SCANDINAVIAN JOURNAL OF DISABILITY RESEARCH
Established by the Nordic Network on Disability Research

Learning the Principle of Zero Exclusion. Managers Challenging the Logic of Professionalism in Services for People with Psychosocial Disabilities

RESEARCH

LINE FOSSUM SKOGSTAD

ABSTRACT

Individuals with psychosocial disabilities face substantial barriers that hinder their equal participation in working life, such as discrimination and lack of self-determination. A method developed to increase work integration and self-determination for persons experiencing mental illness is Individual Placement and Support (IPS), which embraces the *zero-exclusion* principle. This entails that service users themselves should decide when they want to engage in work (re-)integration and that professionals should not, based on their professional assessments, exclude anyone. The study reveals that managers in healthcare and employment services experience practitioners' adherence to a professionalism logic, which hinders self-determination because professionals make pre-assessments to determine who is job ready. However, managers made use of the zero-exclusion principle to promote self-determination and challenge the dominant professionalism logic. Additionally, findings indicate that managers observed a gradual shift in perceptions about job readiness and referrals to IPS over time as practitioners gained experience with the zero-exclusion principle.

CORRESPONDING AUTHOR:
Line Fossum Skogstad
Oslo Metropolitan University, Norway
linefoss@oslomet.no

KEYWORDS:
self-determination; psychosocial disabilities; professionalism; medical model; relational model; Individual Placement and Support

TO CITE THIS ARTICLE:
Skogstad, Line Fossum. 2023. "Learning the Principle of Zero Exclusion. Managers Challenging the Logic of Professionalism in Services for People with Psychosocial Disabilities." *Scandinavian Journal of Disability Research* 25(1): 431–444. DOI: https://doi.org/10.16993/sjdr.1008

INTRODUCTION

Individuals with disabilities are disproportionately underrepresented in the labour force, frequently encountering stigma and discrimination (Meekosha and Dowse 2007; Rüsch, Angermeyer & Corrigan 2005; Stafford et al. 2019; Suomi, Schofield & Butterworth 2022). The disability and human rights movements have actively worked to reduce discrimination and enhance self-determination to achieve equal participation for people with disabilities (Campbell & Rose 2011; McLean 2010). Self-determination pertains to the ability to autonomously decide on the type of treatment or follow-up, and to the right and possibility of individuals to control their lives and make their own decisions (Skarstad 2018; United Nations 2006; Wehmeyer 2004). In addition to the opportunity to participate in meaningful work or activities, expressing one's needs has been recognised as crucial for experiencing autonomy and enhancing the overall quality of life (Borg & Kristiansen 2004). However, when it comes to employment and work (re-)integration, decisions have too often been made on behalf of individuals with disabilities, without sufficiently considering the persons' own perspectives (Wehmeyer 2004).

Mental health conditions can be defined as 'psychosocial disabilities' when someone with a mental health condition 'interacts with a social environment that presents barriers to their equality with others' (NSW Health 2023). A significant number of people with mental health conditions encounter unemployment despite their expressed interest in working (Bond & Drake 2014; McQuilken et al. 2003). Nevertheless, many individuals with psychosocial disabilities can work when they find the right job and receive support if needed, and when their desire to work is acknowledged (Borg et al. 2013; Christensen et al. 2021). Thus, a key political objective in Western countries is to increase the participation of individuals with psychosocial disabilities in work and community life (Suomi, Schofield & Butterworth 2022). Moreover, employment has increasingly been highlighted as a health-promoting factor and has become more significant in mental health care, along with greater user involvement and self-determination (WHO 2021).

One way to address work (re-)integration for people with disabilities and increase self-determination is to develop and implement Supported Employment programmes (Gustafsson, Peralta & Danermark 2018; Hardonk & Halldórsdóttir 2021). Individual Placement and Support (IPS) is one such programme. It aims to facilitate the integration of individuals with severe mental illness into regular employment (Nygren, Markström & Bernspång 2016). IPS promotes the right of service users to decide for themselves when they want to engage in work (re-) integration measures, known as the *zero-exclusion* principle. Zero exclusion provides that 'any person who wants to work should have access to IPS services' (Becker et al. 2015: 68) with no eligibility criteria or job readiness screening and no requirement for rehabilitation before referral to the service. According to this principle, the decision regarding when the individual should find a job lies with the service user themselves and not with the professional, and the aim is to transfer this decision-making authority from professionals to individuals. This is because an individual's interest in working has shown to be a more significant predictor of success than assessments of job readiness conducted by professionals (Becker et al. 2015: 68). Despite the political goal of prioritising opportunities over limitations, it has proven challenging to effectively achieve this, as shown in IPS implementation studies (e.g., Bonfils 2021; Sharek et al. 2022). This is supported by research on welfare frontline workers, who were found to maintain a 'deficit approach'. Despite their efforts to shift their mindset towards emphasising possibilities, workers still tended to concentrate on individual limitations (Lundberg 2023).

This study explores how healthcare and employment organisation managers experience the implementation of the zero-exclusion principle, primarily focusing on two aspects: 1) the challenges managers face during implementation, and 2) how psychosocial disabilities and job readiness are understood and how managers view the zero-exclusion principle as a means to alter these understandings. Within the context of disability research, the zero-exclusion principle represents a highly relevant case to study, because it is based on the notion that professionals can constitute environmental barriers that impede certain individuals' access to employment or employment-related interventions. This aligns with an 'environmental turn' (Tøssebro 2004), which involves an added emphasis on how the environment can engender disabilities or barriers that hinder individuals with disabilities from attaining enhanced quality of life and well-being. While the medical model views disability in terms of individual impairments and the social model understands disability as social exclusion (Shakespeare 2017), the environmental turn

DOI: 10.16993/sjdr.1008

encompasses ways of understanding disability 'in-between' these perspectives by emphasising that disability emerges *in the interaction* between the individual and the environment (Tøssebro 2004).

An example of an interactional perspective is the relational model, which has gained support in the Nordic countries (Jackson 2018; Lid 2013). It theorises disability as a person-environment mismatch which arises in specific situations. In this article, the relational model serves as a foundation for how disability is understood. The model is relevant for elucidating two primary objectives of IPS and the zero-exclusion principle: First, the principle seeks to avoid perceived barriers to participation in employment-related measures arising from professionals deeming individuals 'not job ready' due to mental health conditions and consequently neglecting to ask about their interest in working. Second, IPS aims to gradually reshape perceptions of job readiness by demonstrating that mental health conditions do not hinder employment participation if the right job and support are identified (i.e., by adjusting the environment). Hence, zero exclusion aligns with the relational model as the principle operates on the premise that mental health issues do not inherently constitute disabilities but can develop as such through interactions with the environment. According to IPS, barriers to employment participation can be reduced by modifying the relationship between impairments and the environment.

In this article, the term 'people with disabilities' is used over 'disabled people'. The identity-first term 'disabled people' has been argued to better reflect the significance of the environment in constituting disability while acknowledging that impairments are not 'negative' in their nature (Østerud 2022; Vivanti 2020). Nevertheless, the usage of the person-first term 'people with disabilities' underscores that disability is merely one aspect and not the sole defining characteristic of an individual. This was a point of significant emphasis for the interviewees in the current study. In addition, it mirrors the language used in IPS practices and research (e.g., Moe et al. 2023; Sharek et al. 2022) and the UN Convention on the Rights of Persons with Disabilities (CRPD) (United Nations 2006). Therefore, the person-first term 'people with psychosocial disabilities' is used throughout this article, while still relying on a relational model acknowledging that the environment plays a role in how disability is constituted.

PREVIOUS RESEARCH AND THEORETICAL PERSPECTIVE

Research has identified various structural and social barriers to achieving equal work integration for individuals with disabilities. These barriers include employers' capacity for inclusion and accommodation (Vornholt et al. 2018) as well as practices and mindsets within the support system (Hardonk & Halldórsdóttir 2021; Vornholt et al. 2018). Studies have indicated that despite the efforts of professionals within the welfare state to emphasise resources and opportunities, there has been a persistent focus on what individuals cannot do because of impairments. This 'deficit approach', often associated with a medical view on disability, has continued to influence the decisions made by professionals in their interactions with individuals with disabilities (Håvold, Harsløf & Andreassen 2018; Lundberg 2023; Møller & Stone 2013). Additionally, research has shown that healthcare professionals worry that work could cause harmful stress for persons with psychosocial disabilities and that they generally prioritise treatment before work is considered, even when service users express a desire to work (Andersen, Nielsen & Brinkmann 2012; Andreassen & Solvang 2021; Bonfils 2020). Moreover, practitioners have been observed to assess job readiness based on the service user's health situation and exhibit limited confidence in their job readiness and ability to work (Andersen, Nielsen & Brinkmann 2012; Hasson, Andersson & Bejerholm 2011; Marwaha, Balachandra & Johnson 2008).

While a significant number of studies have looked at how employers and professionals perceive and support labour market participation for people with disabilities (e.g., Gustafsson, Peralta & Danermark 2018; Hardonk & Halldórsdóttir 2021; Meekosha & Dowse 2007) there has been limited research on the stage where candidates for employment-related interventions are identified, selected and referred. Welfare state professionals are gatekeepers who control access to resources (Meekosha & Dowse 2007) and decide 'who gets what, when and how' (Molander, Grimen & Eriksen 2012: 214), such as job support measures. The referral stage represents an overlooked area in disability research that is important to illuminate, as previous studies have indicated that attitudes among professional practitioners can influence who

DOI: 10.16993/sjdr.1008

is deemed 'job-ready' and thus who is offered employment-related support (Andreassen & Solvang 2021; Knaeps et al. 2015).

The current article explores managers' experienced challenges of fulfilling the zero-exclusion principle and how the principle is used to promote a shift in how professionals perceive the job readiness of people with mental health conditions, and who is viewed as the most capable of deciding when employment measures should start. It draws on a logic approach (Freidson 2001) to explore how managers experience the IPS method – which suggests increased self-determination – as adhering to or disrupting the logic that otherwise guides practitioners in their service delivery. According to Freidson (2001),

> professionalism may be said to exist when an organized occupation gains the power to determine who is qualified to perform a defined set of tasks, to prevent all others from performing that work, and to control the criteria by which to evaluate performance. (12)

Furthermore, professionalism hinges on the exercise of discretion, drawing from formal knowledge, autonomy, and being entrusted to make ethical and moral judgments (Freidson 2001). By employing the logic approach, examining the implementation of the zero-exclusion principle can shed light on the interactions between professionals and service users and what it is that guides and influences decision-making in these interactions and how prevailing professional practices may hinder or support the realisation of efforts to reduce discrimination. Logics thus provide a framework to analyse the tensions faced by managers in promoting the zero-exclusion principle.

METHODS AND CONTEXT

RESEARCH SETTING

Individual Placement and Support (IPS) was developed in the US to integrate employment as part of mental health treatment. Since then it has shown promising results in randomised controlled trials across different settings (Modini et al. 2016). However, its implementation into routine practice has been difficult due to the method's complexity and its potential to disrupt established organisational practices and mindsets (e.g., Bonfils et al. 2017; Moe et al. 2023). Despite implementation challenges, IPS has become a favoured and highly prioritised work inclusion model by both practitioners and policymakers in Norway (Holmås, Monstad & Reme 2021; Moe et al. 2023). The significant progress made to implement IPS as a routine practice in Norway can thus be seen as a *critical case* (Flyvbjerg 2006: 229–231), that can offer insights into the shared challenges faced in other contexts. The difficulties encountered in Norway are likely to be relevant and applicable to similar efforts in other countries.

In the Norwegian context, IPS is implemented as a cross-sectoral collaboration between mental healthcare organisations and employment services (The Labour and Welfare Administration – Nav) (Moe et al. 2023). The term 'IPS programme' refers to the IPS collaboration between healthcare and employment services and includes professional groups of employment specialists, healthcare professionals, and employment service caseworkers. Participants are mostly referred by healthcare professionals who identify candidates among the organisations' service users, but service users may also refer themselves (Becker et al. 2015). The zero-exclusion principle mandates that practitioners should refrain from assessing whether the service user is ready for work and instead enable individuals to make their own decisions by providing everyone with sufficient information about job support and work possibilities.

IPS programmes are based in specialised healthcare in hospitals or outpatient clinics, serving individuals with a broad range of mental health conditions and support needs, spanning from conditions like schizophrenia, bipolar affective disorder, and substance abuse to anxiety and depression. Access to IPS largely depends on the target group of the healthcare services where it is implemented. IPS functions as job support alongside healthcare treatment, with the sole eligibility requirements being the receipt of such treatment and a desire for employment. Otherwise, there should be no exclusion. The healthcare professionals involved may vary based on the service's organisational structure, encompassing psychiatrists, psychologists, psychiatric nurses, and clinical social workers.

In IPS, the employment specialist helps individuals secure competitive jobs on the open labour market as rapidly as possible and provides on-the-job support, distinguishing it from pre-vocational training programmes. In Norway, employment specialists are mainly hired by the employment services and collaborate with healthcare services, by participating in treatment meetings and sharing office space with healthcare professionals (Moe et al. 2023). Employment specialists and employment service caseworkers have diverse educational and professional backgrounds, for example, social work, social sciences, health care, or business. They are responsible for raising awareness among healthcare professionals and caseworkers about the potential benefits of employment for individuals with psychosocial disabilities (Bond 2004). In Norway, caseworkers typically refer service users to work-related interventions, but in IPS this responsibility is assigned to healthcare professionals. Caseworkers and employment specialists can, however, promote work and suggest IPS when the healthcare professional has not yet considered it (Swanson & Becker 2013). This approach distributes the responsibility of identifying IPS candidates among practitioners, with healthcare professionals primarily serving as gatekeepers due to their initial interactions with service users during treatment sessions.

METHODOLOGICAL APPROACH

In this study 14 semi-structured interviews were conducted with top or mid-level managers who had decision-making authority in implementing IPS in Norwegian healthcare and employment services. Interviews were chosen to capture individual experiences and perceptions (Brinkmann & Kvale 2015). The interviews primarily focused on IPS implementation in general, exploring both the possibilities and challenges, as well as the managers' experiences of implementing this method in their organisational settings. Informants were selected for their involvement in the organisational implementation of IPS, specifically as managers with decision-making authority. This enabled them to justify the adoption of IPS and identify the targeted organisational structures for change. All participants had introduced IPS to restructure practices in their respective organisations in various ways. They shared similar professional backgrounds with frontline workers and most had prior frontline work experience.

Among the informants, six were top managers from local employment service agencies, responsible for deciding whether to implement IPS in their organisations. Their knowledge of IPS varied based on agency size and organisation, with three having basic knowledge and three possessing profound knowledge as IPS coordinators or long-term implementers. Additionally, eight interviews were conducted with healthcare managers, four from specialised mental health care and four from municipal services. These mid-level managers oversaw departments or teams where IPS was being implemented. Two managers were closely involved in frontline service delivery through regular practitioner meetings, while the remaining six had decision-making authority on IPS-related matters.

Six of the managers had extensive experience with IPS implementation, defined here as a period exceeding five years. IPS was introduced in Norway in 2012 and expanded in 2017. These insights provided perspectives on the IPS implementation's developmental trajectory and potential organisational changes. Conversely, managers who had recently adopted IPS and were currently in the initial implementation phase provided reflections on their experiences during this stage.

The study received approval from the Norwegian data protection authorities, and informed consent was obtained from all participants. To ensure confidentiality, the informants and IPS programmes are anonymised in the data presentation. Cited informants are described based on their role and sectoral affiliation, preventing identification by others familiar with the Norwegian IPS context. Interviews were conducted, recorded, and transcribed in Norwegian. Quotes were then translated into English by the author and adjusted for readability.

ANALYTICAL APPROACH

The analysis followed an approach inspired by Thematic Analysis (Braun & Clarke 2021) to identify patterns across the data based on the themes emphasised by the informants. After reading through the interviews, I conducted an initial round of coding related to the empirical material. I developed categories like 'justifications for implementation' and 'implementation challenges.' It seemed like implementing the zero-exclusion principle posed significant

challenges by challenging professional practices and attitudes about job readiness. However, the principle itself also provided a rationale for adopting IPS. This tension played a crucial role in understanding the implementation challenges and the managers' motivation for change. Codes related to the zero-exclusion principle were then organised into thematic groups based on their content, such as 'IPS target groups,' 'job readiness assessments,' and 'professional knowledge'.

As the managers frequently mentioned practitioners relying on professional knowledge and experience when assessing job readiness, I introduced the concept of professionalism logic (Freidson 2001) as an analytical category. Subsequently, I conducted another round of coding, specifically focusing on identifying the factors that the managers and practitioners relied on when assessing who they believed were job-ready or suitable for IPS. During this phase, I categorised the statements related to zero exclusion that could be interpreted as reflecting professionalism logic and ultimately identified three different ways in which this was manifested in the data. Using Braun and Clarke's terminology, this process can be referred to as 'refining, defining, and naming themes' (Braun & Clarke 2021: 35–36). The themes I ended up with provided the structure of the analysis as presented below.

FINDINGS

The findings are presented in two sections, aligning with the article's objectives and the identified analytical categories. First, the three main tensions managers faced during implementation are presented: the continued presence of a deficit-oriented approach among professionals, divergent views on who is most qualified to assess job readiness, and the persistent view of healthcare professionals as trusted experts. Then follows a presentation of how managers believe zero exclusion can promote changes in how psychosocial disabilities and job readiness is understood.

TENSIONS BETWEEN ZERO EXCLUSION AND THE LOGIC OF PROFESSIONALISM

The first tension that managers experienced was related to the difficulty of implementing zero exclusion because the professionals working in the services held beliefs about certain service users being too ill to work, reflecting a deficit approach. This became visible through the way the managers described the target group for their IPS program. The findings indicated that certain individuals or groups, such as those with psychosis disorders, were perceived as being too ill to work or as requiring more resources from the professionals:

> We don't include those with complex psychosis-related disorders now because we know that there are a lot of things to work with at the same time in these cases, and it will be very resource-consuming. We don't intend to exclude these individuals at all, but we are in an establishment phase, and we need to make it a bit easier on ourselves just now until we are up and running. (Manager, healthcare service)

Such assessments also applied to drug abuse issues. The quote below indicates that this manager considers individuals with drug abuse problems to be 'further away from work' than others:

> There must be a chance that work is possible. Those who are far away from work are not part of this [IPS]. And there must be hope for you to function in a job to some degree. So, [concerning IPS] we have focused on psychiatry [diagnoses] and not drug abuse. (Manager, employment service)

In the mentioned quotes, professionalism logic is visible in two aspects. Initially, managers believed that certain service users with specific diagnoses might have lower chances of successful employment, resulting in hesitation to refer them for IPS. Also, they signalled a belief that employment prospects could be predicted based on professional knowledge about the characteristics of certain diagnoses. This is in line with a medical understanding of disability.

Besides this particular case, which was a recently established service, managers in the study did not openly exclude individuals based on their diagnosis. More often they expressed concerns about practitioners occasionally applying exclusion criteria on a case-by-case basis. The

manager of a well-established service mentioned that they had changed the referral procedure to avoid systematic exclusion of certain diagnostic groups but argued that '(...) it doesn't mean that we eliminate exclusion from a therapist's mind' (Manager, healthcare service).

The managers who mentioned this concern found it challenging to estimate the frequency of such assessments as they occurred 'in the therapist's mind'. However, they noticed disparities among professionals in terms of how often they referred individuals to IPS. The managers believed that these differences were more likely attributed to variations in how practitioners assessed job readiness rather than actual discrepancies among the service users assigned to different professionals, turning attention to the role of the interaction between professionals and service users. They attempted to address the issue by discussing it with the professionals to gain insight into the situation:

> We [the IPS project leader and employment specialists] have wondered why some therapists refer many people. And then some therapists don't refer anyone. We try to find out if this is random or if they are assessed differently. (Manager, employment service)

According to the manager, it appeared that the practice was starting to change to some extent, although there was still a perceived need for improvement:

> It [the variation in assessments] has improved, I must add. But I think that there are people today who are not offered it [IPS] because the therapist thinks they are too sick. That is why we must have visible brochures in all waiting rooms and posters so that they [the service users] can have the opportunity to refer themselves. (Manager, employment service)

This manager observed an increase in therapists referring service users and being more open to the idea that people experiencing mental health conditions could work despite health impairments. However, the manager was concerned that certain practitioners' preconceptions might hinder service users from receiving information about IPS. To address this, brochures were made visible in waiting rooms, to ensure service users had an equal opportunity to explore job support programmes, regardless of whether therapists mentioned it or not.

Another tension arose from healthcare professionals' role as trusted experts. Managers aimed to enhance IPS credibility among these professionals and achieve a consensus on the potential health benefits of employment. Concerns were raised about whether the attitudes of healthcare professionals, acting as gatekeepers, aligned with promoting job participation. For instance, a manager from an employment service pointed out the challenge of motivating service users to pursue work when a doctor or psychologist advised against it:

> We [who work in employment services] can't tell someone that they can work if the doctor says they can't. Physicians and healthcare personnel have a high status. Service users often say: 'but my psychologist says... or my doctor says that I should be on sick leave for a while longer... or that my symptoms will worsen if you put pressure on me.' (Manager, employment service)

This statement suggests that service users saw healthcare professionals as authorities on their health needs, which could hinder employment services from promoting work as an opportunity. One manager specifically noted the difficulty of convincing the more experienced therapists to believe that the decision of when a service user is ready for work should be determined by the individual themselves:

> They [the experienced therapists] have worked for many years, and they stick to the methods they believe work best. I think it's somewhat important to challenge them on what the users' needs are and what the users' perspective is in this – simply, we shift the focus from ourselves to those we are here to help. (Manager, healthcare service)

This reflects how the professionalism logic that practitioners were guided by, might be more prominent among experienced staff members. The quote implies that they needed to be convinced to refrain from assessing job readiness and instead let the users make that decision, as the zero-exclusion principle suggests. The manager cited above aimed to shift the focus

from the professional opinions and judgments of healthcare workers – to service users with their own perspectives on what they need to improve their life situation.

LEARNING THE PRINCIPLE OF ZERO EXCLUSION

The managers in this study largely embraced the zero-exclusion principle and justified their adoption of IPS by emphasising the value they placed on creating opportunities for individuals to pursue employment if they desired to do so. One of them explained as follows:

> On my part, this is very much about attitudes. Believing that everyone can do something when given the right support. (Manager, employment service)

Managers from both employment and healthcare services justified IPS adoption to create an inclusive environment where everyone had the chance to try their hand at work. This is in line with a relational understanding, emphasising that mental health condition is not a disability per se, but depends on the situation. One manager argued that in the past, an emphasis on illness and limitations had influenced the interactions and support provided to this group within the healthcare system:

> The group of people with more severe mental disorders have over many years been characterised by a great deal of illness thinking and limitations. They have suffered a lot from that medicalisation mindset that psychiatric services often represent. (Manager, healthcare service)

The quote suggests that the manager believed there had been (and still was) an excessive focus on individual limitations within the psychiatric services, that service users had suffered from it, and that the manager disagreed with such a mindset.

Accordingly, IPS was perceived by managers as a tool to challenge and overcome what can look like a deficit approach within the organisations:

> IPS provides us with a very supportive tool so that we can succeed with a group that, in many cases, I think, would have been less prioritised or simply given up on in Nav – not all of them, but some, where we would think that this person is too ill or the ability to work is too low. It [IPS] helps us to prioritise the group that we must absolutely prioritise. (Manager, employment service)

In the quote, the manager highlights the impact of attitudes within the employment service agency on the perception of certain service users' job readiness and the subsequent priority given to them. This statement reflects the manager's aspiration to adopt a different prioritisation approach and acknowledges the role of IPS as a supportive tool for driving this change. By implementing IPS, the manager aimed to challenge previous assumptions that certain individuals are unable to work and to create a shift in the organisation's approach to provide opportunities for those who were previously overlooked. The changes the managers aimed to implement were also related to a greater emphasis on asking the service users themselves about their preferences, rather than solely relying on professional assessments:

> Now we ask service users what they need. We didn't do that 20 years ago. Back then, it was the chief physician at the hospital who decided what you needed if you were mentally ill. Today, we ask the patient, 'What do you want us to do for you to help you recover?' and the answer is often housing and a job. (Manager, healthcare service)

This can reflect a departure from an individual, medical approach in which healthcare professionals hold expertise over service users' needs, towards a mindset of self-determination, where individuals with disabilities are considered experts on what they need to improve their life situation. However, this shift could create tensions, particularly in situations where healthcare professionals believe that initiating employment measures might be unwise due to health-related concerns. The managers from the healthcare service acknowledged that the imperative for healthcare personnel to safeguard service users and prevent the exacerbation of symptoms could hinder the individuals' ability to exercise genuine self-determination. One of the managers elaborated on this point, stating the following:

> There are still challenges, absolutely. We probably have a way to go to ensure that therapists are no longer the barriers to employment. Because they have had an obligation to protect [the service users]. (Manager, healthcare service)

DOI: 10.16993/sjdr.1008

This quote highlights the manager's perspective on therapists being the barriers to employment due to their ethical responsibility to safeguard service users from possible negative impacts on mental health, implying that the environment is in fact disabling (related to professional attitudes).

While discussing IPS as a catalyst for changing attitudes, the managers' narratives also served as testimonies to the transformations that had already taken place regarding the role of employment engagement in the lives of people experiencing psychosocial disabilities. For example, one manager shared an experience of introducing the IPS mindset during the initial phase of implementation, which in this case took place a decade ago:

> It was, in a sense, pure missionary work. Just getting people to believe that work was possible. It's taken years, it sounds so easy now. There are still barriers, but it's a completely different way of thinking and investing in it. Whereas back then, it was inappropriate [to say that everyone can work]. (...) But now, with all the work that is done everywhere to achieve less stigma and more openness and inclusion. So, I think that in society in general, there is a greater focus on an inclusive working life. (Manager, healthcare service)

This example demonstrates how the initial introduction of the IPS mindset disrupted prevailing beliefs within healthcare services. However, the manager had observed a subsequent shift in these beliefs, with a greater alignment towards beliefs that everyone can work despite mental health conditions, in line with a relational understanding of disability. Another informant mentioned that although some people still believed individuals needed to undergo rehabilitation before they could work, the manager considered this belief to be old-fashioned:

> My experience is that many therapists think that work is important. At the same time, some have this old-fashioned mindset saying that patients must finish their rehabilitation before they become job ready. (Manager, healthcare service)

Yet another manager explained that while they were heading in what they considered the right direction, changing attitudes takes time:

> I experience that we now, to a greater extent, try to say and acknowledge that... OK, so you have some health issues, but despite that, what can you manage, what do you wish to do? I think we are making progress. At the same time, I have learned that it takes time to change attitudes. (Manager, employment service)

One of the managers in the healthcare service emphasised that many within the organisation (including the manager) had been doubtful in the beginning. After witnessing, through IPS, that many people with severe mental illness could work if they had the chance, professionals gained confidence in the possibility of more individuals being ready for work:

> Initially, there was considerable scepticism. These patients had been severely ill for many years, and I had little confidence in their ability to participate in this type of activity. However, I was proven completely wrong. We witnessed the job specialist successfully and effectively engaging these patients. It was at that moment we all recognised the immense value of IPS. (Manager, healthcare service)

The quote illustrates how practical experience with IPS and its zero-exclusion principle can contribute to changes in professional attitudes and beliefs.

DISCUSSION

The current study has investigated how those who act as gatekeepers to work-related interventions assess job readiness among service users and how they relate to the principle that individuals themselves should make this assessment. The findings demonstrated that mental healthcare and employment managers adopted IPS to address what they perceived

as environmental barriers to employment measure referrals, in the interaction between service users who experience mental health conditions and the professionals assigned to support them. Managers stated that the principle of zero exclusion had been employed to help them avoid potential discrimination caused by attitudinal barriers, by ensuring that gatekeepers did not fail to introduce employment as an option to individuals whom they considered as not job ready.

The findings indicate that despite the managers' intentions to reduce the significance of professional assessments, a professionalism logic based on individual, medical understandings of disability remained strong. According to the managers, this hindered the full implementation of IPS and its principle of zero exclusion. For example, some service users were excluded from IPS solely based on their diagnosis, implying an assumption among professionals that diagnoses can predict employment success. This can indicate a persistent deficit approach, similar to the findings of Lundberg (2023).

Implicit in the zero-exclusion principle is the idea that a barrier to achieving work integration for individuals with psychosocial disabilities is the way professionals approach service users – and when decision-making power is transferred to service users, a barrier is removed. Zero exclusion is thus in line with the 'environmental turn' (Tøssebro 2004), emphasising that it is the environment that must change to successfully (re-)integrate individuals experiencing mental health conditions into the labour market. However, like Bonfils (2020) and Sharek et al. (2022), this study has shown that working by the zero-exclusion principle is challenging. The principle requires the support system to acknowledge that professionals' assessments of job readiness possibly constitute barriers to work integration at the stage where individuals are referred to employment-oriented measures. This implies that by transferring decision-making authority to the service user, certain barriers can be avoided. However, as the findings demonstrated, a prevalent professionalism logic that implies a deficit approach based on a medical model of disability, made it difficult for healthcare gatekeepers to fully transfer the responsibility of decision-making regarding work participation to the service user. This was, by managers, attributed to various factors. They experienced enduring perceptions of certain individuals or groups as less job-ready than others, influenced by professionals' responsibility to prevent job-related stress that could potentially harm the service users' mental health. Furthermore, managers experienced prevailing beliefs that professionals were able to predict employment success and that healthcare workers held an expert position. Self-determination could challenge this expert status and lead to tensions in IPS referrals, for example, if a service user wanted to work but the practitioner deemed it unwise in fear of setbacks. Professionalism involves preventing others from certain tasks (Freidson 2001: 12). This was demonstrated in the findings when employment specialists, caseworkers, or service users found it hard to contradict healthcare professionals' decisions. This expert status of healthcare professionals made self-determination, as exemplified by IPS, slow to implement into routine practice.

Nevertheless, during the implementation of IPS and zero exclusion, managers perceived changes in professional assessments, with more individuals being referred to IPS than before. They did not know exactly why but pointed to examples of professionals altering their perception of who they considered job ready. Alternatively, managers believed that professionals had increasingly delegated the assessment of job readiness to service users. Future research could advantageously explore this from the professionals' perspective. Nevertheless, previous studies have indicated a gradual shift in practitioners' understanding, acknowledging that individuals with severe mental illness can work, as they witnessed successful employment outcomes for service users (Bonfils 2020, 2021; Sharek et al. 2022). In the context of disability research, this can be seen as a shift from an individual, medical understanding of psychosocial disabilities as something inherent in the person that must be fixed – to a relational understanding, acknowledging that the way impairments interact with environmental factors (such as professional mindsets), decides how barriers to equal participation can be addressed and reduced (Harpur 2012; Jackson 2018; Tøssebro 2004). The managers held that implementing IPS could stimulate change by promoting a shift in attitudes and beliefs surrounding employment opportunities for individuals experiencing mental health conditions. According to the managers, professionals would learn the mindset of zero exclusion through experiencing positive employment outcomes for service users with diagnoses classified as severe mental

DOI: 10.16993/sjdr.1008

illness. Perhaps this indicates a gradual shift from a medical deficit approach to a relational understanding of disability, with professionals viewing service users as capable of determining for themselves when they are job ready.

The zero-exclusion principle is based on the notion that job readiness is difficult to assess and that professionals may make flawed assumptions about an individual's potential for successful employment. On the contrary, Vornholt et al. (2018) suggested that experts like physicians, psychotherapists, and job specialists could perform these assessments and assist in processes of work (re-)integration. This raises the question of how professional helpers can best approach service users to prevent exclusion while maintaining helpful professional expertise, as this expertise plays a significant role in the interaction. For instance, employment specialists have played a central role in facilitating successful work (re-)integration for individuals with mental illness (Corbière et al. 2017), while medical professionals can be crucial in safeguarding individuals against stress-induced relapses, particularly people experiencing severe mental illness (Borg & Kristiansen 2004). Guidry-Grimes (2015) suggested that a relational model represents the most effective approach to promoting self-determination by bridging the expertise of both service users and professionals and by taking both individual impairments and environmental factors into consideration.

However, the relational approach requires acknowledging the insight and lived experiences of service users. Future research could profitably investigate the interactions between professionals and service users, examining the prevalence and diversity of attitudes regarding job readiness, and exploring the implementation of the zero-exclusion principle at the frontline. Studies could profitably explore the language used in these specific interactions, to discuss whether individuals are implicitly expected to fit into existing workplace templates. The relational model challenges such an approach, turning attention to environmental change rather than individual conformity, for example by making employers 'inclusion-ready' and professionals more willing to let service users decide for themselves what they need and when.

CONCLUDING REMARKS

This article highlighted tensions between the zero-exclusion principle and the prevailing professionalism logic in employment- and healthcare organisations. These tensions reflected different ways of understanding disability. While the professionalism logic was based on a medical understanding of disability as impairments in the individual, the zero-exclusion principle seemed to align more with a relational understanding, implying that mental illness becomes disabling only in interaction with the environment. These different understandings of disability can help explain resistance to change and slow shifts in perceptions about job readiness. By exploring the complexities and challenges associated with the zero-exclusion principle, this article has demonstrated the potential for gradual shifts in who gets referred to work-oriented measures, and that familiarisation with the zero-exclusion principle or similar methods can lead to shifts in how psychosocial disability is understood and addressed.

DATA ACCESSIBILITY STATEMENTS

Data is available on request due to privacy/ethical restrictions.

ETHICS AND CONSENT

The study has been reviewed and approved in advance by the Norwegian Centre for Research Data (487557). Informed consent has been obtained from all participants.

ACKNOWLEDGEMENTS

Thanks to all the participants in the study, as well as Tone Alm Andreassen, Johanna Gustafsson, the editor and anonymous reviewers of SJDR, and the research groups 'Professional Practice' and 'KAI Seminar' for their helpful comments on earlier versions of this paper.

FUNDING INFORMATION

This work was supported by the Research Council of Norway [304524] and the Norwegian Labour and Welfare Administration.

COMPETING INTERESTS

The research underlying this paper was co-financed by the Norwegian Labour and Welfare Administration (Nav) and the Research Council of Norway [grant number 304524] as part of the Public Sector PhD scheme. The Norwegian Labour and Welfare Administration has otherwise not been involved in the research underlying this paper.

AUTHOR AFFILIATIONS

Line Fossum Skogstad orcid.org/0000-0002-5745-8675
Oslo Metropolitan University, Norway

REFERENCES

Andersen, Malene F., Karina M. Nielsen, and **Svend Brinkmann.** 2012. "Meta-Synthesis of Qualitative Research on Return to Work among Employees with Common Mental Disorders." *Scandinavian Journal of Work, Environment & Health* 38(2): 93–104. DOI: https://doi.org/10.5271/sjweh.3257

Andreassen, Tone Alm, and **Per Koren Solvang.** 2021. "Returning to Work or Working on one's Rehabilitation: Social Identities invoked by impaired workers and professionals in health care and employment services." *Sociology of Health & Illness* 43(3): 575–590. DOI: https://doi.org/10.1111/1467-9566.13241

Becker, Deborah, Sarah J. Swanson, Sandra L. Reese, Gary R. Bond, and **Bethany M. McLeman.** 2015. *Supported Employment Fidelity Review Manual*. Accessed February 2023. https://ipsworks.org/wp-content/uploads/2017/08/ips-fidelity-manual-3rd-edition_2-4-16.pdf.

Bond, Gary R. 2004. "Supported Employment: Evidence for an Evidence-Based Practice." *Psychiatric Rehabilitation Journal* 27(4): 345–359. DOI: https://doi.org/10.2975/27.2004.345.359

Bond, Gary R., and **Robert Drake.** 2014. "Making the Case for IPS Supported Employment." *Administration and Policy in Mental Health and Mental Health Services Research* 41(1): 69–73. DOI: https://doi.org/10.1007/s10488-012-0444-6

Bonfils, Inge Storgaard. 2020. "Challenges of Integrating Employment Services with Mental Health Services as Part of the 'Individual Placement and Support' Approach." *Nordic Social Work Research* 12(1): 1–14. DOI: https://doi.org/10.1080/2156857X.2020.1758756

Bonfils, Inge Storgaard. 2021. "Implementing the Individual Placement and Support Approach in Institutional Settings for Employment and Mental Health Services – Perceptions and Challenges from a Case Study in Denmark." *European Journal of Social Work* 25(3): 471–484. DOI: https://doi.org/10.1080/13691457.2020.1870216

Bonfils, Inge Storgaard, Henrik Hansen, Helle Stentoft Dalum, and **Lene Falgaard Eplov.** 2017. "Implementation of the Individual Placement and Support Approach – Facilitators and Barriers." *Scandinavian Journal of Disability Research* 19(4): 318–333. DOI: https://doi.org/10.1080/15017419.2016.1222306

Borg, Marit, and **Kristjana Kristiansen.** 2004. "Recovery-Oriented Professionals: Helping Relationships in Mental Health Services." *Journal of Mental Health* 13(5): 493–505. DOI: https://doi.org/10.1080/09638230400006809

Borg, Marit, Marius Veseth, Per-Einar Binder, and **Alain Topor.** 2013. "The Role of Work in Recovery from Bipolar Disorders." *Qualitative Social Work* 12(3): 323–339. DOI: https://doi.org/10.1177/1473325011424642

Braun, Virginia, and **Victoria Clarke.** 2021. *Thematic Analysis – A Practical Guide*. SAGE Publications.

Brinkmann, Svend, and **Steinar Kvale.** 2015. *Interviews: Learning the Craft of Qualitative Research Interviewing*. 3rd ed. Los Angeles: Sage. DOI: https://doi.org/10.4135/9781446200988.n22

Campbell, Peter, and **Diana Rose.** 2011. "Action for Change in the UK: Thirty Years of the User/Survivor Movement." In *The SAGE Handbook of Mental Health and Illness*, edited by David Pilgrim, Anne Rogers and Bernice Pescosolido, 452–470. Los Angeles: SAGE.

Christensen, Thomas Nordahl, Iben Gammelgård Wallstrøm, Anders Bo Bojesen, Merete Nordentoft, and **Lene Falgaard Eplov.** 2021. "Predictors of Work and Education among People with Severe Mental Illness who Participated in the Danish Individual Placement and Support Study: Findings from a Randomized Clinical Trial." *Social Psychiatry and Psychiatric Epidemiology* 56(9): 1669–1677. DOI: https://doi.org/10.1007/s00127-021-02107-8

Corbière, Marc, Tania Lecomte, Daniel Reinharz, Bonnie Kirsh, Paula Goering, Matthew Menear, Djamal Berbiche, Karine Genest, and **Elliot M. Goldner.** 2017. "Predictors of Acquisition of Competitive Employment for People Enrolled in Supported Employment Programs." *The Journal of Nervous and Mental Disease* 205(4): 275–282. DOI: https://doi.org/10.1097/NMD.0000000000000612

Flyvbjerg, Bent. 2006. "Five Misunderstandings about Case-Study Research." *Qualitative Inquiry* 12(2): 219–245. DOI: https://doi.org/10.1177/1077800405284363

Freidson, Eliot L. 2001. *Professionalism: The Third Logic*. London: Polity Press.

Guidry-Grimes, Laura. 2015. "Modelling Psychiatric Disability." *Journal of Evaluation in Clinical Practice* 21(3): 490–495. DOI: https://doi.org/10.1111/jep.12316

Gustafsson, Johanna, Julia Peralta, and **Berth Danermark.** 2018. "Supported Employment and Social Inclusion: Experiences of Workers with Disabilities in Wage Subsidized Employment in Sweden." *Scandinavian Journal of Disability Research* 20(1): 26–36. DOI: https://doi.org/10.16993/sjdr.36

Hardonk, Stefan Celine, and **Sandra Halldórsdóttir.** 2021. "Work Inclusion through Supported Employment? Perspectives of Job Counsellors in Iceland." *Scandinavian Journal of Disability Research* 23(1): 39–49. DOI: https://doi.org/10.16993/sjdr.767

Harpur, Paul. 2012. "Embracing the New Disability Rights Paradigm: The Importance of the Convention on the Rights of Persons with Disabilities." *Disability & Society* 27(1): 1–14. DOI: https://doi.org/10.1080/09687599.2012.631794

Hasson, Henna, Mats Andersson, and **Ulrika Bejerholm.** 2011. "Barriers in Implementation of Evidence-Based Practice." *Journal of Health Organization and Management* 25(3): 332–345. DOI: https://doi.org/10.1108/14777261111143563

Håvold, Ole Kristian Sandnes, Ivan Harsløf, and **Tone Alm Andreassen.** 2018. "Externalizing an 'Asset Model' of Activation: Creative Institutional Work by Frontline Workers in the Norwegian Labour and Welfare Service." *Social Policy & Administration* 52(1): 178–196. DOI: https://doi.org/10.1111/spol.12305

Holmås, Tor Helge, Karin Monstad, and **Silje Endresen Reme.** 2021. "Regular Employment for People with Mental Illness: An Evaluation of the Individual Placement and Support Programme." *Social Science and Medicine* 270: 113691. DOI: https://doi.org/10.1016/j.socscimed.2021.113691

Jackson, Mary Ann. 2018. "Models of Disability and Human Rights: Informing the Improvement of Built Environment Accessibility for People with Disability at Neighborhood Scale?" *Laws* 7(1): 10. DOI: https://doi.org/10.3390/laws7010010

Knaeps, Jeroen, Inge Neyens, Peter Donceel, Jaap van Weeghel, and **Chantal Van Audenhove.** 2015. "Beliefs of Vocational Rehabilitation Counselors About Competitive Employment for People With Severe Mental Illness in Belgium." *Rehabilitation Counseling Bulletin* 58(3): 176–188. DOI: https://doi.org/10.1177/0034355214531075

Lid, Inger Marie. 2013. "Developing the Theoretical Content in Universal Design." *Scandinavian Journal of Disability Research* 15(3): 203–215. DOI: https://doi.org/10.1080/15017419.2012.724445

Lundberg, Camilla Stub. 2023. "Striving to Sbolish a Deficit Approach to Disability: Frames Applied by Frontline Workers and Activist Entrepreneurs in Employment." *Disability & Society*: 1–22. DOI: https://doi.org/10.1080/09687599.2022.2160927

Marwaha, Steven, Shanika Balachandra, and **Sonia Johnson.** 2008. "Clinicians' Attitudes to the Employment of People with Psychosis." *Social Psychiatry and Psychiatric Epidemiology* 44(5): 349–360. DOI: https://doi.org/10.1007/s00127-008-0447-5

McLean, Athena. 2010. "The Mental Health Consumers/Survivors Movement in the United States." In *A Handbook for the Study of Mental Health*, edited by Teresa L. Scheid and Tony N. Brown, 461–477. Cambridge: Cambridge University Press. DOI: https://doi.org/10.1017/CBO9780511984945.028

McQuilken, Michael, James H. Zahniser, Jeanne Novak, Roy D. Starks, Antonio Olmos, and **Gary R. Bond.** 2003. "The Work Project Survey: Consumer Perspectives on Work." *Journal of Vocational Rehabilitation* 18(1): 59–68.

Meekosha, Helen, and **Leanne Dowse.** 2007. "Integrating Critical Disability Studies into Social Work Education and Practice: An Australian Perspective." *Practice* 19(3): 169–183. DOI: https://doi.org/10.1192/bjp.bp.115.165092

Modini, Matthew, Leona Tan, Beate Brinchmann, Min-Jung Wang, Eoin Killackey, Nicholas Glozier, Arnstein Mykletun, and **Samuel B. Harvey.** 2016. "Supported Employment for People with Severe Mental Illness: Systematic Review and Meta-Analysis of the International Evidence." *The British Journal of Psychiatry* 209(1): 14–22. DOI: https://doi.org/10.1192/bjp.bp.115.165092

Moe, Cathrine, Beate Brinchmann, Marit Borg, David McDaid, Miles Rinaldi, Eóin Killackey, and **Arnstein Mykletun.** 2023. "Implementing Individual Placement and Support in Norway. From Vocational Rehabilitation to an Employment Scheme." *Social Policy & Administration* 57(5): 610–625. DOI: https://doi.org/10.1111/spol.12881

Molander, Anders, Harald Grimen, and **Erik Oddvar Eriksen.** 2012. "Professional discretion and accountability in the welfare state." *Journal of Applied Philosophy* 29 (3): 214–230. DOI: https://doi.org/10.1111/j.1468-5930.2012.00564.x

Scandinavian Journal of Disability Research
DOI: 10.16993/sjdr.1008

Møller, Marie Østergaard, and **Deborah Stone.** 2013. "Disciplining Disability under Danish Active Labour Market Policy." *Social Policy & Administration* 47(5): 586–604. DOI: https://doi.org/10.1111/j.1467-9515.2012.00835.x

NSW Health. 2023. "What Is Psychosocial Disability?". Accessed November 10. https://www.health.nsw.gov.au/mentalhealth/psychosocial/foundations/Pages/psychosocial-whatis.aspx.

Nygren, Ulla, Urban Markström, and **Birgitta Bernspång.** 2016. "Processes Towards Employment among Persons with Psychiatric Disabilities: A Study of Two Individual Placement and Support Programmes in Sweden." *Scandinavian Journal of Disability Research* 18(1): 32–51. DOI: https://doi.org/10.1080/15017419.2014.964765

Østerud, Kaja Larsen. 2022. "Gatekeepers of the Labor Market: Employer Considerations of Disabled People and Disability Employment Policy." PhD diss., Oslo Metropolitan University.

Rüsch, Nicolas, Matthias C. Angermeyer, and **Patrick W. Corrigan.** 2005. "Mental Illness Stigma: Concepts, Consequences, and Initiatives to Reduce Stigma." *European Psychiatry* 20(8): 529–539. DOI: https://doi.org/10.1016/j.eurpsy.2005.04.004

Shakespeare, Tom. 2017. "The Social Model of Disability." In *The Disability Studies Reader. Fifth Edition,* edited by Lennard J. Davis. New York: Routledge.

Sharek, Danika, Niamh Lally, Ciara Brennan, and **Agnes Higgins**. 2022. "These Are People Just Like Us Who Can Work": Overcoming Clinical Resistance and Shifting Views in the Implementation of Individual Placement and Support (IPS)." *Administration and Policy in Mental Health and Mental Health Services Research* 49(5): 848–860. DOI: https://doi.org/10.1007/s10488-022-01204-3

Skarstad, Kjersti. 2018. "Ensuring Human Rights for Persons with Intellectual Disabilities?" *The International Journal of Human Rights* 22(6): 774–800. DOI: https://doi.org/10.1080/13642987.2018.1454903

Stafford, Lisa, Greg Marston, Amanda Beatson, Marianella Chamorro-Koc, and **Judy Drennan.** 2019. "Interpretative Accounts of Work Capacity Assessment Policy for Young Adults with Disabilities." *Disability & Society* 34(6): 885–903. DOI: https://doi.org/10.1080/09687599.2018.1561356

Suomi, Aino, Timothy Schofield, and **Peter Butterworth.** 2022. "Does Receipt of Unemployment Benefits Change Recruiter Perceptions of Candidates' Personality, Work-Relevant Skills and Employability?" *Work* 71: 1029–1041. DOI: https://doi.org/10.3233/WOR-205048

Swanson, Sarah J., and **Deborah R Becker.** 2013. *IPS Supported Employment: A Practitioner's Guide*. Dartmouth Psychiatric Research Center.

Tøssebro, Jan. 2004. "Introduction to the Special Issue: Understanding Disability." *Scandinavian Journal of Disability Research* 6(1): 3–7. DOI: https://doi.org/10.1080/15017410409512635

United Nations. 2006. "Convention on the Rights of Persons with Disabilities." Accessed December 22, 2022. https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html.

Vivanti, Giacomo. 2020. "Ask the Editor: What is the Most Appropriate Way to Talk About Individuals with a Diagnosis of Autism?" *Journal of Autism and Developmental Disorders* 50(2): 691–693. DOI: https://doi.org/10.1007/s10803-019-04280-x

Vornholt, Katharina, Patrizia Villotti, Beate Muschalla, Jana Bauer, Adrienne Colella, Fred Zijlstra, Gemma Van Ruitenbeek, Sjir Uitdewilligen, and **Marc Corbière.** 2018. "Disability and Employment – Overview and Highlights." *European Journal of Work and Organizational Psychology* 27(1): 40–55. DOI: https://doi.org/10.1080/1359432X.2017.1387536

Wehmeyer, Michael L. 2004. "Self-Determination and the Empowerment of People with Disabilities." *American Rehabilitation* 28(1): 22–29.

World Health Organization (WHO). 2021. *Guidance on Community Mental Health Services: Promoting Person-Centred and Rights-Based Approaches*. Geneva: World Health Organization.

TO CITE THIS ARTICLE:
Skogstad, Line Fossum. 2023. "Learning the Principle of Zero Exclusion. Managers Challenging the Logic of Professionalism in Services for People with Psychosocial Disabilities." *Scandinavian Journal of Disability Research* 25(1):418–444.DOI:https://doi.org/10.16993/sjdr.1008

Submitted: 07 February 2023
Accepted: 15 November 2023
Published: 21 December 2023

COPYRIGHT:
© 2023 The Author(s). This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC-BY 4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See http://creativecommons.org/licenses/by/4.0/.

Scandinavian Journal of Disability Research is a peer-reviewed open access journal published by Stockholm University Press.