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Health promoting features of WISE employment for people with psychosocial disability

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Abstract

Purpose – A growing body of research has found promising outcomes for work integration social enterprise (WISE) as a pathway for improving well-being and the social determinants of health. To date, there is evidence to suggest that people with a mental health condition can experience WISE workplaces as flexible, inclusive and enabling and that these working conditions can contribute to positive employment and well-being outcomes. However, there is currently little longitudinal research that explores the longer-term employment, health and well-being outcomes of transitional WISE that employ people with the eventual goal of assisting employees into open employment. This paper aims to explore how the WISE work environment influences these outcomes for people with a mental health condition or psychosocial disability.

Design/methodology/approach – The authors conducted a mixed methods longitudinal case study of a transitional WISE in Australia exploring changes in health and well-being over time and the WISE conditions that influenced this.

Findings – The findings of this study indicate some improvements in income, material circumstances and subjective well-being compared with previous periods of unemployment. Health promoting effects of WISE employment are mediated by person-job fit and by the features and experience of the work environment – including the degree to which the WISE workplace culture counters ableist attitudes, enables flexibility and equitably and supports employees' development and career progression.

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Originality/value – This paper extends current knowledge through longitudinal qualitative data that presents new insights about WISE employees' experiences of social enterprise employment over time.

Keywords Employment, Mental health, Well-being, Disability, Work integration social enterprise, Health promotion

Paper type Research paper

1. Introduction

Access to employment and income are key social determinants of health (Solar and Irwin, 2010), and unemployment is widely understood to contribute to socioeconomic inequities and negative health impacts (Hergenrather *et al.*, 2015). Structural ableism – systems, practices and norms that devalue people with disability (Lundberg and Chen, 2024, p.1) – creates inequities in who has access to employment, meaning people with disability are disproportionately affected by unemployment, exclusion from work (Darcy *et al.*, 2016) and limited access to inclusive work opportunities (Mellifont *et al.*, 2023; Wilton and Evans, 2016). Research indicates that this inequity encompasses both access to employment and job quality. Working people with disability in Australia are more likely to have poor job quality compared with non-disabled workers (LaMontagne *et al.*, 2016). Psychosocial disability describes the interaction between an enduring mental health condition and environmental barriers that can limit people's social and economic participation (Choi *et al.*, 2025). People with psychosocial disability are among those most excluded from employment (Australian Bureau of Statistics, 2020), and recent State and Federal Government inquiries in Australia, where this research is located, have highlighted the need to address these inequities (Productivity Commission, 2020; State of Victoria, 2021).

Work integration social enterprises (WISEs) are businesses that operate with the purpose of creating or expanding employment opportunities for people who have been excluded from work (Roy *et al.*, 2017). This requires WISE to respond to both social and commercial business needs. WISEs aim to design their organisation's culture and work environment to accommodate people with disability (Wilton and Evans, 2018), who may not fit preconceived ideas of the "ideal" (dominant culture conforming, non-disabled) worker (Campbell *et al.*, 2024). In a transitional WISE, the initial goal is to provide marginalised people with paid work (or work experience), managing productivity while building people's skills and employability before supporting them to transition to other work outside the WISE.

A growing body of research has found promising outcomes for WISE as a pathway for improving well-being and social determinants of health. However, there is currently little longitudinal research that explores the longer-term employment, health and well-being outcomes of transitional WISE and how the WISE work environment influences these outcomes for people with psychosocial disability. Responding to this gap in the literature, this study draws on interviews with WISE employees over multiple years to identify the factors that impact health and well-being for people with psychosocial disability and explore their experiences of WISE employment, health and well-being over time. We define well-being as both a process that occurs through interacting with different spaces and relationships that support experiences of capability, social integration, security and therapeutic value (Fleuret and Atkinson, 2007); and as a changing state that people can experience, often informed by social, economic, physical and psychological factors (Capic *et al.*, 2017; Cummins *et al.*, 2011).

This paper draws on a relational-cultural understanding of disability, which recognises disability as a product of the relationship between social, cultural and physical environments and embodied realities (Kwon and Archer, 2022; Owens, 2015). Understanding disability

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as both a part of human experience and something that is also produced through the conditions that people inhabit means people with disability can be accepted as they are. Efforts for change can then focus on the social, relational, cultural and physical environments that impact people's health and opportunities in life (Hall, 2019; Kwon and Archer, 2022; Owens, 2015). Public health researchers have called for resisting biomedical models of disability to disrupt the structural ableism that limits people's life opportunities and well-being (Christakis and Iezzoni, 2023; Lundberg and Chen, 2024). Incorporating an awareness of structural ableism into WISE research is important, as it can illuminate how these organisations influence people's experiences of disability and well-being through the work environments they create.

Research has sought to better understand the effects of WISE employment on people's health and well-being, with mixed findings. Many cross-sectional studies suggest positive experiences of well-being among WISE employees (Hartley *et al.*, 2019; Macassa *et al.*, 2023), but there is limited longitudinal research on employee outcomes (Lysaght *et al.*, 2024) and mechanisms of promoting health (Joyce *et al.*, 2021). The small amount of research finds that WISE employment may contribute to health stability, though not necessarily improved health over time (Lysaght *et al.*, 2022), and there is a high degree of variability in WISE activities and intended effects (Joyce *et al.*, 2021). Evidence suggests the effects of WISE employment can be positive or negative and are mediated by the work environment and conditions (Elmes, 2021; Joyce *et al.*, 2021; Oswald, 2025). These findings support calls for critical evaluation of the effects of WISE over time, avoiding romanticised assumptions about their impacts (Chui *et al.*, 2023) and paying attention to how WISE may impact health and well-being (Joyce *et al.*, 2021), while addressing employment equity.

1.1 Research aims

The question of WISE effects on the health and well-being of people with disability requires further examination, particularly in terms of how workplace cultures and conditions may support experiences of capability, security, therapy and social integration over time. Longitudinal evidence is currently lacking. This paper addresses the need for further longitudinal in-depth evidence on how WISE employment influences health and well-being, by describing findings from a six-year study of a WISE employing people with psychosocial disability (transitional employees) and workers without disability (non-transitional employees). The organisation's health promoting aims and activities are explored alongside employees' experiences of working at the WISE and impacts on their health and well-being over time.

This research aimed to answer the questions:

Q1. What factors moderate health and well-being in a WISE over time?

Q2. How do transitional WISE employees' work experiences and health and well-being outcomes change over time?

2. Literature review

2.1 Structural ableism, work integration social enterprise workplaces and well-being

While WISEs are founded with the purpose of creating inclusive employment, they are constrained by the commercial and social environments they operate within. This can create tensions as WISE seek to balance aspects like income generation against workload pressure for employees (Drupsteen and Meerstra-de Haan, 2024; Teasdale, 2012). Research suggests these tensions can contribute to limitations in the kinds of work tasks or career progression that employees are offered – a common criticism of WISE (Drupsteen and Meerstra-de

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Haan, 2024; Lysaght *et al.*, 2024). Social stigma, market conditions and competitive funding environments can all undermine the WISE's aims to support employment transitions, achieve financial sustainability and fund additional supports to employees (Oswald, 2025). While adequate funding is an enabler for WISE in supporting employees and developing further job pathways, increased pressure to be self-sufficient through trade income can present barriers to providing the required level of support (Oswald, 2025). Leger *et al.* (2025) explore how WISEs use different strategies to manage their hybrid organisational logics, including cross-fading (shifting focus between social and commercial logics at different times); weighting (consistently prioritising each logic to a different extent); and shielding (seeking to protect employees from harmful logics). Nonetheless, Leger *et al.* (2025) note that as hybrid organisations, WISE can experience pressure to transition beneficiaries towards the dominant commercial logic, preparing them to comply with the relevant commercial expectations and realities (Leger *et al.*, 2025).

Unfortunately, current commercial logics and realities include disability discrimination and ableism that impacts people's opportunities for full employment participation (Milner *et al.*, 2019) and contributes to health inequities through social exclusion (Solar and Irwin, 2010). Evidence suggests this can also occur in organisations constructed with a social purpose of creating employment for those traditionally excluded from the labour market. For example, Holmqvist *et al.* describe a work integration program at a publicly owned corporation in Sweden where "they put long-term unemployed individuals to forms of work that the labour market finds too simple, too dreary, too dirty, and too expensive to handle with ordinary employees" (2013, p. 208) and "supervisors encourage the potential employees to 'be honest and open about themselves by telling others what's wrong with them." (2013, p. 202). Further research has shown WISEs can perpetuate the "othering" of people with disability by requiring them to conform or assimilate with existing ideals (situating their natural selves as "less than") (Lysaght *et al.*, 2024) or idolising people with disability as superheroes (Mauksch and Dey, 2024). Both are examples of how ableism can operate within organisations to marginalise people with disability and reinforce existing power imbalances (Kwon and Archer, 2022).

Ableist social environments – marked by pervasive explicit or implicit limiting assumptions about people with disability – are harmful to people's subjective sense of well-being (Csillag *et al.*, 2022, p.22). Counter to this, workplace cultures that respect, value and support people with disability can positively affect workers' experiences and job satisfaction (Schur *et al.*, 2009) and contribute to longer job tenure (Williams *et al.*, 2016). Despite their social purpose of creating employment pathways for marginalised people, WISEs are not immune from the ableist cultural norms embedded in our society. In this paper, we explore how a WISE navigates these tensions through its organisational practices and how employees' experiences of the WISE impact their work and well-being. In particular, this paper responds to calls for research that considers the broader historical, cultural and political influences that shape organisational responses (Holmqvist *et al.*, 2013) and includes employees' perspectives on the tensions that occur within WISE as they strive to balance social and commercial imperatives (Drupsteen and Meerstra-de Haan, 2024).

The current study adds to the existing research on WISE through contributing a longitudinal perspective from a case study WISE in Australia. The single case study enables an in-depth qualitative exploration of employees' experiences of the WISE over time, including where (and when) tensions occur from employees' perspectives and how these are influenced by the cultural and commercial norms of the surrounding environment. The longitudinal approach of this study adds to existing research by elucidating how the influence

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of WISE employment on health may change over time, as both the WISE and employees also change.

3. Materials and methods

3.1 Setting, participants and approach

This research involved a mixed methods longitudinal case study of a single WISE in a regional Australian town. The WISE is a commercial laundry business using large scale machinery and staff to wash, dry, iron and transport clean linen to local health-care services, hotels and other businesses. The WISE has a transitional employment model, hiring people who have experienced exclusion from work into paid jobs (transitional employees) and supporting them to seek longer-term employment in the open job market. The types of work done by transitional employees include loading laundry into washing machines, unloading washed laundry into dryers, putting dry laundry through ironing and folding machines and other manual tasks such as bundling clean laundry together and storing it for transportation. Some WISE employees held cleaning roles involving sweeping, vacuuming and other cleaning tasks. At the time of this study, higher level job roles such as administration, sales, finance, career development, dispatch, operations, supervisors and general management were filled by non-transitional staff. In the later years of the study, some transitional employees took on permanent "leading hand" roles in laundry work, supporting their colleagues. The surrounding local economy had an agricultural base, with other major industries including health care (the largest employer), education, mining, business services, defence and construction (Toowoomba Region, 2022). At the time of the study, both the rates of people in the labour force and the rates of unemployment within the region were similar to national Australian statistics (Australian Bureau of Statistics, 2021). The study commenced in the year after the WISE was launched at a time when about 73% of the WISE's total income was from grants or donations and just 27% was from trade. By the conclusion of the study, six years later, 86.5% of the WISE's income was from its business revenue.

This study ran from 2017 to 2022, with rolling recruitment and attrition as employees joined and exited the social enterprise and study involvement. Following employment with the WISE, participants were contacted annually (whether or not they still worked at the WISE) and were invited to complete an interview, survey or both. Participants could opt out at any time without question and choose not to be contacted again. Table 1 shows the number of participants for each year and attrition over time. In total, there were 93 transitional employee research participants – 69.4% of the total cohort of 134 transitional staff employed by the WISE sometime between 2017 and 2022, under their mission of creating inclusive

Table 1. Transitional WISE employee participants over time

Year employee joined the WISE evaluation	Year 1 2017	Year 2 2018	Year 3 2019	Year 4 2020	Year 5 2021	Year 6 2022
2017	23	19	18	15	2	2
2018	–	14	12	8	1	0
2019	–	–	11	3	0	0
2020	–	–	–	2	0	1
2021	–	–	–	–	23	1
2022	–	–	–	–	–	20
Total participants	23	33	41	28	26	24

Source(s): Authors' own work

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employment pathways for people excluded from work. Of these, 51 participants contributed to more than one round of data.

Interviews were also conducted with 29 non-transitional WISE staff – people who had not entered WISE employment because of employment barriers but were hired to support productivity and fulfil a range of skilled, supervisory and management roles as well as general laundry work roles.

This research aimed to contribute evidence on the health effects of WISE work for transitional employees (the target beneficiaries of WISE employment), by collecting quantitative data (reported in Elmes, 2021; Elmes, 2019) as well as qualitative information on participants' personal experiences of health and well-being over time (the focus of this paper). We took a critical realist evaluation approach (Maxwell and Mittapalli, 2010; Pawson and Tilley, 1997), seeking to understand what works, for who and why. This study was approved by Swinburne University Human Research Ethics Committee (2017/177) and all participants provided informed consent.

3.2 Qualitative data collection and analysis

Participants were invited to take part in semi-structured interviews about their experiences of employment with the WISE and any impacts on health and well-being. Interviews were conducted in-person or by phone or online call using Microsoft Teams. Qualitative data were transcribed and coded by the first author using NVivo. Coding was completed in several cycles, beginning with structural coding (Saldana, 2013) to identify content connected to specific research questions. Thematic analysis was then conducted using Braun and Clarke's (2006) steps, to establish patterns in participants' descriptions of their experiences. We used an abductive approach (Dubois and Gadde, 2002), with initial code structures informed by the case study WISE's theory of change; Solar and Irwin's (2010) social determinants of health framework; and themes identified in previous empirical WISE research (Macaulay *et al.*, 2018; Macaulay *et al.*, 2017; Munoz *et al.*, 2015; Williams *et al.*, 2012). We used Solar and Irwin's framework to identify how experiences were informed by structural factors such as the socioeconomic and political context, people's socioeconomic position and access to social capital – as well as by intermediary determinants like material circumstances and psychological factors. New themes were systematically combined into the analysis, to form a final framework informed by the social determinants of health, the existing WISE evidence on well-being and the new data collected in this study. An example of this were themes around stigma, social exclusion and segregation that connect to both structural determinants of health (how our prevailing culture treats and views people with disability) and intermediary influences on health such as social integration or exclusion in the WISE and how this affects people's material resources and psychological well-being.

The original purpose of the overarching research project was a full evaluation of the employment, health, well-being and social inclusion outcomes of a startup WISE employing people with psychosocial disability. Through our abductive qualitative analysis, experiences of structural ableism were identified as a factor that impacts transitional employees' work and well-being. Further detail on the research methodology has been published previously (Elmes, 2019). Participant pseudonyms have been used for all quotes. Table 2 shows a list of participants whose qualitative data is included in this paper and the timing of their participation in the study.

4. Findings

4.1 Work integration social enterprise aims, activities and employees

The WISE aimed to create a supportive, flexible work environment, integrating transitional employees with psychosocial disability, offering meaningful work with fair conditions and assisting employees to transition to other work. Transitional jobs at the WISE were not time-limited, and during employment, workers had access to career development activities,

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Table 2. Quoted participants

Participant pseudonym	Position	Year joining the study	No. of interviews completed
Terry	Transitional employee	2017	4
Dylan	Manager	2017	2
Anne	Transitional employee	2019	2
Tegan	Transitional employee	2017	4
Kev	Transitional employee	2017	4
Marie	Transitional employee	2018	4
Pema	Transitional employee	2017	4
Mason	Transitional employee	2018	2
Mary	Non-transitional employee	2017	4
Aaron	Transitional employee	2019	1
Lachlan	Transitional employee	2017	4
Nora	Manager	2017	3
Ashleigh	Non-transitional employee	2018	3
Martin	Transitional employee	2017	5
Ella	Transitional employee	2018	3
Wendell	Transitional employee	2017	4
Hannah	Transitional employee	2022	1
Jai	Transitional employee	2020	1
Abdo	Transitional employee	2019	1

Source(s): Authors' own work

personal support and assistance with job-seeking and applications for other work. The WISE theory of change assumed these activities would lead to targeted outcomes, including: increased independence and self-assurance through earned income; reduced reliance on welfare services; confidence to pursue goals; and increased friendships and support networks. Outcomes were intended to contribute to desired impacts of improved health and well-being of WISE employees and improved long-term economic participation.

At the outset of the study in 2017, the majority of 23 research participants (91.3%) had a mental health condition, a physical health condition (65.2%) or both (60.9%). Over the years, the WISE expanded its social mission beyond a focus on people with psychosocial disability, to creating employment pathways for anyone affected by social disadvantage. In the final year of the study (2022), smaller proportions of the 24 participants had either a mental health condition (34.8%) a physical health condition (17.4%) or both (8.7%). At the same time, a growing proportion of participants had come to Australia as an asylum seeker or refugee (29.2%), likely reflecting shifts in the local population arising from the area's status as a regional refugee resettlement zone (Toowoomba Region, 2024). Of the 51 study participants with longitudinal data, approximately 82% remained employed with the WISE for at least one year. By the final year of the study in 2022, a cumulative total of 55 people had gained other paid employment for any period of time. This represents 41% of all 134 transitional staff who were employed by the WISE in its first six years. However, transitions to other employment were not always sustained, with approximately 21 people (38% of those who gained other work) returning to work at the WISE again for some period and interviews with some participants describing experiences of unemployment after leaving the WISE.

4.2 Qualitative findings

4.2.1 Work integration social enterprise work practices that promote well-being. Enabling capability through flexibility

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Interviews with participants over multiple years enabled insights into how the health effects of social enterprise employment varied between and within individuals over time. Participants described positive effects on mental health from gaining flexible work that enabled employees to develop their sense of capability. WISE management affirmed this non-judgemental and understanding approach as a deliberate organisational practice:

> […] at that point in time I was a very panicked person too. I couldn't talk to anyone. Like, I was really antisocial […] [the WISE Manager] really understood that, so I went in, I introduced myself to him. I told a bit about myself and he's like, 'Alright, mate, well, you come in for a trial shift and we'll see how you go.' So he was really helpful and the fact that I did not have to sit down and do a formal kind of interview and it was just sort of like a chat [made it more comfortable]. – Jai, Transitional employee.

> We are a bit more lenient and understanding and non-judgmental, and try and have that flexibility in the workplace – that it's ok to have a bad day, we understand. – Dylan, Manager.

Participant comments illustrate that where environmental barriers to are removed, people with disability can work, experiencing benefits to their well-being through a sense of capability. Removing the requirement that an interview candidate presents with high social energy and positive emotions created space for a person experiencing anxiety and depression to gain work. An understanding, flexible and non-judgmental work culture created enabling working conditions for people with psychosocial disability to show up to work as they are and build confidence as they sustained employment.

Participants spoke about how WISE work had influenced their health and well-being. This included well-matched work tasks enabling a sense of mastery and capability and promoting mental health:

> I'm starting to gain the idea that I'm a hardworking person, and I've always been hardworking in my life basically, but I'm more confident now that I can stick to a routine and achieve goals for the day that I need to achieve at work, and the targets - meet the targets that need to be met, and do it every day until the cows come home. – Abdo, Transitional employee.

Sense of security and therapy

For many participants, feeling accepted and secure in the WISE workplace was a therapeutic contrast to negative past experiences and a contributor to well-being. When periods of worse health sometimes necessitated adjustments or time off work, participants reflected that the WISE's accepting and supportive approach in offering flexibility, leave and supported return to work promoted well-being and helped sustain employment. This approach represents some resistance to ableist social norms that expect employees to have well-behaved, convenient and consistent bodies or to mask their experiences for others' comfort:

> I feel that if I make a mistake, or if I have trouble with my memory, or something like that […] maybe if I'm having an off day, or trouble with my medication (that seems to happen a lot), then everyone's really patient with me, and I feel like […] safe is the only word. – Tegan, Transitional employee.

> I think it made it a lot easier after being unwell and in hospital, to come back to work like [the social enterprise], because people understood […] what you had gone through, or they understood they didn't need to ask about it, and they didn't necessarily avoid you. – Kev, Transitional employee.

These descriptions highlight experiences of well-being through the relational interactions in the WISE work environment, namely, feelings of security ("safe is the only word") and therapeutic experiences of acceptance ("people understood"). Well-being was also realised

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through additional earned income paid at award wages, which increased feelings of financial security where people were previously subsisting on government income support:

> Well it was like before I started there it's like 'can I afford milk?', and now every pay day I can go and spend $100 on groceries and it's not a problem, so just knowing that I can do stuff like that […] – Marie, Transitional employee.

These findings align with our view of well-being as both a process that occurs through interacting with different spaces and relationships that support experiences of capability, social integration, security and therapeutic value (Fleuret and Atkinson, 2007); and as a changing state that people can experience, often informed by social, economic, physical and psychological factors (Capic *et al.*, 2017; Cummins *et al.*, 2011). Within Solar and Irwin's (2010) social determinants of health framework, these themes are primarily located as intermediate determinants of health – psychosocial factors, working conditions and material circumstances.

Social connection, social integration and social capital

Many transitional employees reflected on the increased social connection they had through WISE employment, including the generally friendly and welcoming atmosphere of the workplace. This contributed to increased social integration and sense of belonging for many participants, and for some, the therapeutic experience of increased self-esteem:

> Like, there's just all sorts of people you can find at the WISE, so it's not like just Australians or just people with mental disabilities or just multicultural people. It's got a mix of everything and everyone, so it's - all that mix just helps everyone just feel welcome. – Jai, Transitional employee.

> I noticed a significant change in my mental health, my general attitude. I was a lot more willing to do things, interact with people instead of just being reclusive […] the fact that I came to work, nobody disliked me, everybody liked me […] It made me think that I'm actually pretty cool. – Mason, Transitional employee.

Non-transitional staff also reflected on changes occurring through increased social connections among WISE employees. This included social networks leading to practical support between colleagues and increased awareness and open-mindedness among staff without prior mental health experience leading to more compassionate responses. These are examples of bonding social capital (cooperative relationships between people with similar social identities) and bridging social capital (respectful and mutual relationships between socio-demographically different people) (Solar and Irwin, 2010, p. 42). In these ways, the social nature of the work environment promoted health and well-being through integration and increased understanding through social contact, building multiple forms of social capital:

> You've got people forming new friendships with their workmates […] You've got a little community of support – [one staff member] was buying a new washing machine, and knew that [another staff member] needed one – so he gave him his old one, and asked me if I could use the work truck to help him drop it off one afternoon after work […] I don't know if that would have happened if they were both just sitting at home […] It's just the networks. – Dylan, Manager.

> I'm probably a bit more open-minded now than I thought I was […] rather than getting a bit cranky about something, you just let it slide […] It's easy to forget that you don't know what the person you are talking to is going through […] – Mary, Non-transitional employee.

4.2.2 Work integration social enterprise work practices that do not promote well-being. Job insecurity

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While transitional employees earned award-waged income, they were largely employed on casual contracts without minimum hours or paid leave entitlements. The WISE employed other people (largely non-transitional staff) in permanent jobs, including into the same entry-level production roles worked by transitional staff. Some employees spoke about the material challenges they continued to face with limited earnings and desire for more job security. In particular, some participants specifically reflected on changes over time in the work hours available to employees with psychosocial disability:

> I'd happily take it on permanently. I know the income's only a low income, but at least you know you've got the security. But the place wasn't built to do that, it was to support people to get them back in the workforce and then get them moved onto the areas they want to work in, but sometimes it'd be just nice to know if you could stay without having to worry. – Anne, Transitional employee.

> […]in my view there are fewer shifts, so there's less work now for people with mental illness, and going forward there are fewer job opportunities for new people to come in under that banner […] I know the drivers because in a previous manifestation I used to [work in a related field]. So I understand that if you employ refugees, migrants, pre-release prisoners you get significant funding attached to them […] If you're looking in the finance side, oh that's good […] – Aaron, Transitional employee.

Financial reports from the WISE showed an increase in wage subsidy income over time, from $2,002 in the first year of operations (with a total of 23 transitional staff employed), to $62,277 by Year 3 when Aaron was interviewed (with a total of 65 transitional staff employed). The broadening of the WISE's recruitment to include people without psychosocial disability is also reflected in the changing demographics of study participants in the final year of the research, as reported in Section 4.1.

Initially, transitional employees who expressed interest in permanent roles reported being told that they were not eligible for this because they were transitional staff. This changed over time, and the WISE went on to employ some transitional employees into permanent jobs.

> One thing that came up recently was that most of us aren't really eligible for the more permanent roles here […] like when I felt that, I mean […] then it's like there's an us and them mentality […] if someone can get the skills in doing it, why not? Why not let them transition to full time? – Terry, Transitional employee.

These quotes illustrate both participants' views of tensions within the WISE and how they experience these. Participants acknowledged the social aims of transition and potential commercial drivers of having sufficient staffing to deliver the work at a sustainable cost (sometimes supported by wage subsidies). However, these practices were still experienced by transitional employees as a form of segregation between staff who entered the organisation with a known psychosocial disability and other (non-transitional) working in the same roles – creating "an us and them mentality". This finding that the relational dynamics of a WISE can contribute to both experiences of integration and segregation is supported in other WISE research (Farmer *et al.*, 2019).

Lack of career progression limiting capability and integration

While overall experiences of working at the WISE were positive, there were some negative experiences that came about through aspects of the WISE structure and culture. Some transitional staff felt underestimated and underused in the work they were given or their access to opportunities for progression, and this had negative effects on mental health and sometimes affected employment outcomes. Disappointment with work opportunities was expressed by employees who felt their capability exceeded their current job role. This was sometimes connected to prior education or experiences in skilled work or to an increased sense of capability developed during their time at the WISE:

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> Transitional employees are allocated the most menial tasks and not given anything more challenging, and I don't know why. There might be an argument to say, 'These people are only going to be here for a short period of time, and therefore it doesn't make sense to invest in training them to do a job with more responsibility', but to me it's like labelling and saying, 'If you've entered the building because you've got mental illness, that's all you're capable of doing, and then we'll try and encourage you to get another simple job in the meat works or wherever it is.' There should be in my view […] an opportunity to develop skills […] – Aaron, Transitional employee.

> I started not turning up there because I felt bored and unwanted and did all that work for everything […] like I would actually talk to people about getting those [higher level job] positions and stuff like that, and I'd feel like I'm getting judged or patronised by the [management] […] I kept getting cut down and, 'Oh no, you can't do it,' because I came into here as a disability worker. – Lachlan, Transitional employee.

While participants acknowledged that the WISE may have some limitations to the training and opportunities they could provide, reflections like these suggest that transitional employees experienced these tensions as ableist attitudes or covert stigma (Holley *et al.*, 2012), namely, the assumption that a person with a disability or mental health condition is not capable of taking on higher responsibility roles. For participants who sought career development beyond their entry-level role within the WISE, initially positive experiences of work changed when their desired career growth within the WISE was not fulfilled.

Managers and transitional employees recognised the need for both career development opportunities within the WISE and working with other employers to create inclusive, meaningful, longer-term employment pathways beyond the WISE. The latter was described as a larger task in promoting health and equity through influencing broader social, environmental, commercial and systemic conditions:

> […]Maybe [the WISE] can be stronger in bringing the community or the employment opportunities to the staff member as well, it's not all just 'staff members need to change to fit into this society that we've created', but also sort of moulding society, and helping them understand the journey our staff have been through, and creating those opportunities that haven't been there for them […] bringing the community in for that journey as well. – Nora, Manager.

Increased workload pressures leading to non-therapeutic work experiences

While most participants reported positive experiences of working at the WISE, some felt there was unreasonable pressure at times to achieve productivity targets:

> I understand it's a business, but it's become more about getting work out and not about the people, lately […] Yeah, in the last couple of weeks, it has shifted. I just think we've taken on too much too quick. People […] they've come to me and spoken to me and their anxiety is up through the roof and they don't want to come to work now and that's really hard. – Ashleigh, Non-transitional employee.

The increased productivity pressure described by participants temporally aligned with the WISE's drive towards achieving commercial sustainability, as the grant and donation funding received by the WISE in the first year of operations decreased – from $1,315,263 in Year 1, to $681,848 in Year 2. As these comments illustrate, increased pressure did not promote mental health and in some cases increased anxiety.

Alongside the changes in employee demographics reflecting a lower proportion of employees with disability or chronic health conditions over time, there was some evidence of internalised (and sometimes external) pressure to be the "ideal worker". Participants described this as pressure to conform to commercial and productivity expectations and not have illness or disability impact their work. Despite this, the realities of living with health conditions occasionally impacted work capacity:

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> If someone doesn't show up […] we're one robot down, and that throws a spanner in the works doesn't it? You know, I don't want to be a burden to the company so I make sure I'm here. – Martin, Transitional employee.

> They were putting us on eight hours a day after not being on it for three months. And then my body just pretty much didn't want to do it. So, I would go to one shift, work eight hours and then miss the next two shifts, even though there was a day in-between to recover, I wasn't able to recover […] I had a little bit of an issue with [a manager] at the time, he was getting very annoyed and […] I felt like I was in trouble because I had to go to the doctors […] Well I didn't ask for it, I didn't go out of my way to get sick, it just happened and that's just how it is – Ella, Transitional employee.

Ella's comment reflects on the period just after COVID lockdowns ended when staff were able to return to work after being stood down. In Australia, this period coincided with a government support payment called JobKeeper, designed to help organisations retain workers during the early stages of the pandemic. The WISE was able to access JobKeeper payments for eligible staff employed for 12 months or more, which subsidised their wages up to $1,500 per fortnight, while business revenue was affected during COVID restrictions (Australian Government, 2020). Not all WISE staff would have been eligible for this payment, so the WISE may have been navigating additional tensions at this time around how to adequately staff each shift from a smaller pool of employees whose wages would be supported through the available JobKeeper funding.

In a few cases, participants identified psychosocial factors at work as contributors to a decline in health – for example, where work pressures or job dissatisfaction contributed to stress or where people experienced conflicts or negative treatment from co-workers. A small number of participants specifically identified negative experiences at the WISE as contributors to their decision to leave without other employment:

> They were sick and tired of putting up with my mental problem. My disability. They didn't want to deal with it anymore and it was interfering with my work. Well, that's why we got the job. That's why the government gave them all that money for that grant. It was because they were putting on disabled people […] And they were supposed to take so much of that on their back and know that they're not going to get 110% out of someone with mental disabilities. There's going to be days that he's not going to be there or – you know what I mean? It was really a letdown. – Wendell, Transitional employee.

4.2.3 How work integration social enterprise work impacts social determinants of health. Across the six years of the study, transitional WISE employees reported some changes in structural determinants of health, including occupation (moving from unemployment into employment) and income, which increased through receiving wages from the WISE. Several participants spoke about how these changes improved their lives in terms of intermediary determinants of health such as material circumstances (including access to food, health care, exercise routines and other living conditions) and their perceived social status during employment compared to unemployment. This included how participants viewed themselves and how they experienced others viewing them:

> Before, when I was on unemployment, I had to budget everything. I couldn't afford healthier options, so I would stray more towards processed foods and stuff. But now that I actually work, and have a better financial status […] I'm eating healthier. I'm getting better sleep. I'm caring more about my health too, because I'm working a physical job, so I have to almost. So then access to healthcare – I'm more inclined to actually go get healthcare now, because I have a job. – Hannah, Transitional employee.

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> I think when you're employed you have a sense of societal purpose and confidence in social situations, when you're unemployed there's massive shame and stigma attached to that label. – Pema, Transitional employee.

The original program logic of the WISE articulated goals of improving health and well-being for WISE employees through providing an active job, social connections and sense of purpose. There was some evidence for the WISE contributing to increased access to nutritious food through gaining income and to health behaviours like development of a stable sleep routine to support work requirements. Participants also described some benefits to mental health – through the improved social status of being employed and through a sense of belonging and connection at work. These kinds of changes suggest that WISE employment had health-promoting effects both in terms of living and working conditions and psychosocial factors such as sense of purpose and routine.

Overall, experiences of WISE work and their effects on health were influenced by several factors. These include the fit between the person, their job and the work environment – for example, the degree to which the work tasks and structure match the employee's goals and needs. Other factors include working conditions, such as practices that support flexibility for employees around shift times, tasks and leave. Health effects were also influenced by the level of workload pressure and job insecurity experienced by employees, as well as the relationships and level of support from managers and colleagues. Finally, the availability of opportunities for career development aligned with personal goals also influenced the degree to which people had positive work experiences, health and employment outcomes. It is important to note that all of these factors are affected by the constraints that WISEs operate within – in terms of the industry and types of work they can offer; the need to balance flexible work practices with timely delivery of goods or services; pressures to cover costs through revenue generation; and capacity to invest in supporting and developing staff. As these constraints changed for the WISE – for example, through factors like reduced external funding and stronger imperatives to increase business income – related effects such as increased workload and performance pressure on employees were observed over time.

Similarly, the longitudinal nature of this study enabled us to observe changes within employees over time. Often, initial interviews about work at the WISE were extremely positive, expressing appreciation for the opportunity to enter (or re-enter) work after unemployment. However, particularly over time, for some transitional staff who sought more secure work or wanted to grow their career within the WISE, lack of opportunity for permanent work or career development were experienced as forms of segregation or ableism, echoing past experiences of exclusion.

5. Discussion

This research finds that for people who have experienced employment exclusion, WISE employment can lead to improved well-being and address some forms of inequity through supporting positive changes in employees' material circumstances, sense of societal inclusion and health behaviours. Positive experiences of WISE work – characterised by flexibility, understanding and support – were health-promoting and enabled a sense of capability for participants. Several employees spoke positively of how the diverse mix of people working at the WISE contributed to a sense of acceptance, belonging and shared learning. The expanding workforce was only viewed negatively when employees with disability perceived inequities in the distribution of work opportunities – for example, where other employees were hired into permanent roles which did not appear available to them.

Negative experiences – characterised by high work pressures, job insecurity and dissatisfaction with career progression – were detrimental to mental health and employment

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outcomes. Both positive and negative experiences could occur for the same participants – often beginning with boosts to well-being through the supportive features of WISE employment, but varying over time for some employees in response to increased commercial demands or limited work opportunities. These findings reflect our relational-cultural understanding of disability, which recognises that disability is a product of the relationship between social, cultural and physical environments, as well as embodied realities (Kwon and Archer, 2022; Owens, 2015). In some cases, participants reported challenges in conforming to commercial productivity expectations (especially where these increased rapidly) because of their current health status. In other cases, participants felt disabled by lack of opportunity to demonstrate their capability in higher level roles within the WISE.

By following a WISE over time, we have observed some of the strategies the WISE used to navigate evolving tensions between social and commercial goals – and learned how employees view these tensions. This case study included examples of the WISE using shielding (protecting employees from harmful logics) and cross-fading (shifting between social and commercial logics over time) (Leger *et al.*, 2025). Shielding was most strongly demonstrated in the first year or so of WISE operations, when managers explicitly enacted flexibility and understanding around mental health (protecting against discourses that stigmatise mental health conditions and rigid employment conditions that exclude people with disability). In the second and third year of the study, the WISE received less external funding to support its activities and experienced more commercial pressure to increase trading revenue. With this change came evidence of cross-fading, with the WISE shifting towards commercial logics, requiring higher productivity from employees and some increased rigidity around shifts. This finding reflects research showing that reduced funding impacts a WISE's ability to provide the required supports (Oswald, 2025).

While we have described some factors that may have contributed to evolving organisational practices within the WISE, we sought to bring focus to employees' perspectives on these tensions. In most cases, employees understood the factors that might be informing organisational tensions and practices – for example, lack of opportunities internally because of the WISE's aims to transition people to other employment; increased work pressures because of commercial imperatives to generate income; and the availability of employment subsidies to support job creation. However, for some employees, these tensions were experienced as ableism: not being given a chance at a permanent/higher skilled job because of their status as a transitional employee with disability; decreased understanding and flexibility around work pace and hours; and less jobs or shifts for people with psychosocial disability as the workforce expanded. The implications of these experiences included decreased sense of organisational justice, which can impact levels of psychological safety (Comcare, 2025) and, in some cases, employees resigning from work. A recent Australian summit on social enterprise jobs identified that preventing an "us and them" dynamic between social enterprise employees or participants and other staff is important in creating organisational cultures that facilitate belonging and well-being (White Box Enterprises and Social Enterprise Australia, 2025, p.25–26). This suggests that these kinds of challenges are not specific to this WISE but require consideration across the sector.

WISE can make a difference to the societal barriers that contribute to employment exclusion and negatively impact determinants of health for people with disability, but these workplaces are not immune from recreating conditions that continue to limit equal opportunities in employment and health. It is important to acknowledge that many barriers and opportunities for change are influenced by the WISE operating environment and broader societal norms (Barraket *et al.*, 2023). For example, a WISE's capacity to increase permanent job opportunities or to train and support people into leadership roles requires the WISE to

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gather the financial and human resources to do this. Similarly, societal norms and expectations of people with disability may either reinforce attitudinal barriers within the WISE or help remove them. Thus, attention to these broader historical, cultural and political influences that shape organisational responses is necessary in WISE research (Holmqvist *et al.*, 2013).

Overall, this research found high levels of sustained employment while working at the WISE, but participants' descriptions of fluctuating health illustrate that improvement in health (such as reduced symptoms or increased capacity) is not guaranteed, even when disabling social and environmental barriers are addressed through a flexible and supportive work environment. This and other longitudinal research on WISE (Lysaght *et al.*, 2022) suggests some evidence for WISE employment as a stabilising factor, while evidence of health improvement is more limited. Even within a WISE work environment intentionally designed for inclusion, participants sometimes experienced pressure to be the "ideal worker". In some cases, this pressure was internalised – for example, people trying to ensure that their health or disability did not impact their work and that they were present for every shift. Sometimes this was external, through enforced productivity targets or responses to absence that did not sufficiently allow for varied capacity because of illness or injury. While various social and commercial tensions undoubtedly influenced the WISE's organisational practices, several employees experienced some practices as ableist. Limits to the type of work and working conditions transitional employees could access were described as harmful to employees' well-being and employment trajectories and led to a sense of segregation and social exclusion.

After leaving the WISE, some participants gained secure employment, but others faced difficulties finding secure work and became underemployed or unemployed again. This highlights the challenge of achieving broader health promotion goals of social, environmental, commercial and systemic change – including influencing the openness and responsiveness of other employers in hiring people with disability or health conditions and providing work environments that support ongoing employment and improved health and well-being. These results align with research emphasising that positive sustained employment outcomes are influenced by the person-job fit; a flexible work environment and culture where diversity and work adjustments are freely accepted; and equal opportunities for job security, job satisfaction and career development (Williams *et al.*, 2016).

This study finds that experiences of WISE employment and impacts on health and well-being can vary within the same participant over time, moderated by employees' perceptions of the degree to which they experience social inclusion and equal work opportunity. These heterogeneous effects suggest that further adaptions could be made to tailor WISE employment experiences and pathways to employee goals – including where goals may relate to career progression within the WISE. This is particularly relevant for employees with psychosocial disability who have experienced work exclusion, given that support and flexible environments increase work tenure for this population (Huff *et al.*, 2008; Williams *et al.*, 2016). At the same time, this and other studies have observed that the systemic constraints WISE operate within are a limiting factor in providing opportunities for higher-level jobs and secure work and that this reflects an ongoing need for adequate funding, improved coordination with government programs and resource development (Barraket *et al.*, 2023; Lysaght *et al.*, 2024, pp.46–47).

A key limitation of this research is that it draws on evidence from a single WISE case study organisation in regional Australia. While some findings may be particular to this research setting and, therefore, cannot be generalised across all WISEs, the study does provide novel in-depth insights from WISE employees over an extended period of six years,

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contributing to the limited longitudinal data on this topic and providing some insight into the well-being changes people subjectively experience through the pathway into (or out of) WISE work. We also add to the body of research exploring how WISEs navigate tensions between social and commercial logics, by incorporating employees' perspectives on these tensions.

6. Conclusions

Through providing employment within a supportive, flexible environment, WISE work can promote the health of people with psychosocial disability. This occurs through the WISE actively taking steps to reduce environmentally imposed disability, such as inviting people with disability to apply for work, accepting and accommodating people's needs and countering ableist expectations that require everyone to present as an "ideal worker" by offering flexibility that responds to people's embodied realities. These actions can reduce the avoidable stress of economic exclusion, through providing employees with income and improving intermediate conditions for health such as material circumstances, living and working conditions and social capital through increased social connection and networks.

This study finds that WISE employment can provide structure and routine that supports social integration and positive health behaviours that contribute to well-being. We also find some evidence of resistance to ableism in work practices that accept and support employees with disability or health conditions to work in ways that best fit them – such as negotiating work hours or allocation of tasks. However, not all experiences of WISE employment are positive and participants who experienced exclusion, faced pressures beyond their capacity at the time or felt devalued within the work environment reported negative effects on their health and well-being. Workplace practices that reflect ableist attitudes – such as requiring that all workers perform an "ideal" (non-disabled) way of working; or assuming that people with disability cannot do certain jobs – can cause harm to people's health and well-being.

Pursuing goals of health promotion and equity for employees with disability requires that WISEs (alongside all employers) consider and address where prevailing ableist social norms may be impacting employees' experiences and actively resist these through their work practices. For transitional WISE, this involves modelling transparent, inclusive employment processes and maintaining clear communication around work changes related to navigating tensions as a hybrid organisation.

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In this paper, we use person first language following the UN Convention on the Rights of Persons with Disabilities (United Nations, 2006). The authors acknowledge that in some communities, identity first language is preferred.

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