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Psychological Society

Psychology at work: Improving wellbeing and productivity in the workplace



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Executive summary

'What's your name? And what do you do?'

A large part of how people define who they are is by what they do. Work can be a key part of our social identity, we use our membership of a group, organisation or profession to build our sense of self and find meaning. Working can be good for our health – being engaged and absorbed in a good job can promote psychological wellbeing. People who are employed have lower rates of psychological health problems.¹

But work is not a universally positive experience. Poorly designed jobs, work that is not organised well, difficult work environments, poorly trained managers and a lack of understanding of human behaviour in the workplace can create or exacerbate mental health conditions. For some people with physical or mental health conditions or disabilities, a lack of the right support at the right time from employers can make finding and keeping a meaningful job difficult. For many people who are unemployed, the experience of navigating the current welfare system in order to find work, claim benefits or seek suitable support has been extremely negative. Successive UK governments have attempted to address issues around work, health and disability. In November 2016, Damian Green, the previous Secretary of State for Work and Pensions, and Jeremy Hunt, Secretary of State for Health, committed to halving the disability employment gap. They recognised the role of work in providing positive psychological and social support and that unemployment can mean a 'downward spiral' that affects not just the individual and their family, but also employers, who lose valuable skills, and the health service that must cover additional demand. Following the 2017 snap election, there has been a change in leadership at the Department for Work and Pensions (DWP). It is vital that the government maintains positive progress on this agenda and ensures that nuanced positions, particularly around understanding how to measure the relationship between work and health are not lost.

The previous Conservative government's approach to work and health was not uniform across all departments. In January 2017 the Department for Business, Energy and Industrial Strategy (BEIS) launched a *Building our Industrial Strategy* green paper to consult over the most effective ways to encourage economic growth and optimise its global competitiveness. It omitted any mention of wellbeing strategies to further boost organisational and employee productivity, motivation or health as potential contributors to economic success, thus failing to fully consider the role of employees in the future economy.

Overview

This report from the British Psychological Society brings together evidence from across the discipline to demonstrate how policy makers can better tackle these interconnected challenges. Psychology is the scientific study of mind and behaviour, from communication and memory to thought and emotion. The report can be used by policy makers, commissioners, practitioners and employers to apply relevant psychological theory, evidence and practice to design interventions that work with human behaviour, not against it.

The first chapter, 'A psychologically healthy workplace', outlines the principles behind meaningful work and what can keep people fulfilled and productive in their jobs. It considers how to make

work more attractive, rather than how to make unemployment less attractive. As well as impacting on physical health and sickness absence, the psychological health of the workforce impacts on organisational performance and is therefore important for enhancing the UK economy.

Chapter two examines a range of psychological conditions on how the brain functions including Autism, Attention-Deficit Hyperactivity Disorder (ADHD), Dyslexia, Brain Injury – collectively known as neurodiversity – and how they can impact on people's experience in the workplace. It highlights that a focus on strengths, rather than disabilities, can help employers to feel more confident and employees to feel better supported.

The final chapter looks at how a better understanding of the psychological theories relating to the current UK welfare system and a more deliberate use of psychological evidence could help policy makers to design more effective interventions.

1. A psychologically healthy workplace

People are at the heart of organisations. While delivering the highest quality of products or services is the organisation's goal, it is the resources available to its employees, how much they value their work and that their work is valued, that ultimately deliver success. Psychology has much to offer in terms of principles that can make work rewarding, meaningful and prevent psychological harm.

Identity and engagement

For many people, work plays an essential part in social identity. Psychologists have emphasised that the 'importance of what it means to belong is integral to our sense of health'.² Reflecting this, 86 per cent of people said they valued interesting work and 76 per cent rated a sense of accomplishment as important as, or more important than, pay.³

Optimal levels of engagement at work have significant benefits for the employee. Such higher levels of engagement are characterised by increased levels of energy, dedication, being strongly involved in one's work, experiencing a sense of significance, and being absorbed in one's work so time passes quickly. So designing work to encourage engagement is also hugely beneficial to the employer.^{4,5}

Conversely, 'poorly designed work takes away from, rather than adds to, our...potential'.⁶ Boredom at work can predict negative outcomes for employees and organisations.

Framework for a psychologically healthy workplace

Employees' psychological health and wellbeing in the workplace are influenced by a number of key factors – some individual factors and others linked to the work environment.

Individual factors include employees' cognitive functioning (concentration, lack of weariness), motivation (e.g. aspiration to be involved, competence), social behaviours (e.g. attitudes towards and relations with others) and self-reported physical health (e.g. back pain, headaches) as well as emotions.⁷ Psychologists have explained how these factors interact to contribute to wellbeing in the workplace and how these should be considered to optimise the workplace.

Psychologists have also examined factors relating to the work environment including varying levels of work demands, discretion over one's job, feedback, the level of support available and wider factors such as equity and career outlook. Recent theories have sought to bring the factors relating to the person and those relating to the work environment together.

There has been a shift not only towards recognising the importance of our emotions and wellbeing in determining work-related outcomes but also to the pressure on employees to adapt to their work situations. With this comes recognition of employees playing a more active role in shaping their work and it is hoped that more employers will take their share of responsibility too. This proactive approach to improving the workplace is emphasised by the Taylor Report⁸ which calls on the government to give priority to the quality as well as quantity of work on offer in the UK.

Job insecurity and the changing face of work

Trends in employment practice since the economic crash of 2007–8 reflect a focus on cost-cutting and 'doing more with less'.⁹ As workplaces seek to stay competitive, increased flexibility with employees holds considerable appeal. For employees this often results in longer or more unsociable hours or more uncertain employment. It is estimated that approximately one million people are engaged on zero hours contracts.^{10,11} The intensification of work is playing a part in decreasing levels of wellbeing¹² and has negative implications for our work-life balance.¹³

Low employment quality is linked with employees having poorer mental health and poorly designed jobs carry as great a risk factor for mental ill health as unemployment: job insecurity is associated with a doubling of the risk of common mental disorder.¹⁴ Given that job insecurity may be here to stay, creating a sense of security for employees is the next big challenge.¹⁵

Control and learned helplessness

The level of control that an individual has over their work is a key factor for psychological health. While lack of control is a factor in many jobs, it is particularly pertinent in those with zero hours contracts, as although the individual has a choice to decline work, in practice they may feel pressured and not realise this or be able to afford that choice.

The concept of learned helplessness focuses on perceptions of lack of control and means that 'when someone is exposed to a negative, uncontrollable event they may conclude that their efforts are unrelated to their outcomes'.¹⁶ One potential outcome is depression¹⁷ and another is the perception that future efforts to change the situation are unlikely to succeed. This is likely to contribute to a passive approach in which the individual remains at the will of the employer. The Taylor Report¹⁸ recognises this and has encouraged steps towards a fairer balance for zero hours workers which does not exploit the flexibility of these work arrangements.

The absence of guaranteed regular hours reflects a heavy focus on survival mechanisms. People may strive to retain, protect, and build their resources so the potential or actual loss of these valued resources is threatening to them.¹⁹ From this perspective it is understandable that where circumstances continue to present a threat, for example – by not knowing how much work will be offered this coming week – the potential for psychological distress is increased.

Job insecurity is recognised as a predictor of poor psychological and physical health and also of negative work-related outcomes.^{20,21} Longitudinal studies of the relationship between job insecurity and general psychological health and wellbeing²² found job insecurity predicts a negative effect on mental health, carrying an increased risk of distress by 30–31 per cent.²³ This may result in employees doing just enough to meet the demands of the job because exceeding expectations is not rewarded. Given this where working conditions – including job security – are less than ideal and employees are dissatisfied there is an increased risk of low engagement and decreased productivity, ultimately having a negative impact on the economy.

Unpredictability and uncontrollability are key psychological challenges for wellbeing, leaving the individual unsure about how to cope. To combat this, employers should be giving as much advance notice as possible of work hours and carefully communicating change, taking time to consider an individual's situation, and also by ensuring that workers who may see themselves as under threat have access to occupational health and support services. Those working on a zero hours basis have the same entitlements to health and safety as any other employee and so the legal basis is clear.

Management and leadership

The onus rests with managers to put the best psychological theories and evidence into practice in the workplace. 'The worst management styles generate up to four times more stress than the best' and 'the best management styles drive job satisfaction levels up to 2.5 times higher.'²⁴ Poor management styles increase the chances that employees are not actively engaged at work. When employees are engaged, productivity is higher, staff turnover is 40 per cent lower and accidents are less likely.^{25,26}

The report outlines evidence for three key management theories – transformational leadership, Leader-Member Exchange and the Job-Demands-Resource Model. The link between transformational and high quality management behaviours with employees' job performance highlights the important role played by mental health. A large scale analysis of data gathered on 112,000 employees shows that better management styles positively impact on workers' mental health which in turn 'may significantly influence the levels of performance and productivity.'²⁷

Managers are employees too and are not immune to the demands of the workplace. The increasing popularity of coaching is helpful in that it encourages managers to reflect on their working practices as well as to develop and enhance their skills. The benefits of coaching have potential not only to be reflected in organisational outcomes, but also in managers themselves.

Best practice

The Health and Safety Executive (HSE) has developed Management Standards for work-related stress²⁸ to help organisations and employees assess risks to psychological wellbeing and designed an HSE Indicator tool for assessing workplace stressors. The Standards draw on the psychological principles of job demand, job control and support and also recognise the importance of context, and incorporate job role, relationships and change.

Although organisations appear to welcome the Standards, they acknowledge difficulties in implementation due to workplace time constraints, availability of relevant skills and support, as well as the need for quick wins.²⁹ This contributes to a lack of hard data on uptake of the Standards and there have been calls for more published research on their efficacy.³⁰ Recently, psychologists have suggested that the Standards could be updated to reflect the changing work environment and job insecurity.

In 2009, the National Institute for Health and Care Excellence (NICE) introduced guidance on psychological wellbeing at work as part of a wider government-sponsored approach to promote positive workplace interventions.^{31,32} NICE later published further guidance on the role of management practices and advised managers to 'encourage employees to be involved in the design of their role [and] allow them to have a degree of control, appropriate to their role, over when and how work is completed.'³³

There is work to be done to increase the status and influence of this statutory guidance among employers and to increase uptake. Moreover, it is important that they are reviewed and updated at regular intervals.

To this end, the Chartered Institute for Personnel Development, in conjunction with the HSE and Investors in People, have developed online practical guidance and advice for managers.³⁴ Initiatives such as the Workplace Wellbeing Charter³⁵ in England encourage an organisation-wide approach to raise awareness and improve practices around employee health by encouraging organisations to make commitments and be formally assessed on their progress.

Overall the HSE Stress Management Standards and NICE guidance represent the foundations for what needs to follow, i.e. development of their recommendations to address the emerging workplace concerns for mental health at work discussed in this report, followed by government-backed awareness-raising on a grand scale to reach all employers and employees.

Recommendations

Any government serious about improving the lives of the public and understanding why intractable problems persist, must ensure that their policies and interventions are based on an in-depth understanding of human behaviour.

The application of the psychological theory, evidence and best practice outlined in this report to inform policy and guideline development and design services and interventions that work with human behaviour not against it, would enable:

Policy

1. The Department for Business, Energy & Industrial Strategy to ensure the inclusion of employee health and wellbeing in a new *Building our Industrial Strategy* green paper. Future policy statements on Industrial Strategy to specifically incorporate how promoting the psychological and physical wellbeing of the workforce contributes to future economic success.
2. Future policy statements from any government department that addresses work and health to specifically incorporate the psychological evidence on the health costs of poorly designed work.
3. The DWP and DoH to incentivise employers (through tax relief or a similar mechanism, depending on the size of the organisation) to introduce evidence-based interventions that promote a psychologically healthy workforce, such as those outlined in this report.
4. The HSE Workplace Health Expert Committee to incorporate the latest evidence from all relevant areas of psychology – including the impact of increasing job insecurity – into their work to explore how to help organisations implement the HSE Management Standards.
5. The Department of Health (DH) and DWP to commission a review to establish the most effective and cost-effective coaching and training model to improve the skills of line managers, as a preventative intervention to improve the outcomes for the entire workforce. On completion of this evidence-based review and the endorsement of the most effective model, employers can then be incentivised to implement it.
6. NICE to actively seek ways to increase the uptake of its Mental Wellbeing at Work Public Health Guidance³⁶ and Workplace Health Management Practices.³⁷ Lessons are learned from successful dissemination of other non-mandatory guidance in promoting the effectiveness and status of guidance and creative ways to raise employer awareness, such as sharing case studies.

Employment practice

1. All employers to proactively seek to improve employee wellbeing by developing well-designed jobs, monitoring them and seeking to increase employee engagement. As a minimum this includes implementing the relevant guidance from NICE and HSE on improving psychological wellbeing at work, which helps employers to apply the psychological principles outlined above in a practical way.
2. Employers, and particularly those who employ people on zero hours contracts, to maintain transparent two-way communication with their employees and offer effective support and so that they can carefully consider the psychological impact of atypical work arrangements and job insecurity. Employers actively design workplace practices to protect their employees' wellbeing and ameliorate the negative effects of insecurity.
3. Senior managers to regularly discuss employee health and wellbeing at board level to ensure a proactive approach to mental wellbeing at work, and include employees in a collaborative way to find solutions. A culture of preventing psychological harm starts at the top of an organisation but involves people at every level.
4. Organisations to recognise the behaviours of managers which will help to minimise stress-related problems, i.e. fostering positive supervisory behaviours and enhancing managers' capacity to identify and act on symptoms of poor psychological health among employees. Toolkits and self-assessment processes developed by HSE/CIPD and initiatives such as the Workplace Wellbeing Charter can be used to support organisations.³⁸

2. Focus on strengths: Supporting people who experience difficulties at work

Most people will have experienced days where they have difficulties thinking, remembering and paying attention at work. It's a common human experience. What is less common, is an understanding that these cognitive difficulties can be seen on a continuum or spectrum, with mild everyday challenges at one end, moving through difficulties that may come and go as a result of a mental health condition, to more serious long-term conditions, such as Autism or ADHD, at the other end. These conditions are legally protected by the Equality Act 2010.³⁹

Providing effective support to enable people to find meaningful work and stay in employment is a key part of the government's commitment to halving the disability unemployment gap. That gap includes many people with conditions such as Dyslexia, Dyspraxia and Tourette Syndrome who face challenges in the workplace due to the different ways that their brains function. Though these conditions reduce engagement in the labour market, there are also many who are in employment but may be struggling to maintain employment or progress their careers due to discrimination, lack of understanding and lack of effective support.

The range of conditions that affect cognitive functions such as thinking, attention, memory and impulse control are collectively known as neurodiverse conditions or neurodiversity. This is an important area where psychologists can contribute expertise and a key area where applying psychological evidence can help solve potential problems for employees, employers and policy makers.

What is neurodiversity?

Neurodiversity refers to differences in people's skills and abilities, for example some people have an outstanding memory but find comprehension difficult. Whilst everyone has strengths and weaknesses, for some people the difference between them is significant.

For neurodiverse people, some tasks will seem easy and others impossible. This often leads employers, job coaches and authority figures to conclude that the individual is 'not trying', when undertaking particular tasks. Inconsistent performance is mistaken for a bad attitude or poor motivation, which leads to discrimination and perceptions of unfairness on behalf of the individual.

Neurodiversity typically encompasses a range of conditions: ADHD, Autism, Dyslexia, Dyspraxia/ Developmental Coordination Disorder (DCD) Tourette Syndrome (TS), Dyscalculia and Dysgraphia. These conditions are thought to be developmental, meaning that people are born with them, and they develop in childhood and adolescence. Some conditions affect behaviour and are typically diagnosed through the National Health Service, whereas the others are deemed educational or practical, and are normally diagnosed by educational psychologists and occupational therapists working with children.

Neurodiverse people are subject to discrimination.^{40,41} Their condition may not be immediately observable to colleagues and people do not readily disclose the condition themselves^{42,43} often because they fear that discrimination and feel that they aren't 'worthy' of support. This can delay the implementation of adjustments in the workplace, leading to their position at work being

vulnerable⁴⁴. Neurodiverse people are also more likely to be unemployed and incarcerated, both of which affect their employability.^{45,46,47,48}

Neurodiversity can also refer to mild-to-moderate mental health needs and acquired brain injuries including stroke, traumatic brain injury and neurological conditions such as multiple sclerosis. However the use of this categorisation is less common among psychologists, as the differences in skills and abilities (such as memory or concentration difficulties) are seen as symptoms, rather than a cause of the condition.

Focus on strengths

The overwhelming use of the medical, problem-focused model to diagnose conditions highlights the difficulties experienced by neurodiverse people rather than focusing on their strengths in education and employment.^{49,50} This prevents individuals from achieving their career potential.

Psychological research⁵¹ has shown that:

- People with dyslexia, which affects up to 10 per cent of the population, can have significant strengths in creativity, visual reasoning, visual-spatial skills, story-telling and entrepreneurialism.
- Those with DCD, which affects up to 2 per cent of people have been found to have high verbal comprehension ability.
- People with ADHD, which affects up to 4 per cent of the population, can have strong visual spatial reasoning abilities and creative thinking and can be hyper-focused, passionate and courageous.
- People with autism were found to have strengths in memory, thinking innovatively, paying attention to detail and have other 'specialist individual skills' including reading, drawing, music and computation. The prevalence of autism is around 1.5 per cent.
- Those with Tourette syndrome show an ability to 'hyper-focus' and had high verbal ability.

Neurodiversity and disability

Focusing on the strengths of those who are neurodiverse provides an alternative positive approach, but it can conflict with the practicalities of accessing disability support, which focuses on need.

Disability legislation creates a legal obligation for employers and organisations to make 'reasonable' disability adjustments to workplaces and education access in order to accommodate disability; this is widely thought to apply to neurodiversity. For example, Dyslexia is reported to account for 12 per cent of referrals to the government's Access to Work scheme.⁵² However choosing the most effective reasonable adjustments for neurodiverse people is difficult. Where access ramps make sense for people using wheelchairs, someone with a memory, communication or concentration difficulty requires more detailed, personal and context specific adjustments.

Reframing the neurodiverse experience could motivate employers, who can be guided to welcome the recruitment and promotion of neurodiverse people, seeing diversity as a strength rather than a burden. For individuals, receiving a balanced assessment would reduce self-limiting negative beliefs about their condition, inspiring career progression and achievement.

Workplace adjustments for neurodiversity

Though the underlying causes of neurodiverse conditions are different, research shows that the workplace issues are more similar than they might at first appear. The conditions are unanimously associated with some form of cognitive difficulty related to 'executive functions', which generally refers to three main processes including working memory, inhibition of urges and switching of attention.⁵³ They also involve a psycho-social impact ranging from communication to self-esteem problems. This means that we can use evidence developed for one condition to support decisions about adjustments for a different condition where there are bigger gaps in the research.

When providing support for people with neurodiverse conditions, many psychologists recommend personal, human contact. This can range in intensity from a highly supportive vocational rehabilitation model, through to workplace coaching and line manager training. Good collaboration between support services also leads to better outcomes for individuals.⁵⁴

However in practice, comprehensive government support is only available for people with severe autism and the support provided within the school system is not automatically continued into adulthood. The government's Access to Work scheme provides support, but there are gaps in the research into the effectiveness of the programme. The lack of services and inconsistency for adults with neurodiversity places undue burden on unemployment, criminal justice and social care budgets.

Instead, neurodiverse people are dependent on the occupational health and human resources initiatives provided by individual employers. There is a range of effective interventions that an employer can implement ranging from 'light-touch' support such as regular communication and feedback from line managers, through to career counselling, breaks and flexitime, formal coaching and adjustments to the workplace environment, which could include managing noise or light, or providing weighted blankets to reduce restlessness. The evidence for these interventions is reviewed on pages 54–55.

Consistent application of moderate support, in the form of formal disability adjustments could improve employment success. However employers do not always feel confident to commission and implement such adjustments. This is the role of the workplace needs assessment, which can be provided by Access to Work, NHS clinicians, psychologists and Occupational Health as part of intensive or moderate support.

Recommendations

For the government to achieve its stated ambition to halve the disability employment gap, it must deliver concrete actions to support those with neurodiversity into work and help them stay in employment. Employers and employees themselves can also contribute to making the workplace more manageable for neurodiverse people. The application of the psychological theory, evidence and best practice outlined in this report, would enable:

Policy, research and service delivery

1. The government to actively promote its Access to Work Scheme in an audience-friendly way that explains what support is available in easy to understand language, as it has with the Workplace Pension campaign.
2. The DH to widen access to early diagnosis and support services for all the developmental neurodiverse conditions irrespective of their severity, as a preventative public health measure.
3. DWP, Ministry of Justice (MoJ), DH and others who deliver services to people with neurodiversity to cultivate a balanced approach to assessment that focuses on strengths and skills as well as considering barriers. Including the use of positive, balanced assessments that have been proven to be valid and reliable by psychologists. The assessments should be administered by trained psychologists, occupational health and health professionals at the diagnostic and needs assessment stages.
4. Commissioners support those who act as financial gatekeepers in the employment system (such as Access to Work call centre staff and disability benefits assessors) to move to a culture of genuinely positive assessment, through a combination of training, ongoing support and supervision, and changes to structural elements of the process such as forms or online assessment tools.
5. DWP, MoJ and DH to introduce systematic ways of utilising the latest psychological evidence to inform policy and build their evidence base for best practice in this area (including accessing university psychology departments, using the British Psychological Society's expert groups or funding individual research student awards or honorariums and offering them in-house roles to develop the evidence base).
6. DWP, MoJ and DH to incentivise research into the evidence gaps on neurodiversity through mechanisms such as the DWP's Innovation Fund and via collaborative research projects through the Work and Health Unit.

Employment practice

1. Employers to disregard their disability statistics, acknowledging that disclosure rates do not accurately reflect the number of employees with neurodiverse conditions, and proceed as if a minimum of 10 per cent of employees are likely to have neurodiverse condition affecting executive functions.
2. Employers to actively create a culture of disclosure to encourage employees to seek the right support when they need it. This includes structural elements, for example regular open information on how employees have been supported and sharing of best practice.
3. Employers to make it easier for their staff to disclose neurodiverse conditions by including it in a tick box format on appropriate employment-related forms that invite people to disclose any disability, where appropriate, and to include a question on adjustments in an annual review as standard to destigmatise the question. The disclosure invitation forms or annual review pro-forma to be accompanied by an indication of potential adjustments that may be provided to reassure employees/applicants that the organisation will be supportive.

4. Any employee disclosure to be swiftly followed by a workplace needs assessments and implementation of any strategies and equipment that are recommended.
5. Employers to adopt working practices that support neurodiverse people, such as minimising sensory overload like noise and light in busy, open plan office spaces, and use of clearly printed, simple documentation.

Employees

1. Employees that are struggling at work to feel able to take full advantage of the Access to Work programme when they first begin to have difficulties. Access to Work to be recognised as an effective route to support in the workplace that can be accessed without an employer's involvement.
2. Employees to support their employer to implement adjustments by being clear about needs, and keeping records of coaching, assessment and adjustments that have worked well before.

3. Supporting people into appropriate work

While rates of unemployment are at their lowest for 10 years, there are 1.6 million people in the UK who are actively looking for work, with around 754,000 people claiming unemployment benefits and 3.7 million people claiming the main out of work benefits.⁵⁵

The principles on which the UK welfare and benefits system is founded do not take sufficient account of the psychological factors at play. The policy interventions that have been designed to encourage people back into work are based on a flawed understanding of human behaviour, meaning that the application of sanctions, contingency management and motivational interventions are not having the intended consequences. The Government's approach to benefits leaves it open to the accusation the system is not fit for purpose.

Government approaches to unemployment and benefits have changed over the last few years, showing varying levels of awareness of relevant psychological principles. The 2010 coalition government signalled a more direct approach to reducing expenditure on out of work state benefits by stating that unemployed people, including many claiming disability benefits, were required to undergo assessments to determine their 'work capability' to remain eligible for benefits.

The government's Green Paper *Work, Health and Disability: Improving Lives* published in November 2016⁵⁶ signalled a shift in emphasis. The previous Secretary of State for Work and Pensions, Damien Green, emphasised the importance of supporting opportunity, incentives to work and personal responsibility, but also individualised support and the need for a safety net.⁵⁷ This emphasis must be maintained under the leadership of the new Secretary of State for DWP, David Gauke MP, who was appointed in June 2017.

Four key psychological principles

Better understanding and application of psychological evidence could lead to the creation of a better system. There are four key psychological principles that DWP and DH policy makers should seek to understand and incorporate into a redesigned benefits system.

1. The relationship between work and health is not straightforward

The benefits of working have been well-documented – twice as many unemployed people (34 per cent) experience psychological health problems compared to employed individuals (16 per cent).⁵⁸ However in the government's drive to reduce the numbers of unemployed people claiming benefits, placing an individual in employment has taken priority over more nuanced decisions about the nature of that job. Studies in both the UK and Australia showed that the chances of depression and anxiety were higher among those moving into poor quality jobs that were insecure, had high workloads, low control and poor social support.^{59 60}

2. Understanding the full biological, psychological and social picture

People are individually different and the reasons for ill health are complicated, including underlying psychological and social causes alongside medical or biological factors. There needs to be a change in the approach that currently underpins the benefits system, shifting away from a purely biological medical model to what many call the 'biopsychosocial' approach,^{61,62} which is more holistic and inclusive. This approach considers the physical elements (biological) of an individual's condition; as well as the circumstantial, social and psychological elements. This helps to identify

multiple simultaneous causes of an individual's condition rather than focusing on identifying a single cause or symptom. The current government approach suggests that paid work is an essential ingredient of life, which reflects the needs of the benefits system and not the individual.

3. The impact of sanctions, conditionality and learned helplessness

In the current approach to welfare, eligibility conditions for benefits rely on assessing and reassessing those who had been categorised as entitled to disability benefits. This approach to welfare reflects a change to the underlying assumption about human motivation. Most people believe that individuals are moral and responsible, that they can be trusted and will act in good faith. However the underlying approach that appears to be the basis for current welfare policy is based on the opposite interpretation of motivation, i.e. 'People cannot be trusted. They are irrational, unreliable and inherently lazy'.⁶³ From a psychological perspective, this represents a shift from Theory Y back to Theory X⁶⁴.

The psychological concept of learned helplessness⁶⁵ can help to explain the situation facing people who have already been obliged to make adaptations in their lives and who are now subject to capability assessments over which they have no control. These assessments are likely to reinforce negative feelings linked to failure.

4. Understanding incentives and disincentives to find a fairer way

Perceptions of unfairness in the government's approach have direct links to psychological theories about equity and justice. Equity Theory^{66,67} seeks to understand and explain human behaviour in terms of the comparisons people make between their contributions and rewards, as well as between how their efforts are rewarded in comparison with others.

Designing a psychologically-informed benefits system

Incorporating psychological evidence and theory into a new approach and applying it in practice could lead to a more effective welfare system that works for everyone. There is a need for change in the enactment of policy – in the short term and longer term – and the interventions designed in response.

Negative psychological implications of framing work as a health outcome

The government has emphasised the concept of work as a 'health outcome', which means that a person's employment status would be part of their health records and the information used to demonstrate the improved health of the nation. This suggests that when the individual is 'well enough' they will be able to engage in employment. From a psychological perspective, this is too simplistic and does not capture the complexity of how people interact and relate to employment.

In reality, work as a health outcome only appears to be achievable to a small proportion of those who participate in government schemes – for example nearly 70 per cent of those completing two years on the Work Programme had not gained sustained employment.⁶⁸ The idea of work as a health outcome risks setting already vulnerable people, particularly those with mental health conditions, up to fail.

The term 'work' should be replaced with 'meaningful activity' to reflect everyday activities within family and community life to which people contribute in some way. Permanent paid work is not a readily available option for all. This change would avoid stigma for unpaid work and would also attach appropriate value to a positive component of individuals' social identity.

A holistic, biopsychosocial, approach to assessment

There is qualitative⁶⁹ and quantitative evidence⁷⁰ of the negative impact of the Work Capability Assessment, which is the tool currently used to help decide an individual's eligibility for Employment and Support Allowance (ESA). Criticisms have been raised about the nature of the assessment, the consequences on claimants and the lack of psychological evidence used in its design. At the heart of the problem is the fact that the process neglects the wider biopsychosocial picture of individuals' circumstances.

A redesign is urgently required. It must address the lack of attention that was previously paid to the appropriate scientific requirements for a valid and reliable test, as well as adequate training and thorough consideration of the practicalities and demands of the role of Work Coaches and others who deliver the assessment. The assessment process must be individualised to take account of a claimant's current context and support structure and should focus on strengths and capacity rather than deficits or difficulties to reduce the risk of causing or exacerbating psychological harm to potentially vulnerable individuals.

Coercion, conditionality and contingency and out of work benefits

Instead of shaping behaviour by rewards, the current sanctions policy operates on the principle that avoiding punishment would be the key motivator for individuals to seek employment. This is a misapplication of psychological behaviourist principles and could increase the risk of learned helplessness among an unemployed population whose self-esteem is already potentially comparatively low.

The government should suspend the sanctions regime immediately in recognition that all policy interventions that aim to change human behaviour should be chosen based on psychological evidence of the causal processes that has been explored using scientific methods.

Incentives and disincentives – finding a fairer way

The concept of receipt of benefits being conditional upon working without pay, appears to run counter to the history of the UK's welfare state and also to a main individual motivation for working. Coercing people into unpaid work does not lead to lasting employment in the vast majority of cases.

The use of conditionality and contingency within the context of benefit claims is likely to have a negative impact on already vulnerable individuals. Whichever the effect on unemployed people, the use of coercive strategies is unlikely to produce positive outcomes. Instead, a political commitment to a system based on psychological evidence that supports – seeking to achieve outcomes through encouragement and recognising the value of meaningful activity (paid and unpaid) – would improve the reality of a large number of individuals requiring support and would have benefits for society.

Recommendations

The application of the psychological theory, evidence and best practice outlined in this report to inform policy and guideline development and design services and interventions that work with human behaviour not against it, would enable:

1. The DH and the DWP to utilise 'meaningful activity' rather than 'work' as an outcome measure and to include the explicit recognition that some individuals' welfare journey will not end in paid employment.
2. DWP, DH, NHSE and NHS Digital to develop 'basket of work and health indicators' to measure progress, using psychological evidence to unpick how to accurately measure 'meaningful activity'.
3. The Joint Work and Health Unit to establish baselines and set measurable objectives to increase mental health awareness among professionals involved in the health and work journey of individuals, using well-validated methods and techniques.
4. The government to commit to undertaking an end-to-end review of its approach and the Work Capability Assessment process in order to enable the culture change needed. The redesign should incorporate a sound psychological evidence base, a strengths-based biopsychosocial perspective and meet the standard professional requirements for validity and replicability set by the BPS.
5. All government departments to ensure that any policy interventions designed to replace the WCA are fully trialled prior to implementation. Trials to be rigorous, informed and subject to an in-depth, independent evaluation of the impact on the mental health and wellbeing of individuals.
6. The Secretaries of State for Health and Work and Pensions to suspend the use of sanctions and commission an independent review of the links between the sanctions regime and the mental health and wellbeing of individuals. The review to provide clear guidance on best practice for those delivering the future Work and Health Programme and for DWP to establish mechanisms to monitor the practice of the agencies that it has appointed to deliver this work to ensure compliance.
7. Any policy interventions designed to ultimately replace the sanctions regime to be chosen based on solid psychological evidence of the causal processes of appropriate and effective behaviour change that has been fully explored using scientific methods.
8. Following the commitments in the Green Paper *Work, Health and Disability: Improving Lives*, the Government's approach to welfare to be based upon encouragement and incentives rather than punitive measures and coercion to encourage job uptake, particularly with vulnerable populations. Academic and practitioner psychological literature to make a major contribution to informing evidence-based policy development in this area.

Chapter 1:

A psychologically healthy workplace

People are at the heart of organisations. While ensuring the highest quality of products and services is the organisation's goal, it is the resources available to its employees, how much they value their work and how they are managed that ultimately deliver success. This section examines the 'people equation' in which organisations hope and need to create conditions for success, but in turn these are underpinned by human factors linked to both job performance and wellbeing.

Work is not a universally positive experience and much has been written about workplace stress and what companies can do about it. However the science of psychology has much more to offer in terms of principles that can make work rewarding, meaningful and prevent psychological harm. This report illustrates that with these come important outcomes for organisations, including productivity and business success, which ultimately impact on the economy. The role of the organisation in ensuring the highest quality results is the one which also promotes employee health and wellbeing, functioning and fulfilment.

The meaning of work

Our working lives have been transformed by social and technological change. This pattern has continued with unforeseen but not unprecedented upheaval. The human and political reactions to events since the turn of the millennium have set a course for the 21st century and this continues to beg questions about the meaning of work – for those who are employed and those out of work:

- What can working bring me?
- What kind of work does it need to be?
- To remain competitive what is the best way to carry out the work?
- Should work be good for us or does it bring irreparable costs to our health?

Social identity and the search for meaning

Psychologists have long recognised the importance of what we do, who we are and how we define our identities. The role of work in this is important, but not exclusive and it does not need to be paid work for us to make a contribution to our families, communities and society. Work can however provide us with a personal framework which shapes our purpose in often clearly defined ways, for example, by giving us a job title and associated status.⁷¹ Therefore it is not surprising that how we perform our role(s) – inside and out of work – is linked to how we identify with it.

The meaning of work is a matter of perspective, which is likely to differ between that of organisations and the one experienced, and often endured, by employees. Continuing technological revolution in the workplace has changed 'how' we work but not 'why', nor the need for effort and efficiency. Our need for a sense of belonging continues and for many work plays an essential part of our social identity – psychologists have emphasised the 'importance of what it means to belong is integral to our sense of health.'⁷²

This sense of attachment to a job, colleagues or an organisation reflects an emotional commitment to work – and potentially to an employer. Furthermore 'psychologically attached employees identify with their organisation's goals and values'⁷³ and feel proud to work there.⁷⁴ Working in a

small organisation can emphasise this attachment and in turn shape loyalty towards those around us whether colleagues, teams or employers.⁷⁵ This has clear implications for performance, as is often seen in sporting/team contexts.

Social identity theory⁷⁶ explains how individuals incorporate membership of a group into their self-identity and this is often exemplified by the answer many people give to the question which comes after 'What's your name?', i.e. in response to 'What do you do?' However the role of social identity theory in work behaviours is increasingly coming under scrutiny, as a professional role can become part of how we see ourselves.⁷⁷ Not only does this have implications for who we are, but also for what we do, i.e. a search for meaning. For example, in circumstances where employees are required to perform tasks which are not recognised as part of their role, they are more likely to take steps to protest against what is seen as an offence to their identity through counterproductive behaviours, such as taking property from work or working at a slower pace.⁷⁸

For employees who value interdependence and who have strong collective identities rather than individualised identities, this influences their decision to stay within a workplace and also how committed they feel to an organisation.⁷⁹ This illustrates the importance of alignment between the organisation's and employees' values in decisions to remain or leave. Furthermore the need to reassure oneself about self-identity is heightened at times of uncertainty and it is feared this tendency may promote tensions between groups at work, leading to workplace bullying.⁸⁰ Given the insecurities rife in modern working life in the aftermath of the far-reaching economic crisis in 2007–2008, these examples illustrate not only the importance of acknowledging the relationship between our identities and the jobs we do, but also of the potentially negative impacts on the workplace of failing to do so.

A search for meaning in the world of work can represent a reaction against the emphasis on materialism.⁸¹ However some psychologists claim 'the reason why people want fulfilment at work now, is the factory system did such a good job of taking fulfilment out of work'⁸² and mobile technologies have simply changed the 'how' once more. Accordingly 86 per cent of people said they valued interesting work and 76 per cent rated a sense of accomplishment as important as, or more important than, pay,⁸³ which emphasises the value of gaining meaning from work. Such findings are not only supported by relevant theory and research,⁸⁴ but by best practice.

Over the last 100 years, studies of unemployed populations^{85,86} have found consistency in the important role played by work in structuring time, shaping personal status and identity, providing social contact outside family life, making us feel part of a collective purpose, as well as ensuring we are active in some way. Such 'latent' functions of work appear to be additional to the manifest aim of earning money in predicting individuals' mental health, in particular status and social contact.⁸⁷ It is not surprising to hear that people have changed little. It also shows the potential for positive outcomes for individuals and organisations of designing work which meets these needs.

Employee engagement, wellbeing and productivity

The concept of engagement 'is defined as a positive, fulfilling work-related state of mind that is characterised by vigour, dedication, and absorption'.⁸⁸ It is increasingly used by government and organisations to illustrate a convincing business case for winning the hearts and minds of employees: from prioritising the importance of a sense of fulfilment for individual wellbeing⁸⁹ to proclaiming 'Engage for Success'.⁹⁰ Rather than a one-way street, engagement suggests a reciprocal arrangement, whereby '...employees are motivated to want to connect with their work and really care about doing a good job...It is a concept that places flexibility, change and continuous improvement at the heart of what it means to be an employee and an employer in a 21st century workplace'.⁹¹

Engagement includes:⁹²

- **Vigour** – high levels of energy and mental resilience while working.
- **Dedication** – being strongly involved in one's work and experiencing a sense of significance, enthusiasm and challenge.
- **Absorption** – being fully concentrated and happily engrossed in one's work, whereby time passes quickly and one has difficulties with detaching oneself from work

This definition suggests observable and positive outcomes but also ends with an important caveat – engagement may be considered on a continuum that has burnout at its opposite end. Meaningful work is good for us, provided it does not engross us to the point of working long hours that impact negatively on our effectiveness and other aspects of our lives. With this reservation in mind it is instructive to note that one third of employees are not actively engaged at work, but where they are, productivity is higher, turnover is 40 per cent lower and accidents are less likely.^{93,94}

Performance

Widespread recognition of the costs of poor psychological health has also focused attention on the savings to be gained from designing work which encourages engagement, rather than ignoring the potential for improving the status quo. For example, restoration of autonomy to railway station managers over reporting faults produced significant improvements in their wellbeing, whereas a comparable group of managers who did not receive this intervention experienced a decrease in their psychological health.⁹⁵ This illustrates the positive impact of having opportunities to exercise control and make a difference to one's workplace. Furthermore the benefits of appropriately increasing employees' control over their work have produced financial advantages.⁹⁶ Extending this to promoting healthy workplace behaviours has the potential to generate cost savings for organisations – one five-year follow-up study in an NHS Trust produced significant reductions in sickness absence.⁹⁷

Research consistently shows that where factors which promote engagement are present there are not only positive outcomes for employees, but also for organisations and customers too. A review of staff wellbeing in the UK National Health Service found clear relationships between staff health and wellbeing and patients' safety, experience and the effectiveness of their care.⁹⁸ Similarly findings have been published in the US, where 'employees' attitudes and behaviour have a direct and material impact on key patient and clinical results'⁹⁹ and staff health and wellbeing were linked with key performance issues such as patient satisfaction.

These positive outcomes generalise to financial performance of organisations globally and national economic performance. Job satisfaction 'covers only wellbeing that is related to the job'¹⁰⁰ and a study of the '100 Best Companies to work for in America' before the economic crash, found their

financial performance was double the market return over a seven-year period, suggesting an association between employee satisfaction and financial returns.¹⁰¹

Research into indicators of employee wellbeing in the UK found a 'statistically significant relationship between the average level of job satisfaction among employees at the workplace and workplace performance'.¹⁰² Furthermore, 'employee job satisfaction was found to be positively associated with workplace financial performance, labour productivity and the quality of output and service'.¹⁰³ Data from the UK Workplace Employment Relations Survey, demonstrated that job satisfaction had an impact on workplace performance¹⁰⁴ and more pronounced effects were recorded in Finland.¹⁰⁵ Such findings have inspired a leading proponent of human resource management to declare: 'In short, there is evidence of a causal association between wellbeing and positive performance outcomes at both individual and unit levels'.¹⁰⁶

Risks from lack of meaning

The flip-side of ignoring the search for meaning at work is illustrated by the associated risks. Among EU member states large-scale surveys have consistently found that almost half of employees consider their work monotonous.^{107,108} Naturally there are elements of repetition in any job role, but where this is prevalent to the point of boredom, this suggests an absence of meaning and with it risks of lost productivity, increased errors and sabotage resulting in poorer growth or even disaster.^{109 110} 'Under-stimulation inherent in monotonous work means many spend time doing something which may not enhance a sense of value... In other words, poorly designed work takes away from, rather than adds to, our...potential',¹¹¹ such that boredom at work can predict negative outcomes for employees and organisations. It makes sense to consider ways in which to make work more meaningful, but not too burdensome the other way, or put simply, 'We need to make work more attractive'.¹¹²

Developing a psychological framework

The relationship between working and wellbeing has been a focus of psychologists, sociologists and politicians for over a century. This has inspired political movements, social change and considerable debate as to the best way to improve working conditions, whilst retaining a focus on economic success. In 1929, the Prime Minister and the Prince of Wales attended the annual meeting of the Institute for Industrial Psychology. They were keen to hear about developments in what is now more often considered occupational or organisational psychology, i.e. the use of psychological knowledge to inform issues important to both workers and key aspects of the workplace. The evidence and insight that psychologists from many areas of the discipline are able to impart is no less important today and should be considered at the heart of government policy-making.

Through the innovation of relevant theory and research, psychologists are able to highlight key aspects of working experiences which influence employees' mental health and wellbeing. Knowledge of these carries clear implications for workplace practices as well as research and provides the link between meaningful work and health. This section examines influential developments in our thinking about this relationship.

In considering psychological health, distinctions have been drawn between two components of wellbeing:

- **Eudaimonism** – linked to fulfilment of potential (self-actualisation), flourishing and playing a useful and meaningful part in things.
- **Hedonism** – associated with affect or feelings, such as positive or negative emotions, e.g. job satisfaction/dissatisfaction.

In practice, the relative contribution of both of these to an individual's psychological state is strongly correlated with each other.¹¹³ This underlines that there are multiple factors that contribute to wellbeing in the workplace, including employees' cognitive functioning (e.g. concentration, lack of weariness), motivation (e.g. aspiration to be involved, competence), social behaviours (e.g. attitudes towards and relations with others) and self-reported physical health (e.g. management of long-term conditions, back pain, headaches) as well as emotions.¹¹⁴ However it is time to recognise that research showing the positive impact of employee wellbeing on productivity is growing and with it, recognition that work can be better designed¹¹⁵ and people better managed.¹¹⁶

Making sense of the models

Based on considerable research over many decades, psychologists have generated a range of models to explain what matters most where employees' wellbeing and functioning are concerned. These models focus on features of the employees' work environments and their individual perceptions of the work situation. This section considers the role of both individual factors, such as people's views and emotions, and factors relating to the work environment.

In order to summarise the approaches taken by psychologists, this section and Table 1 provide a brief synopsis, highlighting key theoretical developments in the relationships between work and health since the mid-1970s. Each model holds promise for furthering our understanding of what is important for our wellbeing at work and these have been cited in the psychological and health literature as tools which provide valuable insight into human functioning in the workplace.

Emotional response to work events and comparisons between social groups

Psychological theories have attempted to explain people's experience of the workplace and have recognised various factors which change in the employee over time. Affective Events Theory points to the role played by our emotions that act as filters through which work events shape our attitudes and behaviour.¹¹⁷ This type of framework can be useful for understanding the changing influence of mood, such as anger and delight, on our experience of work. In addition, our emotions may be conditioned so that events at work can reignite past reactions when we are faced with a familiar situation.¹¹⁸

Emotions also shape our understanding of the meaning of work. Recognising the importance of individual considerations, theorists have emphasised the role of factors such as how we process information about our workplaces and ourselves.¹¹⁹ This includes comparisons with others and with our own past situations, which become yardsticks against we might measure our own behaviours. These types of comparison allow us to make judgements about fairness, such as perceptions of pay, across a workplace.

Theories from social psychology are also relevant here. Social Comparison Theory calls for consideration of how we compare our own situations with those of others¹²⁰ as these may play an important part in explaining counterproductive as well as positive behaviours at work. For example the pay differential between some demographic groups at work¹²¹ is a valid source of dissatisfaction likely to be damaging to any individual's desire to contribute to the workplace.¹²²

Effort, rewards and motivation

The Person-Environment Fit Approach¹²³ has contributed considerably to research into stress. It takes account of employee motivation, goals and values, weighed against resources available in the job context, as well as the match between workers' skills and abilities compared with job requirements. Where there is mismatch, there is strain. It influenced the development of the Effort-

Reward Imbalance Approach¹²⁴ which weighs employee effort (combining demands of the job with individual motivation) against rewards (both paid and unpaid). Where efforts are high and rewards are low, consequences for both psychological and physical health have been recorded.¹²⁵

Work factors affecting the individual employee

A focus on the person gives only a partial view of how we affect, and are affected by, work. Psychologists have also highlighted aspects of what we do and how we do it. Some theories are broader than others. For example, the Job Demand–Control Models^{126,127} prioritises the importance of having a say over our work and what is required of us in terms of workloads. The Job Characteristics Model¹²⁸ emphasised five aspects of working and what these mean to us (see Table 1). However the model developers recognised such approaches have only a limited focus on the role played by social factors.¹²⁹ The demand control model was accordingly extended to encompass these, i.e. Job Demand–Control–Support Model.¹³⁰

Warr's Vitamin Model^{131,132} is attractive because it is more comprehensive in considering 12 features of our work and also recognises that some psychosocial features of work – similar to components of our diet – are best experienced for good health at optimal levels, i.e. not too little and not too much. Furthermore it distinguishes between intrinsic aspects of the job which are integrated into how we work – including opportunities for control and skill use, variety, work goals and clarity – and extrinsic ones, namely the opportunity for interpersonal contact, status, pay, physical security, supportive supervision, equity and career prospects.

Bringing the person and the environment together

Seeking to avoid over-simplification of the work environment by prioritising only two or three factors, the Job Demands–Resources Model¹³³ suggests a broader perspective. It weighs all potentially energy-sapping demands made by work – including physical, mental and emotional sources of pressure – against the potential motivational benefits of factors such as support, autonomy and feedback, which in turn are likely to promote engagement and enhanced performance.

Similarly the Conservation of Resources (CoR) Model¹³⁴ highlights the importance of an individual's 'resource pool... [that] serves both to shelter them from future losses and contributes to enhanced status'. Furthermore this approach acknowledges steps employees can take when facing threats to their resources, e.g. by undertaking coaching to help enhance their skills in an uncertain work setting.¹³⁵

This is closely allied to the concept of 'Job Crafting'¹³⁶ which is receiving increasing attention from theorists. It describes how employees use opportunities to modify aspects of their own work, especially where they derive satisfaction from their job. In turn crafting can lead to 'increasing one's social job resources (e.g. asking others at work for advice or feedback), increasing one's structural resources (e.g. increasing one's learning opportunities or autonomy at work), and increasing one's challenging job demands at work (e.g. asking for new tasks and responsibilities)!¹³⁷

This willingness to alter aspects of our work environment holds benefits for wellbeing¹³⁸ and performance.¹³⁹ It illustrates the advantages of enhancing key work 'ingredients' in tandem with employees. Where we may 'craft' our jobs to be more meaningful, this may also represent attempts to make sense of our work experiences too.¹⁴⁰ The role of employees' personality within this process should not be underestimated.¹⁴¹ The significance of this type of approach taken by job-holders is perhaps even clearer in a rapidly changing, post-economic crash scenario, where employees remain

alert to the need to adapt to new circumstances and seek ways of gathering more resources to protect/enhance their job situation. Indeed training employees to improve the design of their jobs is seen as having potential to benefit wellbeing and performance.¹⁴²

The models discussed here look at factors that impact on employees' understanding of their work and its purpose (i.e. the meaning of work), as well as outcomes, which may be considered intrinsic or extrinsic to the way work is carried out (i.e. psychological rewards), and to psychological wellbeing. Table 1 represents a summary of these theoretical perspectives, highlighting their relative emphasis on factors linked to the individual person (P) and/or those relating to the work environment (E). Crosses illustrate where each model has something to say about key themes of the meaning of work, its psychological rewards and also factors linked to psychological harm. It is important to note that theorists who continue to hone their approaches will have their own view about the subjective nature of such a summary. Not surprisingly some models have been updated in light of academic scrutiny and findings, but taken in totality this summary seeks to provide a useful resource for those who would like to refresh or enhance their knowledge of this field, or use these frameworks to develop policy or practice to make work more attractive.

Table 1: The 'reach' of theoretical approaches to wellbeing in Occupational Psychology.

	Meaning of work	Rewards via working	Prevent psychological harm	Environment (E)/person (P) as main focus	Model outline highlighting key components in relation to employee wellbeing
Job Characteristics Model (JCM) ^a	X	X	X	E	Considers five factors of the work environment – autonomy, skill variety, feedback, task identity and significance – and how they are linked to employees' psychological growth needs, which include meaningfulness, responsibility and knowledge of results.
Job demands-Job control (JDC) ^b			X	E	Focuses on the additional or interactive impact of varying levels of work demands and discretion over one's job.
Job Demands-Control – Support ^c			X	E	Expands on the above to take into account the potential for social support at work to buffer the effects of work demands and low control.
Warr's Vitamin Model ^d	X	X	X	E (updated to E/P)	Outlines the contribution of 12 work features (see main text above) including some which should be at optimal levels for employee wellbeing (e.g. control) and some which are positively correlated (e.g. pay).
Job Demands-Resources (JD-R) ^e	X	X	X	E/P	Both demands and resources experienced by the employee interact so that 'different job resources (such as control and social support) can play the role of buffer for several different job demands' (p.314).
Person-Environment fit ^f		X	X	E/P	There is a good 'fit' between the person's values, attributes and skills and the resources and demands in their work environment.
Effort-Reward Imbalance (ERI) ^g	X	X	X	P	A combination of high levels of effort and low rewards results in imbalance leading to negative health outcomes.
Conservation of Resources (COR) ^h	X	X	X	P	Individuals strive to retain, protect, and build resources to 'insure' themselves against the threat, or impending loss, of valued resources
Affective Events Theory ⁱ	X			P	Appraisal of threat and resulting emotions play a key role in activating responses to work situations. Through learned associations, emotions can influence employee attitudes and behaviour.
Job Crafting ^j	X	X	X	P	Employees modify the design of the job and the social environment at work to facilitate fulfilment.

- ^a Hackman, J.R. & Oldham, G.R. (1976). Motivation through the design of work: Test of a theory. *Organisational Behaviour and Human Performance*, 16, 250–79.
- ^b Karasek, R.A. (1979). Job demands, job decision latitude and mental strain: Implications for job redesign. *Administrative Science Quarterly*, 24, 285–308.
- ^c Johnson, J.V. & Hall, E.M. (1988). Job strain, workplace social support and cardiovascular disease: A cross-sectional study of a random sample of the Swedish working population. *American Journal of Public Health*, 78, 1336–1342.
- ^d Warr, P.B. (2007). *Work, happiness and unhappiness*. Mahwah, NJ: Erlbaum.
- ^e Bakker, A.B. & Demerouti, E. (2007). The Job Demands-Resources model: State of the art. *Journal of Managerial Psychology*, 22(3), 309–328.
- ^f French, J.R.P. Jr., Caplan, R.D. & Harrison, R.V. (1982). *The mechanisms of job stress and strain*. London: Wiley;
- ^g Siegrist, J. (2002). Effort-reward imbalance at work and health. In P.L. Perrewe and D.C. Ganster (Eds.), *Historical and current perspectives on stress and health (Research in Occupational Stress and Wellbeing, Volume 2)*, pp.261–291. Bingley: Emerald Group Publishing Limited.
- ^h Hobfoll, S.E. (1989). Conservation of resources: A new attempt at conceptualizing stress. *American Psychologist*, 44(3), 513–524.
- ⁱ Weiss, H.M. & Cropanzano, R. (1996). Affective Events Theory: A theoretical discussion of the structure, causes and consequences of affective experiences at work. In B.M. Staw and L.L. Cummings (Eds.), *Research in organizational behavior: An annual series of analytical essays and critical reviews* (pp.1–74). Greenwich, CT: JAI Press.
- ^j Wrzesniewski, A. & Dutton, J.E. (2001). Crafting a job: Revisioning employees as active crafters of their work. *Academy of Management Review*, 26(2), 179–201.

What does it all mean?

Psychological approaches to understanding what work means to us have evolved to encompass the views of the person, rather than relying so heavily on factors in the measurable work environment. This reflects a shift not only towards recognising the importance of our emotions and wellbeing in determining work-related behaviours and outcomes, but also to the pressures on employees to adapt to their work situations. This does not suggest that workers need to 'put up and shut up', but instead highlights that 'life will find a way'. Depending on the scope of opportunity and individual resources, employees will endeavour to make work more bearable and garner resources to support what is important to them at work.

However it is important that instead of employees having to take full responsibility for wellbeing outcomes, employers play their part too. *The Sunday Times* 100 Best Companies survey is one of a few such initiatives in the UK and US which highlights a wide range of organisations, of varying sizes and in different specialisms, where employers work hard to create a platform for employees' wellbeing. From encouraging healthier working practices – such as locking up the offices at 6pm to prevent late working – to providing facilities that promote mental and physical health, as well as fun staff events, the commitment by senior managers is clearly visible and consistent. It is therefore not surprising to find that, 'Effective communication, employee acceptance and willingness to adopt a new initiative, together with support from senior management, are important implementation factors in occupational health interventions.'¹⁴³

Naturally a main priority at work is most often pay, but for well over half of the 21,000 employees surveyed across Europe it is also having pleasant people to work with (73 per cent), an interesting job (69 per cent), job security (65 per cent) and a job that matches one's abilities (62 per cent) 144. To some extent this may depend on the type of employment.

Table 2 overleaf summarises the themes from this section so far.

Table 2: Work-based factors that facilitate meaning and their potential detractors.

Facilitators of meaning	Detractors from meaning
Engagement	Highly monotonous work
Purpose	Job insecurity
Psychological resources (capital)	Threats to status
Self-efficacy	Lack of constructive feedback
Self-worth and self-esteem	Unfairness and injustice
Shared values with the organisation	Bullying
Balance/optimal levels of workplace factors	Extremes in job features
Social support and sense of community	Isolation
Opportunities to 'craft' one's work	No discretion over one's work
Perceived control	Lack of perceived control

Please note: These are paired for the purposes of illustration, i.e. where one exists it is suggested the other is less likely.

Summarising factors at play in designing good work

This section has highlighted a potential 'shopping basket' of psychosocial workplace pressures to which employees are exposed. Examination of the relevant theories has also highlighted the importance of recognising what brings meaning to employees is likely to be as important as the workplace. Sharing knowledge of both sets of factors – individual and environmental – is relevant to the success of organisations and their employees. Using these approaches, much-needed attention can be focused on designing jobs for healthier working and taking steps to prevent psychological harm at work. In contemplating useful approaches to enhance future understanding of our workplaces, it is important to recognise the role of social and contextual factors too.¹⁴⁵ These have implications for the successful introduction of change in a workplace as well as for ongoing performance. In this way group diversity, team commitment and cohesion, and individual personality traits and values, play their part in determining attitudes and behaviour.

Zero hours contracts, insecurity and wage under-cutting

Trends in employment practice since the 2007–2008 economic crash reflect a focus on cost-cutting and 'doing more with less'.¹⁴⁶ According to a Chartered Institute of Management survey, 82 per cent of managers felt cost reductions were drivers of change compared to 35 per cent back in 1997 and 47 per cent of managers would leave their job, if only there was another available.¹⁴⁷ The intensification of work is playing a part in decreasing levels of wellbeing¹⁴⁸ and in turn has negative implications for our work-life balance.¹⁴⁹

As workplaces seek to stay competitive through reducing costs, increased flexibility in their dealings with employees holds considerable appeal.¹⁵⁰ For employees this often results in longer or more unsociable working hours or more uncertain employment relationships. Although such non-standard or atypical employment situations suit some workers, such as students, these arrangements also have many potentially negative implications for others, such as eroding

attachment and identity – both with colleagues who are on more typical contracts and with the organisation. This can create barriers to motivating and engaging employees who by nature of the work relationship may have less access to the benefits of employment.¹⁵¹ For example, this has resulted in legal cases where individuals have fought and won the right to be classed as employees.¹⁵² However uncertainty exists over the number of workers engaged in this type of work, who may also have other types of full- or part-time employment.¹⁵³ In addition it is unclear how much these forms of employment may or may not suit the needs of individuals – one answer may lie in how these are managed.¹⁵⁴

Zero hours contracts are not self-employment. They have gained a reputation for widespread use, it is estimated that over 1 million people are engaged on this basis, with 23 per cent of organisations claiming to utilise them with up to one fifth of their workforces on average.¹⁵⁵ Contrary to some reporting and some organisational practices, employees on zero hours contracts are entitled to the minimum wage, statutory annual holiday leave and to seek work with other organisations, while the employer remains responsible for their health and safety at work.¹⁵⁶ According to the Chartered Institute of Professional Development, considerable confusion exists about these rights, however the proportions stating they are satisfied with their job are similar for employees on zero hours (60 per cent) and full-time (59 per cent) contracts.¹⁵⁷ This suggests the arrangements may suit some better than others.¹⁵⁸

The proportion of UK workers who are self-employed is approaching 15 per cent which is just below the EU average and comprises those who are working for themselves, sole directors, business partners, freelance operatives and sub-contractors.¹⁵⁹ The UK has the fifth highest proportion in the EU (77 per cent) of self-employed individuals who prefer this work situation, but also another 14 per cent who have no other alternative employment options. There is variation between occupations and also whether self-employed workers categorise themselves as such,¹⁶⁰ a distinction on which figures from the Office of National Statistics rely.

'A new group of workers has emerged, which comprises workers who are formally 'self-employed', but present some characteristics of employees. These 'economically dependent workers' usually have a commercial contract (or 'service contract') rather than an employment contract; they are therefore registered as self-employed when in reality their working conditions have a lot in common with those of employees.'¹⁶¹ This lack of clarity adds to the uncertain picture of self-employment, although the increasing proportions in the UK classifying themselves as such on a full-time basis has risen steadily to above three million since early 2012, while a further million or more have consistently recorded themselves as part-time self-employed since 2010.¹⁶²

The impact of insecure and emerging atypical work arrangements

Working in such scenarios is not itself a guarantor of mental ill health, but taken in the wider context of the reasons why an employee is in this work arrangement and how they feel about it, can be a predictor of poor psychological outcomes for the individual. Low employment quality is linked with employees having poorer mental health.¹⁶³ While research into the psychological impact of these emerging work arrangements is in its early stages, there is literature highlighting the impact of stressors associated with lower paid jobs and jobs of poorer psychosocial quality (both of which include zero hours contracts), characterised by high job insecurity, low control, high demands and low job esteem.¹⁶⁴

It has been shown that even when controlling for socio-economic variables, poorly designed jobs carry as great a risk factor for mental ill health as unemployment: job insecurity is associated with

a doubling of the risk of mental health conditions, such as depression and anxiety.¹⁶⁵ This carries clear implications for those in some types of employment arrangement and those seeking to gain a foothold in employment. Attention to key psychosocial aspects of job design, including demands, control, security and esteem, to improve employees' experience of them, would contribute to work conditions clearly linked with better psychological health outcomes.^{166,167}

Job insecurity is implicated in the 'productivity puzzle' which describes the failure of UK productivity to recover after the economic crash as it had done following previous post-war recessions.¹⁶⁸ In practice this means there is a reduction in Gross Domestic Product (GDP) as fewer hours are being worked. Furthermore wages appear to have declined in tandem with decreased productivity, with suggestions this is due to the increased labour supply available in the UK.¹⁶⁹ Such a prevailing economic situation increases competition for jobs meaning employees are likelier to feel a greater psychological investment in retaining their job and react negatively to threats to job security. It is therefore not surprising that large-scale surveys have identified risks of poorer health linked to job insecurity.¹⁷⁰

Given that job insecurity may be here to stay, it is how we create a sense of security that is the next big challenge.¹⁷¹ Open communication with employees and efforts to build and maintain trust may not solve the issue of insecurity, but these do have the potential to mitigate a negative impact on the psychological health of employees.

The Psychological Contract: Why zero hours contracts and job insecurity can be harmful

The 'Psychological Contract (PC)'¹⁷² is a concept used by psychologists to describe the reciprocal expectations that employees and their employers have in determining work outcomes. The contract includes both sides' expectations around the protection of the employees' psychological health. The PC provides scope for considering a range of psychological factors likely to influence workers' expectations¹⁷³ and for exploring the impact of violation of the psychological contract on a range of employee behaviours.¹⁷⁴ This is particularly relevant to times of change and shifting employment realities. It has been suggested we should avoid thinking some kinds of PC are worse for your psychological health than others:¹⁷⁵ what might suit one individual may not suit another, or indeed this may change for a person over time. Whilst there is hesitation at casting one employment arrangement, such as zero hours, into oblivion,¹⁷⁶ it is important to recognise the key psychological mechanisms at play, drawing on the models we examined above.

Control and learned helplessness

The level of control that an individual has over their overall work situation is a key factor for psychological health. For example, men who have irregular working hours and have no control over these have significantly higher sickness absence than other men.¹⁷⁷ This is a situation pertaining to zero hours contracts, as although the individual has a choice to decline the offer of work, in practice the employee may not realise this and feel pressured¹⁷⁸ or be able to afford the luxury of choice in his/her financial circumstances. Indeed research shows insufficient household income and irregular and/or antisocial working hours – again a feature of emerging work arrangements – are strong predictors of poor psychological health.¹⁷⁹

The theoretical concept of learned helplessness¹⁸⁰ gives priority to the lack of control the individual perceives in relation to their situation. This means that 'when someone is exposed to a negative, uncontrollable event they may conclude that their efforts are unrelated to their outcomes'¹⁸¹ and so even given the greatest desire to work or alter their work situation, an individual may not be able to. One potential outcome of learned helplessness is depression¹⁸² and another is the

perception that future efforts to change the situation are unlikely to succeed. This is likely to contribute to a passive approach in which the individual remains at the will of the employer and may accept sub-optimal working conditions. This underlines how important it is for organisations to manage atypical work arrangements carefully.

Whilst the PC emphasises a degree of reciprocity and how the individual feels about, and adapts to their treatment within this arrangement, the absence of guarantee of regular or prescribed hours places a heavy focus on survival mechanisms. In this way the Conservation of Resources approach¹⁸³ highlights the importance to the person of what they need in their work and wider life. This perspective recognises the role played by threats – real and perceived – to an individual's resources which can range from their source of income, to access to the means to do their job effectively in order that they can keep it. 'The model's basic tenet is that people strive to retain, protect, and build resources and that what is threatening to them is the potential or actual loss of these valued resources'.¹⁸⁴ From this perspective it is understandable that where circumstances continue to present a threat, for example by not knowing how much work will be offered this coming week – psychological distress is increased by having limited control over the amount of work on offer. The worry caused by such a situation is likely to be a further drain on the psychological resources and wellbeing the individual needs to help him/her cope effectively.

Just as the PC varies between people, an individual's capacity to deal with such uncertainty differs from that of another. For some employees, their response is characterised by avoiding trouble to preserve their job prospects, but the threat of uncertainty also detracts from their ability to be creative at work.¹⁸⁵ Drawing on data from objective measures of performance as well as self-reports, it has been observed that 'empirical evidence supports employees maintaining balance by matching their contributions to what they receive', thus supporting the reciprocal nature between productivity and the PC.¹⁸⁶ This underlines the importance for employers of understanding the PC. Given this, it appears safe to conclude that where working conditions – including job security – are less than ideal and employees are dissatisfied, productivity levels suffer.

The coping literature over recent decades has been shaped by the Appraisal Theory of Lazarus and Folkman.¹⁸⁷ This highlights the importance for mental health of our assessment of whether a situation represents a threat to us and based on this evaluation whether we are equipped to cope with that threat. Researchers have shown that perceived control plays a significant role in determining employees' responses.¹⁸⁸

The insight provided by these theoretical frameworks has two implications for practice. Firstly they interlink the roles of expectation, perceived levels of control, appraisal of threat and individual resources which facilitate wellbeing and positive coping. Secondly they show the importance for organisations of considering the differential impact of work arrangements on employees. Given the implications for individuals' psychological functioning, such impacts may be evident in job performance, errors and sickness absence which are better addressed by preventative steps, i.e. giving as much advance notice as possible of work hours,¹⁸⁹ taking time to consider an individual's situation, and also by ensuring workers who may see themselves as peripheral to the organisation have access to the occupational health and support facilities on offer to all employees. Organisations may feel concerned about the cost implications of publicising such information, but those working on a zero hours basis have the same legal entitlements to health and safety as any employee.

Case study 1: When job security starts to crumble

After 20 years, Rosa had reached a senior level within a unit that supplies safety equipment. She worked hard to gain qualifications and enjoyed her contact with customers. However there had been recent changes to management structure and she'd lost valued colleagues through redundancy. Rosa was being sent away to conferences to talk about unfamiliar topics whilst not being invited to important strategy meetings and being asked to help out with administrative jobs filling envelopes on reception. She was left feeling undervalued, isolated and with the impression that the company wanted to get rid of her.

Rosa was having trouble sleeping and felt down. The threat to her employment and the lack of control she felt over work was causing her mental wellbeing to suffer. Rosa decided to take control and asked to drop one day a week to do a new qualification, which reduced her exposure to the negative job situation, conserved her resources through developing new skills and gave her a new focus.

Note: This case study is based on material collected for the present report.

The psychological and health impact of job insecurity

Job insecurity has been defined as the 'perceived probability and perceived severity of losing one's job'.¹⁹⁰ It is a predictor of poor psychological and physical health and also of negative work-related outcomes.^{191,192}

The theory of job adaptation¹⁹³ proposes that employees respond to rising job dissatisfaction (due to job insecurity) by adjusting their levels of commitment to the organisation accordingly. This is similar to the concept of the psychological contract in which employees can respond in ways which better fit their expectations of the organisation and reflect their emotional responses,¹⁹⁴ i.e. the more dissatisfaction with the PC, the less emotional labour they may be willing to invest, with resulting implications for productivity.

For employees with more than nine years tenure the relationship between job insecurity and negative physical health outcomes is considered strongest.¹⁹⁵ However in terms of psychological outcomes, the link between job insecurity and intention to leave the job is greater for employees with shorter tenure. A meta-analysis¹⁹⁶ has also demonstrated the negative association between job insecurity and a range of work-related experiences including job satisfaction, job involvement and trust, although evidence for the impact on health is more consistent.

Twenty-one longitudinal studies have examined the relationship between job insecurity and general psychological health and wellbeing.¹⁹⁷ Each of these has found job insecurity predicts a negative effect on mental health, carrying an increased risk of distress by 30–31 per cent.¹⁹ Furthermore persistent experiences of job insecurity result in a worsening of depressive symptoms.¹⁹⁹ A Europe-wide study of 23,245 workers across 16 countries found that ill-health was up to twice as likely where job insecurity was evident and that this was unrelated to gender, age or education.²⁰⁰

'The tendency for employers to content themselves with the thought that those who keep their jobs will be happy and healthier simply to have done so, is rather blown away by large-scale research demonstrating the negative long-term impact on the health of employees who 'survive' the job cuts'.²⁰¹ Among 22,000 Finnish council workers who retained their jobs following downsizing initiatives, deaths from cardiovascular disease increased by five times during the first four years

after the job cuts and remained doubled over the longer term.²⁰² This type of finding suggests a 'survivor syndrome' among those who keep their jobs in downsizing scenarios, with a mixed sensation of guilt and anxiety that they may be next to go. As well as negative outcomes for employees' health, there are implications for absenteeism and reduced productivity. Damage to trust in the organisation after downsizing can be universal across the workforce.²⁰³

In a change situation, adopting a participatory approach has resulted in tangible outcomes for the employer and employee with halved rates of sickness absence and depression.²⁰⁴ Employers should provide updates on uncertainty and maintain communication, which is clearly valuable to workers and where possible involve employees by inviting their perspectives and participation at some level to engender some sense of control.

Leadership and management

UK managers are working on average an extra hour per day compared to 2012 – this is equivalent to an extra 29 days per year – a figure likely to outweigh their annual leave entitlement.²⁰⁵

Meanwhile the onus rests with managers to put into practice and embed the changes faced by almost all organisations in recent years. Understanding key psychological theories can help every manager to prevent psychological problems in the workforce.

It is important to note the picture is one which includes, rather than excludes managers themselves. The mental health of the line manager is an important consideration, for without this the capacity to function effectively in this role is likely to be impaired. To complicate matters further, one third of managers feel their own managers have not received sufficient training.²⁰⁶ Managers may be doing their best but cannot know everything due to time and other constraints; a proportion of managers are simply unaware of the implications of the dynamics they share with employees, while a small proportion may also not care to know. Whatever the level of awareness, management styles characterised by suspicion have resulted in 71 per cent of employees reporting experiences of stress compared to 40 per cent managed via a trusting approach.²⁰⁷

Managing – and being managed – is not an easy business. Regardless of the manager's strengths, employees may be closed to managers' views, may find their manager is constrained by the climate of the organisation, or may on occasion actively work against their line manager. Interviewees who contributed to this report suggested a range of theories of use to all managers – these included the psychological contract, basic transactional analysis, social learning theory, as well as concepts such as 'enabling environments'²⁰⁸ and skills such as management styles designed to prevent and reduce stress within teams.²⁰⁹ Within the complex framework of potential dynamics described above, identifying psychological theories that every manager should know may not be complete, but those explained below have been chosen to help to explain the management and leadership processes that determine the wellbeing of employees.

Managing to promote performance and wellbeing

The theories considered here feature in studies where management behaviour was seen as integral to the potential for positive change in employees' wellbeing and performance. The term 'leader' appears below for consistency with the naming of these approaches, and although it is recognised that there are differences between management and leadership, it is the ethos of these approaches which is the focus here. These are reflected in the best practice guidance prepared by HSE/CIPD and NICE (see section on Best Practice). Three theories are highlighted here which describe the

general relationships between managers and the employees they manage. These also highlight the psychological processes in the dynamics between managers and employees which theorists have identified as likely to promote psychological health at work and thereby prevent problems among the workforce. It is claimed that 'the worst management styles generate up to four times more stress than the best'.²¹⁰

Transformational leadership

Differentiating between 'transactional' and 'transformational' leadership styles is a widely considered approach that is relevant to management behaviours.²¹¹ Transactional leadership 'is based on exchanges, or transactions with subordinates... They define work goals and the behaviour deemed appropriate for reaching them'.²¹² In this context rewards are required to be earned by those reporting to a leader, who tends only to step in when things go wrong. This contrasts with transformational leadership which goes beyond the 'skilled use of inducements by developing, inspiring and challenging the intellects of followers so that they become willing to go beyond their self-interest in the service of a higher collective purpose, mission or vision'.²¹³ In this scenario leadership is often by example and a charismatic approach to encourage the individual by sharing credit for success and positively investing in others' development. Of course the latter holds promise as long as the goals are ethical and do not ignore employee wellbeing.

Research into the relationship between leadership style and employee outcomes offers some reassurance. Transformational leadership has been found to have a positive impact via employees' perceptions of features of the work environment.²¹⁴ For example the link between 'leader' behaviour and 'follower' wellbeing is shaped by having a 'meaningful work environment, role clarity, and opportunities for development',²¹⁵ whereby transformational leadership promotes these psychosocial aspects of work, which in turn lead to enhanced employee wellbeing. Strong effects of transformational approach have also been noted for profit outcomes,²¹⁶ performance during periods of change,²¹⁷ team and organisational performance, as well as employees' citizenship behaviours.²¹⁸

The discovery of a link between transformational and high quality leadership behaviours with employees' job performance has highlighted the important role played by mental health. Montano and colleagues²¹⁹ large scale analysis of data gathered on 112,000 employees shows that better management styles positively impact on workers' mental health which in turn 'may significantly influence the levels of performance and productivity'.

The importance of a transformational style of leadership is hard to ignore: 'More open, empowering management styles are connected to lower levels of stress, higher job satisfaction and greater personal productivity than more 'command and control' styles. 'The best management styles drive job satisfaction levels up to 2.5 times higher'.²²⁰ Interviewees for this report emphasised the simplicity of solutions to help improve managers' supervisory behaviours where improvement is required: ask questions, pay attention, have purposeful meetings and above all develop a clear understanding of the importance of a manager's behaviour for employee wellbeing.

Leader-Member Exchange

Relationships are the basis for organisations.²²¹ The quality of the relationships makes a clear and important contribution to the mental health of employees.^{222,223}

Leader-Member Exchange (LMX) describes the quality of the communications and professional relationship between the person in a managerial role and the individual reporting directly to them.

It prioritises the role of trust, respect, and mutual obligation.²²⁴ This is part of the psychological contract – or unwritten expectations – shared by managers and employees. Within the context of working relationships, this places an important emphasis on the behaviours of managers and employees, but also on the messages managers communicate, i.e. consideration, hope, aspiration, clarity, developing others and keeping an eye on health and wellbeing.²²⁵

For managers, efforts have been made to identify competencies designed to help effective performance around wellbeing, based on understanding their staff and identifying which behaviours are appropriate. 'Every manager needs to have in their pocket a behavioural competency framework to address stress at work.'^{226,227} Using a competency framework suggests objective criteria for relationships and in particular for how the work and the people doing it are managed. It is important for managers to take advantage of the guidance available and this can extend to frameworks designed specifically to address and advance understanding of a range of workplace challenges, e.g. 'Line management behaviour and stress at work'.²²⁸

The Job-Demands-Resources Model

The Job-Demands Resources (JD-R) Model^{229,230} takes account of the complexities of the workplace by highlighting both positive and negative features of the job, perceptions of the employee and organisational context. Positive psychosocial aspects of work include job control and rewards such as pay, whereas negative factors include work pressures and emotional demands. Both sets of factors rely on employees' perceptions and respectively describe motivational resources, which promote positive outcomes, and a health-impairment pathway, whereby efforts to cope with ongoing demands sap energy levels.²³¹

The JD-R incorporates the important contribution of organisational context, or 'upstream' factors, which influence individual outcomes. Within these, the roles of positive leader-member exchanges (LMX) and transformational leadership are emphasised alongside psychological safety climate,^{232,233} which is defined as 'policies, practices, and procedures for the protection of worker psychological health and safety'.²³⁴ This 'flows principally from the priority given by senior management to production versus the psychological health of workers'.

Case study 2: Transformational leadership in turbulent times²³⁵

Peter, a council Head of Finance, was asked to make £1.2m cuts in his department but maintain high standards of performance. Rather than impose a 'solution' upon his staff, Peter preferred a consultative approach and invited staff views on how best to go about it. His team set about generating ideas about optimising their working methods. When he announced the final proposals, there were no nasty shocks.

Alongside a policy of not recruiting new staff, Peter negotiated home-working and suitable hours and the team were able to keep jobs and maintain work-life balance, while creating sustainable savings. Out of over 100 staff, only one person would be leaving and by mutual consent. It was important to Peter that he was transparent and was seen to do everything possible. Union representatives and individual staff members came forward to thank him and within the year, Peter's department came top in the region for its level of performance.

Coaching

The increasing popularity of coaching is helpful in that it encourages managers to reflect on their working practices as well as to develop and enhance their skills. However the benefits of coaching have potential not only in organisational outcomes, but also in managers themselves. Coaching is 'a form of leadership development that takes place through a series of contracted one-to-one conversations with a qualified 'coach'... that results in a high occurrence of relevant, actionable and timely outcomes for clients.'²³⁶ In this way coaching aims to enhance managers' advanced planning and goal-setting skills and from a wellbeing perspective has good potential to strengthen the individual's ability to withstand future challenges. Research on the impact of coaching continues to develop, but there are signs that voluntary participation in coaching holds benefits for managers' mental wellbeing, especially in challenging and changing organisational contexts.²³⁷

Best practice

This section highlights examples of best practice that organisations can use to support a psychologically healthy workplace. The importance of the 'what' examined in the previous sections should not be underestimated, but this best practice guidance gives an insight into the difficulties of the 'how'. It focuses on guidance from the Health and Safety Executive (HSE) and National Institute for Health and Care Excellence (NICE).

Health and Safety Executive

The HSE is a statutory body established by the Health and Safety at Work Act (1974) and is 'responsible for enforcing health and safety in workplaces.'²³⁸ It developed Management Standards for work-related stress²³⁹ to help organisations and employees assess risks linked to stress and designed an Indicator tool for assessing workplace stressors, which is freely available online.

The Management Standards were compiled using psychological theories and a measure was developed for use across all occupational settings.²⁴⁰ The HSE claims the Management Standards 'represent a set of conditions that, if present, reflect a high level of health, wellbeing and organisational performance'.²⁴¹ They highlight 'six key areas of work design that, if not properly managed, are associated with poor health and wellbeing, lower productivity and increased sickness absence'. These include Demands, Control and Support, which have been covered above.^{242,243} Three contextual features are also included: Relationships, Role – meaning whether people understand their role(s) within the organisation and whether the organisation ensures that they do not have conflicting roles – and Change, reflecting how organisational change (large or small) is managed and communicated. Each of these six areas can be assessed using the HSE Management Standards Indicator tool.

The lack of inclusion of job security has been criticised and highlights the problems in defining all major sources of stress. For example the fast pace of technological change means that the ways in which we work have shifted over time. Now access to workplace communications can be anywhere and anytime, yet employees using such mobile technology may not have been provided with clear guidance and support on how best to manage this way of working. At best this represents a 'choice' for workers to flex their work to suit and at worst it means an invasion of life outside of working hours and pressure to stay 'switched on' with negative consequences

for health and wellbeing.^{244,245} With this in mind, coaching as a means to help all employees – whether managers or not – consider their own work-related behaviours holds potential for maintaining their wellbeing.²⁴⁶

Whilst the HSE Indicator tool is freely available tool for organisations allowing reliable, consistent measurement of the six job stressors listed above,²⁴⁷ it is also necessary to find suitable measures of symptoms of psychological ill health not currently assessed by the tool. However while the emphasis on risk assessment provides a platform for discussion of the work situation and the identification of psychosocial risks, it does not guarantee action to address these.

Uptake of HSE guidance

Whilst there are indications that most UK organisations are aware of these standards – and they are widely promoted by national bodies such as ACAS and the TUC – there have been calls for more published research using the HSE Indicator tool.²⁴⁸ So far the gathering of hard data on uptake of best practice has been limited as organisations struggle with the implementation of guidance and evaluating its impact.²⁴⁹ Organisations can face difficulties in resourcing time, embedding competences and gaining commitment from senior managers for initiatives.²⁵⁰ This was illustrated in a study of the impact of an e-learning health promotion intervention based on the HSE management standards for stress in which qualitative findings, used in addition to quantitative measures, showed managers were in favour of the idea, but found insufficient time to participate.²⁵¹

The HSE has responded to ongoing queries in relation to the management of stress at work, forming a Workplace Health Expert Committee which provides independent opinion on matters arising in relation to health at work.²⁵²

NICE guidance

NICE has published two major sets of guidelines for improving employee wellbeing at work: *Mental Wellbeing at Work Public Health Guidance*²⁵³ and *Workplace Health Management Practices*.²⁵⁴

The publication of the *Public Health Guidance* was striking as not only was it part of a wider government-sponsored approach to promote positive interventions in relation to work,²⁵⁵ but that the same clinical body responsible for recommending a range of clinical treatments and health-related practices was sufficiently convinced by the evidence to develop guidance about behaviours in the wider workplace. The NICE recommendations²⁵⁶ prioritised promotion of mental wellbeing at work, as well as flexible working, the role of line managers and support for small and medium-sized enterprises.

In 2015, NICE published further guidance²⁵⁷ which focused on the role of a range of management practices for which they identified 50 recommendations across 11 areas (see Table 4). These were aimed at employers, senior leadership and managers, human resource teams and all those with a remit for workplace health.

Table 4 – Summary of NICE (2015) recommendations for management practices

Work features influencing employees' health and wellbeing	Examples of recommended management practices
Organisational commitment	Managers – including senior level – to proactively support health and wellbeing of employees
Physical work environment	Meet statutory requirements for safety
Mental wellbeing at work	Promote psychological safety climate – referencing HSE stress management standards
Fairness and justice	Ensure equality of access to sources of support
Participation and trust	Value the contributions and voice of employees
Senior leadership	Role model behaviours and policies which prioritise employee health and wellbeing
Role of line managers	Act as a two-way communication channel between the employee and the organisation
Leadership style of line managers	Consultative and positive approach
Training	Update, support and tailor to needs
Job design	Encourage flexibility and enhanced control
Monitoring and evaluation	Appropriate measurement of impact

*These guidelines were revised by NICE (2016) to take into account policies related to paid and unpaid workers who are over 50.

Uptake of NICE guidance

An evaluation of the uptake and use of the 2009 NICE guidance and other workplace guidance was conducted in the National Health Service. This found that 72 per cent of 282 NHS Trusts had systems for monitoring the psychological health of staff, 63 per cent gave line managers training on promoting and protecting employees' mental wellbeing, while 90 per cent provided training to managers about when it is necessary to refer an employee for emotional help and support.²⁵⁸ This compares with a broader survey of 162 UK organisations, which included 107 public, 27 private and 28 third sector workplaces – 97 of which each employed one thousand or more workers. Among these only 42 per cent had systems for monitoring the psychological health of their employees.²⁵⁹ This reveals considerably more variation than was found within the NHS.²⁶⁰ Seven out of 10 organisations in this mixed sample provided training for managers to make referrals for psychological health problems,²⁶¹ highlighting the need for employers to consider not only their legal obligations to employees, but also their corporate responsibility which 'is concerned with the sustainability of an organisation's ethics over the long term'.²⁶²

In the NHS study less than half of NHS Trusts (44 per cent) had developed a strategy for employee health and wellbeing, although 47 per cent were in the process of doing so.²⁶³ Furthermore Trusts with an existing policy were twice as likely to have staff health and wellbeing as a regular item on their board's agenda. This underlines the role of top-level commitment in ensuring a more proactive approach to wellbeing at work.

Within the mixed industry sample of 162 organisations, only two-thirds had employee health and wellbeing as a regular item on the management board's agenda.²⁶⁴ However variation in familiarity of participating organisations (represented by human resource managers, occupational health professionals and wellbeing advisors) with NICE guidance meant that 23 per cent had not heard of it and only 12 per cent reported that this had been implemented in his/her organisation. This compared with 7.5 per cent who were unaware of the HSE Management Standards for work-related stress and 39 per cent who confirmed these were implemented by his/her employer. Despite these disappointing figures, 82 per cent claimed that their organisation does try to raise awareness of mental health and wellbeing and 76 per cent ensure organisational support is accompanied by support, information or targeted intervention programmes.²⁶⁵ A particularly concerning finding was that one quarter of responding organisations did not provide training to ensure managers understood when it was necessary to refer an employee to occupational health or other sources of support.²⁶⁶ The potential for online training packages to boost knowledge in relation to employee health has been demonstrated and would be one useful way to address such deficits in working practice.²⁶⁷

In order to assess the uptake of the NICE guidance, a further survey of NHS staff was conducted and showed that 90 per cent answered 'yes' to the question 'Does your organisation take positive action on health and wellbeing?' However there was much wider variability in relation to employee satisfaction with how they are treated in their job, e.g. 46 per cent of respondents were satisfied with 'the extent to which my organisation values my work'.²⁶⁸ Incentivising employers to utilise the types of guidance on offer will encourage organisations to proactively address the issues of employee wellbeing. This could be encouraged through reductions to insurance premiums paid by organisations where they can evidence steps to improve the psychological health of the workforce, for example by offering a wider range of flexible working options.²⁶⁹

Implementing best practice

While these best practice guidelines are in good supply and widely available online, there is work to be done to increase their status and influence among employers and to increase uptake. However these will need updating at regular intervals to reflect ongoing and emerging concerns in the modern workplace, such as the use of mobile technologies in extended working hours and persisting job insecurity. Organisations and employees would urgently benefit from guidance on how to manage the impact of these ongoing developments.

Statutory (HSE, NICE) and professional bodies (BPS, Chartered Institute for Personnel Development (CIPD), Chartered Management Institute (CMI)) have been working with successive UK governments to ensure information is readily available and accessible. The Chartered Institute for Personnel Development, in conjunction with the HSE and Investors in People, have developed online practical guidance and advice for managers – including human resource professionals – to help to minimise stress-related problems by improving management styles and developing behaviours that prevent and reduce stress within teams.²⁷⁰ Initiatives such as the Workplace Wellbeing Charter (2017)²⁷¹ also encourage an organisation-wide approach to raise awareness and improve practices around employee health, by encouraging organisations to make commitments and be formally assessed on their progress.

In turbulent times the space and resources to take these recommendations on board may be challenging, especially for SMEs. However the challenges of introducing changes designed to improve wellbeing at work are evident in organisations of all sizes. Research projects show the range of political considerations required to maximise the chances of successful intervention in

such endeavours.^{272,273} At a time when the mental health of employees has assumed even greater significance than previously, the desire to learn from the challenges of introducing positive changes should be greater than ever.

Lessons can be learnt from applying behaviour change approaches, which have had success in relation to similar large-scale public health concerns over smoking and healthy eating. Selecting appropriate approaches is a challenge for policy-makers and organisations, but frameworks such as the COM-B model, which stands for Capability, Opportunity and Motivation – Behaviour²⁷⁴ can help design effective interventions. In this context the COM-B model could be used to examine the impact of employers and employees' Capability, Opportunity and Motivation for changing workplace behaviours thus taking into consideration the multiple influences in effecting change. Enhancing their psychological resources to help this process 'can be achieved through imparting knowledge or understanding, training emotional, cognitive and/or behavioural skills or through enabling interventions.'²⁷⁵

To this end, wide-ranging studies and theoretical approaches have confirmed that no one size fits all. However in order to increase the chances of successful intervention, key ingredients have been identified: 'effective communication, employee acceptance and willingness to adopt a new initiative, together with support from senior management',²⁷⁶ training employees to improve their jobs, and 'system-wide approaches that simultaneously enhance job design and a range of other employment practices.'²⁷⁷ Combined with these considerations, it is recommended that in order to understand the impact (or lack of impact) of changes, careful evaluation of the stakeholders and their views, the context and the processes through which they are introduced is essential.²⁷⁸

Taken together the HSE Management Standards for work-related stress and NICE guidance recognise these important factors and represent the foundations for what needs to follow, i.e. development of their recommendations to address the emerging workplace concerns for mental health at work discussed in this report, followed by government-backed awareness-raising on a grand scale to reach all employers and employees.

Recommendations

Any government serious about improving the lives of the public and understanding why intractable problems persist, must ensure that their policies and interventions are based on an in-depth understanding of human behaviour.

The application of the psychological theory, evidence and best practice outlined in this report to inform policy and guideline development and design services and interventions that work with human behaviour not against it, would enable:

Policy and practice

1. The Department for Business, Energy & Industrial Strategy to ensure the inclusion of employee health and wellbeing in the *Building our Industrial Strategy* white paper. Reflecting the growing body of evidence also highlighting the importance of mental wellbeing in their performance and productivity, future policy statements on Industrial Strategy to specifically incorporate how promoting the psychological and physical wellbeing of the workforce contributes to future economic success.
2. Future policy statements from any government department that address work and health (e.g. improving business competitiveness; supporting people into appropriate work) to specifically incorporate the psychological evidence on the health costs of poorly designed work.

3. The DWP and DH to incentivise employers (through tax relief or a similar mechanism, depending on the size of the organisation) to introduce evidence-based interventions that promote a psychologically healthy workforce, such as those outlined in this report. This is consistent with plans for improving the health and wellbeing of NHS staff and encourages employers across other sectors of the economy to monitor and share data about the health and wellbeing of the workforce in order to allow comparisons between companies and over time and facilitate improvements.
4. The HSE Workplace Health Expert Committee to incorporate the latest evidence from all relevant areas of psychology – including the impact of increasing job insecurity – into their work to explore how to help organisations implement the HSE Management Standards.
5. Drawing on the psychological evidence presented in this report, The DH and DWP to commission a review to establish the most effective and cost-effective coaching and training model to improve the skills of line managers, as a preventative intervention to improve the outcomes for the entire workforce. On completion of this evidence-based review and endorsement of the most effective model, employers to be incentivised to implement it.
6. The Department for Health and NICE to actively seek ways to increase the uptake of its Mental wellbeing at work Public Health Guidance²⁷⁹ and Workplace Health Management Practices.²⁸⁰ Lessons are to be learned from successful dissemination of other non-mandatory guidance – such as sharing case studies – by working to promote the effectiveness and status of these as well as creative ways to raise employer awareness of them.

Employment practice

1. All employers to proactively seek to improve employee wellbeing by developing and monitoring well-designed jobs and seeking to increase employee engagement. As a minimum this includes implementing the relevant guidance from NICE and HSE on improving psychological wellbeing at work, which help employers to apply the psychological principles outlined above in a practical way. Additionally organisations to provide workplace wellness programmes that provide opportunities for supporting the mental as well as physical health of employees.
2. Employers, and particularly those who employ people on zero hours contracts, to maintain transparent two-way communication with their employees to enable them to offer effective support and so that they can carefully consider the psychological impact of atypical work arrangements and job insecurity. Employers to design workplace practices to protect their employees' wellbeing and ameliorate the negative effects of insecurity. This includes giving as much advance notice of hours as possible and any plans relating to organisational uncertainty and engender a sense of employee control.
3. Senior managers to regularly discuss employee health and wellbeing at board level to ensure a proactive approach to mental wellbeing at work, and include employees in a collaborative way to find solutions. A culture of preventing psychological harm starts at the top of an organisation but involves people at every level.
4. Organisations to recognise the behaviours of managers which help minimise stress-related problems, i.e. fostering positive supervisory behaviours and enhancing managers' capacity to identify and act on symptoms of poor psychological health among employees. Toolkits and self-assessment processes developed by HSE/CIPD and initiatives such as the Workplace Wellbeing Charter to be used to support organisations.

Chapter 2:

Focus on strengths: Supporting people who experience difficulties at work

Most people will have days where they experience difficulties in thinking, remembering and paying attention at work. It's a common human experience. What is less common, is an understanding that these cognitive difficulties can be seen on a continuum or spectrum, with mild everyday challenges at one end, moving through difficulties that may come and go as a result of a mental health condition, to more serious long-term conditions, such as autism or Tourette syndrome, at the other end. These conditions are legally protected by the Equality Act 2010.²⁸¹

Providing effective support to enable people to find meaningful work and stay in employment is a key part of the government's commitment to halving the disability unemployment gap. That gap includes many people with conditions such as dyslexia, dyspraxia and Tourette syndrome who would face challenges in the workplace due to the different ways that their brains function. Though these conditions reduce engagement in the labour market, there are also many who are in employment, but who are finding it difficult to maintain employment or progress their careers due to discrimination, lack of understanding and lack of effective support.

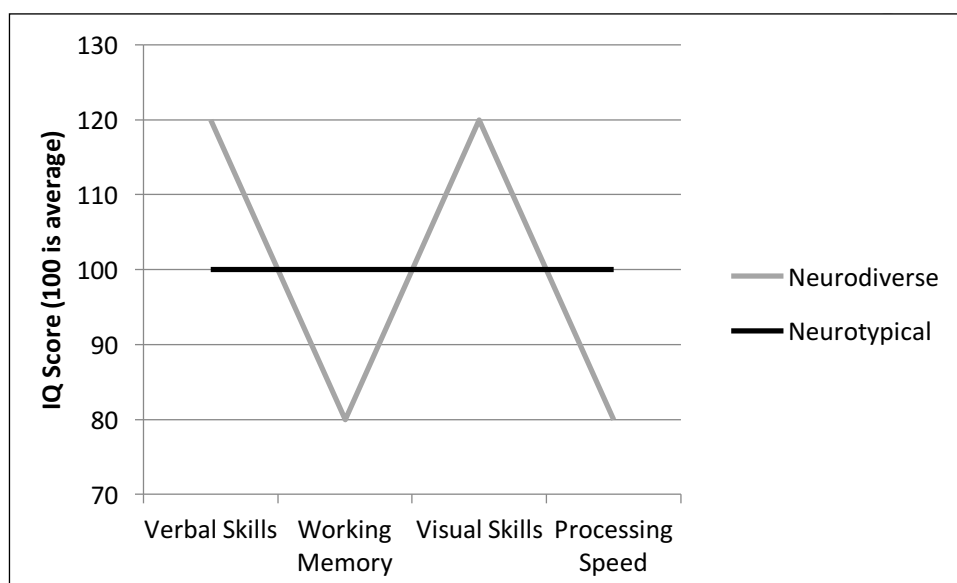
Collectively, the range of conditions that affect cognitive functions such as thinking, attention and impulse control are increasingly known as neurodiverse conditions or neurodiversity. This is an important area where psychologists can contribute expertise and where applying psychological evidence can help solve potential problems for employees, employers and policy makers. There is broad agreement amongst practitioners that disability adjustments for neurodiversity are effective for improving workplace difficulty, and that employers and government departments should support their implementation, through existing schemes such as Access to Work.^{282,283,284,285,286}

The growing body of psychological evidence outlined in this chapter can help challenge perceptions about the strengths of and difficulties experienced by neurodiverse people, outline what reasonable workplace adjustments could look like and how employers can create employment opportunities and better support their employees. Importantly it will also speak to people in search of evidence-based solutions that they can apply themselves or ask for in the workplace.

What is neurodiversity?

'Neurodiversity' essentially refers to differences in neurological ability; for example some people are naturally strong at processing detailed images or sound but have poor memory, others have outstanding memory but find comprehension difficult. Whilst everyone has strengths and difficulties, for neurodiverse people the difference between them is significant. An average person will score at a reasonably similar level for each of the intelligence components (such as verbal, visual, memory and processing skills) on a cognitive ability test, such as the Weschler Adult Intelligence Scale.²⁸⁷ A neurodiverse person is likely to have large disparities between intelligence (IQ) scores; some may be below average and some far above (see Diagram 1).

Diagram 1: a 'spiky profile' showing example neurodiverse and average IQ scores



The WAIS-IV is used by psychologists and provides clear guidance on the minimum difference between strengths and weaknesses to qualify for a diagnosis; this is commonly used to support a diagnosis of dyslexia, DCD and ADHD^{288,289,290} and to understand the cognitive ability of an employee injury or illness.²⁹¹

For a neurodiverse individual, some tasks will seem easy and others impossible. This often leads employers, work coaches and authority figures to conclude that the individual is 'not trying', when undertaking particular tasks. Inconsistent performance is mistaken for a bad attitude or poor motivation, which leads to discrimination and perceptions of unfairness on behalf of the individual. An individual with ADHD or dyslexia, for example, is likely to have much lower working memory ability²⁹² than visual ability; lower reading ability than verbal ability.^{293,294}

Neurodiverse people are subject to discrimination.^{295,296} Their condition may not be immediately observable to colleagues and people do not readily disclose the condition themselves^{297,298} often because they fear that discrimination and feel that they aren't 'worthy' of support. This can delay the implementation of adjustments in the workplace, leading to their position at work being vulnerable.²⁹⁹ Neurodiverse people are also more likely to be unemployed and incarcerated, both of which affect their employability.^{300,301 302,303}

Neurodiverse conditions

Neurodiversity typically encompasses: ADHD, autism, dyslexia, dyspraxia/developmental coordination disorder (DCD), Tourette syndrome (TS), dyscalculia and dysgraphia. These conditions are thought to be developmental, meaning that one is born with them, and they develop in childhood and adolescence. There are two types of developmental neurodiverse conditions; TS, autism and ADHD are linked to behaviour and are typically diagnosed through the National Health Service. The others are linked to educational or practical difficulties, and are diagnosed by psychologists and occupational therapists working with children. Psychologists and specialist teachers also perform this role in universities. Psychologists are also recommended through human resources and occupational health teams to provide diagnoses in employment.

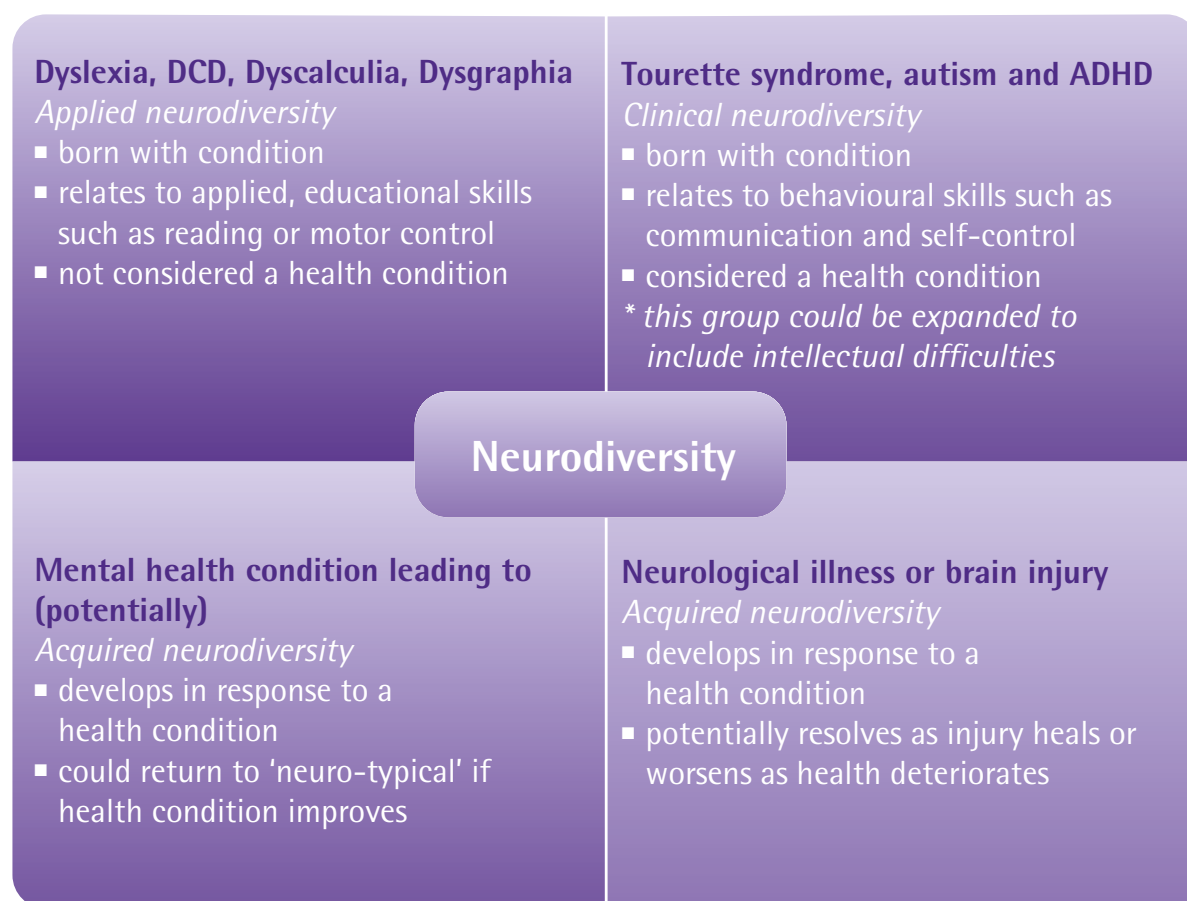
There are also a significant number of clinical and genetic conditions that can affect thinking overall, without the peaks and troughs known as 'neurodiversity', such as Down's syndrome and more. Collectively these conditions are known as intellectual disabilities and, like severe autism, they typically result in below average IQ. Those that operate on a spectrum of severity, such as foetal alcohol spectrum syndrome, will have differing levels of support requirements in a workplace similar to autism. Some have argued that these conditions can be accompanied by non-intellectual strengths, such as a caring and trusting nature for those with Down's syndrome.³⁰⁴ However, since their inclusion in the labour market is almost exclusively through specific supported programmes and they are unlikely to be employed with their disability 'hidden', we have excluded intellectual disabilities from this review. There are a number of excellent reviews on this subject that can be perused for further information.³⁰⁵

Neurodiversity has also been known to refer to mild-to-moderate mental health conditions, acquired brain injuries, including stroke and traumatic brain injury, and neurological conditions, such as multiple sclerosis. This is less straightforward as the cognitive difficulties will be a result of injury or illness, rather than a natural 'thinking style'. Memory difficulty, for example, is a common symptom of a health-related condition, such as stroke or depression, but the cause of an applied problem like reading. A person with a mental health condition is likely to experience neurodiversity (e.g. lack of concentration, forgetfulness) during an episode of depression, for example, but may then become 'neurotypical' again when their mental health improves. This is in contrast to a neurodiverse person with a life-long diagnosis or 'label' of DCD or ADHD.

Those acquiring neurodiversity following illness or injury will have a different experience to those with a developmental or transient condition. Acquired neurodiversity may require adjustment of identity and goals in response to a changes in cognitive ability. Acquired or transient neurodiversity focuses on the new difficulties, though many areas of thinking will not be affected and can therefore be thought of as strengths.

The following diagram of neurodiversity indicates the different subtypes and how they are grouped together.

Diagram 2: A taxonomy of neurodiversity



This taxonomy was supported by the Work and Health Committee of the British Psychological Society, a cross-divisional representation of psychologists.

Executive functions

The conditions are all associated with some form of cognitive difficulty related to 'executive functions', which generally refers to three main processes including working memory, inhibition of urges and switching of attention,³⁰⁶ at least one process is usually implicated in each of the conditions listed. Difficulty with executive functions are often misinterpreted or misunderstood as lack of motivation, disorganisation or a 'bad attitude', even by people with neurodiverse conditions themselves. Individuals are likely to assign themselves some sort of personality defect, e.g. 'I'm very scatty', without realising that their difficulty is a direct symptom or cause of their neurodiversity. As such, they don't ask for the support they need and struggle on, often working additional hours to compensate or taking work home.³⁰⁷ This causes long-term stress and health issues, but can be easily remedied with adjustments to workplace distractions and strategy coaching.³⁰⁸

Psychosocial impact

The research consistently highlights some sort of psycho-social impact of these conditions, ranging from communication to self-esteem problems. 'Learned helplessness', a key psychological theory, suggests that in order to protect one's mental wellbeing, when faced with repeated failure, people tend to stop trying. Through education, the developmental neurodiverse conditions can often lead to learned helplessness and through difficult medical experiences as well as employment discrimination the same can be true for those with

acquired neurodiversity. This leads to resistance to change, which is sometimes pathologised by unemployment services who recommend motivational training as a remedy (see Chapter 3 for more detail).

A positive focus: The history of the term 'neurodiversity'

The term 'neurodiversity' arose from disability rights activism. The intention was to move away from a 'medical model', where conditions are seen as a diagnosis of ill health, towards a more socially inclusive recognition that differences in thinking ability are a normal variation within humans.³⁰⁹ It is part of a distinct movement to highlight the positive aspects of cognitive 'differences', rather than focus on 'deficits' as well as to normalise conditions, rather than view them as deviating from the norm.^{310,311,312,313,314} Neurodiversity is increasingly used in place of terms such as 'specific learning disabilities', or 'learning disabilities', when applied to conditions such as dyslexia. The majority of individuals with these conditions preferred the term and major UK disability charities agreed. It is increasingly recognised in disability guidance for employees and employers.³¹⁵

Dr Thomas Armstrong³¹⁶ highlighted the potential evolutionary advantages of neurodiverse conditions in terms of the value they might provide to a community. For example, he noted the innovative and unusual ideas associated with autism, the passion and energy associated with ADHD and the usefulness of rumination on problematic situations common to depression.

Part of the reason for the increasing popularity of the term in relation to mental health is the need to present conditions with positivity. Given the high prevalence of mental health conditions in advanced economies they, like autism, may be a typical spectrum of human experience.^{317,318} People living and working with mental health conditions may wish to use neutral terminology that does not insinuate ill health.

Neurodiversity and disability

There is a conflict between the 'strengths focus' of the neurodiversity movement and the deficit-focus of disability support, which highlights people's needs. Disability legislation such as the Equality Act 2010³¹⁹ creates a legal obligation for employers and organisations to make 'reasonable' disability adjustments to workplaces and educational access in order to accommodate disability. This is widely thought to apply to neurodiversity.^{320, 321,322} Dyslexia is reported to account for 12 per cent of referrals to Access to Work³²³ and mental health needs have their own specific Access to Work service.³²⁴ Neurodiverse conditions are taken seriously as disabilities in practice, though muscular-skeletal difficulties and sensory impairments account for the majority of Access to Work referrals.³²⁵

Choosing reasonable adjustments for neurodiverse people is difficult, where access ramps make sense for people using wheelchairs, someone with a memory, communication or concentration difficulty requires more detailed, personal and context specific adjustments.³²⁶ Problems exist when conditions are undiagnosed, and badly explained, meaning that individuals are unaware of what to ask for as adjustments and what their strengths might be. This leads to a lack of 'self-efficacy', which means a person's belief in their ability to act³²⁷ and, again, a sense of helplessness (see page 30 of this report).

Neurodiversity provides conflicting implications to both individuals and their employers, conferring some benefits and strengths, but also disability and exclusion.

The prevalence and workplace impact of neurodiversity

Different types of neurodiversity result in different work-related strengths and difficulties. This section explains how each condition manifests as a disability in the workplace and provides encouragement for making adjustments that play to people's strengths and free up talent. It also outlines what support is currently available for each condition.

Overlap between different neurodiverse conditions is considered the norm^{328,329,330} meaning that a significant proportion of neurodiverse employees will have strengths and weaknesses associated with more than one condition.

Applied neurodiversity

This group comprises those with development coordination disorder (DCD, also known as dyspraxia), dyslexia, dysgraphia and dyscalculia, meaning difficulty with movement, words, writing and numbers respectively.

Research found that adults with dyslexia are likely to have higher incidence of insomnia as well as worse general health and reported wellbeing, but strong organisational support can minimise the impact.³³¹ This suggests that disability adjustments can provide more support to the individual than just initial work performance, and may contribute to improving wider public health outcomes. Table 1 outlines the typical strengths and difficulties experienced by adults with DCD and dyslexia in the workplace. Dyscalculia is not discussed below, as despite a prevalence of 5–15 per cent in children³³² research on adults could not be found. Dysgraphia is not included at all, since no relevant literature could be found, however the DCD literature is likely to apply.

Table 1: strengths and difficulties attributed to Dyslexia and DCD in the practitioner and research literature.

	Difficulty	Strength
Dyslexia Prevalence up to 10 per cent ^{333,334}	Literacy, memory, organisation, communication and self-esteem ^{335,336} Memory, organisational skills, time management, stress management, literacy ³³⁷ Workplace participation in terms of mental functions and social interactions ³³⁸ Cognitive functioning and social self-esteem ^{339,340} Higher incidence of worklessness and incarceration ^{341,342}	Entrepreneurialism ³⁴³ Creativity and cognitive control ³⁴⁴ Visual reasoning ³⁴⁵ Practical skills, visual-spatial skills and story-telling ability ³⁴⁶
DCD Prevalence 2 per cent ³⁴⁷	Difficulties with driving, self-care, organisation, communication and self-esteem ^{348,349} Processing speed and working memory ³⁵⁰ Persistence of motor difficulties ³⁵¹	High verbal comprehension ability ³⁵² (Grant, 2009)

Research Gaps

Compared to clinical and acquired neurodiversity, like autism, there is little written about the adult experience of applied neurodiverse conditions. Doyle & Cleaver³⁵³ found that in an academic database search for 'dyslexia', there were over 11,000 studies since 1995 but only 41 of these related to work. There is lack of research focused on disability adjustments and effective interventions, particularly those around general work performance rather than literacy interventions.^{354,355,356,357} The little evidence there is, combined with practitioner manuals^{358,359,360} are consistent and clear about the difficulties.

There are no studies examining the return on investment of addressing applied neurodiversity, but one study estimated that a typical programme of disability adjustments costs £727 per person³⁶¹ which is considerably less than the cost of turnover per employee, estimated at £4333 in 2007.³⁶² Costs in these cases are born by the employer, potentially supported by Access to Work in the case of small businesses. There is no specific government funding for pre-employment support for this group despite evidence that there are significant enhanced risks of unemployment³⁶³ and incarceration^{364,365} both of which reduce employment success across the lifespan.

ADHD, autism and Tourette syndrome (clinical neurodiversity)

Like the applied neurodiverse conditions, individuals with ADHD, autistic spectrum condition and Tourette syndrome, experience lower rates of employment.^{366,367} Indeed the National Autistic Society report that only 16 per cent of adults with autism are employed full-time, 32 per cent if you include part-time workers; compared with 80 per cent of the general population and 47 per cent of people with disabilities overall.³⁶⁸ Palmer and Stern³⁶⁹ note that the extent of Tourette syndrome difficulties determines the likelihood of employment, with those with coprophenomena (uninhibited vocal tics, usually involving swearing) faring worst. With autism the level of difficulty was associated with the overall IQ level and co-occurring mental health conditions.³⁷⁰ The levels of co-occurrence between clinical neurodiversity and mental health are a persistent problem and may present more barriers to successful careers than the conditions themselves.^{371,372,373}

Table 2 overleaf provides a summary of the available evidence on work-related difficulties and strengths.

Table 2: Strengths and difficulties attributed to clinical neurodiversity in the practitioner and research literature.

	Difficulty	Strength
ADHD Prevalence up to 4 per cent	Time management ³⁷⁴ Concentration, attention and self-regulation difficulties ³⁷⁵ Insomnia, depression, injury and absence ³⁷⁶ Maintaining employment ³⁷⁷ Difficulty with team work ³⁷⁸	Creative thinking ³⁷⁹ Visual spatial reasoning ability ³⁸⁰ Hyper-focus, passion and courage ³⁸¹
Autism Prevalence up to 1.5 per cent ³⁸²	Time management ³⁸³ Concentration and coping with more than one task ³⁸⁴ Social and communication difficulties ³⁸⁵ Need for routine ³⁸⁶	Memory ability, and other 'specialist individual skills' including reading, drawing, music and computation ³⁸⁷ Innovative thinking and detail observation ³⁸⁸
Tourette syndrome Prevalence 1 per cent ³⁸⁹	Hyper arousal, social functioning, sleep disturbances ³⁹⁰ Large overlap with ADHD including concentration, attention and memory difficulties ³⁹¹	Ability to 'hyper-focus' ³⁹² Verbal ability ³⁹³

The evidence base is more developed for childhood conditions than the adult literature, which is particularly sparse for TS and ADHD, with slightly more written about autism. The above evidence is summarised from a wide range of sources, which includes people who are functioning relatively well in society and those who are excluded (such as those in prison or unemployed).

Cost benefit analysis has been conducted within ADHD and Autism^{394,395,396} and the conclusions support government spending on interventions, to mitigate the costs of lifelong employment difficulties and economic underperformance. The study by Howlin et al.³⁹⁷ noted that work could be sourced and supported for people with autism, whatever their IQ level, and that this improved their independence, thus improving their life outcomes and preventing social care costs. Support for low-functioning autism or severe Tourette syndrome is funded by the NHS and Social Services, also potentially via Department of Work and Pensions Funding, both pre and post-employment. Workplace support for high functioning autism, Tourette syndrome and ADHD is paid for by employers, with some support from Access to Work. There is no specific support provided by Job Centre Plus, or any other DWP funded programme, for the unemployment support for people with high functioning clinical neurodiversity. These individuals find themselves assigned to either disability employment programmes or general unemployment, though their needs may be quite different from others in both groups. Though specific support has been piloted, no long term outcomes or best practice analysis has been published.³⁹⁸

Mental health

Mild-to-moderate mental health conditions account for 37 per cent of sickness absence in the UK³⁹⁹ and therefore warrant consideration for disability adjustments. However, the majority of employment related research is devoted to more severe mental health conditions, such as schizophrenia, which, though less prevalent at 1 per cent⁴⁰⁰ results in a paltry employment rate, reported as ranging from 3 per cent⁴⁰¹ to 27 per cent⁴⁰². The severity of the condition makes a large difference to employment prospects and duration of the neurodiverse difficulty. The strengths and difficulties listed in Table 3 are related to most experiences of mental health conditions.

Table 3: Strengths and difficulties attributed to transient neurodiversity in the practitioner and research literature.

Difficulty	Strengths
'Executive functions', which means memory, attention, planning, inhibitory control and decision making ⁴⁰³	Creativity ^{406,407} Ability to ruminate and think deeply ⁴⁰⁸
Stigma around disclosure and low expectations ⁴⁰⁴	
Demands of work leading to unmanageable stress ⁴⁰⁵	

'Individual Placement Support'

The cost of supporting chronic mental health conditions before employment and in the workplace, through the popular and well-evidenced 'Individual Placement Support' model (IPS)⁴⁰⁹ is considerable, and this tends to be funded by statutory services. IPS is a highly individualised, flexible support programme incorporating pre-employment assessment, coaching and training, as well as ongoing mentoring once in work. IPS can function without employer involvement and success is dependent on good communication between the IPS provider and the clinicians. IPS costs are not always found to be effective when compared against the direct income and accrued by the individual.⁴¹⁰ However there is evidence that supported employment protects against relapse and additional health care costs and that IPS is more cost effective than traditional mental health vocational rehabilitation (which tends to be more intense support in the pre-employment stage, providing less post-employment support.^{411,412}

Mild-to-moderate mental health conditions (usually referring to anxiety and depression) are costly in terms of loss of productivity, rather than health and social care costs.⁴¹³ The Access to Work scheme provides specific support for people with mental health conditions, post-employment, through in-work coaching and support⁴¹⁴ at an average cost of £1121 per person per intervention.⁴¹⁵ Employers are also expected to make reasonable adjustments for this client group, which might include supervisor and peer support, a job coach or schedule flexibility.⁴¹⁶

As with applied neurodiversity, the cost effectiveness calculations are not clear, but with productivity decreases and high costs of employee turnover, the high success rate of retention associated with post-employment support (97 per cent)⁴¹⁷ would indicate a reliable return on investment for statutory services and employers seeking to provide psychological support through Employee Assistance Programmes.

Acquired neurodiversity (neurological conditions)

This type of neurodiversity comprises neurological injuries and chronic neurological conditions. This includes those such as those resulting from trauma or stroke, which affect up to 5 per cent of people,⁴¹⁸ Multiple sclerosis, which affects up to 0.2 per cent of people,⁴¹⁹ Parkinson's disease, which affects up to 0.05 per cent of working population⁴²⁰ and Chronic Fatigue Syndrome, affecting up to 4 per cent of the general population.⁴²¹

This list is not exhaustive.

Any change to our brain can result in change to our cognitive ability. Table 4 indicates the most common difficulties, related to work performance.

Table 4: Strengths and difficulties attributed to acquired neurodiversity in the practitioner and research literature.

Difficulty	Strengths
Memory ^{422,423} Concentration, attention and fatigue ^{424,425} Recognising new limitations ⁴²⁶	Strengths are cognitive areas that are not affected by the injury or condition. These might include long term memory, verbal skills, visual skills and many more, but are determined on a case-by-case basis.

Vocational rehabilitation is a support service for those recovering from brain injury. Services are highly inconsistent across the UK, with some areas lacking an NHS referral service⁴²⁷ and others providing examples of best practice, with strong results and cost effectiveness analysis.⁴²⁸ Like mental health services, costs increase dramatically with severity of the injury, and positive employment outcomes decrease,⁴²⁹ so articles comparing costs and benefits are hard to summarise. The cost savings are likely to come from a broad social context in which ongoing ill health and economic inactivity begin to create additional burdens.⁴³⁰

All those with neurological, acquired conditions can access the government's statutory employment support programme, Work Choice⁴³¹ and be supported post-employment either through continuation of Work Choice or via Access to Work. The cost effectiveness is determined by severity, and costs may increase as illnesses progress, however an average Access to Work cost for a progressive illness is estimated at £3098⁴³² which is still lower than the reported cost of turnover.⁴³³

Making workplace disability adjustments

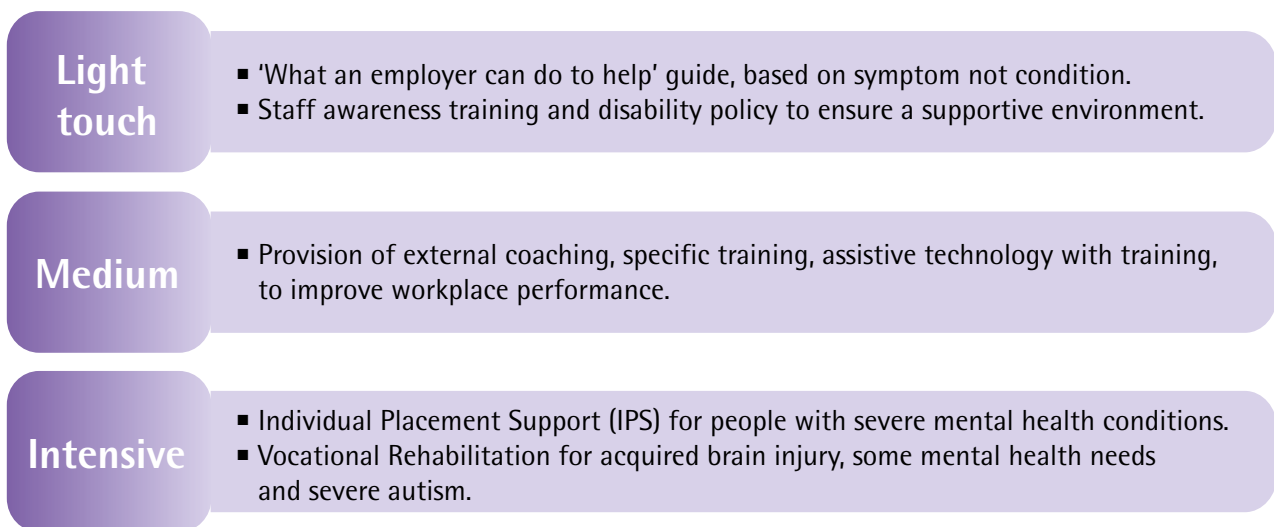
Though the underlying causes of the conditions are different, the workplace issues are more similar than they might at first appear. For example, fear of disclosure, fear of discrimination and learned helplessness, as well as Executive Functions difficulties. This means that we can use evidence developed for one condition to support decisions about adjustments for a different condition, where there are bigger gaps in the research, for example recommendations for Autism could be applied to DCD or ADHD.

Levels of support

Psychologists interviewed for this report were unanimous in recommending personal, human contact as the most effective intervention. In line with Social Cognitive Learning Theory,⁴³⁴ self-efficacy, which is the antidote to learned helplessness, can be developed through verbal persuasion, role modelling, vicarious experience and mastery opportunities. These activities are social, and are delivered best with personal support.

Levels of support ranged in intensity from a highly supportive vocational rehabilitation model such as that preferred in acquired neurodiversity and severe autism, through to workplace coaching and line manager training recommended for applied neurodiversity (e.g. dyslexia). Diagram 3, below, shows the various levels of support provided by psychologists and collaborative professionals in the support of neurodiversity.

Diagram 3: Levels of support provided by professionals.



Good collaboration between support services leads to better outcomes for individuals.⁴³⁵ However, with the exception of severe autism, comprehensive care is not available for people with applied or clinical neurodiversity as the support provided by educational psychologists in the school system is not automatically continued into adulthood. Instead, adult services for developmental neurodiversity are dependent on the occupational health and human resources initiatives provided by individual employers. Access to Work provides support, but there is a need for more longitudinal research into the effectiveness of the programme on employment retention and progression for the developmental neurodiverse conditions to encourage employers and improve practice. There is only one known research paper to date, focusing on dyslexia.⁴³⁶

With DCD or dyslexia, it may be a simple case of pragmatic prioritisation of resources. The needs may be fewer so the current arrangement has evolved in response to demand, though this does not seem to take account of the psycho-social impact, which indicates higher risk of incarceration and unemployment. On the basis that there is much success with clinical neurodiverse conditions, we recommend research into the wider implementation of higher intensity support for those currently receiving little to no support. Table 5 shows the services currently available for the various subtypes of neurodiversity, indicating geographical gaps in intense services for those with the greatest need, and pre-employment support gaps for those with higher functioning conditions.

Table 5: Different levels of support currently available in the UK.

Neurodiversity	Support type	Career timing	Funded by	Geographic consistency
Applied	Light touch support; some moderate	Post-employment only	Access to Work, Employers, Self	Yes
Clinical Low Functioning	Intense	Pre and post	NHS, DWP	No
Clinical High Functioning	Light touch support; some moderate	Post-employment only	Access to Work, Employers, Self	Yes
Acquired Mental Health (severe)	Intense	Pre and post	NHS, DWP	No
Mild-to-Moderate	Light touch support; some moderate	Post-employment only	Access to Work, Employers, Self	Yes
Acquired Neuro	Intense	Pre and post	NHS, DWP	No

Generally supportive employer/organisational practices, such as regular feedback and communication with line manager, are considered 'light touch' and are particularly welcomed by neurodiverse people, ameliorating some difficulties.^{437,438} The following list outlines specific light touch actions and formal, moderate adjustments that employers can take to improve access to successful employment for neurodiverse employees. Where 'two ticks' are indicated, this refers to strong evidence that an adjustment should be offered as a matter of course for individuals with the relevant type of neurodiversity. Where one tick is indicated, there is sufficient evidence to consider the provision of this adjustment, dependent on individual need. Where there is no tick, current evidence does not link this adjustment to the condition, though the adjustment should not be excluded by employers, since individual preferences and flexible adjustments are well documented as best practice^{439,440,441,442} and there are the aforementioned overlaps in workplace difficulties. Where there is only one, or no tick, this indicates the need for further research.

Table 6: Common adjustments and their relevance to neurodiverse employees.

Adjustment	Applied ND	Clinical ND	Mental Health	Neuro
Environmental management of sound, smell, temperature and/or light	✓✓	✓✓	✓✓	✓✓
Formal coaching and/or informal peer mentoring support with executive functions, communication skills, stress management and understanding own abilities. Can be provided by phone as well as face-to-face.	✓✓	✓✓	✓✓	✓✓
Pre-and post-intensive support such as vocational rehab and IPS		✓	✓✓	✓✓
Regular breaks and access to flexitime	✓	✓✓	✓✓	✓✓
Regular communication and feedback from employer	✓	✓	✓✓	✓
Workshops to improve key work-related skills including executive functions	✓	✓	✓	✓
Career counselling	✓	✓	✓	✓
Stress management techniques	✓	✓	✓	✓
Employer training and support for line managers	✓	✓	✓	✓
Adaptations to induction and training programmes – slower introduction, provision of handouts in advance	✓	✓	✓	✓
Access to quiet space to relieve pressure	✓	✓	✓	✓
Support with learning new routines and practical tasks	✓	✓		
Extra time for assessments	✓	✓		
Electronic literacy aids	✓✓	✓		
Accessible literature – sans serif 12pt font, use of bullet, headings, colour coding and shaded backgrounds	✓✓			
Electronic stress level reminders		✓	✓	
Weighted blankets to place on lap, to reduce restlessness		✓		

Workplace Needs Assessments

Consistent application of moderate support, in the form of formal disability adjustments improves employment success. However employers do not always feel confident to commission and execute such adjustments. This is the role of the Workplace Needs Assessment, which can be provided by Access to Work, NHS clinicians, psychologists and occupational health. Employers should be included in the process to ensure that job performance is measured accurately and to upskill employers and build faith in the process.⁴⁴³

Workplace Needs Assessments are a complex mediation activity between employee and employer, and structures must be in place to ensure that recommendations will be adopted. For example noise management in open plan offices is a key issue for all neurodiverse people – and many who are considered 'neurotypical'. But what is the best adjustment? Ear plugs? Headphones? Moving desk? Having a private room when writing difficult reports or reading detailed docs? Working from home days? This needs be negotiated between employer and employee and a compromise reached, balancing needs of the team and needs of the individual. This is the spirit of the 'reasonable' element of the reasonable adjustment. Bearing in mind that many neurodiverse people 'suffer in silence' for many months before asking for help, needs assessments need to be delivered swiftly and recommendations implemented quickly. Time delays and ongoing poor performance damages the relationship between employee and employer and sometimes dual coaching, with both parties present for the first and last of a series of coaching sessions can resolve conflict and misunderstanding.⁴⁴⁴

Moving from unemployment or incarceration to employment is a fragile process; early implementation of adjustments could improve success. The psychologists and charities interviewed for this report highlighted substantial delays in acquiring adjustments, upon starting work with many individuals waiting for six months before coaching, technology or environmental management protocols were implemented. We therefore recommend that employability specialists and Community Rehabilitation Companies (CRCs) ensure that an appropriately trained person has provided a workplace assessment for vulnerable, neurodiverse clients. Once the recommendations have been made and performance improvements identified, a coach, or well-trained peer colleague, will help the individual plan and execute the recommended changes to working practices and liaise with line managers. Employers are not expected to contribute costs *ad infinitum*, though where the boundary for what is 'reasonable' lies is determinable by a court of law, rather than a professional assessor. The above list serves as a guide, employees, employers and assessors able to choose the most appropriate fit for the role in question.

Tackling stigma, prejudice and discrimination

'Employment is a fundamental component of quality of life, the main source of income for most people, commonly a major influence on someone's social network, and a defining feature of social status.'⁴⁴⁵ As outlined in the previous chapter, Social Identity Theory⁴⁴⁶ suggests that we define a large part of our sense of self by the groups we belong to, our family role, employment or condition.

The developmental neurodiverse conditions, which are often labelled during childhood, can define someone's sense of self from a very early age and define their goals and their career success. The overwhelming use of the medical, problem-focused model to diagnose conditions, results in neurodiverse people being held back by their weaknesses and not playing to their strengths in

education and employment.^{447,448} This prevents individuals from achieving their career potential. Developing a neurodiverse condition in later life, can mean undergoing a complex psychological adaptation, as people have to redraw their life goals in response to trauma or illness. For many, this can lower confidence and requires tailored support to go back to work or keep their job.^{449,450}

Disability and employment statistics are very clear: people with disabilities are less likely to be gainfully employed, less likely to fulfil their potential and more likely to be discriminated against.⁴⁵¹ This is the case across all neurodiverse conditions, though neurodiversity is not often the focus of disability interventions and policy. These strong messages from society about opportunity and access to employment will have a reinforcing effect on self-esteem. But social exclusion is not inevitable, as research into neurodiverse success stories can show (for example, entrepreneurial flair is associated with dyslexia).⁴⁵² Organisations need to hear from successful neurodiverse leaders and colleagues to increase awareness and reduce stigma; this is more helpful than the lists of neurodiverse celebrities because our colleagues are 'like us' and not too distant from our social grouping, therefore represent an achievable role model. These offer neurodiverse people hope, as a remedy to learned helplessness.

Making reasonable adjustments is a cost-effective benefit to society; we also have a moral and ethical duty to act inclusively. We could view the pool of potential employees with neurodiverse conditions as untapped talent, rather than an employment burden;^{453,454,455} however current practice produces a self-fulfilling prophecy, in which the negative focus created through diagnosis limits ambition. By including evidence-based solutions (adjustments) and strengths in assessments from the start, psychological theory suggests that neurodiversity could instead be a reinforcing concept, which has the power to educate and inspire.

Neurodiversity and workplace health: Conclusions

Neurodiversity is a common human experience. The interaction between neurodiversity and workplace health is frequently reported as negative and burdensome.^{456,457} However, the emerging literature on strengths suggests untapped potential and the ability of neurodiverse individuals to contribute to a diverse and innovative workforce.

The evidence consistently supports the utility of disability adjustments, although there are differences in quantity of evidence across the various conditions. From electronic prompting of stress management strategies for autistic adults⁴⁵⁸ to workplace coaching for dyslexia, neurological conditions and mental health conditions;^{459,460,461} post-employment interventions cost less than turnover. Through the provision of well researched, professionally devised adjustments, we can provide a base for people with neurodiverse people to contribute and fulfil their potential at work.

Policy change

For the government to achieve its stated ambition to halve the disability employment gap,⁴⁶² it must include action to support those with neurodiversity into work and help them stay in employment. It can do this by incentivising the right sorts of research, for example research into the effectiveness of adjustments recommended by Access to Work and the neurodiverse elements of physical and mental health conditions.

There needs to be a wide change in understanding of, and attitudes towards, disability and this includes neurodiversity. A higher volume of positive messages, across a broad spectrum of

conditions, could be promoted to inspire employers and employees. Focusing on the strengths and abilities of neurodiverse people would increase inclusion of neurodiversity in society, moving from being solely a burden to being a 'difference', with both strengths and struggles. Government policy can support this through the promotion of neurodiversity awareness and making recommendations to employers of evidence-based reasonable adjustments through existing organisations such as Access to Work, Public Health England and the DWP and in partnership with agencies such as the Health and Safety Executive.

As well as the human ingenuity cost when individuals are denied the chance to fulfil their potential, the lack of services for adults with developmental neurodiversity and the inconsistency across services for those experiencing acquired neurodiversity places undue burden on unemployment, criminal justice and social care budgets. Culture and stigma are limiting the effectiveness of services.

There are clear evidence gaps about what works for some of the neurodiverse conditions and for particular age ranges of participants, for example adults with DCD and Tourette syndrome. Some of the papers cited in this chapter are single studies; there is huge potential to strengthen the body of evidence on many topics and better connect the research based evidence and policy making.

Action in the workplace

Employers also have a role to play in making it easy for employees to disclose their condition, supporting them appropriately when they do and changing the culture around neurodiversity to one focused on strengths and potential. Employees can play their part by ensuring that they maintain awareness of their own needs, and hold good records of previous adjustments so that they can communicate 'what works'.

In current employment practice, there is still a need for people to focus on their difficulties in order to get the support they need and to secure funding for reasonable adjustments through Access to Work or HR budgets. There remains a reluctance on the part of employees to disclose⁴⁶³ but waiting until problems become crises risks job sustainability. Employers can ease the process for their staff by improving disclosure; implementing adjustments and addressing discrimination.

The Access to Work programme is an effective route to support in the workplace and can be accessed without an employer's involvement. Employees that experiencing difficulties at work should take advantage of this support service when they first arise, as leaving the issue to formal performance management damages trust and relationships. Suggestions for employees are included in an easy to use format with steps showing how an employee can take control of their neurodiversity.

Recommendations

The application of the psychological theory, evidence and best practice outlined in this report, would enable:

Policy, research and service delivery

1. The government to actively promote its Access to Work Scheme in an audience-friendly way that explains what support is available in easy to understand language, as it has with the Workplace Pension campaign.
2. DH – and the NHS and Local Education Authorities – to widen access to early diagnosis and support services for all the developmental neurodiverse conditions irrespective of their severity, as a preventative public health measure.
3. DWP, MoJ, DH and others who deliver services to people with neurodiversity to cultivate a balanced approach to assessment that focuses on strengths and skills as well as considering barriers. This includes the use of positive, balanced assessments that have been proven to be valid and reliable by psychologists. The assessments should be administered by trained psychologists, occupational health and health professionals at the diagnostic and needs assessment stages.
4. Commissioners to support those who act as financial gatekeepers in the employment system (for example LEAs, Social Services and DWP such as Access to Work call centre staff and disability benefits assessors) to move to a culture of genuinely positive assessment, through a combination of training, ongoing support and supervision, and changes to structural elements of the process such as forms or online assessment tools. The assessment process engenders hope, as well as understanding difficulties.
5. DWP, MoJ and DH to introduce systematic ways of utilising the latest psychological evidence to inform policy and build their evidence base for best practice in this area (including accessing university psychology departments, using the British Psychological Society's expert groups or funding individual research student awards or honorariums and offering them in-house roles to develop the evidence base).
6. DWP, the Ministry of Justice (MoJ) and DH to commission and incentivise research into the evidence gaps on neurodiversity through mechanisms such as the DWP's Innovation Fund and via collaborative research projects through the Work and Health Unit. This research is to focus on addressing the intervention evaluation gaps referred to in Table 5 (where there are less than two ticks), specific research on the effectiveness of interventions that can help people deal with difficulties with their executive functions and longitudinal large scale investigation of the link between disability adjustments and wider social and health outcomes

Employment practice

1. Employers to disregard their disability statistics, acknowledging that disclosure rates do not accurately reflect the number of employees with neurodiverse conditions, and proceed as if a minimum of 10 per cent of employees are likely to have neurodiverse condition affecting executive functions.
2. Employers to actively create a culture of disclosure to encourage employees to seek the right support when they need it. This includes structural elements, for example open data on how employees have been supported, for example in an 'Our People' section of the employer's annual report, as well as regular communication of 'good news stories' and sharing of best practice to raise the profile of successful implementation of workplace adjustments and high achieving neurodiverse individuals.
3. Employers to make it easier for their staff to disclose neurodiverse conditions by including it in a tick box format on appropriate employment-related forms that invite people to disclose any disability, where appropriate, and include a question on adjustments in an annual review as standard to destigmatise the question. The disclosure invitation forms or annual review pro-forma should be accompanied by an indication of potential adjustments that may be provided to reassure employees/applicants that the organisation will be supportive. Questions such as 'Do you have a condition that may affect your work? Rather than 'Do you have a disability' might be used to encourage more neurodiverse people to come forward.
4. Employers to feel able to engage employees in dialogue. Unlike with many physical and sensory disabilities, some neurodiverse individuals are less aware of their condition, partly because of inconsistencies in diagnosis and an educational focus, for example. Questions such as 'What works best for you?' and 'How have you worked well in the past?' empower and build trust.
5. Any employee disclosures to be swiftly followed by a workplace needs assessments and implementation of any strategies and equipment that are recommended. Employers should be included in the workplace needs assessment process to ensure that job performance is measured accurately and to upskill employers and build faith in the process.
6. Employers to adopt working practices that support neurodiverse people, such as minimising sensory overload like noise and light in busy, open plan office spaces, and use of clearly printed, simple documentation.

For employees

Name the problem

There is greater awareness of the Equality Act 2010, that it applies to difficulties with memory, communication and learning and consequently, individuals with neurodiverse conditions qualify for support.

Talk to your employer

Employees feel able to have confidential discussions around performance with their line manager or a HR team member. There is awareness and acceptance that you don't have to be missing targets to raise a flag – it's okay to talk about your neurodiversity as a cause.

Contact Access to Work

Access to Work is an effective route to support in the workplace that can be accessed without an employer's involvement.
Visit www.gov.uk/access-to-work for more information.

Keep records

Employees support their employer to implement adjustments by being clear about needs, and keeping records of coaching, assessment and adjustments that have worked well before.

Chapter 3:

Supporting people into appropriate work

While rates of unemployment are at their lowest for 10 years, there are 1.6 million people in the UK who are actively looking for work. On top of that 8.9 million people aged between 16 and 64 are classed as economically inactive, 2 million of them because of long-term sickness. At the end of 2016, around 754,000 people were claiming unemployment benefits and 3.7 million people were claiming the main out of work benefits, including Employment and Support Allowance and other incapacity benefits, Income Support and Pension Credit.⁴⁶⁴ This chapter focuses on the UK context.

Reform of the benefits system has been a cornerstone of UK government policy. However the principles on which the system is founded do not take sufficient account of the psychological factors at play for people who are out of work. The policy interventions that have been designed to encourage people back into work are based on a flawed understanding of human behaviour, meaning that the application of sanctions, contingency management and motivational interventions are not having the intended consequences. The UK Government's approach to benefits leaves it open to the accusation the system is not fit for purpose.

This chapter outlines how four key psychological principles can contribute to our understanding of the current benefits system, before considering how they could be applied more effectively using relevant psychological evidence and theoretical approaches, to create a better system.

The government's approach to welfare: A change in direction?

Government approaches to unemployment and associated benefits have changed over the last few years, showing varying levels of awareness of relevant psychological principles. Since the election of the coalition in 2010, secretaries of state have reflected this in different emphases within their strategies to reduce the UK's out of work benefit bill.

Attempts by UK governments to encourage all those of working age to enter and remain in the workplace and reduce sickness absence from work have been a consistent theme in recent years dating back to the report *Working for a Healthier Tomorrow*⁴⁶⁵ and the ensuing Green Paper *No One Written Off*.⁴⁶⁶ The election of the coalition government in 2010 signalled a more direct approach to reducing expenditure on those claiming out of work state benefits. In order to remain eligible for benefits, unemployed people, including many claiming disability benefits, were required to undergo further assessments to determine their 'work capability'. In addition the determined emphasis on working age people to do work activity of some sort in order that they should demonstrate readiness for work and thereby remain eligible for state support, resulted in alarming decisions. These found a proportion of unemployed people working without payment and left others without income at all in the wake of benefit sanctions.

The introduction by the government of Universal Credit in 2013 heralded a more stringent approach to benefit sanctions for non-compliance by claimants. Such sanctions result in a reduction in the individual's benefit for a fixed time period. Between March 2013 and March 2014, 890,000 sanctions were applied to claimants which included multiple penalties applied to 3 in 10 individuals.⁴⁶⁷ This demonstrates the policy is not working for large numbers. Most frequently, sanctions were applied for claimants judged as 'not actively seeking work, failure to participate in training and employment schemes, or failure to attend interviews at the jobcentre'.⁴⁶⁸ The figure dropped by 43 per cent in the year March 2014 to March 2015 which may be attributed to a decline in the numbers of claimants.⁴⁶⁹

In defining the government's approach to supporting people into appropriate work, it is important to note the shift in emphasis signalled by the *Improving Lives Green Paper*.⁴⁷⁰ The policy of the previous government and the minister responsible, Iain Duncan Smith, had received considerable criticism. The modified approach in this new Green Paper sought to address issues arising from criticism of previous policy and practice, whilst retaining commitment to reducing the numbers of individuals claiming employment-related state benefits.

The proposals highlighted followed on from two significant policy developments earlier in 2016. First, in February, the then Prime Minister David Cameron announced efforts to engage more people with pre-existing mental health conditions in the workforce. He also pointed out the disability gap for those with chronic psychological disorders, stating: '43 per cent of people with mental health conditions are in employment compared to almost four-fifths of the general population and two-thirds of people with other health conditions'.⁴⁷¹ However this provides a generalised picture. Those experiencing mental health conditions show much lower rates of employment, e.g. ranging from 3 per cent⁴⁷² to 27 per cent⁴⁷³ for people with schizophrenia.

On the basis of recommendations by the Mental Health Taskforce⁴⁷⁴ clear links between work and good mental health were recognised and David Cameron called for:

- More people to be able to access treatment early on so they can avoid long-term unemployment.
- Employment for people with mental health conditions to be recognised as a health outcome (see Section 2 in this chapter).

The joint statement in February 2016 from the then Prime Minister, Health Secretary and Work and Pensions Secretary went on to emphasise how 'Individual Placement and Support (IPS) Programmes support people with mental health conditions to become job ready and further helps them once they have found employment. IPS can release savings of around £6000 per person through reduced inpatients costs during an 18-month period'. Understandably for a government implementing new policies following a period of austerity, this statement highlighted the importance of cost considerations. However it also outlined a perceived equivalence between supporting people into work and intensive treatment for mental health disorders.

Second, during the summer of 2016 there was a change in Prime Minister and in the composition of the cabinet. In the autumn, at the Conservative Party annual conference, the incoming Work and Pensions Secretary Damian Green introduced a modified approach and announced a period of consultation with the publication of the Green Paper entitled, *Work, Health and Disability: Improving Lives*.⁴⁷⁵ He further quantified the extent of unemployment for affected groups: '4.6

million disabled people and people with long-term health conditions are out of work. Less than half (48 per cent) of disabled people are in employment, compared to 80 per cent of the non-disabled population!⁴⁷⁶

Green's speech to party conference stated his commitment to William Beveridge's plans for the Welfare State in the 1940s, emphasising the importance of supporting 'opportunity, incentives to work and personal responsibility. At the same time there should be a safety net for those who really need it. I believe in these principles.'⁴⁷⁷ The Expert Advisory Group for the development of those Green Paper proposals included two psychologists, work and wellbeing expert Professor Sir Cary Cooper and British Psychological Society Lead Policy Adviser Dr Lisa Morrison-Coulthard.

Green's keynote speech indicated a change in emphasis, highlighting the utilisation of 'active, integrated and individualised support'⁴⁷⁸ for claimants including further training in mental health for work coaches and the use of interventions. The speech contained an important recognition that: 'There will still be some who cannot work. It is our duty to support them properly. In particular, we should sweep away unnecessary stress and bureaucracy which weigh them down. If someone has a disease which can only get worse making them turn up for repeated appointments to claim what they need is pointless bureaucratic nonsense.'⁴⁷⁹ It seemed that in this regard at least, Theory Y⁴⁸⁰ had resurfaced, and that people are being seen as generally responsible and to act in good faith.

The Green Paper⁴⁸¹ emphasised the role of employers in creating environments where employees feel able to disclose health issues and where employers act on that information to improve employee health, as well as the suggested use of incentives to ensure improved employer approaches to mental health through insurance schemes. Furthermore, the proposals encouraged communications which involve the individual employee, the work coach and the employer to 'recruit with confidence and create healthy workplaces'.⁴⁸²

Following the 2017 General Election, there has been a change in leadership at the Department for Work and Pensions (DWP). It is vital that the government maintains positive progress on this agenda and ensures that nuanced positions, particularly around understanding how to measure the relationship between work and health are not lost.

A psychological understanding of unemployment and being out of work

The evidence points to four key psychological principles/factors at play that DWP and DH policy makers should seek to understand and incorporate into a redesigned benefits system. They are:

- The complicated relationship between work and health;
- The need to understand how psychological and social factors contribute to work capability and mental health, alongside medical or biological factors;
- The impact of sanctions and conditionality;
- An understanding of motivation by incentives and disincentives to find a fairer way.

The relationship between work and health is not straightforward.

From a psychological standpoint, the benefits of working, compared to not working, have been well-documented. One of the largest meta-analysis studies undertaken by Paul and Moser⁴⁸³ highlighted that rates of psychological health problems are more than twice as prevalent among unemployed (34 per cent) as employed individuals (16 per cent). Unemployment is a cause of psychological distress, including significantly increased symptoms of depression and anxiety, as well as reduced feelings of wellbeing and self-esteem. These effects are bigger in countries where unemployment protection systems are weak, which highlights the important impact of the government's approach on the mental health of unemployed individuals. Similar effects are noted for sections of the working age population in large-scale multi-national studies. For example older workers aged 50–65 enjoy better health and wellbeing in Scandinavian societies where there is a 'reliable' safety net for unemployed people.⁴⁸⁴

Quality of work on offer

In responding to the UK government's policy drive to reduce the numbers of unemployed people claiming benefits, there has been and remains a risk of prioritising the placement of an individual in employment over more nuanced decisions about the nature of that job. Not only does this create potential problems for the long-term success of the individuals' employment, it is a challenge for the sustainability of the success of the policy. This concern is thrown into stark relief by large-scale longitudinal research involving over 4000 people which revealed that 'although poor health may erode the chances of gaining or improving the quality of employment, the converse is also true.'⁴⁸⁵ In this Australian study, a comparison between unemployed individuals who remained out of work and those who moved into poor quality jobs (i.e. job insecurity, very high workloads, low control, poor social support), showed that the chances of depression and anxiety were higher among those moving into work characterised by such adverse conditions. This pattern of results was repeated in a study sample of 2600 UK adults.⁴⁸⁶ In both studies, better outcomes for psychological health were associated with good quality work. This is underlined in the Taylor Report.⁴⁸⁷

Understanding the full biological, psychological and social picture of unemployment

People are complex and individual. Psychologists look at the complicated, multi-faceted, multi-causal reasons for physical and mental health conditions that include underlying psychological and social causes. The medical model, which relies more heavily on biological explanations, has its obvious uses but is limited in how it encourages policy makers to view people and their experiences, and thus how to respond to them.

Moving to a biopsychosocial approach

There have been calls for a change in the approach that currently underpins supporting people into appropriate work, shifting away from a purely biological medical model to what many call the 'biopsychosocial' approach,^{488,489} which is more holistic and inclusive. This approach considers the physical elements (biological) of an individual's condition; as well as the circumstantial, social and psychological elements. This helps to identify multiple simultaneous causes of an individual's condition rather than focusing on identifying a single cause or symptom. The biopsychosocial model requires an understanding of the person's social context and of the system devised to address his/her psychological and physical health needs.

The Green Paper *Work, Health and Disability: Improving Lives*⁴⁹⁰ suggests there are employment as well as health 'needs'; however this risks identifying paid work as an essential ingredient of life, which reflects the needs of the benefits system and not the needs or reality of the individual. In this way the assessment of an individual's capability within a biopsychosocial model does not need to be seen in isolation, but in the context of the government's approach to benefits, the employment situation within communities and the opportunities for work within them. This would help to ensure that assessments retain a focus on the reality of the claimant's situation and reduce the likelihood of stigmatising individuals who do not find lasting employment, given the range of factors which influence this outcome.

Sanctions and conditionality

Psychological perspectives on human motivation in relation to work are also well-documented. Among those which have stood the test of time are 'broad common-sense approaches'.⁴⁹¹ Theory X and Theory Y⁴⁹² provide rather generalised insights into human behaviour, but given the wide reach of government policies their use in this context bears comparison. In the current approach to welfare, eligibility conditions for benefits rely on assessing and reassessing those who had been categorised as entitled to disability benefits (this is due to be lifted⁴⁹³). Most people believe that individuals are moral and responsible, that they can be trusted and will act in good faith. This is Theory Y. However the underlying approach that appears to be the basis for current welfare policy is Theory X – based on the opposite interpretation of motivation, i.e. 'People cannot be trusted. They are irrational, unreliable and inherently lazy'.⁴⁹⁴

In this sense the role of re-testing those who are disabled and who have long-term conditions suggested that whatever an individual's circumstances, she or he would improve and would require an external agency to find this out, and would not report changes or seek work under their own auspices. This resulted in reports of feelings of humiliation among disabled claimants who not only felt disbelieved, but were processed through the system based using an assessment of their deficits, which 'felt like an attack likely to fragment the individual's identity' and was experienced by many as 'degrading, demeaning and anxiety-provoking'.⁴⁹⁵

The psychological concept of learned helplessness is relevant to users of this system and describes the lack of control the individual perceives in relation to their situation.⁴⁹⁶ From the claimants' perspective this renders any attempt to change things as pointless – 'if the system, which I cannot change, treats me like this because of a disability I cannot change, it does not matter what I do!'

Learned helplessness appropriately summarises the situation facing disabled people and those with long-term conditions who had already been obliged to make adaptations in their lives and who were now subject to assessments over which they had no control. These assessments were likely to reinforce negative feelings – particularly linked to failure – given the prevailing ethos of a government approach which expected them to be able to work, at least at some point. This is exemplified by former Secretary of State for Work and Pensions from 2010–2016, Iain Duncan Smith, who said, 'One in four people have a diagnosable mental health condition in any given year and we want to offer them as much support as possible and help them get back to work. This is particularly vital because we know that employment can help promote recovery and keep people healthy'.⁴⁹⁷ Duncan Smith's observation implied a generalised and mistaken view that all those experiencing mental health conditions would be able to return to work and that work was a key to getting better and staying well. Applied uniformly, this inaccurate assumption had underlain

government policy since 2010. Just because mental health and absence from work/unemployment tend happen at around the same time, it does not mean that one causes the other.

Understanding motivation by incentives and disincentives

Decisions about the fairness, or otherwise associated with the government's approach to reducing the numbers of people claiming out of work benefit have direct links to theories about perceptions of equity and justice. Equity Theory^{498,499} seeks to understand human behaviour in terms of comparisons made between our contributions and rewards, as well as between our efforts and how these are rewarded in comparison with others. This theory has been developed in terms of the workplace to incorporate 'distributive justice' – perceptions of the fairness of rewards – and procedural justice – belief that the process for allocating rewards is fair.⁵⁰⁰

Designing a psychologically informed welfare and benefits system

This chapter has so far looked at what psychological drivers are underpinning the current approach to welfare and how successive governments have interpreted (or misinterpreted) them in their approach to benefits. This section evaluates what recent governments have done in terms of interventions as a result of those approaches. The section goes on to suggest how better incorporating psychological evidence and theory into a new approach and applying it in practice could lead to a more effective system that works for everyone.

This section recognises the need for change in the enactment of policy – in the short term and longer term. It examines the need for a new approach to creating healthy work, positive societal and employer attitudes towards disability and health conditions, delivery of support services through work coaches and psychological therapies and approaches to assessment of work capability. This challenges the conceptualisation of work as a health outcome, the roles of coercion, conditionality, contingency and psychological assessment within a new and evolving system and where appropriate best practice is highlighted.

Negative psychological implications of framing work as a health outcome

The 2016 Green Paper clearly reaffirmed the government's emphasis on work as a 'health outcome', which means that a person's employment status would be recorded as part of their health records so the information could be used to demonstrate the improved health of the nation. It would also create an opportunity to integrate someone's journey through both the welfare and health systems. The Royal College of Occupational Therapists, MIND and others have supported this viewpoint. The research literature in public health and occupational psychology has certainly established work as a potential determinant of health and furthermore identified the workplace as a promising vehicle for tackling health inequalities.⁵⁰¹ However the concept of work as a health outcome suggests that when the individual is 'well enough' he or she will be able to engage in employment. This idea also implies that there is a dynamic which helps the individual from an unhealthy state into work.

From a psychological perspective, this is too simplistic and does not capture the complexity of how people interact and relate to employment (see Chapter 1). The approach relies on a number of assumptions about human behaviour and the impact of work on psychological and physical health and as such opens participants and the policy itself to risk of failure.

The key considerations for this aspect of government policy hinge on the definitions of 'well enough' and of 'employment', and is predicated on the existence of an intervention which effectively supports the individual into work. The DWP's Work Programme was considered one such

approach but it has proven ineffective. It is a welfare to work initiative established in 2011 that contracts out employment support to organisations who are incentivised to place and maintain claimants – with or without long term health conditions – in employment. Only five of the 18 'prime' providers of the programme included support for individuals with chronic health difficulties in their documentation when they bid for work at the commissioning stage.⁵⁰²

However nearly 70 per cent of those completing two years on the Work Programme have not gained sustained employment⁵⁰³ and the success rates for those with disabilities run at around one third of this. The initial estimates for the success of this scheme of 22 per cent of those experiencing complex and multiple health barriers to employment gaining ongoing paid work have not been realised – in fact only 11 per cent have been successful. This finding is consistent with similar welfare to work programmes.^{504,505} In light of these outcomes, work as a health outcome only appears to be achievable to a small proportion of those who participate in such schemes.

Given the prevalence of low self-esteem among many with mental health conditions, the experience of having to move back out of the workplace after the end of a placement – in the absence of sustainable opportunities – is likely to be compounded by the recognised negative impact of unemployment. To avoid this unfortunate outcome, government needs to put in place and properly evaluate the success of its vision for UK workplaces at the earliest opportunity. In the meantime, the idea of work as a health outcome risks setting up already vulnerable people to fail.

Use of the term 'work' should be amended in order to reflect more appropriately everyday activities within family and community life to which people contribute in some way, as permanent paid work is not a readily available option for all. This change in terminology would avoid the unintended outcome of stigmatising the unpaid situation experienced by many. Replacing work with 'meaningful activity' would also attach value to a positive component of individuals' social identity which in turn helps to define our perceived 'place' in wider society.

For an individual to be 'well enough' to do work is another important consideration and requires flexibility on the part of the employer. The prospective employee may not be able to work full-time and may experience episodes of impaired health necessitating periods of absence or reduced hours. This requires understanding by organisations, managers and work coaches of mental health conditions and the implications of these for individual functioning.⁵⁰⁶ For more on workplace adjustments see page 54–55.

At a wider level, this means taking care over how 'work as a health outcome' is framed, measured and evaluated and requires understanding the individual's capacity for work and not their capability. We should be wary of emphasising full-time employment as an aspiration when we know this will mean some will not achieve this and thereby risk feeling, or being treated, as a failure by the system.⁵⁰⁷ In working towards parity of esteem in the workplace, it is important to recognise that there is not a standard workplace into which an individual with a long-term mental health condition fits – the employee should have a choice about how many hours they work, which has not been the emphasis of the universal credit system to date.

Support for those who need it

The Green Paper introduced the idea of a 'Work and Health conversation' between work coaches based in job centres and unemployed clients that would 'use specially designed techniques to help individuals with health conditions to identify their health and work goals, draw out their strengths, make realistic plans and build resilience and motivation.'⁵⁰⁸ It envisages enhanced occupational health and therapeutic support for those in work and contending with challenges to their mental

health. However there is no explicit mention of provision for supporting neurodiverse people who face challenges in the workplace due to individual differences in brain functioning. This is an important omission and need for a shift in attitudes beyond that recognised by government and industry (see Chapter 2). Psychologists are well placed to help government and employers better understand the importance of psychosocial aspects of the workplace for wellbeing and performance, such as low levels of control and change processes. There is scope for psychologists to work in conjunction with employers and line managers and to advise as appropriate on the impact of workplace factors on mental health conditions – and indeed the impact of physical health problems and long-term conditions.

A successful interaction between the individual and their workplace needs to take into account needs linked to physical and social settings. Interventions such as Individual Placement and Support (IPS), which is a vocational rehabilitation programme designed in the USA to improve employment outcomes for people with severe mental health problems, have been shown to double the chances of individuals gaining competitive employment compared to traditional vocational rehabilitation.⁵⁰⁹ These interventions have been used in the UK, although such an approach requires more intensive support. The *Improving Lives* Green Paper suggests extra provision, but concerns have been expressed about the adequacy of support available to claimants,⁵¹⁰ including overload on Disability Employment Advisors⁵¹¹ and the limits on training of work coaches, as well as the toll of work pressures on the mental health of psychological support staff.⁵¹²

Framing work as a health outcome sets people up to fail

Work is not a health outcome for all. Framing it as such involves potential pitfalls that are outside of the control of the individual, which has psychological implications. It has the potential to underestimate the disabling aspect of unemployment on individuals and risks ignoring the impact of wider social, community and economic factors which contribute to an individual not being in work.

Outcomes are bounded by flexibility in the workplace, employer attitudes towards disability, the limited success of government-sponsored initiatives, the quantity and quality of support on offer. Clearly creating and supporting appropriate paid work is a desirable outcome, but where this involves a misplaced emphasis on goals which are out of reach, this stands to have a particularly negative impact on those who are already contending with low esteem and psychological health problems. It is vital the system does not set people up to fail.

A holistic biopsychosocial approach to assessment

Policy makers run the risk of ignoring the many different and complicated needs of individuals as they seek to design and implement a workable system that can relate to all in a fair and just manner. However where a particular policy or approach has attracted criticism from both numerous and reputable sources, it is important government can revisit and revise accordingly. Assessing people's capability to work has been a case in point. There is qualitative⁵¹³ and quantitative evidence⁵¹⁴ of the negative impact of the Work Capability Assessment. This section considers the pitfalls of this type of assessment and highlights the neglect so far of the wider biopsychosocial picture, which is at the heart of the problem. It suggests why redesign is urgently required as well as the way forward indicated by relevant psychological evidence.

The role and implications of assessment?

The Work Capability Assessment (WCA) is the tool currently used to help decide an individual's eligibility for Employment and Support Allowance (ESA). It consists of a first stage to assess eligibility and where this is determined, a second stage results in the allocation of the individual to either the Work Related Activity Group (WRAG) or the Support Group. The WRAG assumes the individual will be able to work within 12 months, while placement in the Support Group does not carry an expectation of work. For those judged ineligible for ESA at all (and therefore 'fit for work') – and this can include those whose health needs are not considered a sufficient barrier to working – there are consequences in the 'return-to-work' support they are obliged to receive via Jobcentre Plus and conditions they may be required to meet to remain entitled to benefit and avoid sanctions (i.e. suspension of benefit income).

The assessment of people's capability to work has raised concerns in many quarters, including the parliamentary Select Committee on Work and Pensions⁵¹⁵. These have centred on:

- a. The nature of the assessment.
- b. The consequences of the assessment including its impact on claimants in terms of process and outcomes.
- c. The role of psychological evidence within a process which is driven by government policy and not by professional best practice.

a. The nature of the assessment

Assessment of ability has been a flagship specialism among psychologists for over 100 hundred years. The BPS has spearheaded developments in this area, advising governments over many decades. The Society currently hosts a Psychological Test Centre and is recognised for its ethical approach to the design, use, administration and interpretation of psychometric tests. Employers, business leaders, HR professionals and other non-psychologists frequently make use of BPS expertise and advice on such matters.

The Work Capability Assessment (WCA), which has attracted criticism for its lack of attention to the appropriate requirements for a valid and reliable test, is a major ethical and professional concern. These shortcomings of the assessment reveal that DWP Ministers have missed an opportunity to effectively use psychological theory and practice within the benefits system, which has left it open to results that lack validity, efficacy, fairness and compassion for people's mental health and wellbeing. However it is important to recognise that there is no such thing as a perfect assessment tool – individual responses may vary across time for a range of reasons linked to the assessor, the claimant's health or pressures to respond in a particular way.

Annual independent reviews of the WCA have been conducted under the auspices of the Welfare Reform Act (2007), known as the Harrington and Litchfield Reviews. These echoed the concerns of professional psychologists. In response to concerns about the WCA, the BPS issued clear statements on its stance and the need for use of best practice in this area. 'The Society is extremely concerned at the conclusions of the 2013 Litchfield Review⁵¹⁶ that the WCA was developed with no reference standard and no testing of reliability or validity and minimal involvement from established rehabilitation clinicians.

It is simply a tool for sorting individuals on the basis of a yes/no assessment of eligibility into the three different categories (support group, WRAG or fit for work)'.⁵¹⁷

However the capacity for the WCA to perform even this task is open to question: 'This scoring system does not allow for sensitive and objective discrimination between individuals with different levels of functional impairment (whether they are physical, mental, cognitive or intellectual).'⁵¹⁸ This significant reservation about the usefulness of the WCA has led the independent review body to conclude, 'no valid assumptions can be made about the numerical relationship between other scores and the 15-point threshold'⁵¹⁹ which is used to discriminate between those fit for work and with limited capacity for work. This lack of a sound evidence base and failure to test the validity and reliability of the WCA are the reasons why the BPS and others have repeatedly questioned whether it is fit for purpose.

b. The consequences of the assessment including its impact on claimants in terms of process and outcomes

'As a disabled person you are always in a state of disclosure and therefore vulnerable to a state of exclusion'
(anonymous interviewee)

This quote makes reference to the relative assumptions experienced by some employees and highlights the need for recognition and accommodation of key psychological factors. These include employees' sense of identity, of belonging and of fairness.

The House of Commons Select Committee for Work and Pensions⁵²⁰ criticised findings of the DWP's own evidence-based review of the WCA and noted the persistence of problems with the assessment and its negative impact on claimants. The Litchfield Review⁵²¹ advocated a move from a medically-based approach to a biopsychosocial one that, 'considers not just capability but also other factors such as skills and readiness for the labour market'.

The BPS supports a move towards incorporating the biopsychosocial perspective into assessments. Members of the BPS Psychological Testing Centre Committee have stated that assessments need to take account of a claimant's current context and support structure and that the only way for this to work would be by conducting individual assessments.

Appeals against decisions based on the WCA run at around 50 per cent and approximately half of those appeals are being upheld.⁵²² The cost to the tax payer for this is £50 million alone, with around the same amount being spent on reassessment.⁵²³ For the sake of individuals, society and provision of funding, change is needed.

c. The role of psychologists within a process which is driven by government policy and not by professional best practice

Observers suggest that DWP psychologists are 'between a rock and a hard place...and want to do a good job that matches their values' trying to adhere to professional ethics and facilitating the government's approach (anonymous interviewee). Concerns have been expressed that psychological evidence and expertise is being used to suit a government's policy, which in turn raises issues about potential conflicts of interest and professional ethics for practitioners.

Concerns have been expressed about the practicalities for work coaches, psychologists and Disability Employment Advisors of meeting the increased workload within DWP as Universal Credit is widely established.^{524,525} Work Coaches are very rarely qualified psychologists, yet would require psychological training in the techniques and skills needed to effectively perform their role and accommodate a wide range of claimants' needs. Careful assessment of the demands placed on work coaches, psychologists and disability employment advisors is required during the rolling out of new proposals.

Evidence-based solutions: Redesigning the WCA

Given the requirement of both ethical practice and being 'fit for purpose', assessment of individual needs should be underpinned by a biopsychosocial approach and should begin with appropriate design considerations, stakeholder involvement, maintaining professional standards and wherever possible should avoid politically expedient solutions for life-changing situations.

Valuing the positives

Psychologists emphasise the importance of building trust with the client in order to identify what she or he needs rather than what the system requires of them. It is not surprising to learn that psychologists have been training work coaches to use more open questions and to replace a 'Tell: Do' strategy with a 'Coach: Not tell' approach in their dealings with claimants (anonymous interviewee). This helps to frame the Claimant Commitment as the individual's decision.

Although psychologists do not appear to be directly involved in the assessment or benefit-related decision-making processes, claimants can be referred for a consultation (with the claimant's permission). This provides an opportunity for the psychologist and the claimant to co-create an enabling environment in which he or she feels a sense of agency about their role in the process. One interviewee said that after a period of unemployment, people often seemed unaware of the skills they possessed. This was compounded by the absence of a yardstick against which to value these skills and by the lowering in self-esteem and mental health which accompanies being removed from the workplace. In this context, the role of the psychologist is to help individuals 'deconstruct the barriers and help them to look at themselves and their potential by playing an enabling role' (anonymous interviewee). By using evidence-based practice, psychologists can 'help the individual feel empowered and see things differently...sometimes within two to three brief interventions' (anonymous interviewee).

Psychological Interventions at the DWP

The DWP has sought to utilise psychological approaches which might increase claimants' readiness for work. It has adopted an approach promoted by the Behavioural Insights Team (formerly a government unit and now joint-owned with other stakeholders) developed in conjunction with Gabriele Oettingen, a Psychology Professor from New York University. This approach, used in Job Centres, seeks to build on goal-directed behaviour by incorporating individuals' anticipation of obstacles and producing a suitable solution, i.e. an implementation intention.⁵²⁶ Another strategy known as mental contrasting⁵²⁷ encourages the individual to identify their goal and envisage an obstacle which might prevent them achieving it. The research team claim to have had success by combining mental contrasting and implementation intentions in promoting physical activity in non-depressed individuals and have gone on to publish a paper showing significantly greater goal attainment among participants with mild to moderate depression in their intervention (78.6 per cent) than their control group (31.6 per cent).⁵²⁸ These are clearly encouraging initial results, but the sample sizes were small (28 in the intervention and 19 in the control groups) and more than one fifth did not report improvement in goal attainment. It is not clear how many other such trials were conducted before the decision was made to incorporate this approach within the Health and Work Conversation⁵²⁹ and the Claimant Commitment, which suggests caution should be exercised by work coaches to avoid assumptions that one size fits all in regard to such an intervention.

As the government has shifted its emphasis in reshaping its approach to getting people into work, so it should in assessing people for their strengths and capacity. This strength-based rather than deficit-based approach would reduce the risk of causing or exacerbating psychological harm to potentially vulnerable individuals being assessed for work capability and it is more likely to empower them within the assessment process, i.e. 'this is something I am taking part in because it values what I do', rather than, 'this is being done to me because it ignores who I am'. This dynamic is more likely to promote client satisfaction with the process and mirrors the more tailored approach already adopted by psychologists.

Importance of reliability and validity

Well-constructed and scientifically proven psychometric assessments are powerful tools which can be extremely valuable for both individuals and organisations. The use of psychometric assessments should be based on published technical data, describing the statistical levels of its reliability and validity, and be used only by appropriately qualified assessors! The redesign, future use and interpretation of the WCA needs to meet these standards.

A change in emphasis is required

The way in which the WCA is administered has received criticism for its lack of flexibility and at times apparent disregard for humanity. Asking a wheelchair user about their mobility was one example of the degrading and demotivating impacts of a generalised rather than individualised assessment. It is important in administering tests that assessors recognise psychological, social and cultural considerations in the use, appropriateness and phrasing of questions which probe highly personal matters. 'We need to avoid degrading, demeaning, anxiety-provoking experiences... it is important to treat the individual with respect and realism, including appreciation of cultural taboos, understanding of health needs, etc.'⁵³⁰

In order to combat the potential for adverse impact of the WCA, additional attention to the subtext is also important, i.e. seeking to build trust rather than suggesting through questioning that claimants are less than trustworthy. Designing assessments which start from a strengths-based approach whilst recognising individual needs – rather than 'fitting people into work' – should be a process which involves claimants, service user groups, and relevant professionals. Such an approach would increase the chances of creating an ethos built on positive outcomes and achieving them – this is what policy-makers claim to desire.

The House of Commons Select Committee for Work and Pensions recognise, 'This will be time consuming and complex, but the re-designed Employment and Support Allowance assessment processes need to be in place by the time a completely new contract, involving multiple providers is tendered in 2018.'⁵³¹

Building capacity and best practice

The Green Paper⁵³² suggests additional training in mental health. This is a positive step and it is hoped that in helping work coaches support claimants, suitable emphasis will be placed on the importance of perceptions of control (agency) for individuals. The Green Paper acknowledges the role of 'fluctuating health conditions',⁵³³ which is likely to reflect the circumstances of those with enduring mental health conditions. It is important that within the DWP there will be flexibility in the administration of the benefits system to prevent adverse impact on individuals with long-term conditions and disabilities. This should reflect a strength-based rather than 'capability-based assessment, i.e. not about what you can do, but about what you need to support your situation'.

For those with long-term conditions and disabilities who are placed in work, the Green Paper proposes work-focused conversations between the individual, a healthcare professional, the employer and the Jobcentre Plus Work Coach. The multidisciplinary approach to supporting the individual is vital. Taking steps to ensure line managers understand an individual's condition is important for more successful outcomes. Therefore, where the employer and manager are different individuals, steps should be taken to involve the line manager in these discussions as appropriate. Research has consistently shown the significant contribution to the mental health of employees made by their relationship with their line manager as well as by line managers' behaviour.⁵³⁴

In addition to the need for a flexible approach to employment, it is important for Work Coaches to understand the importance of social aspects of work for those with health conditions and disabilities. This is underlined by the biopsychosocial approach. More specifically this should include the role of self-esteem (linked to self-worth), social identity and social comparisons (underpinning perceptions of group membership and fairness) and social learning theory (manifested in organisational culture) in helping to understand how the individual sees himself/herself in relation to work and the workplace and how colleagues within the workplace respond. The concept of social support at work is recognised as an important element for individual wellbeing, and this assumes particular significance in the context of the Green Paper's⁵³⁵ aspiration to change employer attitudes towards disability.

Workplaces differ in their approaches and willingness to engage those with disabilities and therefore to rely on the notion of a 'standard workplace' risks oversimplifying understanding the wide variation in quality of work environments. Accordingly specialist medical advice⁵³⁶ to support work coaches could be supplemented by advice from psychologists experienced in the role of social factors at work in psychological health conditions and disabilities. The importance of 'not setting people up to fail' as well as positively supporting them are key considerations.

Coercion, conditionality and contingency

Attempts by governments to utilise principles of conditionality have resulted in negative outcomes for behaviour change. The use of sanctions and workfare are examples reminiscent of previously unsuccessful health promotion campaigns that were based on generating fear. This section considers how and why this government approach is counterproductive and potentially dangerous to individuals.

Analysis of the reasons for failure of unsuccessful health promotion campaigns has highlighted the problems caused by so called 'fear appeals'. These campaigns focused on likely negative outcomes in efforts to change behaviour, but it has been concluded that these 'are seldom effective'.⁵³⁷ Such appeals to negative outcomes are evident in the government attempts to enforce behaviour change through the threat of sanctions.

Sanctions impair not increase motivation

The sanctions approach harks back to misapplied psychological behaviourist principles. Instead of shaping behaviour by rewards, current policy intervention operates on the principle that avoiding punishment would be the key motivator for individuals to seek employment. Among an unemployed population whose self-esteem is comparatively low by dint of their circumstances, a pre-existing psychological condition featuring negative thoughts and low self-worth could actually impair rather than motivate the individual's ability to meet the requirements for benefit eligibility.

This intervention would increase their risk of learned helplessness, e.g. 'It doesn't matter what I do, I won't be able to do what they want'. Generalising such an approach to benefits across mental health conditions and individual circumstances has misjudged the importance of psychological factors and demonstrated an over-simplified approach to the reality experienced by millions. In relation to previously unsuccessful health promotion campaigns, it has been concluded that, 'Irrespective of its effectiveness, distressing advertising risks harming audience members who do not consent to the intervention and are unable to withdraw from it. Further the use of these approaches may increase the potential for unfairness or stigmatization toward those targeted, or be considered unacceptable by some sections of the public.'⁵³⁸ The impact of sanctions does not appear to be different.

The resulting enactment of policy received considerable criticism from many quarters, including the BPS, and from a parliamentary committee set up to examine the impact of this overall approach to reducing numbers of people claiming out of work benefits. Particular criticism was levelled against the form and use of the Work Capability Assessment⁵³⁹ and the repeated process by which claimants had to demonstrate a lack of capacity for work (see page 71). This turned to alarm with media coverage of suicides among people with disabilities whose benefits had been withdrawn and the publication of research which suggested possible links between suicide rates and reassessment for benefits. For example, 'the reassessment process was associated with the greatest increases in these adverse mental health outcomes in the most deprived areas of the country, widening health inequalities.'⁵⁴⁰

The National Audit Office (NAO) report on benefit sanctions,⁵⁴¹ concluded that the Department of Work and Pensions had 'not used its own data to evaluate the impact of sanctions in the UK'. This implied that the DWP had neglected the opportunity to investigate the impact of its policy on the most psychologically vulnerable people. All policy interventions that aim to change human behaviour should be chosen based on psychological evidence of the causal processes that have been explored using scientific methods.

The threat or application of sanctions can trigger or exacerbate a mental health condition. This situation has the added impact of nudging professionals, including psychologists, into territory where they face a choice between maintaining ethical standards and delivering government policy. The role of sanctions in compounding claimants' mental health conditions has already been highlighted and the National Audit Office,⁵⁴² which has recommended greater cooperation between the DWP, academics and third parties to ensure the policy context is better informed. This co-operation should include psychological professionals.

Workfare schemes: Do they work?

The use of approaches in which the payment of social security benefits is dependent on claimants carrying out a range of work-related activities is widespread in advanced economies.⁵⁴³ These activities include welfare-to-work schemes such as actively searching for jobs and enhancing employability through training, as well as workfare which is compulsory unpaid work. Claimants' failure to comply can result in loss of benefit income and as such the use of sanctions constitutes a coercive component of the benefits system. Furthermore 'the requirement to demonstrate certain attitudes or attributes in order to receive benefits or other support' represents the conditionality/contingency of receiving benefit income.⁵⁴⁴

In ensuring that individuals are 'best-placed' to move into work and off benefits, the government has emphasised the importance of 'readiness' for work. A pilot scheme launched by the DWP in 2012 focused on those aged 18–24 who had been unemployed for six months or more since

leaving education. Readiness for work included carrying out work activity which might not be paid and/or taking up training considered to enhance employability. Both approaches were underpinned by a rationale that these actions would increase claimants' chances of success in gaining a job, i.e. the Enhancement Hypothesis.⁵⁴⁵ However the commissioning of workfare programmes in the UK has not been accompanied by openness about participating organisations which has implications for independent verification of and resulting outcomes. This is at least in part due to protests directed at these employers and also to the potential for negative potential consequences for the 'prime' contractor organisations, which are large private firms commissioned by the DWP.⁵⁴⁶ It is understood that only 30 per cent of participants in the UK Work Programme have gained sustainable jobs.⁵⁴⁷ Evaluations of comparable workfare schemes in other countries have previously produced similar outcomes. The Australian 'Work for Dole' initiative resulted in one quarter of former claimants still in work three months later and only 14 per cent working full-time.⁵⁴⁸ Claimants in workfare schemes who also face multiple barriers to work find it particularly difficult to maintain their job and avoid sanctions⁵⁴⁹ – only 11 per cent of UK claimants in this situation maintain paid employment.⁵⁵⁰

Incentives and disincentives – finding a fairer way

The concept of receipt of benefits being conditional upon working without pay, appears to run counter to the history of the UK's welfare state and also to a main motivation for people to work. Equity Theory would have predicted that this government policy was likely to meet resistance from many quarters.

There is very little support for the success of the approach of coercing people into unpaid work – it does not lead to lasting employment in the vast majority of cases. Welfare to work schemes have a slightly better track record but this is limited to success rates of between 4–6 out of 10 for claimants.⁵⁵¹ Non-enforced volunteering also has a limited impact on subsequent employment rates, which further underlines that a society's economic situation – which is usually beyond the scope of the individual to overcome – is a major contributory factor, regardless of incentives or disincentives. It is unethical to compound the helplessness that unemployed individuals may face by coercing them into unpaid work.

Exposing individuals to stressful work conditions, whilst they are contending with low or no income and the challenges it brings, has clear implications for individuals with low self-esteem and mental health conditions who are required to satisfy conditions to receive their benefit income. Despite findings from relevant research, there seems to be widespread use of disincentives which, instead of motivating claimants, can create oppressive or insurmountable hurdles. Some of these are at a societal level, such as negative media portrayal of people claiming benefits and the pressure created by government policy to move people into work. Whilst appropriate work that meets the needs of the individual and of the organisation is desirable, the benefits process carries risks to mental health by threatening to undermine self-esteem and perceptions of control. For example:

- there is a clear power dynamic which is not balanced between the claimant and the assessor in the Work Capability Assessment itself;
- there is distress accompanying any appeals process against benefit category allocations (approximately 50 per cent are subject to appeals⁵⁵²);
- there is conditionality attached to applying for jobs which are not freely selected by individual claimants;
- there is high potential for job rejections given the work context.

All of these are underpinned by the potential of those administering the system to withdraw individual's income. This creates 'A regime of tacit and explicit threat and coercion, in which one can never be sure whether or not a sanction will be tagged to a particular instance of behaviour or attitude.'⁵⁵³

Human motivation

There are lessons for government policy-makers to learn from an enhanced understanding of the psychology of human motivation and the relationship between financial incentives and performance.⁵⁵⁴ For example Equity Theory in relation to work, discussed above, incorporates how people feel about the justice of these procedures as well as their perceptions of the fairness of the rewards linked to them. The presence of a threat designed to shape behaviour in a particular way, such as the threat that conditionality of benefits implies, is unlikely to be perceived positively. The resulting dissatisfaction with this unwritten and unmatched set of expectations can increase the likelihood that people will engage in counterproductive behaviours, as has been found in work contexts.⁵⁵⁵ Conservation of Resources theory (Chapter 1, page 24) shows how individuals experience distress when their existing situation is threatened. The use of conditionality and contingency within the context of benefit claims is likely to have a negative impact on already vulnerable individuals. Whichever the effect on unemployed people, the use of coercive strategies is unlikely to produce positive outcomes. This begs the question, 'What is the better way?'

Coaching: Focus on encouragement

Since the turn of the century, psychological science has increasingly turned towards positive psychology, which has its roots in realising an individual's future potential. The parallel rise of coaching in and around the workplace is no coincidence, as it too aims for 'enhancement of life experience and goal attainment'.⁵⁵⁶

The role of work coaches in realising the individual potential of benefit claimants is pivotal. While work coaches seek to offer an individually tailored approach, the climate in which the coaching interaction takes place and the implicit power dynamic in the relationship can hinder what has potential to be a positive encounter. The work coaches' role in encouraging individuals to pursue work-related activity and in implementing the conditionality of benefits has the potential to cause distress and rejection.

In dealing with unemployment agencies, the process and context are as valuable as the intended outcome in supporting people back into the workplace. With this in mind, Wong⁵⁵⁷ proposes a psychological approach to encouragement that focuses on both the positive features of an individual's approach to gaining work and the 'trustworthiness of the encourager' and their sincerity in delivering the encouragement. Furthermore the importance of the organisational culture in which this relationship takes place is highlighted: 'An organization that is characterized by a strong culture of encouragement might be one in which members perceive that encouragement is frequently and effectively expressed and valued by others within the organization'.⁵⁵⁸ This means that the handling of the claimant throughout their contact with the process of looking for work has likely implications for their belief in what is taking place. In other words, the tone set by the wider agencies and administrative processes involved are important too.

Government policy makers in DWP and DH should aim to deliver tailored solutions for individuals and their employment organisation without recourse to implied or actual threats. A political commitment to a system based on psychological evidence that seeks to achieve outcomes through positive encouragement, would improve the reality of a large number of individuals requiring support and would have benefits for those individuals, wider society and the economy.

Recommendations

The application of the psychological theory, evidence and best practice outlined in this report to inform policy and guideline development and design services and interventions that work with human behaviour not against it, would enable:

1. The DH and the DWP to utilise 'meaningful activity' rather than 'work' as an outcome measure and include the explicit recognition that some individuals' welfare journey will not end in paid employment.
2. DWP, DH, NHSE and NHS Digital to develop 'basket of work and health indicators' to measure progress, using psychological evidence to unpick how to accurately measure 'meaningful activity'. The outcome measure to consider social identity theory and includes a measure of individuals' everyday activities that contribute to their family, community or society, decreasing stigma around those who are without work in communities where jobs are in short supply.
3. The Joint Work and Health Unit to establish baselines and set measurable objectives to increase mental health awareness among professionals involved in the health and work journey of individuals, using well-validated methods and techniques. This awareness raising work should be recognised as a vital culture change counterpoint to the more outcome focused data gathering work in order that everyone from the work coach to the employer buys-in to the rationale behind choice of 'meaningful activity' as an indicator.
4. The government to undertake an end-to-end review of its approach and the Work Capability Assessment process in order to enable the culture change needed. The redesign to incorporate a sound psychological evidence base as well as the views of service users, and is subject to regular, independent and systematic evaluation. New assessment methods to encompass a strengths-based biopsychosocial perspective.
5. The new assessment tool methods to meet the standard professional requirements for validity and replicability set by the BPS. Training in assessment, scoring and interpretation to be provided for the assessors, and specialist assessors to be used to work with people with mental, cognitive and intellectual functioning difficulties.
6. All government departments to ensure that any policy interventions designed to replace the WCA are fully trialled prior to implementation. Trials should be rigorous, informed and subject to an in-depth, independent evaluation of the impact on the mental health and wellbeing of individuals.
7. The Secretaries of State for Health and Work and Pensions to suspend the use of sanctions and commission an independent review of the links between the sanctions regime and the mental health and wellbeing of individuals. The independent review to provide clear guidance on best practice for those delivering the future Work and Health Programme. DWP to establish mechanisms to monitor the practice of the agencies that it has appointed to deliver this work to ensure compliance.
8. Any policy interventions designed to ultimately replace the sanctions regime to be chosen based on solid psychological evidence of the causal processes of appropriate and effective behaviour change that has been fully explored using scientific methods.
9. Following the commitments in the Green Paper, the government's approach to welfare to be based upon encouragement and incentives rather than punitive measures and coercion to encourage job uptake, particularly with vulnerable populations. Academic and practitioner psychological literature to make a major contribution to informing evidence-based policy development in this area.

Methodology

Chapter 1

The information gathered for this chapter comes from a range of sources including the UK and international research literature pertaining to work psychology. Key words – those indicated in the title of each section – were used as search terms of relevant databases within BPS and related non-BPS journals. In addition academic and governmental sources including reports and policy documents from within the 'grey' literature were consulted. Interviews were conducted with highly experienced psychologists working as senior academics and practitioners in the public and private sectors in research, public policy and practice. Special thanks goes to these interviewees, who were kind enough to give their time and insight to contribute to this chapter, including Professor Cary Cooper, Professor Kevin Daniels, Emma Donaldson-Feilder, Christine Hamilton, Professor Gail Kinman, Jennifer Webster, Dr Joanna Wilde and members of the BPS Work and Health Committee.

Chapter 2

The content of this chapter draws from a desktop literature review of academic research (EBSCO), practitioner publications, interviews and consultations with psychologists within the British Psychological Society (BPS), key charitable bodies and surveys conducted by the BPS Division of Occupational Psychology Working Group on Neurodiversity and Employment.^{559,560} The interviews were semi-structured, in that 10 key questions were pre-prepared by the author, but then the interview was permitted to take tangents where information, or the interviewee, led. Interview data were analysed with a simple approach to identifying themes in the feedback, then noting the proportion of respondents forming similar opinions, indicating trends. Special thanks goes to these interviewees for their time and insight, including: Dr Almuth McDowall, Dr Andy Tyerman, Professor Amanda Kirby, Jacqui Finnegan, Steven Leatherhead and Suzanne Dobson.

Chapter 3

The information gathered for this chapter comes from a range of sources including the research literature pertaining to work psychology and in particular from the BPS *Journal of Occupational and Organisational Psychology*. Key words – those indicated in the title of each section – were used as search terms within this and related non-BPS journals inside and linked to psychology. In addition a wide range of valuable academic and policy sources from the 'grey' literature was consulted. Interviews were conducted with highly experienced psychologists working as academics and practitioners in the public and private sectors and themes identified which informed further consultation of the literature and inclusion of pertinent concepts. Special thanks goes to these interviewees for their time and insight, including Professor Cary Cooper, Dr Lisa Morrison-Coulthard, Professor Carolyn Kagan, Jayne Viljoen, as well as work psychologists advising the Department of Work and Pensions. Thanks also go to Helen McGauley as well as Mala Pancholi and Dr Almuth McDowall of the Psychological Testing Centre Committee and members of the BPS Work and Health Committee.

Glossary

Term	Definition
ADHD	Attention Deficit and Hyperactivity Disorder, sometimes also the subtype which is ADD, i.e. without hyperactivity.
Autism	A condition characterised by three main criteria: social communication difficulties, repetitive and restricted behaviour and sensory sensitivity.
Dyscalculia	Specific difficulty conceptualising numbers, size, distance and shape.
Dysgraphia	Difficulty with writing, distinct from other forms of fine motor control.
Dyslexia	Literally means difficulties with words but main symptoms include literacy difficulties, short term memory and organisational difficulties.
Dyspraxia/Developmental Coordination Disorder (DCD)	Literally means difficulties with movement. This can be fine motor movements (like writing or tying shoelaces) or gross motor (like riding a bike or driving a car). Also affects the planning and sequencing of movement. Also affects short term memory and organisational difficulties.
Executive functions	Refers to the pre-frontal cortex activities of planning, decision making, attention capacity and attention switching and inhibition control.
Mild-to-moderate mental health conditions	Usually includes anxiety, depression, obsessive compulsive disorder.
Reasonable adjustments	Changes to a workplace environment, workplace practice or equipment to accommodate a person with a disability. The 'reasonable' refers to the employer's duty, there are limits on how much someone is expected to spend or adapt for an individual employee, however this can only be legally determined retrospectively through a court process.
Tourette syndrome	Difficulties with inhibition control affecting movement and vocalisations, known as 'tics'. These can be minor, such as over blinking or throat clearing, or major such as 'coprophenomena' which involves involuntary swearing, rude phrases or gestures.

References

- ¹ Paul, K.I. & Moser, K. (2009). Unemployment impairs mental health: Meta-analyses. *Journal of Vocational Behavior*, 74, 264–282.
- ² Wilde, J. (2016). A psychologically healthy workplace. Telephone interview with A.Weinberg on 19 December.
- ³ Bibby, R.W. (2001). *Canada's teens: Today, yesterday and tomorrow*. Toronto: Stoddart.
- ⁴ Willis Towers Watson (2016). *Building a culture of health and wellbeing: Summary of the EMEA findings of the 2015–6 Staying@Work Survey*. Available at: <https://www.towerswatson.com/en-GB/Insights/IC-Types/Survey-Research-Results/2016/05/2015-2016-Staying-at-Work-EMEA-findings>
- ⁵ Taylor, M. (2017). *Good work: The Taylor review of modern working practices*. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/626772/good-work-taylor-review-modern-working-practices.pdf
- ⁶ Weinberg, A. (2016). When the work is not enough: The sinister stress of boredom. In: G. Fink (Ed.) *Stress concepts and cognition, emotion, and behavior: Volume 1 of the Handbook of Stress Series* (pp.195–201). San Diego: Elsevier Inc.
- ⁷ Van Horn, J.E., Taris, T., Schaufeli, W.B. & Schreurs, P.J.G. (2004). The structure of occupational wellbeing: A study among Dutch teachers. *Journal of Occupational and Organizational Psychology*, 77(3), 365–375.
- ⁸ Ibid 5
- ⁹ Kinman, G. & McDowall, A. (2016). Work-life balance, health and wellbeing in times of austerity. In S. Lewis and N. Payne (Eds.) *Work-life balance in the recession and beyond*. Abingdon: Routledge.
- ¹⁰ CIPD (2013). *Zero hours contracts*. Available at: <https://www.cipd.co.uk/knowledge/fundamentals/emp-law/terms-conditions/zero-hours-factsheet>
- ¹¹ Taylor, M. (2017). *Good work: The Taylor review of modern working practices*. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/626772/good-work-taylor-review-modern-working-practices.pdf
- ¹² Green, F., Felstead, A., Gallie, D. & Inanc, H. (2016). Job-related wellbeing through the Great Recession. *Journal of Happiness Studies*, 17(1), 389–411. doi:10.1007/s10902-014-9600-x
- ¹³ Ibid ⁹
- ¹⁴ Butterworth, P., Leach, L.S., Strazdins, L. et al. (2013). The psychosocial quality of work determines whether employment has benefits for mental health: Results from a longitudinal national household panel survey. *Occupational and Environmental Medicine*, 68(11), 806–812.
- ¹⁵ Cooper, C.L. (2016). *A psychologically healthy workplace*. Interview with A.Weinberg on 12 December, Manchester.
- ¹⁶ Waters, L. (2007). Experiential differences between voluntary and involuntary job redundancy on depression, job-search activity, affective employee outcomes and re-employment quality. *Journal of Occupational and Organizational Psychology*, 80, 279–299.
- ¹⁷ Abramson, L., Seligman, M. & Teasdale, J. (1978). Learned helplessness in humans: Critique and reformulation. *Journal of Abnormal Psychology*, 87, 49–74.
- ¹⁸ Ibid ¹¹
- ¹⁹ Hobfoll, S.E. (1989). Conservation of resources: A new attempt at conceptualizing stress. *American Psychologist*, 44(3), 513–524.
- ²⁰ Cheng, G.H.L. & Chan, D.K.S. (2008). Who suffers more from job insecurity? A meta-analytic review. *Applied Psychology: An International Review*, 57(2), 272–303.
- ²¹ Kinman, G. & McDowall, A. (2016). Work-life balance, health and wellbeing in times of austerity. In S. Lewis and N. Payne (Eds.) *Work-life balance in the recession and beyond*. Abingdon: Routledge.
- ²² De Witte, H., Pienaar, J. & De Cuyper, N. (2016). Review of 30 years of longitudinal studies on the association between job insecurity and health and wellbeing: Is there causal evidence? *Australian Psychologist* 51, 18–31.
- ²³ Marchand, A., Demers, A. & Durand, P. (2005). Do occupation and work conditions really matter? A longitudinal analysis of psychological distress experiences among Canadian workers. *Sociology of Health and Illness*, 27(5), 602–627.
- ²⁴ Worrall, L., Cooper, C.L., Kerrin, M. et al.(2016). *The quality of working life: Exploring managers' wellbeing, motivation and productivity*. Available at: <http://www.managers.org.uk/insights/research/current-research/2016/january/quality-of-working-life>
- ²⁵ Fisher, C. (2010). Happiness at work. *International Journal of Management Review*, 12, 384–412.

- ²⁶ Rayton, B., Dodge, T. & D'Analeze, G. (2012). *The evidence: Employee engagement task force 'nailing the evidence' workgroup. Engage for Success*. Accessed 20 September 2016 at: <http://engageforsuccess.org/nailing-the-evidence>
- ²⁷ Montano, D., Reeske, A., Franke, F. & Huffmeier, J. (2017). Leadership, followers' mental health and performance in organizations: A comprehensive meta-analysis from an occupational health perspective. *Journal of Organizational Behavior*, 38, 327–350. doi: 10.1002/job.2124
- ²⁸ HSE (2004). *Management standards for work related stress*. <http://www.hse.gov.uk/stress/standards/>
- ²⁹ HSE Workplace Health Expert Committee (2017). *Work-related stress and psychological health*. Available at: <http://webcommunities.hse.gov.uk/connect.ti/WHEC/grouphome>
- ³⁰ Brookes, K., Limbert, C., Deacy, C. et al. (2013). Systematic review: Work-related stress and the HSE Management Standards. *Occupational Medicine*, 63(7), 463–472.
- ³¹ NICE (2009). *Promoting mental wellbeing through productive and healthy working conditions: Guidance for employers. Public health guidance 22*. London: NICE.
- ³² Black Report (2008). *Working for a healthier tomorrow*. Available at: www.workingforhealth.gov.uk/documents/working-for-a-healthier-tomorrow-tagged.pdf
- ³³ NICE (2015). *Workplace health: Management practices*. Available at: <https://www.nice.org.uk/guidance/ng13>
- ³⁴ CIPD/HSE (2009). *Line management behaviour guide*. <https://www.cipd.co.uk/knowledge/culture/wellbeing/line-management-behaviour-guide>
- ³⁵ Workplace Wellbeing Charter (2017). Available at: www.wellbeingcharter.org.uk/What-is-the-Charter.php
- ³⁶ NICE (2009). *Promoting mental wellbeing through productive and healthy working conditions: Guidance for employers. Public health guidance 22*. London: NICE.
- ³⁷ NICE (2015). *Workplace health: Management practices*. Available at: <https://www.nice.org.uk/guidance/ng13>
- ³⁸ Workplace Wellbeing Charter (2017). Available at: www.wellbeingcharter.org.uk/What-is-the-Charter.php
- ³⁹ United Kingdom Parliament(2010). *Equality Act 2010*. Retrieved 20 September 2016 from <http://www.legislation.gov.uk/ukpga/2010/15/introduction>
- ⁴⁰ Johnson, V.A., Greenwood, R. & Schriener, K. (1988). Work performance and work personality: Employer concerns about workers with disabilities. *Rehabilitation Counselling Bulletin*, 30, 50–57.
- ⁴¹ Pearson, V., Ip, F., Hui, H. et al.(2003). To tell or not to tell; Disability disclosure and job application outcomes. *Journal of Rehabilitation*, 69(4), 35–38.
- ⁴² Cook, J.A., Burke-Miller, J.K. & Grey, D. (2015). *Reasons for job separations among people with psychiatric disabilities*. Mathematica Center for Studying Disability Policy, 4.
- ⁴³ Madaus, J.W. (2008). Employment self-disclosure rates and rationales of university graduates with learning disabilities. *Journal of Learning Disabilities*, 41(4), 291–9. doi: 10.1177/0022219407313805
- ⁴⁴ Wilton, R.D. (2006). Disability disclosure in the workplace. *Just Labour*, 8, 24–39.
- ⁴⁵ Fazel, S., Xenitidis, K. & Powell, J. (2008). The prevalence of intellectual disabilities among 12,000 prisoners – A systematic review. *International Journal of Law and Psychiatry*, 31(4), 369–373. doi:10.1016/j.ijlp.2008.06.001
- ⁴⁶ Halmøy, A., Fasmer, O. B., Gillberg, C. & Haavik, J. (2009). Occupational outcome in adult ADHD: Impact of symptom profile, comorbid psychiatric problems, and treatment: A cross-sectional study of 414 clinically diagnosed adult ADHD patients. *Journal of Attention Disorders*, 13(2), 175–187. doi: 10.1177/1087054708329777
- ⁴⁷ Hechtman, L., Swanson, J.M., Sibley, M.H. et al. (2016). Functional adult outcomes 16 years after childhood diagnosis of attention deficit disorder: MTA results. *Journal of American Academic Child and Adolescent Psychiatry*, 55(11), 945–952.
- ⁴⁸ Snowling, M.J., Adams, J.W., Bowyer-Crane, C. & Tobin, V. (2000). Levels of literacy among juvenile offenders: The incidence of specific reading difficulties. *Criminal Behaviour and Mental Health*, 10(4), 229–241. doi: 10.1002/cbm.362
- ⁴⁹ Holliday, G.A, Koller, J.R. & Thomas, C.D. (1999). Post-high school outcomes of high IQ adults with learning disabilities. *Journal for the Education of the Gifted*, 22(3), 266–281.
- ⁵⁰ Painter, C.A & Welles, T. (2008). Career beliefs and job satisfaction in adults with symptoms of attention- deficit/ hyperactivity disorder. *Journal of Employment Counseling*, 45(4), 178–189.
- ⁵¹ Snowling, M.J. (2010). Dyslexia. In C.L. Cooper, J. Field, U. Goswami, R. et al. (Eds.), *Mental capital and mental wellbeing* (pp.775–783). Oxford: Blackwell.
- ⁵² Melvill, D., Stevens, C. & Vaid, L. (2015). *Access to work cost benefit analysis*. London: Centre for Economic and Social Inclusion.
- ⁵³ Hofmann, W., Schmeichel, B.J. & Baddeley, A.D. (2012). Executive functions and self-regulation. *Trends in Cognitive Sciences*, 16(3), 174–180. doi: 10.1016/j.tics.2012.01.006

- ⁵⁴ Swanson, S.J., Courtney, C.T., Meyer, R.H. & Reeder, S.A. (2014). Strategies for integrated employment and mental health services. *Psychiatric Rehabilitation Journal*, 37(2), 86–9. doi: 10.1037/prj0000049
- ⁵⁵ Office of National Statistics (2017). *Summary of Labour Market Statistics*. ONS. Available at: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/summaryoflabourmarketstatistics>
- ⁵⁶ DWP. (2016). *Work, health and disability: improving lives*. Retrieved 24 February 2017 from <https://www.gov.uk/government/consultations/work-health-and-disability-improving-lives>
- ⁵⁷ Green, D. (2016). Speech to Conservative Party conference, Birmingham.
- ⁵⁸ Paul, K.I. & Moser, K. (2009). Unemployment impairs mental health: Meta-analyses. *Journal of Vocational Behavior*, 74, 264–282.
- ⁵⁹ Butterworth, P., Leach, L.S., Strazdins, L. et al. (2013). The psychosocial quality of work determines whether employment has benefits for mental health: Results from a longitudinal national household panel survey. *Occupational and Environmental Medicine*, 68(11), 806–812.
- ⁶⁰ Leach, L.S., Butterworth, P., Strazdins, L. et al. (2010). The limitations of employment as a tool for social inclusion. *BMC Public Health*, 10(621).
- ⁶¹ Engel, G.L. (1977). The need for a new medical model: A challenge for biomedicine. *Science*, 196, 129–136.
- ⁶² Marks, D.F. (2002). *The health psychology reader*. London: Sage.
- ⁶³ Arnold, J., Randall, R., Patterson, F. et al. (2016). *Work psychology* (6th edn.). Harlow: Pearson.
- ⁶⁴ McGregor, D. (1960). *The human side of enterprise*. New York: McGraw-Hill.
- ⁶⁵ Peterson, C. & Seligman, M.E.P. (1983). Learned helplessness and victimization. *Journal of Social Issues*, 39, 103–116.
- ⁶⁶ Adams, J.S. (1965). Inequity in social exchange. In L. Berkowitz (Ed.), *Advances in experimental social psychology*, Vol. 2. New York: Academic Press.
- ⁶⁷ Huseman, R.C., Hatfield, J.D. & Miles, E.W. (1987). A new perspective on equity theory: The equity sensitivity construct. *Academy of Management Review*, 12, 222–234.
- ⁶⁸ Work Foundation (2016). *Is welfare to work, working well?* Lancaster University.
- ⁶⁹ Friedli, L. & Stearn, R. (2015). Positive affect as coercive strategy: Conditionality, activation and the role of psychology in UK government workfare programmes. *Medical Humanities*, 41, 40–47.
- ⁷⁰ Barr, B., Taylor-Robinson, D., Stuckler, D. et al. (2015). 'First do no harm': Are disability assessments associated with adverse trends in mental health? A longitudinal ecological study. *Journal of Epidemiology and Community Health*, 70(4), 339–345.
- ⁷¹ Jahoda, M. (1982). *Employment and unemployment: A social-psychological analysis*. Cambridge: Cambridge University Press.
- ⁷² Wilde, J. (2016). A psychologically healthy workplace. Telephone interview with A.Weinberg on 19 December.
- ⁷³ Burris, E.R., Detert, J.R. & Chiaburu, D.S. (2008). Quitting before leaving: The mediating effects of psychological attachment and detachment on voice. *Journal of Applied Psychology*, 93, 912–922.
- ⁷⁴ Meyer, J.P. & Allen, N.J. (1997). *Commitment in the workplace: Theory, research, and application*. Thousand Oaks, CA: Sage Publications.
- ⁷⁵ Hamilton, C. (2016). A psychologically healthy workplace. Telephone interview with A.Weinberg on 28 November.
- ⁷⁶ Tajfel, H. & Turner, J.C. (1986). The social identity theory of intergroup behaviour. In S. Worchel & W.G. Austin (Eds.), *Psychology of intergroup relations* (2nd edn., pp.7–24). Chicago: Nelson-Hall.
- ⁷⁷ Haslam, S.A. & Ellemers, N. (2005). Social identity in industrial and organizational psychology: Concepts, controversies and contributions. In G.P. Hodgkinson and J.K. Ford (Eds.), *International review of industrial and organizational psychology*, Vol. 20. Chichester: John Wiley & Sons, Ltd.
- ⁷⁸ Semmer, N.K., Tschan, F., Meier, L.L. et al. (2010). Illegitimate tasks and counterproductive work behaviour. *Applied Psychology: An International Review*, 59(1), 70–96.
- ⁷⁹ Johnson, R.E. & Jackson, E.M. (2009). Appeal of organizational values is in the eye of the beholder: The moderating role of employee identity. *Journal of Occupational and Organizational Psychology*, 82, 915–933.
- ⁸⁰ Ramsay, S., Troth, A. & Branch, S. (2011). Work-place bullying: A group processes framework. *Journal of Occupational and Organizational Psychology*, 84, 799–816.
- ⁸¹ Guevara, K. & Ord, J. (1996). The search for meaning in a changing work context. *Futures*, 28(8), 709–722.
- ⁸² Schwartz, B. (2017). *How can a monotonous job be meaningful?* Accessed 20 September 2016 at: <http://www.npr.org/programs/ted-radio-hour/443411154/the-meaning-of-work>
- ⁸³ Bibby, R.W. (2001). *Canada's teens: Today, yesterday and tomorrow*. Toronto: Stoddart.
- ⁸⁴ Cartwright, S. & Holmes, N. (2006). The meaning of work: The challenge of regaining employee engagement and reducing cynicism. *Journal of Human Management Review*, 16, 199–208.

- ⁸⁵ Jahoda, M. (1982). *Employment and unemployment: A social-psychological analysis*. Cambridge: Cambridge University Press.
- ⁸⁶ Paul, K.I. & Batinic, B. (2010). The need for work: Jahoda's latent functions of employment in a representative sample of the German population. *Journal of Organizational Behavior*, 31, 45–64.
- ⁸⁷ Ibid ⁸⁶
- ⁸⁸ Schaufeli, W.B., Bakker, A.B. & Salanova, M. (2006). The measurement of work engagement with a short questionnaire. *Educational and Psychological Measurement*, 66(4), 701–716.
- ⁸⁹ Department for Business and Skills (2014). *Does worker wellbeing affect workplace performance?* Available at: <https://www.gov.uk/government/publications/worker-wellbeing-and-workplace-performance>
- ⁹⁰ MacLeod, D. & Clarke, N. (2009). *Engaging for success: enhancing performance through employee engagement*. London: Department for Business, Innovation and Skills (BIS).
- ⁹¹ Truss, K. (2009). In D. MacLeod & N. Clarke, *Engaging for success: Enhancing performance through employee engagement*. London: Department for Business, Innovation and Skills (BIS).
- ⁹² Bakker, A.B. & Demerouti, E. (2008). Towards a model of work engagement. *Career Development International*, 13(3), 209–223.
- ⁹³ Fisher, C. (2010). Happiness at work. *International Journal of Management Review*, 12, 384–412.
- ⁹⁴ Rayton, B., Dodge, T. & D'Analeze, G. (2012). *The evidence: Employee engagement task force 'nailing the evidence' workgroup*. Engage for Success. Accessed 20 September 2016 at: <http://engageforsuccess.org/nailing-the-evidence>
- ⁹⁵ Randall, R., Griffiths, A. & Cox, T. (2005). Evaluating organizational stress-management interventions using adapted study designs. *European Journal of Work and Organizational Psychology*, 14, 23–41.
- ⁹⁶ Leach, D.J., Jackson, P.R. & Wall, T.D. (2001). Realizing the potential of empowerment: The impact of a feedback intervention on the performance of complex technology. *Ergonomics*, 44, 870–886.
- ⁹⁷ Blake, H., Zhou, D. & Batt, M.E. (2013). Five-year workplace wellness intervention in the NHS. *Perspectives in Public Health*. 133(5), 262–71.
- ⁹⁸ Boorman, S. (2009). *NHS health and wellbeing review*. Available at: http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_108799
- ⁹⁹ Willis Towers Watson (2016). *Building a culture of health and wellbeing: Summary of the EMEA findings of the 2015-6 Staying@Work Survey*. Available at: <https://www.towerswatson.com/en-GB/Insights/IC-Types/Survey-Research-Results/2016/05/2015-2016-Staying-at-Work-EMEA-findings>
- ¹⁰⁰ Bockerman, P. & Ilmakunnas, P. (2012). The job satisfaction-productivity nexus: A study using matched survey and register data. *ILR Review*, 65(2), 244–262.
- ¹⁰¹ Edmans, A. (2008). *Does the stock market fully value intangibles? Employee satisfaction and equity prices*. Social Science Research Network. Available at: <http://ssrn.com/abstract=985735>
- ¹⁰² Department for Business and Skills (2014). *Does worker wellbeing affect workplace performance?* Available at: <https://www.gov.uk/government/publications/worker-wellbeing-and-workplace-performance>
- ¹⁰³ Ibid ¹⁰²
- ¹⁰⁴ Bryson, A., Forth, J. & Stokes, L. (2015). *Does worker wellbeing affect workplace performance?* NIESR discussion paper number 447.
- ¹⁰⁵ Bockerman, P. & Ilmakunnas, P. (2012). The job satisfaction-productivity nexus: A study using matched survey and register data. *ILR Review*, 65(2), 244–262.
- ¹⁰⁶ Guest, D. (2017). Human resource management and employee wellbeing: Towards a new analytic framework. *Human Resource Management Journal*, 27(1), 22–38. doi: 10.1111/1748-8583.12139/
- ¹⁰⁷ Eurofound (2010). *European working conditions survey results, 2010*. Available at: http://www.eurofound.europa.eu/surveys/smt/ewcs/ewcs2010_07_06.htm
- ¹⁰⁸ Eurofound (2016). *Sixth European working conditions survey – overview report*. Luxembourg: Publications Office of the European Union.
- ¹⁰⁹ Van Hooff, M.L.M & van Hooft, E.A.J. (2014). Boredom at work: Proximal and distal consequences of affective work-related boredom. *Journal of Occupational Health Psychology*, 19(3), 348–359.
- ¹¹⁰ Dumas, L. (2001). Why mistakes happen even when the stakes are high: The many dimensions of human fallibility. *Medicine and Global Survival*, 7, 12–19.
- ¹¹¹ Weinberg, A. (2016). When the work is not enough: The sinister stress of boredom. In: G. Fink (Ed.) *Stress concepts and cognition, emotion, and behavior* (pp.195–201), Vol. 1 of the Handbook of Stress Series. San Diego: Elsevier Inc.
- ¹¹² Daniels, K. (2016). *A psychologically healthy workplace*. Telephone interview with A. Weinberg on 11 November.
- ¹¹³ Fisher, C. (2010). Happiness at work. *International Journal of Management Review*, 12, 384–412.

- ¹¹⁴ Van Horn, J.E., Taris, T., Schaufeli, W.B. & Schreurs, P.J.G. (2004). The structure of occupational wellbeing: A study among Dutch teachers. *Journal of Occupational and Organizational Psychology*, *77*(3), 365–375.
- ¹¹⁵ Daniels, K. (2016). *A psychologically healthy workplace*. Telephone interview with A.Weinberg on 11 November.
- ¹¹⁶ Donaldson-Feilder, E. (2016). *A psychologically healthy workplace*. Telephone interview with A. Weinberg on 23 December.
- ¹¹⁷ Weiss, H.M. & Cropanzano, R. (1996). Affective events theory: A theoretical discussion of the structure, causes and consequences of affective experiences at work. In B.M. Staw & L.L. Cummings (Eds.), *Research in organizational behavior: An annual series of analytical essays and critical reviews* (pp.1–74). Greenwich, CT: JAI Press.
- ¹¹⁸ Daniels, K., Harris, C. & Briner, R.B. (2004). Linking work conditions to unpleasant affect: Cognition, categorization and goals. *Journal of Occupational and Organizational Psychology*, *77*, 343–363.
- ¹¹⁹ Warr, P.B. (2008). Work values: Some demographic and cultural correlates. *Journal of Occupational and Organisational Psychology*, *81*(4), 751–775.
- ¹²⁰ Warr, P.B. (2016). *Person factors in low and high wellbeing*. Sheffield, Institute of Work Psychology Conference.
- ¹²¹ Weinberg, A. & Cooper, C.L. (2007). *Surviving the workplace: A guide to emotional wellbeing at work*. London: Cengage Learning.
- ¹²² Wilde, J. (2016). *A psychologically healthy workplace*. Telephone interview with A.Weinberg on 19 December.
- ¹²³ French, J.R.P. Jr., Caplan, R.D. & Harrison, R.V. (1982). *The mechanisms of job stress and strain*. London: Wiley.
- ¹²⁴ Siegrist, J. (2002). Effort-reward imbalance at work and health. In P.L. Perrewe & D.C. Ganster (Eds.) *Historical and current perspectives on stress and health* (Research in occupational stress and wellbeing, Vol. 2), 261–291. Bingley: Emerald Group Publishing Limited.
- ¹²⁵ Van Vegchel, N., de Jonge, J., Bosma, H. & Schaufeli, W. (2005). Reviewing the effort–reward imbalance model: drawing up the balance of 45 empirical studies. *Social Science & Medicine*, *60*, 1117–1131.
- ¹²⁶ Karasek, R.A. (1979). Job demands, job decision latitude and mental strain: Implications for job redesign. *Administrative Science Quarterly*, *24*, 285–308.
- ¹²⁷ Karasek, R.A. & Theorell, T. (1990). *Healthy work: Stress, productivity and the reconstruction of working life*. New York: Basic Books.
- ¹²⁸ Hackman, J.R. & Oldham, G.R. (1976). Motivation through the design of work: test of a theory. *Organisational Behaviour and Human Performance*, *16*, 250–79.
- ¹²⁹ Oldham, G.R. & Hackman, J.R. (2010). Not what it was and not what it will be: The future of job design research. *Journal of Organizational Behavior*, *31*(2–3), 463–479.
- ¹³⁰ Johnson, J.V. & Hall, E.M. (1988). Job strain, workplace social support and cardiovascular disease: A cross-sectional study of a random sample of the Swedish working population. *American Journal of Public Health*, *78*, 1336–1342.
- ¹³¹ Warr, P.B. (1987). *Psychology at work* (3rd edn.). London: Penguin.
- ¹³² Warr, P.B. (2007). *Work, happiness and unhappiness*. Mahwah, NJ: Erlbaum
- ¹³³ Bakker, A.B. & Demerouti, E. (2007). The Job Demands–Resources model: State of the art. *Journal of Managerial Psychology*, *22*(3), 309–328.
- ¹³⁴ Hobfoll, S.E. (1989). Conservation of resources: A new attempt at conceptualizing stress. *American Psychologist*, *44*(3), 513–524.
- ¹³⁵ Weinberg, A. (2016). The preventative impact of management coaching on psychological strain. *International Coaching Psychology Review*, *11*(1), 93–105.
- ¹³⁶ Wrzesniewski, A. & Dutton, J.E. (2001). Crafting a job: Revisioning employees as active crafters of their work. *Academy of Management Review*, *26*(2), 179–201.
- ¹³⁷ Petrou, P., Bakker, A.B. & van den Heuvel, M. (2016). Weekly job crafting and leisure crafting: Implications for meaning-making and work engagement. *Journal of Occupational and Organizational Psychology*. doi: 10.1111/joop.12160
- ¹³⁸ Van den Heuvel, M., Demerouti, E. & Peeters, M.C.W. (2015). The job crafting intervention: Effects on job resources, self-efficacy, and affective wellbeing. *Journal of Occupational and Organizational Psychology*, *88*, 511–532. doi: 10.1111/joop.12128
- ¹³⁹ Tims, M, Bakker, A.B, & Derks, D.A.J.A. (2013). The impact of job crafting on job demands, job resources, and wellbeing. *Journal of Occupational Health Psychology*, *18*(2), 230–240.
- ¹⁴⁰ Petrou, P., Bakker, A.B. & van den Heuvel, M. (2016). Weekly job crafting and leisure crafting: Implications for meaning-making and work engagement. *Journal of Occupational and Organizational Psychology*. doi:10.1111/joop.12160
- ¹⁴¹ Bipp, T. & Demerouti, E. (2015). Which employees craft their jobs and how? Basic dimensions of personality and employees' job crafting behaviour. *Journal of Occupational and Organizational Psychology* (2015), *88*, 631–655.

- ¹⁴² Daniels, K., Gedikli, C., Watson, D. et al. (2017). Job design, employment practices and wellbeing: A systematic review of intervention studies. *Ergonomics*. doi.org/10.1080/00140139.2017.1303085
- ¹⁴³ Sörenson, O.H. & Holman, D. (2014). A participative intervention to improve employee wellbeing in knowledge work jobs: A mixed-methods evaluation study. *Work and Stress: An International Journal of Work, Health and Organisations*. doi: 10.1080/02678373.2013.876124
- ¹⁴⁴ Warr, P.B. (2008). Work values: Some demographic and cultural correlates. *Journal of Occupational and Organisational Psychology*, 81(4), 751–775.
- ¹⁴⁵ Grant, A. & Parker, S. (2009). Redesigning work design theories: The rise of relational and proactive perspectives. *The Academy of Management Annals*, 3(1), 317–375.
- ¹⁴⁶ Kinman, G. & McDowall, A. (2016). Work-life balance, health and wellbeing in times of austerity. In S. Lewis and N. Payne (Eds.). *Work-life balance in the recession and beyond*. Abingdon: Routledge.
- ¹⁴⁷ Worrall, L. & Cooper, C.L. (2012). *The quality of working life 2012: Managers' wellbeing, motivation and productivity*. London: Chartered Management Institute.
- ¹⁴⁸ Green, F., Felstead, A., Gallie, D. & Inanc, H. (2016). Job-related wellbeing through the Great Recession. *Journal of Happiness Studies*, 17(1), 389–411. doi:10.1007/s10902-014-9600-x
- ¹⁴⁹ Ibid ¹⁴⁶
- ¹⁵⁰ Taylor, M. (2017). *Good work: The Taylor review of modern working practices*. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/626772/good-work-taylor-review-modern-working-practices.pdf
- ¹⁵¹ Ibid ¹⁵⁰
- ¹⁵² Aslam and Farrar v Über (2016). Employment Tribunal case number 2202550/2015.
- ¹⁵³ Ibid ¹⁵⁰
- ¹⁵⁴ Donaldson-Feilder, E. (2016). *A psychologically healthy workplace*. Telephone interview with A.Weinberg on 23 December.
- ¹⁵⁵ CIPD (2013). *Zero hours contracts*. Available at: <https://www.cipd.co.uk/knowledge/fundamentals/emp-law/terms-conditions/zero-hours-factsheet>
- ¹⁵⁶ Government of the United Kingdom (2016). *Contract types and employer responsibilities*. Available at: <https://www.gov.uk/contract-types-and-employer-responsibilities/zero-hour-contracts>
- ¹⁵⁷ CIPD (2013). *Zero hours contracts: understanding the law*. Available at: <https://www.cipd.co.uk/knowledge/fundamentals/emp-law/terms-conditions/zero-hours-guide>
- ¹⁵⁸ Ibid ¹⁵⁰
- ¹⁵⁹ Eurofound (2016). *Sixth European Working Conditions Survey – Overview report*. Luxembourg: Publications Office of the European Union.
- ¹⁶⁰ Eurofound (2016). *Sixth European Working Conditions Survey – Overview report*. Luxembourg: Publications Office of the European Union.
- ¹⁶¹ Eurofound (2013). *Self-employed or not self-employed? Working conditions of 'economically dependent workers' (Background paper)*, Dublin: Eurofound.
- ¹⁶² Office of National Statistics (2017). *Summary of labour market statistics. ONS*. Available at: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/summaryoflabourmarketstatistics>
- ¹⁶³ Butterworth, P., Leach, L.S., Strazdins, L. et al. (2013). The psychosocial quality of work determines whether employment has benefits for mental health: Results from a longitudinal national household panel survey. *Occupational and Environmental Medicine*, 68(11), 806–812.
- ¹⁶⁴ Leach, L.S., Butterworth, P., Strazdins, L. et al. (2010). The limitations of employment as a tool for social inclusion. *BMC Public Health*, 10(621).
- ¹⁶⁵ Ibid ¹⁶³
- ¹⁶⁶ Ibid ¹⁶³
- ¹⁶⁷ Ibid ¹⁶⁴
- ¹⁶⁸ Blundell, R., Crawford, C. & Jin, W. (2014). What can wages and employment tell us about the UK's productivity puzzle? *The Economic Journal*, 124(576) 377–407.
- ¹⁶⁹ Ibid ¹⁶⁸
- ¹⁷⁰ Laszlo K.D., Pikhart, H., Kopp et al. (2010). Job insecurity and health: A study of 16 European countries. *Social Science Medicine*, 70, 867–874.
- ¹⁷¹ Cooper, C.L. (2016). *A psychologically healthy workplace*. Interview with A.Weinberg on 12 December, Manchester.
- ¹⁷² Argyris, C. (1960). *Understanding organisational behaviour*. Illinois: Dorsey Press.

- ¹⁷³ Rousseau, D.M. (2003). Extending the psychology of the psychological contract: A reply to 'Putting psychology back into psychological contracts'. *Journal of Management Inquiry*, 12, 229.
- ¹⁷⁴ Turnley, W.H. & Feldman, D.C. (2000). Re-examining the effects of psychological contract violations: Unmet expectations and job dissatisfaction as mediators. *Journal of Organizational Behaviour*, 21, 1–25.
- ¹⁷⁵ Guest, D. (2017). Human resource management and employee wellbeing: Towards a new analytic framework. *Human Resource Management Journal*, 27(1), 22–38. doi: 10.1111/1748-8583.12139/
- ¹⁷⁶ Taylor, M. (2017). *Good work: The Taylor review of modern working practices*. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/626772/good-work-taylor-review-modern-working-practices.pdf
- ¹⁷⁷ Olsen K.M. & Dahl S.Å. (2010). Working time: Implications for sickness absence and the work–family balance. *International Journal of Social Welfare*, 19, 45–53.
- ¹⁷⁸ Ibid ¹⁷⁶
- ¹⁷⁹ De Moortel, D., Vandenheede, H. & Vanroelen, C. (2014). Contemporary employment arrangements and mental wellbeing in men and women across Europe: A cross-sectional study. *International Journal for Equity in Health*, 13(1), 90.
- ¹⁸⁰ Peterson, C. & Seligman, M.E.P. (1983). Learned helplessness and victimization. *Journal of Social Issues*, 39, 103–116.
- ¹⁸¹ Waters, L. (2007). Experiential differences between voluntary and involuntary job redundancy on depression, job-search activity, affective employee outcomes and re-employment quality. *Journal of Occupational and Organizational Psychology*, 80, 279–299.
- ¹⁸² Abramson, L., Seligman, M. & Teasdale, J. (1978). Learned helplessness in humans: Critique and reformulation. *Journal of Abnormal Psychology*, 87, 49–74.
- ¹⁸³ Hobfoll, S.E. (1989). Conservation of resources: A new attempt at conceptualizing stress. *American Psychologist*, 44(3), 513–524.
- ¹⁸⁴ Ibid ¹⁸³
- ¹⁸⁵ Probst, T.M., Stewart, S.M., Gruys, M.L. & Tierney, B.W. (2007). Productivity, counterproductivity and creativity: The ups and downs of job insecurity. *Journal of Occupational and Organizational Psychology*, 80, 479–497.
- ¹⁸⁶ Conway, N. & Coyle-Shapiro, J.A-M. (2012). The reciprocal relationship between psychological contract fulfilment and employee performance and the moderating role of perceived organizational support and tenure. *Journal of Occupational and Organizational Psychology*, 85, 277–299.
- ¹⁸⁷ Lazarus, R. & Folkman, S. (1984). *Stress, appraisal and coping*. New York: Springer Publications.
- ¹⁸⁸ Van der Elst, T., Richter, A., Sverke, M. et al. (2014). Threat of losing valued job features: The role of perceived control in mediating the effect of qualitative job insecurity on job strain and psychological withdrawal. *Work & Stress*, 28(2), 143–164.
- ¹⁸⁹ Taylor, M. (2017). *Good work: The Taylor review of modern working practices*. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/626772/good-work-taylor-review-modern-working-practices.pdf
- ¹⁹⁰ Jacobson, D. (1991). The conceptual approach to job insecurity. In J. Hartley, D. Jacobson, B. Klandermans & T. Van Vuuren (Eds.), *Job insecurity: Coping with jobs at risk* (pp.23–39). London: Sage.
- ¹⁹¹ Cheng, G.H.L. & Chan, D.K.S. (2008). Who suffers more from job insecurity? A meta-analytic review. *Applied Psychology: An International Review*, 57(2), 272–303.
- ¹⁹² Kinman, G. & McDowall, A. (2016). Work-life balance, health and wellbeing in times of austerity. In S. Lewis & N. Payne (Eds.), *Work-life balance in the recession and beyond*. Abingdon: Routledge.
- ¹⁹³ Hulin, C.L. (1991). Adaptation, persistence, and commitment in organizations. In M. Dunnette and L.M. Hough (Eds.), *Handbook of industrial and organizational psychology: Vol. 2* (2nd edn., pp.445–505). Palo Alto, CA: Consulting Psychologists Press.
- ¹⁹⁴ Weinberg, A. (2009). The relationship between the psychological contract and emotional labour at work and the implications for psychological wellbeing and organizational functioning. In A-S. Antoniou, C.L. Cooper, A. Chrousos et al. (Eds.), *Handbook of managerial behavior and occupational health* (pp.397–412). Cheltenham: Edward Elgar.
- ¹⁹⁵ Cheng, G.H.L. & Chan, D.K.S. (2008). Who suffers more from job insecurity? A meta-analytic review. *Applied Psychology: An International Review*, 57(2), 272–303.
- ¹⁹⁶ Van der Elst, T., Richter, A., Sverke, M. et al.(2014). Threat of losing valued job features: The role of perceived control in mediating the effect of qualitative job insecurity on job strain and psychological withdrawal. *Work & Stress*, 28(2), 143–164.
- ¹⁹⁷ De Witte, H., Pienaar, J. & De Cuyper, N. (2016). Review of 30 years of longitudinal studies on the association between job insecurity and health and wellbeing: Is there causal evidence? *Australian Psychologist* 51, 18–31.

- ¹⁹⁸ Marchand, A., Demers, A. & Durand, P. (2005). Do occupation and work conditions really matter? A longitudinal analysis of psychological distress experiences among Canadian workers. *Sociology of Health and Illness*, 27(5), 602–627.
- ¹⁹⁹ Burcell, B. (2011). A temporal comparison of the effects of unemployment and job insecurity on wellbeing. *Sociological Research online*. Available at: <http://www.socresonline.org.uk/16/1/9.html>
- ²⁰⁰ Laszlo K.D., Pikhart, H., Kopp, M.S. et al. (2010). Job insecurity and health: A study of 16 European countries. *Social Science Medicine*, 70, 867–874.
- ²⁰¹ Weinberg, A. & Cooper, C.L. (2012). *Stress in turbulent times*. UK: Palgrave MacMillan.
- ²⁰² Vahtera, J., Kivimaki, M., Pentti, J. et al. (2004). Organisational downsizing, sickness absence and mortality: 10-town prospective cohort study. *British Medical Journal*, 6 March, 328–555.
- ²⁰³ Ndlovu, N. & Parumasur, S.B. (2005). The perceived impact of downsizing and organizational transformation on survivors. *South African Journal of Industrial Psychology*, 31(2), 14–21.
- ²⁰⁴ Karasek, R.A. & Theorell, T. (1990). *Healthy work: Stress, productivity and the reconstruction of working life*. New York: Basic Books.
- ²⁰⁵ Worrall, L., Cooper, C.L., Kerrin, M. et al. (2016). *The quality of working life: Exploring managers' wellbeing, motivation and productivity*. Available at: <http://www.managers.org.uk/insights/research/current-research/2016/january/quality-of-working-life>
- ²⁰⁶ Ibid ²⁰⁵
- ²⁰⁷ Ibid ²⁰⁶
- ²⁰⁸ Royal College of Psychiatrists (2016). *Enabling environments award*. Available at: <http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/qualityandaccreditation/enablingenvironments.aspx>
- ²⁰⁹ CIPD/HSE (2009). *Line management behaviour guide*. Available from: <https://www.cipd.co.uk/knowledge/culture/wellbeing/line-management-behaviour-guide>
- ²¹⁰ Worrall, L., Cooper, C.L., Kerrin, M. et al. (2016). *The quality of working life: Exploring managers' wellbeing, motivation and productivity*. Available at: <http://www.managers.org.uk/insights/research/current-research/2016/january/quality-of-working-life>
- ²¹¹ Burns, J.M. (1978). *Leadership*. New York: Harper and Row.
- ²¹² Arnold, J., Randall, R., Patterson, F. et al. (2016). *Work psychology* (6th edn.). Harlow: Pearson.
- ²¹³ Ibid ²¹²
- ²¹⁴ Nielsen, K., Randall, R., Yarker, J. & Brenner, S-O (2008). The effects of transformational leadership on followers' perceived work characteristics and wellbeing: A longitudinal study. *Work and Stress*, 22, 16–32.
- ²¹⁵ Ibid ²¹⁴
- ²¹⁶ Rowold, J. & Heinitz, K. (2007). Transformational and charismatic leadership: Assessing the convergent, divergent and criterion validity of the MLQ and the CKS. *The Leadership Quarterly*, 18, 121–133.
- ²¹⁷ Tims, M., Bakker, A.B. & Xanthopoulou, D. (2011). Do transformational leaders enhance their followers' daily work engagement? *The Leadership Quarterly*, 22, 121–131.
- ²¹⁸ Wang, G., Os, I.-S., Courtright, S.H. & Colbert, A.F. (2011). Transformational leadership and performance across criteria and levels: A meta-analysis review of 25 years of research. *Group and Organizational Management*, 36, 223–270.
- ²¹⁹ Montano, D., Reeske, A., Franke, F. & Huffmeier, J. (2017). Leadership, followers' mental health and performance in organizations: A comprehensive meta-analysis from an occupational health perspective. *Journal of Organizational Behavior*, 38, 327–350. doi: 10.1002/job.2124
- ²²⁰ Worrall, L., Cooper, C.L., Kerrin, M. et al. (2016). *The quality of working life: Exploring managers' wellbeing, motivation and productivity*. Available at: <http://www.managers.org.uk/insights/research/current-research/2016/january/quality-of-working-life>
- ²²¹ De Tormes Eby, L.T. & Allen, T.D. (2012). *Personal relationships: The effect on employee attitudes, behaviour and wellbeing*. [Town?] Routledge.
- ²²² Gilbreath, B. & Benson, P.G. (2004). The contribution of supervisor behaviour to employee psychological wellbeing. *Work and Stress*, 18, 255–267.
- ²²³ Weinberg, A. & Creed, F. (2000). Sources of stress in the NHS workforce. *The Lancet*, 355, 533–537.
- ²²⁴ Graen, G.B. & Uhl-Bien, M. (1995). Relationship-based approach to leadership: Development and Leader-Member Exchange (LMX) theory of leadership over 25 Years: Applying a multi-level multi-domain perspective. *Leadership Quarterly*, 6, 219–247.
- ²²⁵ Daniels, K. (2016). *A psychologically healthy workplace*. Telephone interview with A.Weinberg on 11 November.
- ²²⁶ Donaldson-Feilder, E. (2016). *A psychologically healthy workplace*. Telephone interview with A.Weinberg on 23 December.

- 227 HSE (2008). *Management competencies for preventing and reducing stress at work: Identifying and developing the management behaviours necessary to implement the HSE Management Standards: Phase Two. Research Report 633*. Available at: <http://www.hse.gov.uk/research/rrhtm/rr633.htm>
- 228 CIPD/HSE (2009). *Line management behaviour guide*. Available from <https://www.cipd.co.uk/knowledge/culture/wellbeing/line-management-behaviour-guide>
- 229 Dollard, M.F. & Bakker, A.B. (2010). Psychosocial safety climate as a precursor to conducive work environments, psychological health problems, and employee engagement. *Journal of Occupational and Organizational Psychology*, 83, 579–599.
- 230 Bakker, A.B. & Demerouti, E. (2007). The Job Demands–Resources model: State of the art. *Journal of Managerial Psychology*, 22(3), 309–328.
- 231 Ibid ²²⁹
- 232 Christian, M.S., Garza, A.S. & Slaughter, J.E. (2011). Work engagement: A quantitative review and test of its relations with task and contextual performance. *Personnel Psychology*, 64, 89–136.
- 233 Ibid ²²⁹
- 234 Ibid ²²⁹
- 235 Weinberg, A. & Cooper, C. L. (2012). *Stress in turbulent times*. UK: Palgrave Macmillan.
- 236 De Haan, E., Duckworth, A., Birch, D. & Jones, C. (2013). Executive coaching outcomes research: The contribution of common factors such as relationship, personality match, and self-efficacy. *Consulting Psychology Journal: Practice and Research*, 65(1), 40.
- 237 Weinberg, A. (2016). The preventative impact of management coaching on psychological strain. *International Coaching Psychology Review*, 11(1), 93–105.
- 238 HSE (2017). *Inside HSE*. Available at: <http://www.hse.gov.uk/aboutus/insidehse.htm>
- 239 HSE (2004). *Management standards for work related stress*. Available at: <http://www.hse.gov.uk/stress/standards/>
- 240 Cousins, R., MacKay, C.J., Clarke, S.D. et al. (2004). 'Management standards' and work related stress in the UK: Practical development. *Work and Stress*, 18, 113–136.
- 241 HSE (2017). *What are the management standards?* Available at: <http://www.hse.gov.uk/stress/standards/index.htm>
- 242 Karasek, R.A. (1979). Job demands, job decision latitude and mental strain: Implications for job redesign. *Administrative Science Quarterly*, 24, 285–308.
- 243 Johnson, J.V. & Hall, E.M. (1988). Job strain, workplace social support and cardiovascular disease: A cross-sectional study of a random sample of the Swedish working population. *American Journal of Public Health*, 78, 1336–1342.
- 244 Derks, D., van Duin, D., Tims, M. & Bakker, A.B. (2015). Smartphone use and work–home interference: The moderating role of social norms and employee work engagement. *Journal of Occupational and Organizational Psychology*. doi: 10.1111/joop.12083
- 245 Taylor, M. (2017). *Good work: The Taylor review of modern working practices*. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/626772/good-work-taylor-review-modern-working-practices.pdf
- 246 Grant, A.M. (2003). The impact of life coaching on goal attainment, metacognition and mental health. *Social Behavior and Personality: An International Journal*, 31(3), 253–264.
- 247 Brookes, K., Limbert, C., Deacy, C. et al. (2013). Systematic review: Work-related stress and the HSE Management Standards. *Occupational Medicine*, 63(7), 463–472.
- 248 Ibid ²⁴⁷
- 249 HSE Workplace Health Expert Committee (2017). *Work-related stress and psychological health*. Available at: <http://webcommunities.hse.gov.uk/connect.ti/WHEC/grouphome>
- 250 Stansfeld, S.A., Kerry, S., Chandola, T. et al. (2015). Pilot study of a cluster randomised trial of a guided e-learning health promotion intervention for managers based on management standards for the improvement of employee wellbeing and reduction of sickness absence: GEM Study. *Occupational and environmental medicine BMJ Open* 5(10). Available at: <http://bmjopen.bmj.com/content/5/10/e007981>
- 251 Ibid ²⁵⁰
- 252 HSE Workplace Health Expert Committee (2017). *Work-related stress and psychological health*. Available at: <http://webcommunities.hse.gov.uk/connect.ti/WHEC/grouphome>
- 253 NICE (2009). Promoting mental wellbeing through productive and healthy working conditions: Guidance for employers. *Public health guidance* 22. London: NICE; 2009.
- 254 NICE (2015). *Workplace health: Management practices*. Available at: <https://www.nice.org.uk/guidance/ng13>
- 255 Black Report (2008). *Working for a healthier tomorrow*. Available at: www.workingforhealth.gov.uk/documents/working-for-a-healthier-tomorrow-tagged.pdf

- 256 Ibid²⁵³
- 257 Ibid²⁵⁴
- 258 Preece, R., Williams, S., Jones, S. et al. (2012). Measuring implementation of evidence-based guidance on promoting workers' health. *Occupational Medicine*, 62, 627–631.
- 259 Weinberg, A., Hudson, J., Pearson, A. & Chowdhury, S. (2017). Report on the uptake of NICE guidance on improving employees' wellbeing by UK organisations.
- 260 Ibid²⁵⁸
- 261 Ibid²⁵⁹
- 262 CIPD (2016). *Corporate responsibility: An introduction*. Available at: <https://www.cipd.co.uk/knowledge/strategy/corporate-responsibility/factsheet#789>
- 263 Preece, R., Williams, S., Jones, S. et al. (2012). Measuring implementation of evidence-based guidance on promoting workers' health. *Occupational Medicine*, 62, 627–631.
- 264 Weinberg, A., Hudson, J., Pearson, A. & Chowdhury, S. (2017). Report on the uptake of NICE guidance on improving employees' wellbeing by UK organisations.
- 265 Ibid²⁶⁴
- 266 Ibid²⁶⁴
- 267 Blake, H. & Gartshore, E. (2016). Workplace wellness using online learning tools in a healthcare setting. *Nursing Education in Practice*, 20, 70–75.
- 268 Picker Institute Europe (2015). *Understanding staff wellbeing, its impact on patient experience and healthcare quality*. Oxford: Picker Institute Oxford.
- 269 Cooper, C.L. (2016). *A psychologically healthy workplace*. Interview with A.Weinberg on 12 December, Manchester.
- 270 CIPD/HSE (2009). *Line management behaviour guide*. <https://www.cipd.co.uk/knowledge/culture/wellbeing/line-management-behaviour-guide>
- 271 Workplace Wellbeing Charter (2017). Available at: www.wellbeingcharter.org.uk/What-is-the-Charter.php
- 272 Nielsen, K. & Abildgaard, J.S. (2013). Organizational interventions: A research-based framework for the evaluation of both process and effects. *Work and Stress*, 27(3), 278–297.
- 273 Sörenson, O.H. & Holman, D. (2014). A participative intervention to improve employee wellbeing in knowledge work jobs: A mixed-methods evaluation study. *Work and Stress: An International Journal of Work, Health and Organisations*. doi: 10.1080/02678373.2013.876124
- 274 Michie, S., van Stralen, M.M. & West, R. (2011). The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Science*, 6, 42. doi: 10.1186/1748-5908-6-42
- 275 Ibid²⁷⁴
- 276 Sörenson, O.H. & Holman, D. (2014). A participative intervention to improve employee wellbeing in knowledge work jobs: A mixed-methods evaluation study. *Work and Stress: An International Journal of Work, Health and Organisations*. doi: 10.1080/02678373.2013.876124
- 277 Daniels, K., Gedikli, C., Watson, D. et al. (2017). Job design, employment practices and wellbeing: A systematic review of intervention studies. *Ergonomics*. doi.org/10.1080/00140139.2017.1303085
- 278 Nielsen, K. & Abildgaard, J.S. (2013). Organizational interventions: A research-based framework for the evaluation of both process and effects. *Work and Stress*, 27(3), 278–297.
- 279 NICE (2009). *Promoting mental wellbeing through productive and healthy working conditions: Guidance for employers*. Public health guidance 22. London: NICE.
- 280 NICE (2015). *Workplace health: Management practices*. Available at: <https://www.nice.org.uk/guidance/ng13>
- 281 United Kingdom Parliament (2010). *Equality Act 2010*. Retrieved 27 September 2017 from <http://www.legislation.gov.uk/ukpga/2010/15/introduction>
- 282 Bewley, H. & George, A. (2016). *Neurodiversity at work*. London: National Institute of Social and Economic Research.
- 283 Doyle, N., Cleaver, S. & Rossiter, C. (2016). *Access to work support for hidden disabilities*. Leicester: British Psychological Society.
- 284 DWP. (2015). *Access to work provider guidance for mental health*. Retrieved 9 February 2007, from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/515570/access-to-work-mental-health-support-service-provider-guidance.pdf
- 285 Melvill, D., Stevens, C. & Vaid, L. (2015). *Access to work cost benefit analysis*. London: Centre for Economic and Social Inclusion.
- 286 TUC (2011). *Disability and work* (Revised edn.). London: Trade Union Congress. Retrieved 20 September 2016 from <https://www.tuc.org.uk/sites/default/files/extras/disabilityandwork.pdf>
- 287 Weschler, D. (2008). *Weschler Adult Intelligence Scale version IV* Pearson. San Antonio: Psychological Corporation.

- 288 Grant, D. (2009). *Neurodiversity in Higher Education*. (D. Pollak, Ed.). Chichester, UK: Wiley-Blackwell.
- 289 McLoughlin, D. & Doyle, N. (2017). The psychological assessment of adults with specific performance difficulties at work. Leicester: British Psychological Society.
- 290 McLoughlin, D. & Leather, C. (2013). *The dyslexic adult*. Chichester: John Wiley and Sons.
- 291 Tyerman, A. & Meehan, M. (2004a). *Vocational assessment and rehabilitation after acquired brain injury*. London: Royal College of Physicians.
- 292 See glossary for an explanation of these different types of intelligence
- 293 Ibid ²⁸⁸
- 294 Ibid ²⁸⁹
- 295 Johnson, V.A., Greenwood, R. & Schriener, K. (1988). Work performance and work personality: Employer concerns about workers with disabilities. *Rehabilitation Counselling Bulletin*, 30, 50–57.
- 296 Pearson, V., Ip, F., Hui, H. et al. (2003). To tell or not to tell; Disability disclosure and job application outcomes. *Journal of Rehabilitation*, 69(4), 35–38.
- 297 Cook, J.A., Burke-Miller, J.K. & Grey, D. (2015). Reasons for job separations among people with psychiatric disabilities. *Mathematica Center for Studying Disability Policy*, 4.
- 298 Madaus, J.W. (2008). Employment self-disclosure rates and rationales of university graduates with learning disabilities. *Journal of Learning Disabilities*, 41(4), 291–9. doi: 10.1177/0022219407313805
- 299 Wilton, R.D. (2006). Disability disclosure in the workplace. *Just Labour*, 8, 24–39.
- 300 Fazel, S., Xenitidis, K. & Powell, J. (2008). The prevalence of intellectual disabilities among 12,000 prisoners – A systematic review. *International Journal of Law and Psychiatry*, 31(4), 369–373. doi: 10.1016/j.ijlp.2008.06.001
- 301 Halmøy, A., Fasmer, O.B., Gillberg, C. & Haavik, J. (2009). Occupational outcome in adult ADHD: Impact of symptom profile, comorbid psychiatric problems, and treatment: A cross-sectional study of 414 clinically diagnosed adult ADHD patients. *Journal of Attention Disorders*, 13(2), 175–187. doi: 10.1177/1087054708329777
- 302 Hechtman, L., Swanson, J.M., Sibley, M.H. et al. (2016). Functional adult outcomes 16 years after childhood diagnosis of attention deficit disorder: MTA results. *Journal of American Academic Child and Adolescent Psychiatry*, 55(11), 945–952.
- 303 Snowling, M.J., Adams, J.W., Bowyer-Crane, C. & Tobin, V. (2000). Levels of literacy among juvenile offenders: The incidence of specific reading difficulties. *Criminal Behaviour and Mental Health*, 10(4), 229–241. doi: 10.1002/cbm.362
- 304 Armstrong, T. (2010). *The power of neurodiversity*. Cambridge, MA: De Capo.
- 305 Melling, K., Beyer, S. & Kilsby, M. (2011). Supported employment for people with learning disabilities in the UK: the last 15 years. *Tizard Learning Disability Review*, 16(2), 23–32.
- 306 Hofmann, W., Schmeichel, B.J. & Baddeley, A.D. (2012). Executive functions and self-regulation. *Trends in Cognitive Sciences*, 16(3), 174–180. doi: 10.1016/j.tics.2012.01.006
- 307 Doyle, N. & Cleaver, S. (2015). *Collaborative research on dyslexia: Incidence, adjustments, and health outcomes*. In Division of Occupational Psychology Annual Conference. Nottingham.
- 308 Doyle, N. & McDowall, A. (2015). Is coaching an effective adjustments for adults with dyslexia? *Coaching: An International Journal of Theory and Practice*, 8(2).
- 309 Mcgee, M. (2012). Neurodiversity. *Contexts*, 11(3), 12–13. doi: 10.1177/1536504212456175
- 310 Armstrong, T. (2010). *The power of neurodiversity*. Cambridge, MA: De Capo.
- 311 Bewley, H. & George, A. (2016). *Neurodiversity at work*. London: National Institute of Social and Economic Research.
- 312 Grant, D. (2009). *Neurodiversity in Higher Education*. (D. Pollak, Ed.). Chichester, UK: Wiley-Blackwell.
- 313 Jurecic, A. (2017). *Neurodiversity*, 69(5), 421–442.
- 314 Kapp, S.K., Gillespie-Lynch, K., Sherman, L.E. & Hutman, T. (2012). Deficit, difference, or both? Autism and neurodiversity. *Developmental Psychology*. doi: 10.1037/a0028353
- 315 Ibid ³¹¹
- 316 Ibid ³¹⁰
- 317 Blank, L., Peters, J., Pickvance, S. et al. (2008). A systematic review of the factors which predict return to work for people suffering episodes of poor mental health. *Journal of Occupational Rehabilitation*, 18(1), 27–34. doi: 10.1007/s10926-008-
- 318 Boycott, N., Schneider, J. & Osborne, M. (2014). Creating a culture of employability in mental health. *Mental Health & Social Inclusion*, 18(1), 29–34. doi: 10.1108/MHSI-03-2014-0007
- 319 United Kingdom Parliament (2010). *Equality Act 2010*. Retrieved from <http://www.legislation.gov.uk/ukpga/2010/15/introduction>

- 320 Ibid ³¹¹
- 321 Doyle, N., Cleaver, S. & Rossiter, C. (2016). *Access to work support for hidden disabilities*. Leicester: British Psychological Society.
- 322 Gerber, P. J., Batalo, C.G. & Achola, E.O. (2012). Dyslexia and learning disabilities in Canada and the UK: The impact of its disability employment laws. *Dyslexia*, 18(3), 166–173. doi: 10.1002/dys.1441
- 323 Melvill, D., Stevens, C. & Vaid, L. (2015). *Access to work cost benefit analysis*. London: Centre for Economic and Social Inclusion.
- 324 Remploy. (2017). *Access to work for mental health*. Retrieved 9 February 2017 from http://www.remploy.co.uk/info/20137/partners_and_programmes/227/workplace_mental_health_support_service
- 325 Gifford, G. (2011). *Access to work: Official statistics*. Retrieved 7 July 2013 from <http://research.dwp.gov.uk/asd/workingage/atw/atw0711.pdf>
- 326 Doyle, N., Cleaver, S. & Rossiter, C. (2016). *Access to work support for hidden disabilities*. Leicester: British Psychological Society.
- 327 Bandura, A. (1986). *Social foundations of thought and action*. Englewood Cliffs NJ: Prentice Hall.
- 328 Achieve Ability. (2016). *Westminster Commission on dyslexia and neurodivergence*. Retrieved 2 February 2017, from <http://www.achievableability.org.uk/main/policy/new-commission-wac>
- 329 Kirby, A., Sugden, D., Beveridge, S. et al. (2008). Dyslexia and developmental co-ordination disorder in Higher Education – similarities and differences. Does the 'label' influence the support given? *Dyslexia*, 14, 197–218.
- 330 Robertson, M.M. (2006). Attention deficit hyperactivity disorder, tics and Tourette's syndrome: The relationship and treatment implications. A commentary. *European Child & Adolescent Psychiatry*, 15(1), 1–11. doi: 10.1007/s00787-006-0505-z
- 331 Doyle, N. & Cleaver, S. (2015). *Collaborative research on dyslexia: Incidence, adjustments, and health outcomes*. In Division of Occupational Psychology Annual Conference. Nottingham.
- 332 Butterworth, B., Varma, S. & Laurillard, D. (2011). Dyscalculia: From brain to education. *Science*, 332(6033), 1049–1053. doi: 10.1126/science.1201536
- 333 Rice, M. & Brooks, G. (2004). *Developmental dyslexia in adults: A research review*. Retrieved 20 September 2016 from <http://www.nrdc.org.uk>
- 334 Snowling, M.J. (2010). Dyslexia. In C.L. Cooper, J. Field, U. Goswami et al. (Eds.), *Mental capital and mental wellbeing* (pp.775–783). Oxford: Blackwell.
- 335 McLoughlin, D. & Leather, C. (2013). *The dyslexic adult*. Chichester: John Wiley and Sons.
- 336 Moody, S. (2010). Dyslexia in the workplace: An introductory guide (2nd edn, pp.3–11). doi: 10.1002/9780470669341.ch1
- 337 Doyle, N. & McDowall, A. (2015). Is coaching an effective adjustments for adults with dyslexia? *Coaching: An International Journal of Theory and Practice*, 8(2).
- 338 de Beer, J., Engels, J., Heerkens, Y. & van der Klink, J. (2014). Factors influencing work participation of adults with developmental dyslexia: a systematic review. *BMC Public Health*, 14, 1–77. doi: 10.1186/1471-2458-14-77
- 339 Baker, S. F. & Ireland, J. L. (2007). The link between dyslexic traits, executive functioning, impulsivity and social self-esteem among an offender and non-offender sample. *International Journal of Law and Psychiatry*, 30(6), 492–503. doi: 10.1016/j.ijlp.2007.09.010
- 340 Leather, C., Hogh, H., Seiss, E. & Everatt, J. (2011). Cognitive functioning and work success in adults with dyslexia. *Dyslexia*, 17(4), 327–338. doi: 10.1002/dys.441
- 341 Ibid ³³⁹
- 342 Snowling, M.J., Adams, J.W., Bowyer-Crane, C. & Tobin, V. (2000). Levels of literacy among juvenile offenders: The incidence of specific reading difficulties. *Criminal Behaviour and Mental Health*, 10(4), 229–241. doi: 10.1002/cbm.362
- 343 Logan, J. (2009). Dyslexic entrepreneurs: the incidence; their coping strategies and their business skills. *Dyslexia*, 15(4), 328–346.
- 344 Ibid ³⁴⁰
- 345 von Karolyi, C., Winner, E., Gray, W. & Sherman, G.F. (2003). Dyslexia linked to talent: Global visual-spatial ability. *Brain and Language*, 85(3), 427–431.
- 346 Eide, B. & Eide, F. (2011). *The dyslexic advantage*. New York, NY: Plume.
- 347 Kirby, A., Sugden, D., Beveridge, S. et al. (2008). Dyslexia and developmental co-ordination disorder in Higher Education – similarities and differences. Does the 'label' influence the support given? *Dyslexia*, 14, 197–218.
- 348 Kirby, A., Edwards, L. & Sugden, D. (2011). Emerging adulthood and developmental co-ordination disorder. *Journal of Adult Development*, 18(3), 107–113. doi: 10.1007/s10804-011-9123-1
- 349 Todd, R. (2011). *Working with dyspraxia: A hidden asset dyspraxia foundation guide for employers*. London: Dyspraxia Foundation.

- 350 Grant, D. (2009). *Neurodiversity in Higher Education*. (D. Pollak, Ed.). Chichester, UK: Wiley-Blackwell.
- 351 Losse, A., Henderson, S. E., Elliman, D. et al. (1991). Clumsiness in children – do they grow out of it? A 10-year follow-up study. *Developmental Medicine and Child Neurology*, *33*(1), 55–68. doi: 10.1111/j.1469-8749.1991.tb14785.x
- 352 Ibid ³⁵⁰
- 353 Doyle, N. & Cleaver, S. (2015). *Collaborative research on Dyslexia: Incidence, adjustments, and health outcomes*. In Division of Occupational Psychology Annual Conference. Nottingham.
- 354 de Beer, J., Engels, J., Heerkens, Y. & van der Klink, J. (2014). Factors influencing work participation of adults with developmental dyslexia: A systematic review. *BMC Public Health*, *14*, 1–77. doi: 10.1186/1471-2458-14-77
- 355 Gerber, P.J. (2012). The impact of learning disabilities on adulthood: A review of the evidenced-based literature for research and practice in adult education. *Journal of Learning Disabilities*, *45*(1), 31–46. doi: 10.1177/0022219411426858
- 356 Kirby, A., Edwards, L. & Sugden, D. (2011). Emerging adulthood and developmental co-ordination disorder. *Journal of adult development*, *18*(3), 107–113. doi: 10.1007/s10804-011-9123-1
- 357 Rice, M. & Brooks, G. (2004). Developmental dyslexia in adults: A research review. Retrieved 20 September 2016 from <http://www.nrdc.org.uk>
- 358 Ibid ³⁵⁰
- 359 McLoughlin, D. & Doyle, N. (2013). *The psychological assessment of adults with specific performance difficulties at work*. Leicester: British Psychological Society.
- 360 Moody, S. (2010). *Dyslexia in the workplace: An introductory guide* (2nd edn., 3–11). doi: 10.1002/9780470669341.ch1
- 361 Melvill, D., Stevens, C. & Vaid, L. (2015). *Access to work cost benefit analysis*. London: Centre for Economic and Social Inclusion.
- 362 CIPD (2007). *Annual Report*. Retrieved 20 September 2016 from <https://www2.cipd.co.uk/NR/rdonlyres/746F1183-3941-4E6A-9EF6-135C29AE22C9/0/recruitmentsurv07.pdf>
- 363 Snowling, M.J. (2010). *Dyslexia*. In C.L. Cooper, J. Field, U. Goswami et al. (Eds.), *Mental capital and mental wellbeing* (pp.775–783). Oxford: Blackwell.
- 364 Baker, S.F. & Ireland, J.L. (2007). The link between dyslexic traits, executive functioning, impulsivity and social self-esteem among an offender and non-offender sample. *International Journal of Law and Psychiatry*, *30*(6), 492–503. doi: 10.1016/j.ijlp.2007.09.010
- 365 Snowling, M.J., Adams, J.W., Bowyer-Crane, C. & Tobin, V. (2000). Levels of literacy among juvenile offenders: The incidence of specific reading difficulties. *Criminal Behaviour and Mental Health*, *10*(4), 229–241. doi: 10.1002/cbm.362
- 366 Halmøy, A., Fasmer, O. B., Gillberg, C. & Haavik, J. (2009). Occupational outcome in adult ADHD: Impact of symptom profile, comorbid psychiatric problems, and treatment: A cross-sectional study of 414 clinically diagnosed adult ADHD patients. *Journal of Attention Disorders*, *13*(2), 175–187. doi: 10.1177/1087054708329777
- 367 Palmer, E. & Stern, J. (2015). Employment in Tourette syndrome. *Journal of Neurology, Neurosurgery & Psychiatry*, *86*(9), e3.36–e3. doi: 10.1136/jnnp-2015-311750.41
- 368 NAS. (2016). *The autism employment gap: Too much information in the workplace*. London: The National Autistic Society. Retrieved 20 September 2016 from <http://www.autism.org.uk/about/what-is/myths-facts-stats.aspx>
- 369 Ibid ³⁶⁷
- 370 Lounds-Taylor, J., McPheeters, M.L., Sathe, N. et al. (2012). A systematic review of vocational interventions for young adults with autism spectrum disorders. *Pediatrics*, *130*(3), 531–538. doi: 10.1542/peds.2012-0682
- 371 Adamou, M., Arif, M., Asherson, P. et al. (2013). Occupational issues of adults with ADHD. *BMC Psychiatry*, *13*, 59. doi: 10.1186/1471-244X-13-59
- 372 Ibid ³⁶⁶
- 373 Weston, L., Hodgekins, J. & Langdon, P. E. (2016). Effectiveness of cognitive behavioural therapy with people who have autistic spectrum disorders: A systematic review and meta-analysis. *Clinical Psychology Review*, *49*, 41–54. doi: 10.1016/j.cpr.2016.08.001
- 374 Adamou, M., Arif, M., Asherson, P. et al. (2013). Occupational issues of adults with ADHD. *BMC Psychiatry*, *13*, 59. doi: 10.1186/1471-244X-13-59
- 375 Prevatt, F. & Yelland, S. (2013). An empirical evaluation of ADHD coaching in college students. *Journal of Attention Disorders*, 1–12. doi: 10.1177/1087054713480036
- 376 Kessler, R.C., Lane, M., Stang, P.E. & van Brunt, D.L. (2009). The prevalence and workplace costs of adult attention deficit hyperactivity disorder in a large manufacturing firm. *Psychological Medicine*, *39*(2009), 137–147. doi:10.1017/S0033291708003309
- 377 Halmøy, A., Fasmer, O.B., Gillberg, C. & Haavik, J. (2009). Occupational outcome in adult ADHD: Impact of symptom profile, comorbid psychiatric problems, and treatment: A cross-sectional study of 414 clinically diagnosed adult ADHD patients. *Journal of Attention Disorders*, *13*(2), 175–187. doi: 10.1177/1087054708329777

- ³⁷⁸ Coetze, G. & Gibbison, G. (2013). Mediating influence of time management on the relationship between adult attention deficit disorder and the operational effectiveness of project managers. *Journal of Management Development*, 35(8), 970–984. doi: 10.1108/MRR-09-2015-0216
- ³⁷⁹ White, H.A. & Shah, P. (2006). Uninhibited imaginations: Creativity in adults with Attention-Deficit/Hyperactivity Disorder. *Personality and Individual Differences*, 40(6), 1121–1131. doi: 10.1016/j.paid.2005.11.007
- ³⁸⁰ Grant, D. (2009). *Neurodiversity in Higher Education*. (D. Pollak, Ed.). Chichester, UK: Wiley-Blackwell.
- ³⁸¹ Armstrong, T. (2010). *The power of neurodiversity*. Cambridge, MA: De Capo.
- ³⁸² Wehman, P., Brooke, V., Brooke, A.M. et al. (2016). Employment for adults with autism spectrum disorders: A retrospective review of a customized employment approach. *Research in Developmental Disabilities*, 53–54, 61–72. doi: 10.1016/j.ridd.2016.01.015
- ³⁸³ Ibid ³⁷⁹
- ³⁸⁴ Howlin, P., Alcock, J. & Burkin, C. (2005). An 8-year follow-up of a specialist supported employment service for high-ability adults with autism or Asperger syndrome. *Autism: The International Journal of Research and Practice*, 9(5), 533–549. doi: 10.1177/1362361305057871
- ³⁸⁵ Katz, N., Dejak, I. & Gal, E. (2015). Work performance evaluation and QoL of adults with High Functioning Autism Spectrum Disorders (HFASD). *Work – A Journal of Prevention Assessment & Rehabilitation*, 51(4), 887–892. doi: 10.3233/WOR-152001
- ³⁸⁶ Ibid ³⁸²
- ³⁸⁷ Meilleur, A.A.S., Jelenic, P. & Mottron, L. (2015). Prevalence of clinically and empirically defined talents and strengths in autism. *Journal of Autism and Developmental Disorders*, 45(5), 1354–1367. doi: 10.1007/s10803-014-2296-2
- ³⁸⁸ Ibid ³⁸¹
- ³⁸⁹ Robertson, M.M. (2006). Attention deficit hyperactivity disorder, tics and Tourette's syndrome: the relationship and treatment implications. A commentary. *European Child & Adolescent Psychiatry*, 15(1), 1–11. doi: 10.1007/s00787-006-0505-z
- ³⁹⁰ Shady, G. & Broder, R. (1995). Tourette syndrome and employment: Descriptors, predictors, and problems. *Psychiatric Rehabilitation Journal*, 19(1). Retrieved 20 September 2016 from <http://0-search.ebscohost.com.wam.city.ac.uk/login.aspx?direct=true&db=mdc&AN=EPTOC9511032272&site=ehost-live>
- ³⁹¹ Ibid ³⁸⁹
- ³⁹² Averno, D., Jakubec, S.L., Thomas, R. & Link, A. (2012). Working With uniqueness: Optimizing vocational strengths for people with tourette syndrome and co-morbidities. *Procedia – Social and Behavioral Sciences*, 47(2000), 1426–1435. doi: 10.1016/j.sbspro.2012.06.837
- ³⁹³ Dye, C. (2016). A verbal strength in children with Tourette syndrome? Evidence from a non-word repetition task. *Brain and Language*, 160, 61.
- ³⁹⁴ Ibid ³⁸⁴
- ³⁹⁵ Jacob, A., Scott, M., Falkmer, M. & Falkmer, T. (2015). The costs and benefits of employing an adult with autism spectrum disorder: A systematic review. *PLoS ONE*, 10(10), 1–16. doi: 10.1371/journal.pone.0139896
- ³⁹⁶ Matza, L.S., Paramore, C. & Prasad, M. (2005). A review of the economic burden of ADHD. *Cost Effectiveness and Resource Allocation: C/E*, 3, 5. doi: 10.1186/1478-7547-3-5
- ³⁹⁷ Ibid ³⁸⁹
- ³⁹⁸ Department for Work and Pensions (2014). Head for success: In-depth for claimants with a mental health or neuro diversity condition. <https://data.gov.uk/data/contacts-finder-archive/contact/1375686/>
- ³⁹⁹ HSE (2016). *Work related stress, anxiety and depression statistics in Great Britain 2016*. Retrieved 6 March 2017, from <http://www.hse.gov.uk/statistics/causdis/stress/>
- ⁴⁰⁰ Tims, P. (2014). Schizophrenia key facts. Retrieved 9 February 2017 from <http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/schizophreniakeyfacts.aspx>
- ⁴⁰¹ Rinaldi, M., Miller, L. & Perkins, R. (2010). Implementing the individual placement and support (IPS) approach for people with mental health conditions in England. *International Review of Psychiatry (Abingdon, England)*, 22(2), 163–72. doi: 10.3109/09540261003720456
- ⁴⁰² Sapani, J. (2015). Recommendations for a 'Recovery' orientated apprenticeships scheme in mental health: a literature review. *The Journal of Mental Health Training, Education and Practice*, 10(3), 180–188.
- ⁴⁰³ Ibid ⁴⁰¹
- ⁴⁰⁴ Ibid ⁴⁰⁰
- ⁴⁰⁵ Ibid ⁴⁰¹
- ⁴⁰⁶ Kyaga, S., Landén, M., Boman, M. et al. (2013). Mental illness, suicide and creativity: 40-year prospective total population study. *Journal of Psychiatric Research*, 47(1), 83–90.

- 407 Power, R. A., Steinberg, S., Bjornsdottir, G. et al. (2015). Polygenic risk scores for schizophrenia and bipolar disorder predict creativity. *Nature Neuroscience*, 18(7), 953–955. doi: 10.1038/nn.4040
- 408 Armstrong, T. (2010). *The power of neurodiversity*. Cambridge, MA: De Capo.
- 409 Boycott, N., Schneider, J. & Osborne, M. (2014). Creating a culture of employability in mental health. *Mental Health & Social Inclusion*, 18(1), 29–34 6p. doi: 10.1108/MHSI-03-2014-0007
- 410 Knapp, M., Patel, A., Curran, C. et al. (2013). Supported employment: Cost-effectiveness across six European sites. *World Psychiatry*, 12(1), 60–68. doi: 10.1002/wps.20017
- 411 Heslin, M., Howard, L., Leese, M. et al. (2011). Randomized controlled trial of supported employment in England: 2 year follow-up of the Supported Work and Needs (SWAN) study. *World Psychiatry: Official Journal of the World Psychiatric Association (WPA)*, 10(2), 132–7. doi: 10.1002/j.2051-5545.2011.tb00035.x
- 412 Ibid ⁴⁰⁹
- 413 Mcdaid, D., Knapp, M., Medeiros, H. & MHEEN Group (2007). Employment and mental health: Assessing the economic impact and the case for intervention. London: MHEEN Network.
- 414 DWP (2015). Access to work provider guidance for mental health. Retrieved 9 February 2007 from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/515570/access-to-work-mental-health-support-service-provider-guidance.pdf
- 415 Melvill, D., Stevens, C. & Vaid, L. (2015). *Access to work cost benefit analysis*. London: Centre for Economic and Social Inclusion.
- 416 Corbière, M., Villotti, P., Lecomte, T. et al. (2014). Work accommodations and natural supports for maintaining employment. *Psychiatric Rehabilitation Journal*, 37(2), 90–8. doi: 10.1037/prj0000033
- 417 Remploy. (2017). *Access to work for mental health*. Retrieved 9 February 2017 from http://www.remploy.co.uk/info/20137/partners_and_programmes/227/workplace_mental_health_support_service
- 418 Tyerman, A. & Meehan, M. (2004a). *Vocational assessment and rehabilitation after acquired brain injury*. London: Royal College of Physicians.
- 419 Mackenzie, I.S., Morant, S. V., Bloomfield, G.A. et al. (2014). Incidence and prevalence of multiple sclerosis in the UK 1990–2010: A descriptive study in the General Practice Research Database. *Journal of Neurology, Neurosurgery, and Psychiatry*, 85(1), 76–84. doi: 10.1136/jnnp-2013-305450
- 420 Parkinson's UK (2009). *Parkinson's prevalence in the United Kingdom*. London: Parkinson's UK.
- 421 NHS (2015). *Chronic fatigue syndrome*. Retrieved 9 February 2017 from <http://www.nhs.uk/conditions/Chronic-fatigue-syndrome/Pages/Introduction.aspx>
- 422 Thornton, A.E. & Raz, N. (1997). Memory impairment in multiple sclerosis: A quantitative review. *Neuropsychology*, 11(3), 357–366. doi: 10.1037/0894-4105.11.3.357
- 423 Tyerman, A. (2012). Vocational rehabilitation after traumatic brain injury: Models and services. *NeuroRehabilitation*, 31(1), 51–62. doi: 10.3233/NRE-2012-0774
- 424 Donker-Cools, B.H.P.M., Daams, J.G., Wind, H. & Frings-Dresen, M.H.W. (2015). Effective return-to-work interventions after acquired brain injury: A systematic review. *Brain Injury*, 9052(December), 1–19. doi: 10.3109/02699052.2015.1090014
- 425 Sweetland, J., Howse, E. & Playford, E.D. (2012). A systematic review of research undertaken in vocational rehabilitation for people with multiple sclerosis. *Disability and Rehabilitation*, 34(24), 2031–8. doi: 10.3109/09638288.2012.669019
- 426 Tyerman, A. & Meehan, M. (2004b). *Vocational assessment and rehabilitation after acquired brain injury: Inter-agency guidelines*. Retrieved from <http://books.google.co.uk/books?id=mevepd06yeQC>
- 427 Playford, E.D., Radford, K., Burton, C. et al. (2011). *Mapping vocational rehabilitation services for people with long term neurological conditions: Summary report (March 2011)*, 1–40. Retrieved 20 September 2016 from [http://www.ltnc.org.uk/Research pages/mapping_vocational_rehab.html](http://www.ltnc.org.uk/Research_pages/mapping_vocational_rehab.html)
- 428 Ibid ⁴²⁵
- 429 Ibid ⁴²²
- 430 Mcdaid, D., Knapp, M., Medeiros, H. & MHEEN Group. (2007). Employment and mental health: Assessing the economic impact and the case for intervention. MHEEN Network: London.
- 431 DWP. (2016b). *Work choice*. Retrieved 9 February 2017 from <https://www.gov.uk/work-choice/overview>
- 432 Melvill, D., Stevens, C. & Vaid, L. (2015). *Access to work cost benefit analysis*. London: Centre for Economic and Social Inclusion.
- 433 CIPD (2007). *Annual report*. Retrieved 20 September 2016 from <https://www2.cipd.co.uk/NR/rdonlyres/746F1183-3941-4E6A-9EF6-135C29AE22C9/0/recruitmentsurv07.pdf>
- 434 Bandura, A. (1986). *Social foundations of thought and action*. Englewood Cliffs NJ: Prentice Hall.
- 435 Swanson, S. J., Courtney, C.T., Meyer, R.H. & Reeder, S.A. (2014). Strategies for integrated employment and mental health services. *Psychiatric Rehabilitation Journal*, 37(2), 86–9. doi: 10.1037/prj0000049

- ⁴³⁶ Doyle, N. & McDowall, A. (2015). Is coaching an effective adjustments for adults with dyslexia? *Coaching: An International Journal of Theory and Practice*, 8(2).
- ⁴³⁷ Corbière, M., Villotti, P., Lecomte, T. et al. (2014). Work accommodations and natural supports for maintaining employment. *Psychiatric Rehabilitation Journal*, 37(2), 90–8. doi: 10.1037/prj0000033
- ⁴³⁸ Doyle, N. & Cleaver, S. (2015). *Collaborative research on dyslexia: Incidence, adjustments, and health outcomes*. In Division of Occupational Psychology Annual Conference. Nottingham.
- ⁴³⁹ Averbs, D., Jakubec, S.L., Thomas, R. & Link, A. (2012). Working With uniqueness: Optimizing vocational strengths for people with tourette syndrome and co-morbidities. *Procedia – Social and Behavioral Sciences*, 47(2000), 1426–1435. doi: 10.1016/j.sbspro.2012.06.837
- ⁴⁴⁰ Bewley, H. & George, A. (2016). *Neurodiversity at work*. London: National Institute of Social and Economic Research.
- ⁴⁴¹ Todd, R. (2011). Working with dyspraxia: a hidden asset dyspraxia foundation guide for employers. London: Dyspraxia Foundation.
- ⁴⁴² Tyerman, A. & Meehan, M. (2004b). Vocational assessment and rehabilitation after acquired brain injury: Inter-agency guidelines. Retrieved 20 September 2016 from <http://books.google.co.uk/books?id=mevepd06yeQC>
- ⁴⁴³ Doyle, N., Cleaver, S. & Rossiter, C. (2016). *Access to work support for hidden disabilities*. Leicester: British Psychological Society.
- ⁴⁴⁴ Ibid ⁴⁴²
- ⁴⁴⁵ Mcdaid, D., Knapp, M., Medeiros, H. & MHEEN Group. (2007). *Employment and mental health: Assessing the economic impact and the case for intervention*. London: MHEEN Network.
- ⁴⁴⁶ Tajfel, H. & Turner, J.C. (1986) The social identity theory of intergroup behaviour. In S. Worchel & W.G. Austin (Eds.), *Psychology of intergroup relations* (2nd edn., pp.7–24). Chicago: Nelson-Hall.
- ⁴⁴⁷ Holliday, G.A, Koller, J.R. & Thomas, C.D. (1999). Post-high school outcomes of high IQ adults with learning disabilities. *Journal for the Education of the Gifted*, 22(3), 266–281.
- ⁴⁴⁸ Painter, C.A & Welles, T. (2008). *Career beliefs and job satisfaction in adults with symptoms of attention-deficit/hyperactivity disorder*, 45(December), 178–189
- ⁴⁴⁹ McGonagle, A.K., Beatty, J.E. & Joffe, R. (2014). Coaching for workers with chronic illness: Evaluating an intervention. *Journal of Occupational Health Psychology*, 19(3), 385–98. doi: 10.1037/a0036601
- ⁴⁵⁰ Tyerman, A. (2012). *Vocational rehabilitation after traumatic brain injury: Models and services*. *NeuroRehabilitation*, 31(1), 51–62. doi: 10.3233/NRE-2012-0774
- ⁴⁵¹ Mcdaid, D., Knapp, M., Medeiros, H. & MHEEN Group. (2007). *Employment and mental health: Assessing the economic impact and the case for intervention*. London: MHEEN Network.
- ⁴⁵² Logan, J. (2009). Dyslexic entrepreneurs: the incidence; their coping strategies and their business skills. *Dyslexia*, 15(4), 328–346.
- ⁴⁵³ Erbentraut, J. (2015). How these 4 major companies are tackling the autism unemployment rate. *Huffington Post*. Retrieved 5 July 2015 from http://www.huffingtonpost.com/2015/05/07/autism-employment_n_7216310.html
- ⁴⁵⁴ Philipson, A. (2014). GCHQ employs more than 100 dyslexic and dyspraxic spies. *The Telegraph*. Retrieved from <http://www.telegraph.co.uk/education/educationnews/11111584/GCHQ-employs-more-than-100-dyslexic-and-dyspraxic-spies.html>
- ⁴⁵⁵ Wollaston, S. (2016). Employable me review: Moving telly that destigmatises disability – and made me laugh. *The Guardian*. Retrieved 24 March 2016 from <https://www.theguardian.com/tv-and-radio/2016/mar/24/employable-me-review-moving-telly-that-destigmatises-disability-and-made-me-laugh>
- ⁴⁵⁶ Matza, L.S., Paramore, C. & Prasad, M. (2005). A review of the economic burden of ADHD. *Cost Effectiveness and Resource Allocation: C/E*, 3, 5. doi: 10.1186/1478-7547-3-5
- ⁴⁵⁷ Mcdaid, D., Knapp, M., Medeiros, H. & MHEEN Group. (2007). *Employment and mental health: Assessing the economic impact and the case for intervention*. London: MHEEN Network.
- ⁴⁵⁸ Lounds-Taylor, J., McPheeters, M. L., Sathe, N.A. et al.(2012). A systematic review of vocational interventions for young adults with autism spectrum disorders. *Pediatrics*, 130(3), 531–538. doi: 10.1542/peds.2012-0682
- ⁴⁵⁹ Doyle, N. & McDowall, A. (2015). Is coaching an effective adjustments for adults with dyslexia? *Coaching: An International Journal of Theory and Practice*, 8(2).
- ⁴⁶⁰ McGonagle, A.K., Beatty, J.E. & Joffe, R. (2014). Coaching for workers with chronic illness: Evaluating an intervention. *Journal of Occupational Health Psychology*, 19(3), 385–98. doi: 10.1037/a0036601
- ⁴⁶¹ Remploy (2017). Access to work for mental health. Retrieved 9 February 2017 from http://www.remploy.co.uk/info/20137/partners_and_programmes/227/workplace_mental_health_support_service
- ⁴⁶² DWP (2016a). *Work, health and disability: improving lives*. Retrieved 24 February 2017 from <https://www.gov.uk/government/consultations/work-health-and-disability-improving-lives>

- 463 Wilton, R.D. (2006). Disability disclosure in the workplace. *Just Labour*, 8, 24–39.
- 464 Office of National Statistics (2017). *Summary of labour market statistics*. ONS. Available at: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/summaryoflabourmarketstatistics>
- 465 Black Report (2008). *Working for a healthier tomorrow*. Available at: www.workingforhealth.gov.uk/documents/working-for-a-healthier-tomorrow-tagged.pdf
- 466 Department of Work and Pensions (2008). *No one written off: Reforming welfare to reward responsibility*. Available at: <https://www.gov.uk/government/publications/department-for-work-and-public-consultation-july-2008>
- 467 Rowntree Foundation (2015). Annual report: Monitoring poverty and social exclusion. <https://www.jrf.org.uk/mpse-2015>
- 468 Tinson, A. (2015). *The rise of sanctioning in Great Britain*. New Policy Institute.
- 469 Ibid ⁴⁶⁶
- 470 Department of Work and Pensions and Department of Health (2016). *Work, health and disability: Improving lives*. Available at: <https://consultations.dh.gov.uk/workandhealth/consult/>
- 471 Cameron, D. (2016). *PM: Improve mental health treatment to get thousands more back to work*. Press release from Prime Minister's Office, 15 February. Available at: <https://www.gov.uk/government/news/pm-improve-mental-health-treatment-to-get-thousands-more-back-to-work>
- 472 Rinaldi, M., Miller, L. & Perkins, R. (2010). Implementing the individual placement and support (IPS) approach for people with mental health conditions in England. *International Review of Psychiatry*, 22(2), 163–72.
- 473 Sapani, J. (2015). Recommendations for a 'recovery' orientated apprenticeships scheme in mental health: A literature review. *The Journal of Mental Health Training, Education and Practice*, 10(3), 180–188.
- 474 NHS England (2016). Mental health taskforce. Available at: <https://www.england.nhs.uk/mental-health/taskforce/>
- 475 Department of Work and Pensions and Department of Health (2016). *Work, health and disability: Improving lives*. Available at: <https://consultations.dh.gov.uk/workandhealth/consult/>
- 476 Green, D. (2016). Speech to Conservative Party conference, Birmingham.
- 477 Ibid ⁴⁷⁴
- 478 Ibid ⁴⁷³ p.7
- 479 Green, D. (2016). Speech to Conservative Party conference, Birmingham.
- 480 McGregor, D. (1960). *The human side of enterprise*. New York: McGraw-Hill.
- 481 Department of Work and Pensions and Department of Health (2016). *Work, health and disability: Improving lives*. Available at: <https://consultations.dh.gov.uk/workandhealth/consult/>
- 482 Ibid, p.48
- 483 Paul, K.I. and Moser, K. (2009). Unemployment impairs mental health: Meta-analyses. *Journal of Vocational Behavior*, 74, 264–282.
- 484 Dragano, N., Siegrist, J. & Wahrendorf, M. (2011). Welfare regimes, labour policies and unhealthy psychosocial working conditions: A comparative study with 9917 older employees from 12 European countries. *Journal of Epidemiology and Community Health*, 65, 793–799.
- 485 Leach, L.S., Butterworth, P., Strazdins, L. et al. (2010). The limitations of employment as a tool for social inclusion. *BMC Public Health*, 10(621).
- 486 Butterworth, P., Leach, L.S., Strazdins, L. et al. (2013). The psychosocial quality of work determines whether employment has benefits for mental health: Results from a longitudinal national household panel survey. *Occupational and Environmental Medicine*, 68(11), 806–812.
- 487 Taylor, M. (2017). *Good work: The Taylor review of modern working practices*. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/626772/good-work-taylor-review-modern-working-practices.pdf
- 488 Engel, G.L. (1977). The need for a new medical model: A challenge for biomedicine. *Science*, 196, 129–136.
- 489 Marks, D.F. (2002). *The health psychology reader*. London: Sage.
- 490 Department of Work and Pensions and Department of Health (2016). *Work, health and disability: Improving lives*. Available at: <https://consultations.dh.gov.uk/workandhealth/consult/>
- 491 Arnold, J., Randall, R., Patterson, F. et al. (2016). *Work Psychology* (6th edn.). Harlow: Pearson.
- 492 McGregor, D. (1960). *The human side of enterprise*. New York: McGraw-Hill.
- 493 Ibid ⁴⁸⁸
- 494 Arnold, J., Randall, R., Patterson, F. et al. (2016). *Work Psychology* (6th edn., p.268) Harlow: Pearson.
- 495 Kagan, C. (2016). *Supporting people into appropriate work*. Telephone interview with A.Weinberg on 12 December.
- 496 Peterson, C. & Seligman, M.E.P. (1983). Learned helplessness and victimization. *Journal of Social Issues*, 39, 103–116.
- 497 Duncan Smith, I. (2016). *PM: Improve mental health treatment to get thousands more back to work*. Press release from Prime Minister's Office, 15 February. Available at: <https://www.gov.uk/government/news/pm-improve-mental-health-treatment-to-get-thousands-more-back-to-work>

- ⁴⁹⁸ Adams, J.S. (1965). Inequity in social exchange. In L. Berkowitz (Ed.), *Advances in experimental social psychology*, Vol. 2. New York: Academic Press.
- ⁴⁹⁹ Huseman, R.C., Hatfield, J.D. & Miles, E.W. (1987). A new perspective on equity theory: The equity sensitivity construct. *Academy of Management Review*, 12, 222–234.
- ⁵⁰⁰ Greenberg, J. & Colquitt, J.A. (Eds.) (2013). *Handbook of organisational justice*. New York: Psychology Press.
- ⁵⁰¹ Marmot, M. (2010). Fair society: Healthy lives. Available at: <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>
- ⁵⁰² Ceolta-Smith, J., Salway, S. & Tod, A.M. (2015). A review of health-related support provision within the UK work programme – what's on the menu? *Social Policy and Administration*, 49(2), 254–276.
- ⁵⁰³ Work Foundation (2016). *Is welfare to work, working well?* Lancaster University.
- ⁵⁰⁴ National Audit Office (2016). *Benefit sanctions*. Available at: <https://www.nao.org.uk/report/benefit-sanctions/>
- ⁵⁰⁵ Crisp, R. & Fletcher, D. (2008). *A comparative review of workfare programmes in the United States, Canada and Australia, Research report 533*. London: Department of Work and Pensions,
- ⁵⁰⁶ Kagan, C. (2016). *Supporting people into appropriate work*. Telephone interview with A.Weinberg on 12 December.
- ⁵⁰⁷ Ibid ⁵⁰⁴
- ⁵⁰⁸ Department of Work and Pensions and Department of Health (2016). *Work, health and disability: Improving lives*. Available at: <https://consultations.dh.gov.uk/workandhealth/consult/>, p.31
- ⁵⁰⁹ Modini, M., Tan, L., Brinchmann B., et al. (2016). Supported employment for people with severe mental illness: Systematic review and meta-analysis of the international evidence. *British Journal of Psychiatry*, 209(1), 14–22.
- ⁵¹⁰ Pennycook, M. & Whittaker, M. (2012). *Conditions uncertain: Assessing the implications of Universal Credit in-work conditionality*. London: Resolution Foundation.
- ⁵¹¹ Work Foundation (2016). *Is welfare to work, working well?* Lancaster University.
- ⁵¹² BPS-Savoy Partnership (2016). *New Savoy Partnership charter and results*. Available at: <http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-leadership-and-management-faculty/news/new-savoy-partnership-charter-and-survey-results>
- ⁵¹³ Friedli, L. & Stearn, R. (2015). Positive affect as coercive strategy: Conditionality, activation and the role of psychology in UK government workfare programmes. *Medical Humanities*, 41, 40–47.
- ⁵¹⁴ Barr, B., Taylor-Robinson, D., Stuckler, D. et al. (2015). 'First do no harm': Are disability assessments associated with adverse trends in mental health? A longitudinal ecological study. *Journal of Epidemiology and Community Health*, 70(4), 339–345.
- ⁵¹⁵ Select Committee on Work and Pensions (2014). *Employment and support allowance and work capability assessments. HC 302*. London: The Stationery Office Ltd.
- ⁵¹⁶ Litchfield Review (Department for Work and Pensions) (2013). *An independent review of the Work Capability Assessment – year four*. Available at: <https://www.gov.uk/government/publications/work-capability-assessment-independent-review-year-4>
- ⁵¹⁷ BPS (2016). Work capability assessment reform: Call to action. Briefing paper. Available at www.bps.org.uk. p2–3. Available from <https://beta.bps.org.uk/sites/beta.bps.org.uk/files/Policy%20-%20Files/WCA%20Reform%20Briefing%20Paper.pdf>
- ⁵¹⁸ Ibid ⁵¹⁴ p.2
- ⁵¹⁹ Ibid ⁵¹³ p.36
- ⁵²⁰ Select Committee on Work and Pensions (2014). *Employment and support allowance and work capability assessments. HC 302*. London: The Stationery Office Ltd.
- ⁵²¹ Litchfield Review (Department for Work and Pensions) (2014). *An independent review of the Work Capability Assessment – year five*. Available at: <https://www.gov.uk/government/publications/work-capability-assessment-independent-review-year-5>. p.80.
- ⁵²² Ibid. ⁵¹⁷
- ⁵²³ Ibid. ⁵¹⁹
- ⁵²⁴ Pennycook, M. & Whittaker, M. (2012). *Conditions uncertain: Assessing the implications of Universal Credit in-work conditionality*. London: Resolution Foundation.
- ⁵²⁵ BPS-Savoy Partnership (2016). *New Savoy Partnership charter and results*. Available at: <http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-leadership-and-management-faculty/news/new-savoy-partnership-charter-and-survey-results>
- ⁵²⁶ Gollwitzer, P. M. & Oettingen, G. (2016). Planning promotes goal striving. In K.D. Vohs & R.F. Baumeister (eds.), *Handbook of self-regulation: Research, theory, and applications*, (3rd edn., pp.223–244). New York: Guilford.
- ⁵²⁷ Oettingen, G. (2012). Future thought and behaviour change. *European Review of Social Psychology*, 23, 1–63.

- 528 Fritzsche, A., Schlier, B., Oettingen, G. & Lincoln, T.M. (2016). Medical contrasting with implementation intentions increases goal-attainment in individuals with mild to moderate depression. *Cognitive Therapy and Research*, 40, 557–564.
- 529 Department of Work and Pensions and Department of Health (2016). *Work, health and disability: Improving lives*. Available at: <https://consultations.dh.gov.uk/workandhealth/consult/>, p.31
- 530 Kagan, C. (2016). *Supporting people into appropriate work*. Telephone interview with A.Weinberg on 12 December.
- 531 Select Committee on Work and Pensions (2014). Employment and support allowance and work capability assessments. HC 302. p.4. London: The Stationery Office Ltd.
- 532 Department of Work and Pensions and Department of Health (2016). *Work, health and disability: Improving lives*. Available at: <https://consultations.dh.gov.uk/workandhealth/consult/>
- 533 Ibid ⁵²⁹ p.29
- 534 NICE (2015). *Workplace health: Management practices*. Available at: <https://www.nice.org.uk/guidance/ng13>
- 535 Department of Work and Pensions and Department of Health (2016). *Work, health and disability: Improving lives*. Available at: <https://consultations.dh.gov.uk/workandhealth/consult/>
- 536 Ibid ⁵³² p.27
- 537 Kok, G. (2014). Introduction to the Special Section: The effectiveness of fear appeals in health promotion. *International Journal of Psychology*, 49(2), 61–62.
- 538 Brown, S.L. & Whiting, D. (2014). The ethics of distress: Toward a framework for determining the ethical acceptability of distressing mental health promotion advertising. *International Journal of Psychology*, 49(2), 89–97. p.89.
- 539 Ibid. ⁵¹⁷
- 540 Barr, B., Taylor-Robinson, D., Stuckler, D. et al. (2015) 'First do no harm': Are disability assessments associated with adverse trends in mental health? A longitudinal ecological study. *Journal of Epidemiology and Community Health*, 70(4), 339–345. p.339.
- 541 National Audit Office (2016). *Benefit sanctions*. Available at: <https://www.nao.org.uk/report/benefit-sanctions/>
- 542 Ibid ⁵³⁸
- 543 Friedli, L. & Stearn, R. (2015). Positive affect as coercive strategy: Conditionality, activation and the role of psychology in UK government workfare programmes. *Medical Humanities*, 41, 40–47.
- 544 Ibid, p.40
- 545 Beck, U. (2000). *The brave new world of work*. Cambridge: Cambridge University Press.
- 546 Friedli, L. & Stearn, R. (2015). Positive affect as coercive strategy: Conditionality, activation and the role of psychology in UK government workfare programmes. *Medical Humanities*, 41, 40–47.
- 547 Work Foundation (2016). *Is welfare to work, working well?* Lancaster University.
- 548 Crisp, R. & Fletcher, D. (2008). *A comparative review of workfare programmes in the United States, Canada and Australia, Research report 533*. London: Department of Work and Pensions,
- 549 Ibid ⁵⁴⁵
- 550 Ibid ⁵⁴⁴
- 551 Ibid ⁵⁴⁵
- 552 Ibid. ⁵¹⁷
- 553 Friedli, L. & Stearn, R. (2015). Positive affect as coercive strategy: Conditionality, activation and the role of psychology in UK government workfare programmes. *Medical Humanities*, 41, 40–47. p.45
- 554 Garbers, Y. & Konradt, U. (2014). The effect of financial incentives on performance: A quantitative review of individual and team-based financial incentives. *Journal of Occupational and Organizational Psychology*, 87, 102–137.
- 555 Semmer, N.K., Tschann, F., Meier, L.L. et al. (2010). Illegitimate tasks and counterproductive work behaviour. *Journal of Applied Psychology*, 95(1), 70–96.
- 556 Grant, A.M. (2003). The impact of life coaching on goal attainment, metacognition and mental health. *Social Behavior and Personality: An International Journal*, 31(3), 253–264. p.254.
- 557 Wong, J.Y. (2015). The Psychology of Encouragement: Theory, Research and Application. *The Counselling Psychologist*, 43(2), 178–216. p.191.
- 558 Ibid ⁵⁵⁴ p.194
- 559 Doyle, N. & Cleaver, S. (2014). *Disability symposium practice paper*. Presentation at the British Psychological Society, Division of Occupational Psychology Annual Conference.
- 560 Doyle, N. & Cleaver, S. (2015). *Collaborative research on dyslexia: Incidence, adjustment and health outcomes*. Presentation at the British Psychological Society, Division of Occupational Psychology Annual Conference.

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