

Title: ‘I don’t think they trust the choices I will make.’ – Narrative analysis of choice and control for people with psychosocial disability within reform of the Australian Disability Employment Services program

Authors: Alexandra Devine^{a*}, Helen Dickinson^b, Lisa Brophy^c, Anne Kavanagh^a, and Cathy Vaughan^a

^a Centre for Health Equity, Melbourne School of Population and Global Health, University of Melbourne, Melbourne, Australia

^b Public Service Research Group, School of Business, University of New South Wales

^c Centre for Mental Health, Melbourne School of Population and Global Health, University of Melbourne, Melbourne, Australia, and, Social Work and Social Policy, La Trobe University

*Corresponding author: Alexandra Devine, email: devinea@unimelb.edu.au

Word Count 7998 (excluding abstract, references and tables)

‘I don’t think they trust the choices I will make.’ – Narrative analysis of choice and control for people with psychosocial disability within reform of the Australian Disability Employment Services program

ABSTRACT

This paper explores New Public Management-inspired reforms to Australia’s Disability Employment Services (DES), which assume increasing participant choice and control within DES will enhance provider competition and effectiveness. However, capability for choice and control within this context is multifaceted. This is particularly so for participants who experience significant barriers to employment, as highlighted in our narrative analysis of the perspectives of DES participants with psychosocial disability and their resistance to exercising control to change providers despite dissatisfaction with outcomes. This brings into question whether the increased marketization of DES will fulfil its objective of improving employment outcomes for people with disability.

Key words: New Public Management, employment services, psychosocial disability, choice and control

INTRODUCTION

The Australian Disability Employment Services (DES) program is the Federal Government’s specialised welfare program for people whose disability is assessed as their main barrier to gaining and maintaining employment (Department of Social Services 2015). As in other countries, Australian employment services have in recent years undergone somewhat of a transformation, inspired by ideas associated with a New Public Management (NPM)

philosophy (Hood 1991, 1995, Olney 2016, Considine, Nguyen, and O’Sullivan 2018). DES services specifically have transitioned from being publically-funded and delivered to a quasi-market of for-profit and non-profit businesses who support and monitor the efforts of people with disability in receipt of income support (and a small number of voluntary participants) to actively promote their employability and participation in work (McDonald and Marston 2008, Nevile and Lohmann 2011, Department of Social Services 2016, Lantz and Marston 2012). Under the current reforms, DES participants are given more choice and control within a more contestable market to determine which provider they use and to change providers if they are not satisfied (Department of Social Services 2017a). At the same time, participants are subject to increasing compliance mechanisms including the threat of financial sanctions under ongoing Welfare-to-work reforms (Australian Government 2018).

Within the context of newly reformed DES it is assumed that: a) participants will exercise choice and control; b) this will incentivise providers to be more efficient and responsive to participants needs as providers compete; ultimately leading to c) improved employment outcomes (Department of Social Services 2017a). These are untested assumptions that require scrutiny. Understanding the perspectives of DES participants is critical in exploring these assumptions, particularly of those most likely to be excluded from work, such as people with psychosocial disability. Psychosocial disability can be conceptualised as disability associated with the lived experience of mental illness. It is influenced by the interaction of a person’s psychological and cognitive condition, and, the socio-cultural context in which they live (Lund et al. 2018, Drew et al. 2011, Hayes et al. 2018, National Mental Health Consumer & Carer Forum 2011). Not all people who experience mental illness will experience psychosocial disability. However, people with mental illness all too often experience disabling discrimination and exclusion across several

life domains, often falling through the gaps of the plethora of siloed policies and outsourced services, diversely funded and managed across Australian Federal, State and Territory jurisdictions (Carroll et al. 2016, Olney 2016, Productivity Commission 2019).

People with psychosocial disability experience socio-economic inequalities and poor health outcomes. These factors are both causes and consequences of poorer employment outcomes with this group experiencing some of the lowest labour force participation rates (29%) and highest unemployment rates (19%), compared to other people with disability (53.4% and 10% respectively), and, the general population (83.2% and 5%) (Department of Social Services 2016, Australian Bureau of Statistics 2016, Harvey et al. 2016). These rates remain stagnant despite service reforms and the investment of close to AUD 1 billion per year in DES (Department of Social Services 2017b).

The aim of this paper is to explore whether and how DES participants with psychosocial disability exercise choice and control to stay with or change providers. The first part of this paper discusses differing capabilities for choice and control within NPM-inspired welfare programs. Following a discussion of the research methods, the paper then goes on to present findings from 27 qualitative interviews with 14 DES participants with psychosocial disability. Drawing on narrative analysis of the data, four narrative positions were identified: 1) Actively choosing to stay with their current provider; 2) Passively staying; 3) Reluctantly staying; and, 4) Tinkering on the edge of change. Positions were influenced by current and previous service experiences and level of satisfaction with their current provider, mental health and employment outcomes, as well as the extent to which socio-economic factors constrain participants' capabilities for exercising choice and control. While a small number of participants actively chose to stay with their provider, no participants in our sample exercised

control to change despite growing dissatisfaction. Our findings led us to question whether these reforms will have the desired effect of increasing competition between providers to ultimately improve employment outcomes for people with disability.

Differing capabilities for choice and control within NPM-inspired welfare quasi-markets

As highlighted by Clarke (2005) and Glendinning (2008) much of the inspiration for the NPM philosophy were derived from private consumer market theories. These theories assume that choices are made in isolation, with limited consideration of the complex circumstances which often influence the decision-making capabilities of individuals in need of welfare services, arguably making such theories less applicable to publically-funded welfare programs (Glendinning 2008, Clarke, Smith, and Vidler 2005). Decision-making processes are influenced by factors such as age and availability of support and resources to nurture independence in decision-making, the latter often being restricted in people with psychosocial disability through legislation denying legal capacity, alongside institutionalisation and other forms of segregation (Arstein-Kerslake 2017, Jenkinson 1993, Collyer et al. 2015). These factors go on to interact with broader issues, such as socio-economic inequalities, unemployment and discrimination, to further influence whether and how people make decisions, and their willingness to exercise choice and control within quasi-markets such as those created by policy reforms of programs such as DES (Knight et al. 2018, Burchardt, Evans, and Holder 2015, Purcal, Fisher, and Laragy 2014, Crozier and Muenchberger 2013, Glendinning 2008).

Participant choice within quasi-markets is similarly undermined by a lack of accurate and accessible information to help consumers differentiate between providers, as well as limited mechanisms to support people to make informed choice about which provider may best suit their needs. This contributes to information asymmetries and power imbalances within service decision-making, often favouring provider authority over consumer needs (McDonald and Marston 2008, Glendinning 2008, Australian Federation of Disability Organisations 2014, Shaw et al. 2004). This risk could be exacerbated under the reforms as information on provider effectiveness will be limited for at least the first 12 months of the new contract. Participants will therefore not have access to sufficient information to make choices about which providers are best placed to meet their needs. Providers will also be disadvantaged by lack of information on how competitors are performing, although they will likely retain their advantage over consumers in terms of information related to the labour market and the DES system more broadly (Considine, Nguyen, and O’Sullivan 2018, McDonald and Marston 2008).

Prior to the reforms, DES providers were referred a market share of participants, with payments weighted towards servicing of participants, alongside payments attached to various employment outcomes achieved. This funding arrangement was criticised as hindering competition (as providers did not need to attract participants to attract funding) and leading to risk selection behaviour often referred to as ‘creaming and parking’, whereby providers focus attention on participants who are easier to place in jobs in order to maximise financial returns, while providing minimal service to others perceived to be less likely to achieve employment outcomes (Nevile and Lohmann 2011 pg.3, Perkins 2008). To address this, the reforms introduced a new ‘risk adjusted funding model’, weighting funding on complexity of clients and away from servicing and towards outcomes achieved (Department of Social Services

2017a). There is, however, a risk that service funding will be insufficient to adequately support participants with multifaceted barriers to employment, reducing the incentive of providers to take on complex participants. In turn, this may reduce choice of providers for those participants willing and able to cater to their needs (Australian Federation of Disability Organisations 2014). Further, providers do not always survive such conditions, with larger organisations often having more financial resources available to endure reforms, or indeed acquire smaller organisations that may be struggling to remain viable under changes to funding arrangements (Glendinning 2008). This is evident within the mainstream employment services system (known as *job active*) and other quasi-markets for people with disability whereby, contrary to the objective of marketization, there has been a decreasing number of providers sustained overtime, reducing options for participants and decreasing competition (Glendinning 2008, McDonald and Marston 2008).

Finally, increasing participant choice and control within DES seems paradoxical to the increasing conditionality placed on recipients of welfare, including the threat of financial sanctions (Australian Government 2018). Similar to other liberal welfare states, the argument for compliance is weaved into the discourse that welfare is no longer an unconditional entitlement, but dependent on individuals actively engaging with employment services to remain in receipt of income support. The pressure on welfare recipients to not burden the system, to take responsibility to work and economically and socially contribute is being consistently reinforced in Australia (Nevile 2008, Department of Social Services 2017a, Marston, Cowling, and Bielefeld 2016). Based on her research, Nevile (2012) questions whether participant choice is possible within a system where most individuals engage on an involuntary basis through ever-increasing mutual obligations attached to income support. Similarly, Beck (2018) in her UK research with people experiencing long-term

unemployment, found choice was undermined by activation mechanisms and sanctions implemented under workfare policies. Others, such as Slade and Longden (2015), argue that despite these measures, high rates of unemployment for people with disability persist, as ‘Welfare-to-Work’ measures often implemented through NPM-inspired mechanisms continue to disregard broader underlying structural barriers to employment (e.g. discrimination, limited supply of suitable jobs) (Slade and Longden 2015). This paper contributes to this debate by examining a key assumption of the reforms; that increasing participant control to choose their provider and change if they are not satisfied, will promote competition, innovation and effectiveness of DES, leading to improved employment outcomes for people with disability. It does this by analysing the narratives of DES participants with psychosocial disability on whether they exercise choice and control to stay with or change providers, exploring factors that influence both their decision making positions and access to work.

METHODOLOGY

This qualitative study was embedded within a larger research project known as the Improving Disability Employment Study (IDES). IDES is implemented by (anonymised for review) in partnership with disability and employment services peak bodies and employment service providers. The aim of IDES is to improve understanding of factors that promote sustainable employment outcomes for people with disability. IDES involves a prospective cohort quantitative survey of approximately 350 people with disability currently accessing *job active* and DES providers. The survey explores well-being, socio-economic conditions, and engagement with employment services and work. Alongside the survey, this nested

qualitative study aimed to more deeply explore the experiences of people with psychosocial disability currently accessing DES and how this is influenced by the reforms.

Drawing on narrative inquiry, utilisation of choice and control within DES was explored through the perspectives of participants. Narrative inquiry is a methodology appropriate for exploring lived experiences of phenomena (Clandinin 2006). It does so by eliciting underlying narratives through analysing accounts of events occurring over time and the way these accounts are told (Bruner 1991, Frank 2012). Narrative inquiry of the lived experience of mental illness and disability have been previously used in explorations of supported-decision making (Knight et al. 2018), self and carer conceptualisations of Autism (Gray 2001), and experiences of recovery and psychosocial disability (Ridgway 2001). Narrative inquiry was used by Ezzy (2000) to analyse the way recently unemployed people described their experiences as positive (with a sense of agency) or negative (influenced by external social factors). These studies demonstrate the usefulness of narrative inquiry to generate a deeper understanding of how social factors may influence individuals, their actions and ongoing experiences of phenomena (Holland, Thomson, and Henderson 2006, Clandinin 2006, Riley and Hawe 2005, Ezzy 2000). Narrative inquiry can also help in exploration of how policies are experienced by different stakeholders, and evaluation of whether the purposes of policies are being achieved (Barabasch 2018).

Narratives were drawn from 27 semi-structured baseline (n=14) and follow-up (n=13) interviews with 14 DES participants with psychosocial disability, conducted between November 2017 and June 2018, just prior to the reforms. Potential participants included IDES survey respondents who: 1) identified as having psychosocial disability, and, 2) had given consent to be contacted to ascertain interest in participating in follow-up interviews.

Eligible individuals were contacted by (anonymised) and provided with information about the study. If interest was confirmed, a time and meeting place was arranged to conduct the interview. The research team also worked with four DES providers working with participants with mental health conditions. Staff provided potential participants with information about the study. As above, interested participants were followed up by the lead researcher. Informed consent was collected from all participants prior to each interview. All participants were 18 years or older. Across the two interviews, participants were asked to reflect on their mental health, work and broader life circumstances and how this was influenced by DES, including in relation to choice and control. Follow-up interviews also focused on changes that had occurred in their lives since the baseline interview. Interviews were audio-recorded and later transcribed, each lasting approximately 45 minutes. Ethics approvals were obtained from (anonymised).

Analysis began with multiple readings of each transcript by the lead researcher, initially focusing on individual narratives across the two interviews, identifying life circumstances (e.g. education, socio-economic factors), experiences (e.g. work, mental health, DES), and relationships (e.g. family, DES, within employment) given the most prominence and whether and how these changed over time (Holland, Thomson, and Henderson 2006). Examples of participant choice and control within and external to DES were identified, with the analysis examining how choice and control was perceived and positioned within and across each participant's narrative, alongside factors described as influencing decision-making. Comparisons were then made across the cohort to identify similarities and differences in whether and how participants exercised control to stay with or change providers. This was done with the understanding that narratives can be categorised as

stable - a person's evaluation of an experience remains the same over time; regressive –a person's narrative of an experience gets worse over time; or progressive –a person's narrative of the experience improves over time (Riley and Hawe 2005, Gergen and Gergen 1988). Four main narrative positions were determined with each participant mapped to one position, providing insight into whether participants will exercise choice and control to remain or change providers, and, factors that may influence this process under the reforms.

FINDINGS

Adverse life circumstances that undermine access to work and capabilities for choice and control were a common theme of all interviews. Difficult upbringings, family breakdown, disrupted education, unemployment, traumatic events (e.g. sexual violence, military deployment), poor physical health, homelessness, and, significant financial hardship, intertwined to influence mental health, engagement with DES, and the ability to find and keep work. However, the extent that these broader life circumstances were emphasised as constraining participants' capabilities for exercising choice and control within and external to DES varied, as did the countering sense of empowerment to engage in the labour market. Yet, efforts to independently secure work proved elusive for all but a few, particularly when challenging life circumstances were compounded by limited availability of jobs that fit with skills, needs and aspirations, alongside, discrimination and lack of opportunity to engage with employers. So, whilst more than half of the participants accessed DES voluntarily, all participants spoke of DES as an inevitable necessity, rather than something they were engaging with out of choice or because of mutual obligations.

Within this context, and noting no-one had actively exercised control to change providers, the narratives clustered across four different positions illustrative of whether participants exercise choice and control to stay with or change providers: 1) Actively choosing to stay; 2) Passively staying; 3) Reluctantly staying; and, 4) Tinkering on the edge of change. Factors influencing positions included level of satisfaction with their current provider, often compared with past experiences and expectations of whether and how providers could work with participants to achieve employment expectations; mental health and availability of supports to address mental health and other health concerns; and, broader life circumstances. The findings below outline the socio-demographics of the cohort before describing these four narrative positions.

Socio-demographics of participants

Participants were between 21 and 48 years of age, with most identifying depression and/or anxiety as their main mental health condition. Educational outcomes varied across the group (See Table 1). Eight participants were voluntary job-seekers, whilst six were mutually obligated to engage with DES. Four participants were working part-time at baseline but were required or aspired to gain more hours. Eight were unemployed and not volunteering, and two were volunteering but hoping to gain paid employment. At follow-up, one participant was unable to participate. In terms of employment status, seven remained unemployed and not volunteering, four were unemployed and volunteering, one was working part time, and two were working full time. Ten participants were still with the same provider, with three in the process of changing providers as their current provider no longer held a contract to provide services after the reforms.

Insert Table 1.

Narratives on choice and control

1) Actively choosing to stay

The reasons why people actively chose to stay with their current provider were multi-faceted, influenced by satisfaction with support received, achievement of employment outcomes, and a reluctance for change. Similar to the cohort more generally, people in this group had experienced adverse life circumstances, but were currently relatively stable in relation to their mental health, housing, and family support. They were positive about the role that the right job could play in their lives and were proactively working with their provider to find work.

When I know I am doing really well at work, it makes my mental health almost better, because I know I'm helping people. I am helping customers, my manager is really happy with me. I am getting money for doing this. Like every aspect is going good, when things are going well in that section [work]. Like for my mental health, like it really brings it back up. But as I said, it's hard finding jobs like that. (Participant #7, a-baseline interview (P7a))

Perspectives on the service they were receiving remained optimistic in this group across the two interviews. This was facilitated through resourced in-take processes and matching with employment consultants that the participants felt were skilled, knowledgeable of the local labour market and empathic to their circumstances. The sense of social connection gained through engaging with their provider also contributed to a willingness to stay, especially for people whose social networks were limited. Levels of satisfaction were often spoken of in comparison to previous experiences with the mainstream *jobactive* program or years of unsuccessfully navigating the labour market independently. Indeed, one participant had considered dropping out of the welfare system altogether rather than further

endure the stress of *jobactive*. They had been unaware of DES until recommended there by a family member.

[jobactive provider] actually became so stressful and such a burden, that I stopped going to Centrelink [Australian welfare interface]. I was just going to tough it out, I just couldn't deal with it anymore ... Just little things, like they ask you to report, but half the time the reporting system is down. It's just a nightmare. I wish it was just more nice ... But [jobactive provider] and places like that, you are just a number. Like you are a burden, it sounds really bad but I felt like a dero[/elict] walking in there. Because that is how they were treating me. Like 'you're just a person that doesn't have a job' ... I was just really wanting some extra help and support as I was a bit lost and didn't know what I wanted to do. And also having trouble with my dyslexia and mental health, as my mental health really affected my last job. So Mum suggested to come down to speak to [current DES provider] and I did and they have been absolutely fantastic. I am so happy I did. (P7a)

People in this group felt they had been directly supported by their provider to achieve employment outcomes. Outcomes included paid work or incremental steps towards this. Finding voluntary work for example, contributed to a self-belief for participants that paid work was possible, which in turn promoted mental health.

Before I got the [volunteer] job it was a big issue getting work. Like a lot of people put me down because I wasn't working ... Like people give a lot of importance to work. Before it was a big mountain on me that I can't work and I was trying to analyse that. I was negative about it, that I can't work, it's too much for me. But now it's become less of an issue. I became more happier. More relieved that that big

problem, I've addressed it, and now it's moving, and that's how it's helped my mental health. (Participant #2, b-follow-up interview (P2b))

For individuals that had found work, appreciation for help received, alongside a need for ongoing support to navigate the workplace, and, a desire to further progress career aspirations kept them engaged with their provider: *'And that is why I'm still trying to stay in touch with them. As much as I love this job, I really want a job helping someone, where it's very rewarding in that sense. Or something that is very different every day. I would love to do casework.'* (P7b) In comparison to other positions, this position was characterised by a resistance to exercising choice and control both within and external to DES. Some did not want to have control over their every-day decision-making including in relation to work, extending this to wanting more government support to make decisions within DES.

Every little decision in my life, like I will always ask my mother and my grandmother, and then of course my partner ... But I will ask anyone and everyone. I am just that sort of person that likes to ask for advice, and be reassured that what I'm doing is the right thing ... I don't want control. I want people to make decisions for me. ... And even with job searching it would be nice if Centrelink and that gave advice on what would be the best job provider for you, it would be good to get that sort of reassurance. (P7a)

There was also a perception that 'experts' know best and the decision around which provider to go to should be made by these 'experts', questioning whether people with disability should be afforded choice and control within DES.

I received a letter from the government saying about choice and control, in choosing another provider, and I spoke to [DES consultant], and she said 'Yes from 1 July

people can choose their DES provider'. She asked me what I thought about that. And I said I think it's a bad idea. Because why I think like that? Because people when they go to Centrelink they don't know where to choose. Like each individual is suitable for a particular agency. Like they know at Centrelink. They know from your history and from talking to you ... If people start choosing for themselves, like which agency, they don't know, they just think about the area. And I said to [consultant], like people who want to avoid work ... like involuntarily made to look for work, they will be choosing an agency that will be soft with them, but now they can't. They have no choice. (P2b)

2) Passively staying

People passively staying with their current provider were more focused on trying to improve their mental health and address challenges in their broader lives, placing less priority on or feeling less confident that work would be beneficial or even possible in their current circumstances. Indeed, accounts of negative workplaces experiences including exploitation and bullying were commonly accompanied by dialogue on the detrimental impact these experiences had on mental health and work confidence: *'Like there was the odd one, like weekend sort of jobs. But I just haven't been, to be honest, I haven't the confidence to apply after what happened at [previous workplace], I'm scared.'* (P13b). There was a recognition in this group that when choice and control over the type of work undertaken had been undermined either by the system or life consequences, it created a cycle of accepting inappropriate jobs, impacting on mental health, employment outcomes, and, subsequent confidence for work.

Control over what sort of job you want to go into. Not pushed into just any job.

Because I think that's another thing, I just go for any job because it's there, because I

just need a job That's why I've had so many jobs, because it's just really stressful the ones that I go to ... You always have to be careful with Centrelink. They are always trying to kick you off it. That is the other thing I suppose, some of them who might not be capable, might be forced to work. So it's [choice and control] a bit of a contradiction of statements. (P13a)

This however did not equate to proactively seeking out a provider that may be more effective or supportive in finding them suitable employment. If the relationship with their provider was not negatively impinging on their mental health or if there was social value perceived in the connection with the provider (or other incentives), exercising choice and control to change providers seemed somewhat irrelevant, even if they recognised they were not feeling well supported to find work: *'The interactions with [consultant] have been positive. Because although I didn't always feel that I was helped in terms of my job searches, in terms of my mental health it was good when she talked to me.'* (P13b). There was also a sentiment that all providers (and employers) are the same so there was little point in changing.

Why would I change? These people are 'yes we're all bells and whistles, and 'yes come to us and we will do this'. And then they deliver nothing. Where is the incentive to even look into it? When I already know, based on my own experience, nothing works, so why would I change? [Interviewer [I]]: So what do you think makes you stay with [current provider]? [Participant [P]]: Because they are the better of two evils [I]: And you're still hoping the situation will change and they will help you find work in the future? [P]: No. The only person that is gonna help is me. This is just another example of a failed system ... And so I still go there and he gives me \$20 every time I go. So that is an incentive. I say that rather cynically as well ... But he is another

person that I speak to. And so another person who can say, 'Well we can just generally agree [P10] is still sane today. A little bit twisted, but somewhat sane, for the most part he still is sane, yes?' (P10b)

This group often had low expectations of the level of support they felt they deserved within DES and their broader life. In turn they were less likely to think they had the right to change to a provider which may provide more support.

I was going to but I don't know, I just kept going with the flow. I would feel bad. And I thought my case worker here was mad at me. So I thought I would be running away from it I guess. Because when I overdosed at work I came here, because I didn't know what else to do ... I think anywhere I go is kind of the same. I think people think you are capable of doing things yourself. They don't think you really need help. [I]: Do you think people think you are capable of doing it yourself? [P]: [Nods] [I]: And you feel therefore they don't offer you as much help? [P:] Maybe. I just try and do it though. Because there are people who can't read or write. I just need to get past the [guilt]. (P13a)

If changes were required, for example if a provider lost their contract, these participants recognised they had the right to choose a new provider, but were content for Centrelink to make this decision for them. The prospect of changing providers if they weren't happy in the future was again spoken of with aversion and scepticism of being supported to attain work accommodating of their circumstances.

Yes so it's an automatic default. So Centrelink would have chosen that one anyway, so it is easiest to go there ... I'll probably just stick with them until I get a job. I need to

see them if it makes sense. They'll probably force me into the position where they want me to work. I'm sure that it'll be fine. (P11b)

3) Reluctantly staying

Some individuals were staying with current providers despite articulating deep dissatisfaction and a recognition that staying was not leading to employment and was detrimental to their mental health. Their evaluation of engagement with their provider consistently deteriorated over time: *'I just hate coming here now ... I don't know what my options are. I'm not even sure she has looked at my CV. Like I don't even think she knows that I'm a [profession]. I don't think she knows anything about me.'* (P8b). This narrative most often was grounded in an overwhelming confluence of limited availability of suitable jobs, hostile life circumstances, and hindered capability for choice and control. Paid employment was therefore seen as essential to improving life circumstances as well as promoting choice and control over their lives, yet work remained unattained.

I can't even meet Maslow's hierarchy of needs, like in terms of safety or shelter ... it impacts on your mental health and impacts on your physical health. ... [I]: And then the way forward in terms of gaining more choice and control? [P:] I suppose having a job. Having financial solutions available that are available to 90% of Australians ... It is probably not something I will see in my lifetime. (P1a)

Self-belief in capability for choice and control had often been undermined by limited support to foster independence and low expectations for decision-making across their life course: *'She [mother] didn't give me the tools to live independently, like emotionally ... I was completely controlled ... I wasn't allowed an opinion. I would get yelled at for speaking up*

about anything.' (P4a). Further, choice and control over educational and career aspirations had regularly been disrupted by family and broader structures.

I always have these opinions from everyone ... There was a point where I wanted to go to TAFE [Technical and Further Education], because maybe I will do horticulture, because I love being outdoors ... 'Oh you won't like that, oh you won't like being in the sun all day or being on a tractor.' And I am like, well how do you know unless I try ... let me take a chance. I feel like I've always been the one that they control ... I don't think they trust the choices I will make. (P6a)

Circumstances for people in this group generally worsened over time. Persistent unemployment meant they were still unable to access appropriate housing or address health conditions, further hampering efforts to look for work. Some providers did try to address some of these non-vocational barriers, but with limited success.

Nothing is improved, I feel worse than I did the last time I saw you ... I just don't have the money to go to an Osteopath or go to a Physio or do Pilates or anything like that. It's so expensive. So I haven't. It seems to me like a Catch-22. Like I need to do it to improve my back, but I don't have the money to do it. And then I just kind of sit down and go, I can't do it. (P8b)

I would very happily go to a boarding house if it was a safe space. But my experience of two boarding houses, I've had my car stolen and I got bashed by a woman in another ... It really feels like a battle sometimes. Like I stopped working because of this health problem two years ago, because I don't have permanent accommodation ... I really just don't know how people with disabilities are supposed to find employment when they don't have safe housing ... And [DES consultant] really made

me go to [Housing service] and that was just humiliating, exhausting. I have done it ten times before. (P1b)

These narratives emphasised ongoing barriers within the broader welfare system influencing choice and control before and during engagement with DES. Participants for example described difficulty accessing DES due to gaps in the referral process: *'I had been ringing Centrelink since March, twice a month to get a provider, and they just didn't respond. Until I rang a provider directly, and they contacted Centrelink ... I knew I was eligible for services, they just wouldn't put in the referral.'* (P1a). Reasons for not changing providers (unless forced to due to DES closure) were linked to limited knowledge on how to change or what other services were available.

[I:] If [new provider] don't turn out to be as good as you are hoping, will you look at changing? [P]: *If I have to I have to I guess.* [I]: But if you don't have to you won't? [P]: *I won't.* [I]: You won't because it's hard to change or? [P]: *I honestly hated it here* [I]: But you didn't change? [P]: *I didn't think I could* [I]: But now that you know you can? [P]: *I hopefully wouldn't hate it because I think there is only here or there.* (P12b)

Even when external supports (e.g. mental health workers) could also recognise that individuals were not being provided with adequate support and their mental health was being negatively impacted by this, these participants still felt a reluctance to change providers. Often the thought of rectifying the situation by engaging with Centrelink and re-telling their story to change providers, or to change their work requirements was too overwhelming. A compromise for some was to change consultants within the same provider.

I don't know what changing providers will do. Like I said it's a situation the employers have the control and they want things to be their way ... When I spoke to my psychologist, he was like 'you look like you're pretty overloaded with stuff and really should be on maybe a seven hour requirement', and he said 'go back to Centrelink' and I haven't. And I thought about it but I am just like, I don't really wanna go there. The feeling of having to explain to them, and feeling like they aren't going to listen and I will get angry ... I haven't had the energy to go down and do that. (P14b)

When this sense of hopelessness was intensified by unemployment, rather than change providers, some people in this group requested a suspension from job-seeking: *'I just gave up looking for work, because I don't have anywhere to live'*. (P1b) For others, a combination of negative treatment by DES staff and persistent unemployment, meant that leaving DES altogether was seriously being contemplated. Not only were people in this narrative giving up on DES, but giving up hope that finding a job was possible.

My previous worker actually said to stop telling people I have cerebral palsy. I said I don't want to do that because I don't want to walk into interviews and for them to get me out because I am disabled. I would rather be aboveboard, and for [provider] to say this person is disabled but she can do so much... My previous worker also said 'Don't focus on the animal care thing because there is not much employment out there'. I said okay but I have always been going for different jobs ... I thought that I would have got a slightly higher level of service because I'm here on my own volition ... They therefore should be looking at me like 'she is an enthusiastic job seeker', rather than being forced to be here. So I thought that I would get a bit more help, but

it doesn't seem to be. I'm not given much help at all. [I:] And then in terms of going elsewhere, would you look for a different provider? [P]: I don't think I would go with another provider at this point if I left ... I don't know, I haven't really had much luck with providers. (P4b)

4) Tinkering on the edge of change

People in this position were the most proactively talking about change. For this group, enhanced choice and control within DES was seen as a positive thing: *'I think they should feel like they are not locked in, like they don't have to be here if they don't want to be here. Sometimes I think these places, people think they are being punished to go.'* (P9a). Their lives were characterised as stable with relatively secure accommodation, supportive family and social networks, and happy enough with their mental health support. Individuals were motivated to work and were proactively engaging with the labour market, but were yet to find work. Empathy with and not wanting to offend their DES worker or avoiding the potential confrontation that changing providers may cause, seemed to be the main reason these participants were yet to change.

I think I'm probably going to change to be honest. When I came here I had originally heard good stuff about it, and I don't know, maybe I was reluctant for change, or also, I tend to not be so pushy ... and I also want to give another chance ... I mean on the other side of things, I mean a lot of them have to deal with people that just don't want to find work and that can be a bit demoralising as well. (P15b)

For this group, access to paid work was spoken of as the only thing missing in their lives, as well as a much needed means of income. Whilst identifying frustrations, their

relationship with DES was generally spoken of positively. Frustrations included high turnover of staff and the financial burden of going to appointments, but predominantly they stressed that outcomes were not being achieved, and a fear that persistent unemployment would undermine their mental health and life circumstances. Yet, they still seemed willing to give their DES provider at least one more chance.

I am proud of overcoming like a lot. I'm proud of how far I've come. I'm just ready to work. I don't want to not be in work for so long that I might start to go downhill internally, because I might start to lose hope. So it may be like [DES provider] need to push a bit more if they could. I'm not saying they're not doing anything ... I'm a bit of a people pleaser as well. Not a people pleaser but a peacekeeper that's the word. I don't want to make anyone feel like they have failed, I don't wanna hurt anyone's feelings. But I know I have to look after myself and it's about me getting work. (P9b)

Participants described positive family support which helped them exercise choice and control across their lives: *'I think I'm getting there, I mean I want to get advice from my parents, like even before the schizophrenia'* (P15a). Participants recognised that this family support alongside support from mental health services would be needed to help them feel ok about changing, as well as support them to access another provider or different types of supports. Indeed, some had already begun the process of drawing on other mechanisms to find work and felt that these alternatives may prove more effective than staying with or changing DES providers.

I'm going to look elsewhere and also try and reach out to maybe other career seekers. So I have been talking to [mental health service] as well now ... I imagine I have to go on the Internet and find out myself. I mean, my mum is often looking for me and

looking around because she works with lots of kids with psychosis and men, women with psychosis. She has kind of got a good idea of the ones that have had a huge success rate, so that is definitely a consideration I guess. I have stuck with [current provider] for a while. I have wanted it to work but you know, the turnover rates are just astounding. (P15b)

DISCUSSION

The NPM-inspired reforms to the DES program assume that enhancing participant choice and control to choose or change providers, will promote the efficiency and effectiveness of the program and thereby improve employment rates for people with disability. Yet the ability of these reforms to meet these objectives remains questionable. The key finding in this study highlights participants will not necessarily exercise control to choose or change providers, even if they are dissatisfied with the service they are receiving and recognise that employment goals are not being achieved. Participants across the four narratives identified, varied in their capabilities and willingness for choice and control within and external to DES. Similar to the decision-making influences observed in other quasi-markets, this was influenced by the interaction of their life circumstances, particularly co-existing health conditions, access to housing, availability of formal and informal support, their previous experiences with services, the fluctuating nature of mental health, and their satisfaction with their current provider (Glendinning 2008). However, all narratives overwhelmingly voiced the multifaceted challenges encountered in exercising control to both enter and move within the DES quasi-market, leading us to question the underlying assumptions of the reforms.

As has been observed within NPM theory elsewhere, barriers within referral processes and limited information and knowledge on the availability and performance of providers,

undermined participants' capacity to differentiate and proactively choose between services. Instead there was a reliance on the knowledge of 'experts' to make decisions about which DES provider may best meet their needs. Deferral to experts was also evidenced when change was precipitated by provider loss of contract. (Glendinning 2008, Knight et al. 2018).

Some participants' spoke positively of their provider and support received to access work. This was linked to positive intake processes and matching with suitable consultants. However, most participants identified persistent issues with DES. Low expectations of participant capability and the disregard of job requirements, skills and career aspirations of participants continue to hamper sustainable job placements. This undermines both work confidence and longer-term career development, as well as negatively impacting on mental health. High turn-over of staff was also reported as a concern due to the loss of continuity of support. Participants perceived there was little to differentiate between providers, so saw no point in exercising control to make a potentially stressful change. In some circumstances providers were helping to meet a participant's social needs and were seen as part of their support network, so whilst they may not be effective in helping people find work, providers were at least viewed as a connection to maintain. Many participants had endured exclusion and discrimination in their lives. This seemed to contribute to a fear of confrontation that may be precipitated by requesting to change providers, but also a sense that they did not want to cause emotional harm to frontline staff. This empathy however meant some participants were less likely to change to a provider that may have been better placed to support them into work. Similarly, many participants had lowered expectations of their rights to receive support or to find suitable work, and thus a reluctance to speak out when employment goals were not being achieved. Similar to experiences reported with other systems, such as individualised

disability budgets in the UK, there was also participant reluctance to change providers due to not wanting to tell their story again (Glendinning 2008).

As in other studies such as by Crozier and Muenchberger (2013), participants' life circumstances such as housing insecurity, poverty, lack of informal support, and insufficient access to health services, had a major influence on their desire and capability for exercising choice and control both within and external to the DES system. Of ongoing concern, is that the increasing marketization of DES does not enable the challenging life circumstances of participants with psychosocial disability, that greatly influence access to work and capabilities for choice and control, to be addressed. Compounding this is the expectation that choice and control will be exercised within a system where most participants are engaging under mutual obligations to remain in receipt of income support. While participants generally did not object to their own mutual obligations, perspectives on whether other people with psychosocial disability should be obligated to engage with DES reiterated that people should have more control over this process. Concern centred on an inherent tension in making people with psychosocial disability involuntarily look for work, as the stress of mutual obligations may exacerbate their condition.

Similarly, participant storylines were often entwined with, yet resisted, wider discourses around welfare recipients. Heavily influenced by NPM, such discourses emphasise the centrality of work to citizenship, blaming individuals for their unemployment and expecting them to adapt their behaviour to be able to fit into labour markets (Howard 2012). Participant narratives consistently confirmed that people don't choose to be unemployed or in need of welfare. When they do experience these circumstances however, the system established to provide support can actually compound their hardship, through negatively influencing self-worth and contributing to negative perceptions around employing people

experiencing long-term unemployment (Slade and Longden 2015, Schofield and Butterworth 2018, Howard 2012).

For some participants across all positions, their experience in DES continued a pattern of having their educational, career and life aspirations undermined and their capability for independence neglected. As highlighted by Brophy et al (2014) it remains fundamental when promoting choice and control within marketized social policies, to recognise the capacity of people with psychosocial disability to make decisions about their own lives, albeit that some people desire and require support through processes such as supported decision-making (Brophy et al. 2014, Knight et al. 2018). DES have an essential role in ensuring participants are supported to exercise choice and control. While these reforms are relatively new, this requires providers to better enable participants to develop and draw on formal and informal support networks to not only support decision-making, but also to enhance self-belief in their capacity to work (Shaw et al. 2004). This however requires greater recognition and resourcing of processes that support decision making and contribute to building support networks. In the absence of system level data on how the DES market is performing, it also requires providers to open themselves up to evaluation by their participants, and listen to the perspectives of participants on how services could be improved.

Conclusion

It remains unlikely that the choice and control now afforded to participants under the latest marketization of DES, will alone lead to improved competition and effectiveness of DES and subsequent employment outcomes for people with psychosocial disability. This in part is because of the multitude of factors within DES which influence participants' willingness and

capability to exercise control to change providers, but is equally influenced by factors external to DES. An effective DES system that relies on marketization, can only exist within a broader context of policies, programs and environments that more effectively address the challenging life circumstances often experienced by this cohort (e.g. access to affordable and accessible housing, a history of trauma, poor mental health care), as well as structural barriers to employment such as disability-related discrimination and the limited number of jobs that fit the skills, aspirations and needs of the growing number of people with disability wanting (and mutually obligated) to find and maintain meaningful employment. Instead of investing so heavily in NPM inspired DES reforms, governments need to be doing more to address these structural barriers if they do really want to improve the mental health, employment outcomes and life circumstances of people with psychosocial disability.

Disclosure statement. No financial interest or benefit has arisen from the application of this research.

Funding

This research was funded through an Australian Research Council Linkages Project under grant LP 150100077

References

Arstein-Kerslake, Anna. 2017. *Restoring Voice to People with Cognitive Disabilities*. :

Cambridge University Press.

Australian Bureau of Statistics. 2016. *Disability, Ageing and Carers, Australia: summary of findings, 2015*. Canberra.

- Australian Federation of Disability Organisations. 2014. Consumers front and centre: What consumers really think about Disability Employment Services Melbourne: Australian Federation of Disability Organisations.
- Australian Government. 2018. Targeted Compliance Framework: Work Refusal and Unemployment Failures Guidelines. edited by Department of Social Services. Canberra.
- Barabasch, Antje. 2018. "The narrative approach in research and its use for policy advice." *International Journal of Lifelong Education* 37 (4):468-481.
- Brophy, Lisa, Annie Bruxner, Erin Wilson, Nadine Cocks, Michael Stylianou, and Penny Mitchell. 2014. People making choices: The support needs and preferences of people with psychosocial disability. Mind Australia.
- Bruner, Jerome. 1991. "The narrative construction of reality." *Critical inquiry* 18 (1):1-21.
- Burchardt, Tania, Martin Evans, and Holly Holder. 2015. "Public policy and inequalities of choice and autonomy." *Social Policy & Administration* 49 (1):44-67.
- Carroll, Aleisha, Bhargavi Davar, Julian Eaton, Rosie Catherine, Janice Cambri, Alexandra Devine, and Cathy Vaughan. 2016. "Promoting the rights of people with psychosocial disability in development research and programming." *Development Bulletin* 77.
- Clandinin, D Jean. 2006. "Narrative inquiry: A methodology for studying lived experience." *Research studies in music education* 27 (1):44-54.
- Clarke, John, Nick Smith, and Elizabeth Vidler. 2005. "Consumerism and the reform of public services: inequalities and instabilities." *Social Policy Review* 17:167-182.
- Collyer, Fran M, Karen F Willis, Marika Franklin, Kirsten Harley, and Stephanie D Short. 2015. "Healthcare choice: Bourdieu's capital, habitus and field." *Current Sociology* 63 (5):685-699.

- Considine, Mark, Phuc Nguyen, and Siobhan O'Sullivan. 2018. "New public management and the rule of economic incentives: Australian welfare-to-work from job market signalling perspective." *Public Management Review* 20 (8):1186-1204.
- Crozier, Michelle, and Heidi Muenchberger. 2013. "'It's your problem, not mine': does competence have anything to do with desire and aspiration to self-direct?" *Australian Health Review* 37 (5):621-623.
- Department of Social Services. 2015. National Disability Employment Framework Discussion Paper November 2015. Canberra: Department of Social Services.
- Department of Social Services. 2016. New Disability Employment Services from 2018 Discussion Paper. Canberra.
- Department of Social Services. 2017a. Disability Employment Services Reform 2018 Industry Information Paper. Canberra.
- Department of Social Services. 2017b. Portfolio Budget Statements 2017-18 Budget Related Paper No. 1.15A. Canberra.
- Drew, Natalie, Michelle Funk, Stephen Tang, Jagannath Lamichhane, Elena Chávez, Sylvester Katontoka, Soumitra Pathare, Oliver Lewis, Lawrence Gostin, and Benedetto Saraceno. 2011. "Human rights violations of people with mental and psychosocial disabilities: an unresolved global crisis." *The Lancet* 378 (9803):1664-1675.
- Ezzy, Douglas. 2000. "Fate and agency in job loss narratives." *Qualitative sociology* 23 (1):121-134.
- Frank, Arthur W. 2012. "Practicing dialogical narrative analysis." *Varieties of narrative analysis*:33-52.

- Gergen, Kenneth J, and Mary M Gergen. 1988. "Narrative and the self as relationship." In *Advances in experimental social psychology*, 17-56. Elsevier.
- Glendinning, Caroline. 2008. "Increasing choice and control for older and disabled people: a critical review of new developments in England." *Social Policy & Administration* 42 (5):451-469.
- Gray, David E. 2001. "Accommodation, resistance and transcendence: Three narratives of autism." *Social Science & Medicine* 53 (9):1247-1257.
- Harvey, Carol, Lisa Brophy, Samuel Parsons, Kristen Moeller-Saxone, Margaret Grigg, and Dan Siskind. 2016. "People living with psychosocial disability: Rehabilitation and recovery-informed service provision within the second Australian national survey of psychosis." *Australian & New Zealand Journal of Psychiatry* 50 (6):534-547.
- Hayes, Laura, Lisa Brophy, Carol Harvey, Juan Jose Tellez, Helen Herrman, and Eoin Killackey. 2018. "Enabling choice, recovery and participation: evidence-based early intervention support for psychosocial disability in the National Disability Insurance Scheme." *Australasian Psychiatry* 26 (6):578-585.
- Holland, Janet, Rachel Thomson, and Sheila Henderson. 2006. *Qualitative longitudinal research: A discussion paper*. London: London South Bank University London.
- Hood, Christopher. 1991. "A public management for all seasons?" *Public administration* 69 (1):3-19.
- Hood, Christopher. 1995. "The "New Public Management" in the 1980s: variations on a theme." *Accounting, organizations and society* 20 (2-3):93-109.
- Howard, Cosmo. 2012. "The contradictions of individualized activation policy: Explaining the rise and demise of One to One Service in Australia." *Critical Social Policy* 32 (4):655-676.

- Jenkinson, Josephine C. 1993. "Who shall decide? The relevance of theory and research to decision-making by people with an intellectual disability." *Disability, Handicap & Society* 8 (4):361-375.
- Knight, Fauzia, Renata Kokanović, Damien Ridge, Lisa Brophy, Nicholas Hill, Kate Johnston-Ataata, and Helen Herrman. 2018. "Supported Decision-Making: The Expectations Held by People With Experience of Mental Illness." *Qualitative health research* 28 (6):1002-1015.
- Lantz, Sarah, and Greg Marston. 2012. "Policy, citizenship and governance: the case of disability and employment policy in Australia." *Disability & Society* 27 (6):853-867.
- Lund, Crick, Carrie Brooke-Sumner, Florence Baingana, Emily Claire Baron, Erica Breuer, Prabha Chandra, Johannes Haushofer, Helen Herrman, Mark Jordans, and Christian Kieling. 2018. "Social determinants of mental disorders and the Sustainable Development Goals: a systematic review of reviews." *The Lancet Psychiatry* 5 (4):357-369.
- Marston, Greg, Sally Cowling, and Shelley Bielefeld. 2016. "Tensions and contradictions in Australian social policy reform: compulsory Income Management and the National Disability Insurance Scheme." *Australian Journal of Social Issues* 51 (4):399-417.
- McDonald, Catherine, and Greg Marston. 2008. "Re-visiting the quasi-market in employment services: Australia's job network." *Asia Pacific Journal of Public Administration* 30 (2):101-117.
- National Mental Health Consumer & Carer Forum. 2011. *Unravelling Psychosocial Disability, A Position Statement by the National Mental Health Consumer & Carer Forum on Psychosocial Disability Associated with Mental Health Conditions.* Canberra: National Mental Health Consumer & Carer Forum.

- Nevile, Ann. 2008. "Human rights, power and welfare conditionality." *Australian Journal of Human Rights* 14 (1):1-20.
- Nevile, Ann, and Rosemary Lohmann. 2011. "'It is like they just don't trust us': Balancing trust and control in the provision." *The Australian National University, Canberra*.
- Olney, Susan Joy. 2016. "False economy: New Public Management and the welfare-to-work market in Australia."
- Perkins, Daniel Jeremy. 2008. "The new employment services system." *Australian Journal of Labour Law* 21 (3):374-382.
- Productivity Commission. 2019. Review of the National Disability Agreement. edited by Australian Government Productivity Commission. Canberra.
- Purcal, Christiane, Karen R Fisher, and Carmel Laragy. 2014. "Analysing choice in Australian individual funding disability policies." *Australian Journal of Public Administration* 73 (1):88-102.
- Ridgway, Priscilla. 2001. "Restorying psychiatric disability: learning from first person recovery narratives." *Psychiatric rehabilitation journal* 24 (4):335.
- Riley, Therese, and Penelope Hawe. 2005. "Researching practice: the methodological case for narrative inquiry." *Health education research* 20 (2):226-236.
- Schofield, Timothy P, and Peter Butterworth. 2018. "Are Negative Community Attitudes Toward Welfare Recipients Associated With Unemployment? Evidence From an Australian Cross-Sectional Sample and Longitudinal Cohort." *Social Psychological and Personality Science* 9 (5):503-515.
- Shaw, Lynn, Joyce MacKinnon, Carol McWilliam, and Thelma Sumsion. 2004. "Consumer participation in the employment rehabilitation process: Contextual factors and implications for practice." *Work* 23 (3):181-192.

Slade, Mike, and Eleanor Longden. 2015. The empirical evidence about mental health and recovery: how likely, how long, what helps. In *Melbourne: MI Fellowship*.

Table 1. Baseline demographics

Variable		Total n-14
Average age (range)		36.7 years (21-48yrs)
Gender	Male	8
	Female	5
	Gender non-binary	1
Country of birth	Australia	1
	Other	3
Geographic location		
	Urban/Semi-urban	8
	Regional/Rural	6
Education	Did not complete secondary education	3
	Completed secondary education	3
	Completed TAFE qualification (e.g. Diploma)	3
	Currently undertaking post-secondary qualifications	2
	Completed tertiary education (e.g. Bachelor)	
Self-reported mental health condition		
	Depression and/or Anxiety	9
	Post-Traumatic Stress Disorder	2
	Schizophrenia/Psychosis	3
Welfare Support*	Disability Support Pension	6

	Newstart Allowance	4
	Sickness Allowance	1
	Job Seeker Allowance	2
	No income support	1
Job seeker status	Voluntary	8
	Compulsory	6
Employment status	Unemployed	8
	Volunteering	2
	Working part time but needing more	4
hours		0
	Full-time	

* Welfare support in Australia includes various pensions and income support payments for people who are unemployed. Income support payments generally have mutual obligation requirements attached, i.e. recipients are obliged to actively look for work.