

JOBS AND WELL-BEING: REOPENING THE DEBATE



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PART I.

THE UK WORK AND HEALTH AGENDA

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I.

INTRODUCTION

Introduction

This is Part 1 of an investigation on the relationship between employment and well-being, focusing on the way that knowledge and claims in this area feed into social policy.

The subtitle of the investigation refers to “reopening” the debate on jobs and well-being. We intend this as a reproach to those who have suggested the matter is settled. With the backing of academics and professional healthcare bodies, the Department for Work and Pensions has claimed that there is a firm consensus on the idea that employment is essential for health and well-being, and that joblessness is inherently bad for people. Reopening the debate means asking whether the reality is really so simple.

The investigation is divided into three parts. In Part 1, we draw attention to the most influential claims about the relation between jobs and health, showing how these have been used to justify a job-focused policy agenda, centred on the promotion and prescription of employment. This agenda includes features that are often discussed - such as welfare cuts and job-focused conditionality - as well as political developments that are less talked about, such as the coercion of disabled people off benefits and the drive to establish employment as a ‘health outcome’ in healthcare settings.

In Part 2 we turn to the evidence, questioning whether this job-focused policy agenda is truly supported by research on the relation between jobs and health. Against the simplicity of the idea that jobs are essential to well-being, we shed light on studies which show that the relationship between work and health is variable, sensitive to context, and ultimately ambiguous. In the broadest terms, research suggests that having a job is not always good for people, and that the quality of life without work depends on the circumstances.

In Part 3, we reflect on the implications of knowledge about jobs and well-being for social policy, suggesting that there is no justification for the UK's job-focused agenda that is rooted in convincing conclusions on the determinants of well-being. In response, we imagine the broad principles of a less job-focused set of policies. Our suggestions uphold the importance of a right to supported inclusion in employment for those who want it, but also put more focus on the quality of work available, and the possibility of reconstructing unemployment. This opens up the possibility for policies to focus on supporting people's agency, dignity and security when not working.

We also conclude Part 3 with several more philosophical considerations, suggesting that reopening the debate on jobs and health may require a more skeptical attitude in general, regarding the power of public health expertise to 'tell us what to do' politically. This is because we think the future of work and welfare ought to be a question for citizens. It is a question that involves asking what justice means, whose interests may be served by the idea that 'working is good for you', and what kind of society citizens would choose to live in, if they had a genuine choice. The value-laden nature of the debate means the future of work and welfare cannot be left to health experts alone.

We hope this investigation will be useful to health practitioners, policymakers and campaigners who have questioned the unqualified claim that 'jobs are good for you'. We also hope to persuade more people that the claimed consensus on this matter is not all it seems.

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Fyodor Dostoevsky's observation that: 'Deprived of meaningful work, men and women lose their reason for existence; they go stark, raving mad' may seem extreme, but the evidence for primary care is clear. Long-term worklessness increases our risk of physical and mental health problems - having a good job is generally good for our health.

Dr. Rob Hampton, Public Health England¹

It is apparent that there is a responsibility for all healthcare professionals to promote work as a health outcome. Ensuring healthcare professionals are appropriately trained in 'prescribing' work as well as absence from work is paramount in promoting work as a health outcome.

Shivan Thakrar, Academy of Medical Royal Colleges²

There is clear evidence that good work improves people's health and wellbeing and protects against social exclusion... Conversely, unemployment is bad for health and wellbeing, as it is associated with an increased risk of morbidity and premature death.

Helen Donovan and Viv Bennett, Public Health England³

1 Hampton (2019) 'GPs Have a Key Role in Helping People Back to Work'. Available at: <https://www.gponline.com/gps-key-role-play-helping-people-back-work/article/1591336>

2 Academy of Medical Royal Colleges (2019) 'Promoting Work as a Health Outcome: Summary of the Conference "Good Work is Good for You"'. Available at: https://www.aomrc.org.uk/wp-content/uploads/2019/05/Good_work_is_good_for_you_summary_0519.pdf

3 Donovan, H. (2019) 'Linking Work and Health: The Role of Nurses'. Available at: <https://www.rcn.org.uk/news-and-events/blogs/linking-work-and-health-the-role-of-nurses>

In 2019, Boris Johnson wrote a column for the Telegraph, endorsing employment as a solution to the mental health crisis in the UK. He suggested that it was work that allowed Winston Churchill to stave off his depression, adding that ‘what was true for Churchill is basically true for all of us: that to a very large extent we “derive our self-esteem from what we do”. It is often from our jobs... that we get that all-important sense of satisfaction.’ Following this reasoning, Johnson suggested that joblessness is troubling because ‘as soon as someone leaves their job, and forsakes that self-defining sense of purpose, they are at risk of entering a downward spiral of depression’.⁴

The idea that jobs play an integral role in sustaining well-being is consistent with intuition. People rely on work for income, and it is also common to aspire to jobs that will supply psychological goods like meaningful social interactions, a sense of identity and a feeling of purpose. A large body of research has also shown unequivocally that unemployment is linked to significant declines in both physical and mental health,⁵ and can even produce a ‘scarring’ effect, compromising individual well-being in the long-term.⁶ These research findings are consistent with a widespread and well-grounded everyday fear of unemployment.

In this report, however, we suggest that there is more than one way to interpret and respond to these observations, and that the mode of interpretation has important political consequences. What we refer to as the dominant view, represented in the opening quotations above, hinges on the following assumptions:

4 Madhawi, A. (2019) ‘No, Boris Johnson, working harder is not a solution for poor mental health’, The Guardian. Available at:

<https://www.theguardian.com/commentisfree/2019/jul/16/boris-johnson-working-harder-mental-health-tax-privatising-nhs>

5 Paul, K. and Moser, K. (2009) ‘Unemployment Impairs Mental Health: Meta-analyses’, *Journal of Vocational Behavior*. vol. 74(1), pp. 264-282

6 Clark, A., Geogellis, Y. and Sanfey, P. (2001) ‘Scarring: The Psychological Impact of Past Unemployment’, *Economica*. vol. 68(270), pp. 221-241

1. Research shows that joblessness has a negative impact on health and well-being.
2. This negative impact is caused by the absence of employment, and its related personal benefits.
3. It is therefore rational and benevolent for the state to focus policy efforts on promoting and prescribing employment.

A job-focused policy agenda

The dominant view has been leveraged by the UK government as one key justification for a policy agenda focused on the promotion and prescription of employment. The backbone of this agenda is the expansion of active labour market policies, which link the receipt of social security benefits to participation in work preparation schemes. These schemes have included forms of unpaid work (or 'workfare') and job-search monitoring, as well as life coaching and behaviour-change programs, co-ordinated by private welfare contractors under the heading of the 'Work Programme'.⁷ Participation in these programs is often made mandatory, through the tacit or explicit threat of sanctions, in which benefit payments are stopped for a period of time if a claimant is labelled uncooperative. The increasing focus on activating out-of-work groups is also paired with a greater restriction of so-called 'passive' labour market policy, through the tightening of benefit eligibility and a reduction of benefit levels.

⁷ On the privatised aspect of welfare provision, see: Finn, D (2018) 'The role of jobcentres and contracted providers in the delivery of employment services and benefits' in: Millar, J, Sainsbury, R (eds.) *Understanding Social Security*. Bristol: Policy Press

These characteristics have been central to the reform of European welfare states in recent decades,⁸ although the reforms have had a particularly strong impact in the UK, where the introduction of Jobseekers' Allowance, along with subsequent New Deals and the Work Programme, have put considerable pressure on unemployed people, disabled people and lone parents to seek employment.

As well as lending support to policies focused on 'activation' for the labour market, the claim that employment is essential to health now also sits at the core of an official 'work and health agenda', endorsed by key UK government departments and a range of UK healthcare bodies and charities. This agenda includes the more novel goals of emphasising employment as a recovery outcome in healthcare settings, as well as introducing health professionals into welfare settings to advise benefit claimants on psychological issues.⁹ It also includes the controversial aim to get 1 million more disabled people into employment between 2017 and 2027.

8 Lødemel, I. and Moreira, A. (2014) *Activation or Workfare? Governance and Neo-liberal Convergence*. International Policy Exchange

9 This is consistent with the Conservative government's general interest in the science of public behaviour change, and its establishment of the 'Behavioural Insights Team' (or 'Nudge Unit') in 2010. See: <https://www.bi.team/>

In summary, the idea that employment is indispensable for health has important political implications. It sits atop more entrenched arguments about citizens' moral duty to work¹⁰ as an additional justification for governments to continue with an employment-focused policy agenda. As such, it also presents a potential roadblock for campaigners and policymakers proposing less employment-focused alternatives, such as the reduction of working time,¹¹ or the resourcing of individuals outside work, through policies such as universal basic income.¹² Insistence on the well-being benefits of work can be one way, for example, of dismissing the plausibility of basic income in favour of a Job Guarantee, in which the state would pledge to provide unemployed people with a job as opposed to a guaranteed living.¹³ Given the strong political implications now and in the future, it is important to reopen the debate on jobs and well-being and investigate the dominant claims.

10 See: Cholbi, M. (2018) 'The Duty to Work', *Ethical Theory and Moral Practice*, vol. 21(5), pp. 1119-1133

11 Stronge, W. and Harper, A. (eds.) (2019) 'The Shorter Working Week: A Radical and Pragmatic Proposal', *Autonomy*. Available at: <http://autonomy.work/wp-content/uploads/2019/03/Shorter-working-week-docV6.pdf>

12 Frayne, D. and Stronge, W. (eds.) (forthcoming) 'A Future Fit for Wales: A Basic Income for All', *Autonomy*

13 For a summary of the Job Guarantee: Tcherneva, P.R. (2020) *The Case for a Job Guarantee*. Cambridge: Polity. For a critical view: Sligar, D. and Sturgess, H. (2020) 'Would a job guarantee be work for the dole 2.0?', *Inside Story*, available at: <https://insidestory.org.au/would-a-job-guarantee-be-work-for-the-dole-2-0/>

II.

FEATURES OF THE UK WORK AND HEALTH AGENDA

Features of the UK work and health agenda

Before we assess the validity of the dominant view on jobs and well-being in Part 2 of this report, this section outlines some of the key publications, claims and ambitions in the UK's work and health agenda. We also list some preliminary concerns.

- **The Waddell and Burton review (2006)**

In 2006, Gordon Waddell and Kim Burton published an influential review entitled 'Is Work Good for Your Health and Well-being?'¹⁴ Commissioned by the Department for Work and Pensions (DWP), this 246-page report reviewed a range of empirical studies on the relationship between employment and health, concluding that 'there is a strong evidence base showing that work is generally good for physical and mental health and well-being'. The report also gives special attention to sick and disabled people, advising that 'when their health condition permits, sick and disabled people (particularly those with "common health problems") should be encouraged and supported to remain in or (re)-enter work as soon as possible'.

Although the report begins with a broad definition of work as a category including voluntary work, education and unpaid care work, it is usually cited as evidence to prove the health benefits of paid employment. The Waddell and Burton report was, for example, a key resource in the UK government's 'Improving Lives' Green Paper.

14 Waddell, G. and Burton, K. (2006) *Is Work Good for Your Health and Well-being*. London: The Stationary Office. Available at: <https://cardinal-management.co.uk/wp-content/uploads/2016/04/Burton-Waddell-is-work-good-for-you.pdf>

- **The 'Improving Lives' Green and White papers (2016 and 2017)**

In 2017, the DWP linked with the Department of Health and Social Care (DHSC) to form the UK government's Work and Health Unit. The unit's remit was outlined in the joint DWP / DHSC 'Improving Lives' documents (a Green paper in 2016 and subsequent White Paper in 2017).¹⁵ The Green paper asserted:

The evidence that appropriate work can bring health and well-being benefits is widely recognised. Employment can help our physical and mental health and promote recovery.

At the broadest level, the Improving Lives papers outlined a plan to respond to the evidence on work and health by 'joining up work and health' at the level of service delivery. This includes an integration of welfare and health services and a drive to 'raise the profile of work as a health outcome among health professionals'. The papers became known for their headline goal of getting 1 million more disabled people into employment between 2017 and 2027, and also featured a number of more specific recommendations, listed below.

- **The work and health consensus statement**

The Improving Lives papers outlined a plan to introduce a new 'consensus statement' on work and health. Co-ordinated by Public Health England, the statement represents an official declaration of principles, undersigned by professional bodies and 'designed to inspire, empower and support healthcare professionals to realise the potential of work as a health outcome'.¹⁶

¹⁵ Department for Work and Pensions and Department of Health (2016) Improving Lives: The Work, Health and Disability Green Paper. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/564038/work-and-health-green-paper-improving-lives.pdf

¹⁶ Public Health England (2020) Work as a Health Outcome: A qualitative assessment of the influence of the Health and Work Champions pilot programme and the clinical consensus statement. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/923531/PHE_-_HWMC_Evaluation_-_2_.pdf

The latest version of the consensus statement has been endorsed by the Academy of Medical Royal Colleges, the Royal College of Nursing and the Allied Health Professionals Federation. It includes pledges to 'help promote the aspiration of working in patients' and 'advance the concept of "good work as a health outcome" across the health and care sector'.¹⁷

- **The work and health champions program**

The work and health champions program is a joint initiative between the DWP / DHSC and Public Health England. The proposal is to assign designated 'champions' to work with local and regional NHS leaders to promote the integration of employment outcomes into clinical practice. This includes influencing commissioners about the importance of the work and health agenda, building professional links between the healthcare and welfare systems, and delivering training on work and health to healthcare professionals.¹⁸ The Improving Lives White Paper outlined a goal to double the number of national champions, 'ensuring that work is considered at an early stage of treatment or rehabilitation'.

An evaluation of the program's 15-month pilot scheme troubled the idea that work and health services continue to operate as silos. It targeted GPs in particular, who 'are likely to focus on health issues with their patients, and are not felt to have the time, capacity or knowledge to engage sufficiently in employment related issues'.

17 *Ibidem.* for the full consensus statement.

18 *Ibidem.*

- **The Improving Access to Psychological Therapies (IAPT) service**

The Improving Lives White Paper outlined a plan to invest over £39million to more than double the number of employment advisors embedded within the NHS Improving Access to Psychological Therapies (IAPT) service. IAPT is a state-provided form of Cognitive Behavioural Therapy (a form of psychological intervention focused on altering individual thoughts and belief patterns), in which therapists are encouraged to build employment goals into the course of treatment. Its architects, the psychologists Richard Layard and David Clark, promoted the scheme to the government as one that could ‘pay for itself’, reducing welfare spending by getting more mental health service-users into employment.¹⁹ By March 2012, the IAPT service had taken over most primary care services in the UK, and by 2015 there were around 7,000 therapists working in IAPT.²⁰

- **The psychologist in the welfare system**

The work and health agenda also corresponds with a rise in psychological interventions within welfare settings. The 2015 Government Budget announced a plan to place IAPT therapists within 350 Job Centres, ‘to provide integrated employment and mental health support to claimants with common mental health conditions’.²¹

19 See Watts, J. (2019) ‘Not in my name; not in my profession’s name’ in D. Frayne (ed.) *The Work Cure: Critical Essays on Work and Wellness*. Monmouth: PCCS

20 Atkinson, P. (2019) ‘The IAPT assembly line’ in D. Frayne (ed.) *The Work Cure: Critical Essays on Work and Wellness*. Monmouth: PCCS

21 HM Treasury, Budget 2015. Available at: <https://www.gov.uk/government/publications/budget-2015-documents>

Recent years have also seen active labour market policies adopt a more psychological focus, aiming at altering the personalities and attitudes of benefit claimants. The researchers Lynne Friedli and Robert Stearn describe the rise of welfare interventions that promote a 'labour on the self', encouraging benefit claimants to embody the attitudes and emotional comportment of a successful job applicant and employee.²²

These interventions often draw on ideals and principles associated with the positive psychology of Martin Seligman and Lord Richard Layard's 'science of happiness'. These approaches emphasise the transformative power of having a confident, optimistic attitude, eliminating negative thoughts, and holding positive opinions on employment, emphasising these qualities as things that individuals can learn.²³

22 Friedli, L. and Stearn, R. (2015) 'Positive Affect as Coercive Strategy: Conditionality, activation and the role of psychology in UK government workfare programs. *Medical Humanities*, vol. 41(1), pp. 40-47

23 Foster, D. (2018) 'The health and well-being at work agenda: Good news for (disabled) workers, or just a capital idea?' *Work, Employment and Society* vol. 32(1). For a subjective account of participating in a positive thinking program for the unemployed, see: Koksal, I. (2012) "Positive thinking" for the Unemployed: My Adventures at A4e', *Open Democracy*. Available at: <https://www.opendemocracy.net/en/opendemocracyuk/positive-thinking-for-unemployed-my-adventures-at-a4e/>

- **Further measures**

The work and health agenda also includes a suite of further proposals. The doctor's sick note, for example, has been re-named the 'fit note', 'focussing on what people can do, not what they cannot do'.²⁴ The Improving Lives white paper also advises the routine recording of patient employment data,²⁵ building employment outcomes into NHS evaluation metrics,²⁶ having DWP staff keep a physical presence in GP surgeries,²⁷ and requiring healthcare workers (especially those in training) to undertake e-Learning activities that stress the link between jobs and health. Measures also include changes to be implemented in welfare settings, including training Job Centre administrators to initiate conversations about mental health,²⁸ and introducing mandatory 'health and work conversations' for disabled people, as part of the benefits application process.²⁹

24 Department for Work and Pensions and Department of Health (2016) Improving Lives: The Future of Work, Health and Disability. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/663399/improving-lives-the-future-of-work-health-and-disability.PDF

25 Academy of Medical Royal Colleges (2019) 'Promoting Work as a Health Outcome: Summary of the Conference "Good Work is Good for You"'. Available at: https://www.aomrc.org.uk/wp-content/uploads/2019/05/Good_work_is_good_for_you_summary_0519.pdf

26 Department for Work and Pensions and Department of Health (2016) Improving Lives: The Future of Work, Health and Disability. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/663399/improving-lives-the-future-of-work-health-and-disability.PDF

27 Public Health England (2020) Work as a Health Outcome: A qualitative assessment of the influence of the Health and Work Champions pilot programme and the clinical consensus statement. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/9235

28 Department for Work and Pensions and Department of Health (2016) Improving Lives: The Future of Work, Health and Disability. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/663399/improving-lives-the-future-of-work-health-and-disability.PDF

29 *Ibidem.*

III.

WHY WE MUST REOPEN THE DEBATE: KEY CONCERNS

Why we must reopen the debate: key concerns

Before assessing the core claim that jobs are essential for well-being in Part 2 of this report, here we outline five preliminary concerns surrounding the UK work and health agenda.

1. The qualifier 'good' work is often an empty gesture

Most instances of the claim that work is good for health contain the qualifier 'good' work. This is to signal that health is affected by job quality, not simply whether or not a person has a job. However, it is clear that the key documents underpinning the work and health agenda have only engaged with the problem of job quality superficially. The reference to job quality remains an empty gesture unless the key claims-makers also clarify the components of 'good' work and the power dynamics that shape job quality at the political, economic and organisational level. We explore this further in Part 2.

2. The goal to help disabled people into employment has been a front for austerity

One of the work and health agenda's headline goals - to get a million more disabled people into work for the benefit of health - fronts a set of reforms that have been deeply harmful, exacerbating anxiety and impairments.³⁰ A significant number of deaths have been publicly attributed by family and friends to the removal of benefits by the DWP,³¹ and the benevolent language of 'helping' and 'supporting' people to work diverts at-

³⁰ A full account of welfare reforms and their impact on disabled people is available in Clifford, E. (2020) *The War on Disabled People: Capitalism, Welfare and the Making of a Human Catastrophe*. London: Zed

³¹ Black Triangle Campaign, UK Welfare Reform Deaths. <https://blacktrianglecampaign.org/2014/10/21/uk-welfare-reform-deaths-updated-list-october-21st-2014/>

tention from the coercion, cuts and injustice which in 2016 led the United Nations to find the UK government guilty of 'grave and systematic' violations of disabled people's rights.³² This followed an investigation triggered by the campaign group Disabled People Against Cuts.

The Improving Lives papers' somewhat arbitrary figure of '1 million' disabled people recruited into work is divorced from any real assessment of levels and the diversity of needs and impairments,³³ and its recommendations must be seen in the context of the preceding Welfare Reform Act (2012) and Welfare Reform and Work Act (2016) which had already been targeting disabled people for welfare cuts.

32 Pring, J. (2016) 'UN's conclusion that UK violated disability rights is a "vindication" for activists', *Disability News Service*. Available at: <https://www.disabilitynewsservice.com/uns-conclusion-that-uk-violated-disability-rights-is-vindication-for-activists/>

33 Clifford, E. (2020) *The War on Disabled People: Capitalism, Welfare and the Making of a Human Catastrophe*. London: Zed

Disabled people under austerity

Key changes since 2010 include:

- The move from Disability Living Allowance (DLA) to Personal Independence Payments (PIP), announced in 2010 as a plan to reduce DLA spending by 20%. PIP introduced a system requiring disabled people to be continually reassessed for benefits, and also raised the bar to qualify as having a recognised impairment. Figures from 2019 show that 76% of appeals by disabled people were successful in overturning initial assessment decisions, demonstrating the injustice of the assessment process³⁴;
- Significant cuts to disability benefits. PIP and Employment and Support Allowance (ESA) payments have together shrunk by 10% since 2010³⁵. Several key groups of disabled people also lose out financially under the newer Universal Credit system, including 100,000 disabled children (who stand to lose up to £28 per week), 230,000 severely disabled people (who could receive between £28 and £58 a week less), and up to 116,000 working disabled people (who could be at risk of losing around £40 per week)³⁶;
- The introduction of the Work Capability Assessment in 2011. This 'fitness for work' test, initially run by the private welfare contractor Atos, has the power to stop disabled people's benefits or place applicants in a claimant category where they need to participate in active labour market programs as a condition of benefits. The test is notorious for wrongly judging claimants as fit to work, and has been linked to numerous fatalities among disabled people. Figures from 2019 show that 77% of appeals by disabled people were successful in overturning initial assessment decisions.³⁷

34 *Ibidem.*

35 Butler, P. (2018) 'Welfare spending for UK's poorest shrinks by £37bn', Guardian. Available at: <https://www.theguardian.com/politics/2018/sep/23/welfare-spending-uk-poorest-austerity-frank-field>

36 Clifford, E. (2020) *The War on Disabled People: Capitalism, Welfare and the Making of a Human Catastrophe*. London: Zed

37 The inefficacy of the assessment is apparent in the rate of successful appeals. Secret filming and the accounts of whistleblowers have also presented credible evidence of the pressure applied to assessors to deny benefits. Part of the problem is that assessments are carried out by generalist healthcare prac-

- Over 1 million sanctions applied to disabled people between 2010 and 2018, suspending people's benefits for periods lasting from 4 weeks to 6 months³⁸.
- The lowering of the Benefit Cap. The stated aim of the Benefit Cap is to ensure that working-age adults cannot receive more from social security benefits than a person can earn in work. The cap was lowered in 2017, and more than 10,000 disabled people had their benefits cut³⁹.
- A surrounding context of cuts to social care and mental health services, including the closure of the Independent Living Fund.⁴⁰

The stated goal to improve the health of disabled people through employment must therefore be seen in a broader political context of austerity, in which disabled people had already been targeted by spending cuts. The benevolent language of 'helping' and 'supporting' disabled people for the sake of health stands in stark contrast to the realities of welfare reform over the past decade: a harmful culture of cuts, auditing and mistrust, which the disability researcher Ellen Clifford summarises as 'hounding disabled people off benefits'.⁴¹

tioners, who may have a poor understanding of certain conditions - especially those that are less visible or that fluctuate. The influence of the US insurance company, Unum Provident, over the design of the Work Capability Assessment has also attracted concern, since it is believed the assessment draws on tactics used by the US insurance industry to deny payouts. For a full account of issues with the Work Capability Assessment, see *ibidem*.

38 Baumberg, G. (2018) *A better WCA is possible: disability assessment, public opinion and the benefits system*. London: Demos. Available at: <https://demos.co.uk/project/a-better-work-capability-assessment/>. A further 300k sanctions were applied to disabled people in this period, but were later cancelled.

39 Clifford, E. (2020) *The War on Disabled People: Capitalism, Welfare and the Making of a Human Catastrophe*. London: Zed

40 *Ibidem*.

41 *Ibidem*.

3. There is not a true professional consensus on the work and health agenda

Despite the existence of Public Health England's 'consensus statement' on work and health, not all health and care professionals agree that employment should be established as a health outcome. In 2015, 442 counsellors, therapists and academics wrote an open letter calling the linkage of state benefits and therapy 'damaging and professionally unethical'⁴². Concerns partly stem from the lack of professional accountability among the private welfare contractors conducting psychological interventions in welfare settings.⁴³ 95% of GPs surveyed by the British Medical Journal in 2014 also believed their concerns about patients' ability to work had been ignored by the DWP and its agencies (17% said this was 'usually' the case).⁴⁴

The work and health agenda signals an extension of the DWP's atmosphere of auditing and surveillance into healthcare spaces that are commonly valued for offering a sense of safety, impartiality and privacy. Therapists have pointed out patients' inability to give meaningful consent to employment-focused health interventions, if they are under the tacit or explicit threat of welfare sanctions⁴⁵. This fear is likely to be heightened if interventions take place in Job Centres or the premises of welfare-to-work contractors⁴⁶.

42 Guardian Letters (2015) 'Austerity and a malign benefits regime are profoundly damaging mental health', Guardian. Available at: <https://www.theguardian.com/society/2015/apr/17/austerity-and-a-malign-benefits-regime-are-profoundly-damaging-mental-health>. A collective known as the Mental Wealth Alliance (composed of health professionals and activist groups) also conducted a series of protests at conferences promoting the agenda. See <https://freepsychotherapynetwork.com/2017/01/30/mental-wealth-alliance-response-to-the-psy-professional-bodies-statement-on-benefit-sanctions-and-mental-health-301116>.

43 Friedli, L. and Stearn, R. (2015) 'Positive Affect as Coercive Strategy: Conditionality, activation and the role of psychology in UK government workfare programs. *Medical Humanities*, vol. 41(1), pp. 40-47

44 BMJ (2014) 'GPs workload climbs as government austerity agenda bites'. Available at: https://www.bmj.com/content/349/bmj.g4300?i-key=e288693f000053d52beb8128b35f546ca28b297c&keytype2=tf_ipsecsha.

45 See Watts, J. (2019) 'Not in my name; not in my profession's name' in D. Frayne (ed.) *The Work Cure: Critical Essays on Work and Wellness*. Monmouth: PCCS. Cotton, E. (2017) *The Future of Therapy*. Ebook. Available at: <http://survivingwork.org/wp-content/uploads/2017/12/The-Future-of-Therapy-eBook-3.pdf>.

46 Friedli, L. and Stearn, R. (2015) 'Positive Affect as Coercive Strategy:

The establishment of employment as a health outcome can also violate professional care ethics. The British Association of Counselling and Psychotherapy (BACP) ethical guidelines suggest that therapists ought to focus on 'facilitating a sense of self that is meaningful to the person(s) concerned' and prioritise 'respect for the client's right to be self-governing'.⁴⁷ Imposing employment outcomes in therapy settings can compromise these principles by introducing goals and norms that may be unreasonable and harmful to the patient.⁴⁸ A preliminary evaluation of the Work and Health Champions scheme (conducted by Public Health England itself) noted the role conflict involved for GPs, who have been tasked with acting as 'trusted health advisors', whilst also promoting an employment agenda to patients who may be worried about losing their benefit entitlements.⁴⁹

Conditionality, activation and the role of psychology in UK government workfare programs. *Medical Humanities*, vol. 41(1), pp. 40-47.

47 BACP (2018) 'Ethical Framework for the Counselling Professions. Available at: <https://www.bacp.co.uk/events-and-resources/ethics-and-standards/ethical-framework-for-the-counselling-professions/>.

48 Watts, J. (2016) 'IAPT and the Ideal Image' in J. Lees (ed.) *The Future of Psychological Therapy: from Managed Care to Transformational Practice*. Abingdon: Routledge

49 Public Health England (2020) *Work as a Health Outcome: A qualitative assessment of the influence of the Health and Work Champions pilot programme and the clinical consensus statement*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/923531/PHE_-_HWMC_Evaluation_-_2_.pdf

4. The work and health agenda casts the state in a paternal role

In a society where autonomy is a commonly held value, a welfare system that imposes specific ends on citizens raises ethical concerns. Critics point to the paternalism involved when the state enforces particular ideas of virtue, as well as the narrow definition of individual 'success' promoted in the current system of job-focused conditionality.⁵⁰ A focus on employment as the moral norm sidelines the variety of ways people contribute to society with unpaid efforts, including care work, volunteering, and other civic or creative contributions, which fall outside the way that 'work' tends to be defined.⁵¹ It also discriminates against people who cannot undertake paid employment.

The work and health agenda has been criticised for deepening this paternalism by not only instituting the norm of employment as a civic ideal, but also integrating it with more personal ideas of what it means to be 'healthy', 'normal' or 'recovered'. Citizens can be threatened with welfare sanctions for having the 'wrong' attitudes and feelings about employment.⁵² The 'right' feelings promoted in psychological welfare interventions are often based on the ideals of positive psychology, reflecting qualities such as optimism, confidence, and enthusiasm for work, which it is advised should be projected even in situations of economic struggle. This reflects a state-imposed and highly specific definition of normality - something that is not generally tolerated in an ethically liberal society.

50 Dent, A. (2019) 'The Failings of Universal Credit / Basic Income: Lessons for the UK', *Autonomy*. Available at: <https://autonomy.work/wp-content/uploads/2019/08/UC-UBI-V4.pdf>.

51 Patrick, R. (2014), 'Working on Welfare: Findings from a Qualitative Longitudinal Study Into the Lived Experiences of Welfare Reform in the UK', *Journal of Social Policy*, vol. 43:4, pp. 705-725.

52 This coercive aspect is what leads critics Lynne Fieldi and Robert Stearn to describe active labour market programs as forms of 'psycho-compulsion'. See: Friedli, L. and Stearn, R. (2015) 'Positive Affect as Coercive Strategy: Conditionality, activation and the role of psychology in UK government workfare programs. *Medical Humanities*, vol. 41(1), pp. 40-47.

5. Psychological welfare interventions have 'blamed the victim' and obscured the economic causes of unemployment

The work and health agenda's focus on adjusting the behaviour and attitudes of benefit claimants embodies a rehabilitation approach to the problems of poverty and unemployment. This approach suggests that people tend to be unemployed for psychological reasons, and that the state has a role to play in altering people's deficient attitudes and behaviour. It is an approach complemented by efforts from politicians and media outlets to frame poor and unemployed people as psychologically inferior and a moral threat to society.⁵³ In this tradition, one study from the 1970s even referred to the 'psychological disability' of work inhibition.⁵⁴

The rehabilitation approach is problematic because of its tendency to 'blame the victim' of structural problems, helping shape societal interpretations of the causes of unemployment. It ignores the impact of economic trends on labour demand, takes the appeal of work as a given, and also downplays the role that factors like class, race, gender and chance play in shaping individual economic success. The rehabilitation approach hence promotes a depoliticised worldview, targeting the individual rather than the system for reform.⁵⁵

53 For a full account of unemployment and stigma: Tyler, I. (2020) *Stigma: The Machinery of Inequality*. London: Zed

54 Cited in Ezzy, D. (1993) 'Unemployment and Mental Health: A Critical Review', *Social Science and Medicine*. vol. 37(1), pp. 41-52.

55 Research suggests that this worldview is proving resilient in the UK. One survey found that even during the collective economic crisis caused by Covid, almost half of respondents believed that newly unemployed people probably lost their jobs as a result of poor 'individual performance'. See Booth, R. (2021) 'Job losses in pandemic due to performance issues, say nearly half of Britons', *Guardian*. Available at: <https://www.theguardian.com/inequality/2021/feb/25/job-losses-in-pandemic-due-to-performance-issues-say-nearly-half-of-britons>.

IV.

SUMMARY

Summary

Drawing on the dominant view that employment is necessary for individual well-being, the UK government has been promoting a job-focused agenda, based on intensifying job-focused benefit conditionality, introducing psychological interventions in welfare settings, and emphasising work as a 'health outcome' in healthcare settings. We noted five preliminary concerns with this agenda:

- The qualifier 'good' work is often an empty gesture.
- The goal to help disabled people into employment has been a front for austerity.
- There is not a true professional consensus on the work and health agenda.
- The work and health agenda casts the state in a paternal role.
- Psychological welfare interventions have 'blamed the victim' and obscured the economic causes of unemployment.

APPENDIX: A NOTE ON 'SHAPING FUTURE SUPPORT'

Appendix: A note on 'Shaping Future Support': the 2021 health and disability Green Paper

As Autonomy's resource was being prepared for publication, the DWP issued a new Green Paper, 'Shaping Future Support: the health and disability Green Paper'. The Green Paper is under consultation and its full policy implications are currently unknown, but its principles follow the direction of travel established by the 2016 / 2017 Improving Lives papers (described in Part 1 of this resource).

Here we list some key features of the paper, showing its continuity with the current work and health agenda:

- The paper's main drivers are consistent with the Improving Lives papers. The bulk of its focus is on the need to reduce welfare spending and encourage employment outcomes.
- The paper continues to radically understate the harms of welfare reform in recent years, stating 'we have heard that some people find it difficult to interact with the benefits system' (p4).
- Following the Covid pandemic, the paper maintains the goal of 'getting 1 million more disabled people into work by 2027', without reference to actual levels of need (p8). It is suggested that the pandemic could help advance this goal because it could provide more home-working opportunities for disabled people (p25).
- The paper continues to lean heavily on the claim that employment is good for well-being in order to present its proposals as apolitical and grounded in evidence. The 2006 Waddell and Burton review (referenced throughout this resource) remains a key source.

- The paper continues to solidify the idea of employment as an essential and irreplaceable part of a normal life. Throughout the paper, working a job is equated with making a contribution, having a meaningful life, reaching potential and activity in general.
- A new focus is on encouraging sick and disabled people to connect with employment-preparation programmes sooner, possibly before a Work Capability Assessment has even taken place: 'We want to provide back-to-work support earlier when people apply for out-of-work health and disability benefits, through jobcentres and our employment support programmes' (p23).
- The paper continues to argue for a stronger 'join-up' of healthcare and welfare services. This is likely to include 'basing work coaches in GP surgeries and healthcare professionals in jobcentres' (p27) and continuing to draw charities, social enterprises and other organisations into providing employment support on behalf of the DWP (p31). It is also likely to include further commitments to employment-focused cognitive behavioural therapy (known as 'IAPT') (p31).
- The paper outlines ambitions to improve trust and relationships between claimants and employment support officers (p29) as well as make jobcentres 'more welcoming and engaging' (p23). However, the paper does not address the known institutional violence within the DWP, nor does it explain how trust will be achieved when officers will continue to hold the power to sanction.



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