack of core skills (e.g. literacy or IT skills), and lack of a driving licence. Having qualifications and skills that were hard to deploy was also an issue, for example vocational skills that were very industry specific, or qualifications not recognised in the UK.

- Lack of confidence.

- Job search difficulties. These included lack of job search skills, lack of industry specific vacancies and contacts.

- Financial issues. These included problems with the cost of attending interview, or breadwinner responsibilities that made consideration of low paid jobs, or making choices entailing risks to household income impractical.

- Cultural unfamiliarity with the UK.

- Employers' attitude to making reasonable adjustments to accommodate disability, and to other personal circumstances.

- Caring responsibilities for sick or disabled relatives.

- Adverse life events such as bereavement.

Engaging with Remploy

Referrals to Work Choices are made by specialist advisers, normally the Disability Employment Advisers in Job Centre Plus (The UK's public employment service). Some participants had seen Remploy's shop front and had made enquiries about how to access the service. They had been directed to Job Centre Plus and had managed to get themselves referred. For others, the chain of referral began with a GP or another support agency, such as a housing association. Most participants played an active role in seeking help; they were not passive claimants, but had recognised they needed assistance to find employment. They intended to find work:

> "I've always been eager to get back into work. It's not something that's ever going to get me down, because it is something that I need...it's not that I want to do it, I need to do it. I do want to work but it's a necessity…I hate being unemployed." Participant 4 male.

Experiences of other employment support agencies

It was also clear that many of the participants had been actively engaged with Job Centre Plus services previously and also one or more other employment support agencies (UK Government contractors providing welfare to work programmes). Most participants experienced these providers as disappointing in terms of a functional relationship developed with service users, a rigid focus on rapid placement into employment (a manifestation of 'Work First' policy), and an equally rapid recourse to benefit sanctions.

> "At [other employment support service] they weren't really understanding, they were just finding me a job, they didn't even ask me how I felt about the job, if I wanted to go into the job. They just applied for it and basically wanted to get rid of me. And I just wasn't happy about that." Participant 9 female.

They also reported disappointment that monitoring their job search activity was a more salient feature than supporting it: support was absent, passive or lacked industry sector specific understanding. There were notable exceptions to this, where participants had experienced their Job Centre Disability Employment Adviser as supportive and flexible.

The impact of welfare reform

Participants were not all able to articulate clearly their welfare benefits status. Roughly half were claiming were claiming disability related benefits, and half more generic benefits. Their individual benefit status was also dynamic, with changes in benefit structures and experiences of Work Capability Assessments resulting in changes.

It would be wrong to characterise the sample as a passive benefit claimants. Most of their accounts were of job seekers actively initiating contact with and using employment support services. Two individuals moved from long term economic inactivity into job seeking and acknowledged that aspects of welfare reform had been a factor, but not the only factor in this change:

> "I went to the Job Centre and I said to them I would like to start working again…I had been to the Job Centre in that 10 years because every so often they call for you anyway. So the next appointment I just went there and I said I've been thinking about getting some employment and I wondered if you could maybe help me in the right direction… [when asked if the change of benefit regime had affected her decision]: "It's a bit of both. I wanted to do something. I realised that I had been out of work for a long time and I had to learn new skills and things but also the thought of your benefits being cut…" Participant 3 female

> "Well what happened is, I went for one of those…health assessments, and that decided I was cured. It's a functional assessment, I don't really think its appropriate at all for mental health, but I was put in…the work-related activity group…That meant I got another year of incapacity benefit and then it stopped…when I was taken out of the support group I also made the decision that the anti-depressants, sitting parked on them, it wasn't helping me anymore… I went to the doctor really fed up with one of the side effects of the tablets…so I thought, right I'm getting off these…and then joining here [Remploy] and starting to come to Edinburgh regularly, almost like commuting although it was only twice a month, meeting someone supportive, getting out into the real word again, it must have had an effect….Whereas if I had come off the tablets and

> not had this to come to, I might have been rattling about the house with a bit more energy, but no focus…" Participant 2: male

He was at pains to demonstrate his awareness of the politics of welfare benefit reform and stressed that it may have worked for him at that point in time but was potentially damaging to many others. This viewpoint is supported by evidence from a recent study of the impact of welfare reform on claimants with mental health conditions. Maclean, Marks & Cowan (2017) found a lack of faith in the work capability assessment process, and some evidence that it contributed to mental distress.

Dignity and choice in the employment support relationship

For several participants, the nature of the relationship with Remploy staff was important to them. They were variously described as friendly, welcoming, supportive, professional, kind and understanding.

> "…the empathy that was shown to me by [Employment Adviser] this was a main point, a main support I get from here. I'm not treated just like a number, I have been treated just like a human being, and that's the main important thing. Everybody's different, everybody's problem is different, and there is no solution that fits everyone. For this approach is what I like… everybody wants to be understood and given respect, and then it comes from here. If you just treat people like machines or numbers, you don't understand their particular circumstance. One of the other things I will just mention, I can't understand why the government is putting so much on sanctioning these sort of things, because nobody likes to be on dole[1], nobody." Participant 8, female.

Sen (e.g. 1983) has pointed to Adam Smith's observation that poverty is not merely a matter of lack of resources, because the absence of some essentials may be shameful. Sen has referred to the importance of being able to 'walk without shame' in one's own community. Human dignity is particularly salient in the light of possible perceived moral failings associated with unemployment. This participant speaks to a desire for respect in their employment support relationship. Respect and empathy underpin a person-centred approach to counselling, a perspective which locates relational factors as central to helping (e.g. Rogers, 1951). Indeed, counselling research appears to identify the quality of the helping relationship as key in determining outcomes. The nature of the relationship in employment support settings has received rather less attention in the literature (with few exceptions, including Meara & Patton, 1994, and Whiston, Rossier, & Hernandez Barón, 2016).

This South Asian participant, for whom English is a second language, spoke to the need for a helping relationship that respected her preferences in order to find sustainable employment. Although her family was very supportive and could offer work in the family business, she valued her autonomy and independence at work:

> "They have been kind, they listen and they understand our needs. What we like to have we want to do when we arrive, and which kind of job we want. First of all that is a big matter, because if we don't like jobs we can't do that for long, because if our mind is in

[1] Being 'on the dole' is a traditional British colloquial term for being in receipt of unemployment benefits.

> there, our heart is in there…They encouraged me and I got a job. I'm more proud of myself as well..." Participant 7 female

Several observers have pointed to the stigmatisation of welfare benefit claimants (e.g. Baumberg, 2016). Public discourse tends, to a greater or lesser extent, to emphasise compulsion in return to work. Sen's approach is distinctive in its stress on choice as essential to freedom and dignity. This means genuine choice, genuinely attainable alternatives, where individuals can select pathways that they have reason to value in terms of their own needs and criteria.

Job search support

The Remploy Work Choices provision included a number of features. Workshops teaching job search skills were one element. Some participants found these useful, if for example they were rusty at applying for work. However, they tended to downplay the importance of this service. For most it was a low impact event. Little use was made of peer group support and interaction in these events, perhaps as a result of the diversity in clientele, or because they were isolated, optional in events. They were not part of an extended learning programme that enabled building of relationships.

Access to an environment in which to do job search was also valued by some. Desk space, access to telephones and computers was particularly valued by those who did not have them at home. Some coaching in IT skills to support job search was also provided.

Work experience placements were important to the minority of participants who engaged with them. Some reported it was a valuable experience, for others a chance to test what they could endure in a workplace. Some were frustrated that work experience opportunities had not yet happened for them.

The most important part of the service to participants throughout was working with their allocated employment adviser. They provide advice and flexible support in seeking work in the context of a supportive relationship.

Objective outcomes of engagement in the programme

Two participants found open employment through the support received at Remploy. One was permanent work in the hospitality industry, of a quality equivalent to prior employment. The employer agreed to accommodate both reasonable adjustments to accommodate a disability and time off for pregnancy. Another found work in the travel industry using her language skills, but this was temporary, and she returned to Remploy, and subsequently succeeded in securing part-time work in a supermarket. Remploy also supported educational choices. Two participants had made applications to programmes of study in a local college of further education that were likely to be successful, and were part of longer term plans to enhance their employability.

The remaining five were continuing with their job search, and to a greater or lesser degree expressed the intention to persist, and faith in the support they were receiving. One of these had strong skills, experience and qualifications, was fully recovered, was attracting positive responses from employers and therefore seemed highly likely to find work. Others were in a less strong position.

Subjective outcomes of engagement in the programme

Growth in global self-confidence and mental well-being was reported by several participants, for example:

> "…well I'm always more confident. But they made me feel a lot better, being here…" Participant 5 female.

Improvements in self-management and social functioning were also reported:

> "Confidence is better, my ability to get about…yeah, must be a lot more organised as well, because I've got my budget much better under control, using IT of course, using spreadsheets etcetera, rather than just doing it on the back of a bit of paper, so yeah, there must be a lot of things, when I think about it, because I've been regaining some of my friends as well, coming into town to see them when I can…this year I've probably done more than I have in the last five years put together, and we're only into May, so yeah, it's definitely" Participant 2 male.

It is important to note that few participants gave Remploy services sole credit for the improvements they had made. The Remploy intervention was clearly involved as a positive supporting factor but participants also attributed change to their own actions and engagements with opportunity providers concurrent with and often facilitated by their Work Choices activities.

> "I attended courses on different things like positive thinking, meditation, attended some of the stress management courses through [university]and then went for counselling, went for life coaching, these sort of things, so taking it from all direction and then these things gradually, it gets impact." Participant 8, male.

6. Discussion and conclusion

There are three caveats to the perspectives presented in this paper, which represent important reasons why extrapolating from the findings must be done with caution. Firstly, the nature of the participant recruitment process means it is unlikely that the sample would include service users who are disaffected with Remploy, or those who are discouraged, depressed or otherwise unwell to an extent that they are not inclined to attend a research interview. Secondly, qualitative research lends itself well to describe experiences of the sample, and not so well to generalisations beyond to wider populations. Thirdly, Edinburgh is a particularly prosperous city both by Scottish and UK standards. Notwithstanding a blow to its financial sector in the wake of the banking crisis, its labour market remained resilient. As such it is an environment where people with health conditions have a better chance of being reabsorbed into the workforce, than in some other localities.

Participants reported a range of barriers to employment. Their health or disability status was a central concern. Other barriers included lack of skills, confidence, or job seeking skills, and a range of individual issues including caring responsibilities. This is unsurprising, as similar barriers emerge throughout the relevant literature (e.g. Arthur et al., 2008; Siegel et al., 2004).

In relation to their experience of engagement with the Remploy Work Choices programme, the sample had a broadly positive attitude. The reasons for this appear to have little to do with

the design features of the programme, or the extent to which pragmatic support to overcome barriers was provided. Rather key issues for them seemed to be:

- A helping relationship underpinned by kindness and empathy
- Being treated with dignity
- Having genuine choice about work, learning or other activities

Whilst not diminishing participants' desire to find work as an outcome of the programme, they chose to highlight aspects of the support process in their accounts. This has resonance with Bonvin's (2006) use of the CA to explain 'capability for work' and 'capability for voice'. Capability for work is an individual's freedom to choose work that they value, and this includes the freedom to walk away from undesirable options. Capability for voice relates to process freedom: individuals want to have a say in decisions that affect their lives.

Viewed through the lens of Sen's capability approach, human dignity and choice are not incidental but central to leading a life worth living. However, they are in stark contrast to the salient features of labour activation policy with its emphasis on use of rigorous assessment and benefit conditionality to encourage job seeking, rapid placement into any available employment (irrespective of occupation or job quality) and skills development. It may be that policy which fully accepts the reality of health conditions, other barriers to employment, and regional variations in labour markets will be more successful. Compassionate and flexible support aimed at improving lives more holistically may achieve better results within local constraints. Giving participants a voice in the local governance of welfare to work provision is not a feature of UK policy, but it may help providers to improve lives.

Whilst the delivery of the Work Choices programme retains its UK Government core design features and outcome requirements, providers have considerable freedom in how they deliver the programme. It seems that to the extent that Remploy employment advisers have discretion, their service has some features consistent with the CA, even though this was not the underpinning rationale for the service. This is perhaps most evident in terms of what Bussi (2014) and Dahmen (2014) refer to as the construction of the welfare subject. Traditional economics assumes that they are rational actors maximising utility. Social policy tends to define welfare claimants as passive benefit recipients, inactive for rational economic reasons, and in need of robust incentivisation. In the CA, individuals are conceptualised as more complex, and as moral beings able to reflect on themselves and the institutions that they encounter from an ethical perspective. Nonetheless, the CA provides only a very incomplete model of human nature; Dahmen suggests that the CA needs to be complemented by understandings of how self and identity are socially constructed.

It was clear from the empirical evidence in this study that participants were reflexive, had multiple and competing values and priorities, and faced substantive health and other barriers. It was also clear that they understood that their Remploy advisers engaged with these realities of their lives and sought to empower them, with some degree of success. Going some way towards giving participants a voice in the employment support process may be a key positive feature of this provision.

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