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Conceptualising the (dis)abling marketplace through value creation and destruction

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ABSTRACT

Drawing upon value theory, this study investigates both the enabling and disabling features of marketplaces for consumers in the disability market. Analysis of longitudinal qualitative data collected before and after the introduction of a new disability service provision scheme in Australia offer empirical evidence of such marketplaces that are both creating and destroying value for people with disability and their carers. In some instances, value creation and destruction can co-occur for individual consumers. These empirical insights lead to a theoretical conceptualisation of the marketplace as not being wholly disabling, but rather consisting of disabling and enabling factors. Understanding these factors allows service providers and policy makers to make adjustments in view of maximising value creation and minimising value destruction.

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Introduction

The present study aims to understand consumer experiences of value creation and destruction in a (dis)abling marketplace. Consumers with disability ‘can and do live full, satisfying, lives’ (Higgins, 2020, p. 2677; Swain & French, 2000) and pursue active engagement in areas such as education, employment, and recreation to achieve a high quality of life (Australian Institute of Health and Welfare, 2022). Yet many people with disabilities and those who support them, including family members and carers, face significant challenges (Higgins, 2020). Consumers with disabilities often report experiencing marketplace interactions that leave them feeling marginalised and disempowered, with many choosing to avoid further consumption interactions to minimise their negative impact on their psychological and emotional states (Beaudeart et al., 2017; Higgins, 2020).

Such negative consumption experiences have highlighted how marketplaces can be disabling (Echeverri & Salomonson, 2019; Higgins, 2020). However, marketplaces can also be enabling, such as in the case of the transformative service industry, which is designed with the purpose of empowering consumers and improving their well-being (Johns &

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Davey, 2019; Rosenbaum et al., 2011). Our research responds to calls to advance our understanding of disabling marketplaces, specifically in relation to disabled consumers (Higgins, 2020). We consider how understanding disabling and enabling features of marketplaces through a value theory perspective, can guide marketers in improving consumption experiences.

Existing literature offers various conceptual perspectives for understanding the experiences of consumers with disabilities in the marketplace. The social model of disability (Finkelstein et al., 1981; Goodley, 2001; Imrie, 1997; Oliver, 1983) considers how various environmental, social, and structural factors, rather than solely people's own impairments, can be disabling for consumers. The consumer vulnerability perspective (Baker et al., 2005) acknowledges the subjective, personal, and highly variable nature of disability, and focuses on how various personal, contextual, and structural factors mediate the potential vulnerability of people who are experiencing disabilities to harm, as well as pathways for empowerment. The psycho-emotional model of disability (Higgins, 2020) considers how fear acts as the key emotional experience of consumers with disabilities in the disabling marketplace, negatively impacting people with disability, their carers, and family members. This approach supplements the social model of disability perspective that considers the structural and environmental factors, with a person-centred focus that considers their emotional response towards these structural and environmental factors – in particular, negative emotional responses.

These existing conceptualisations have helped advance our understanding of the negative experiences, impacts, and consequences, such as fear and anxiety (see Higgins, 2020), and the positive aspects, such as empowerment (see Baker et al., 2002; Echeverri & Salomonson, 2019) of disability in the marketplace. We identify opportunities to enrich these existing conceptual understandings by focusing on disability in the marketplace that simultaneously considers both positive and negative experiences at the same time for the same consumer. Our research draws upon value theory and a longitudinal qualitative study to analyse and interpret consumer experiences of simultaneous value creation and destruction (see also Navarro et al., 2014; Randle & Zainuddin, 2021). We ask the following overarching research question: How do consumers experience value in a (dis)abling marketplace?

Our study context is the Australian National Disability Insurance Scheme (NDIS), which was conceptualised by the Australian National Disability Insurance Agency as a 'consumer-controlled marketplace [...] where eligible people with a disability can use their NDIS plans to choose those support services that best help them achieve their specific life goals' (NDIS, 2016, p. 6). The NDIS provides people with disabilities with personal funding packages, which they can spend in ways they view as most beneficial to them. Our longitudinal approach allows us to analyse how consumers with disabilities experience value in the marketplace of disability service provision before and after the introduction of the NDIS. We believe this study context offers a particularly interesting perspective of simultaneous positive and negative experiences and how these patterns of experiences change as the new, more consumer autonomy-focused NDIS system was put in place.

Our research contributes to the discussion of consumption experiences by people with disabilities by conceptualising the (dis)abling marketplace through the lens of value theory (Navarro et al., 2014) and investigating situations of simultaneously positive (value creation) and negative (value destruction) consumption experiences. Our findings are practically relevant because our theoretical insights allow us to identify how systems,

structures, policies, and strategies can be developed to achieve enabling marketplaces that better support and empower consumers with disabilities.

The structure of the rest of our paper is as follows. We begin with a review of the literature on the (dis)abling marketplace, the social model of disability, the consumer vulnerability perspective, and value creation and destruction. Our study method drawing on longitudinal qualitative interviews with consumers in the Australian NDIS marketplace is then summarised. Our study findings are then presented, followed by a discussion of the theoretical, practical, and policy implications of our work. We conclude by acknowledging the limitations of the study, and offer some suggestions for future research.

Literature review

The (dis)abling marketplace

The idea of the disabling marketplace considers how marketplace structures and market interactions can have a disabling effect on some consumers. Marketplaces can be disabling in numerous ways, for example by overlooking the needs and preferences of consumers with disabilities in service design and delivery (Randle et al., 2021; Rosenbaum et al., 2017). Consumers with auditory disorders can feel excluded in servicescapes due to sensory overload, forcing them to choose between physical servicescapes, opting for e-servicescapes, or delegating another person to engage with the marketplace on their behalf (Beaudeart et al., 2017). Marketplaces can also exclude consumers with disabilities through poor retail design, such as inefficient signage that creates difficulties for consumers with visual impairments to navigate retail spaces (Yu et al., 2015). Store layouts designed to increase profitability by maximising floor space results in narrower shopping aisles can create access issues for consumers with mobility challenges (Kaufman-Scarborough, 1999).

Understanding how marketplaces can be disabling is important because people with disabilities experience greater social isolation, psychological distress, and discrimination than those without disabilities (Australian Institute of Health and Welfare, 2022). We enrich the existing work that has examined the physical environment and structures, as well as practices that disable consumers (Beaudeart et al., 2017; Higgins, 2020), by also considering marketplace actors, and goods and services that also influence consumption experiences (Baker et al., 2007). We consider that marketplaces are never wholly disabling nor wholly enabling, but rather comprise aspects of both because a recent study demonstrated how the nature of staff interactions makes consumers feel either enabled or disabled (Randle & Zainuddin, 2021). We use the term '(dis)abling marketplace' to acknowledge that markets may concurrently offer both empowerment opportunities and consumption constraints.

Social model of disability

Early conceptualisations of disability were informed by a medical perspective focusing on the individual physiological condition (Imrie, 1997) and viewed disability as an individual problem of impairment (Oliver, 1990). Considering people with disabilities according to their impairments perpetuates ableist values and implicitly suggests society must attempt

to 'fix' people with disabilities or that they must learn to cope with impairment (Imrie, 1997, p. 263). A reconceptualisation of disability through a social constructivist lens led to the emergence of the social model of disability (Finkelstein et al., 1981; Oliver, 1983, 1990), which focuses on how it is society that serves to disable impaired people. A key contribution of the social model is that it repositions problems associated with living with disability from the self to the environment in which people live (Goodley, 2001; Oliver, 2004). From this perspective, the socio-cultural and structural-environmental dimensions of society are often potentially disabling, thus contributing to the disablement of people with impairments (Oliver, 1990). It follows, that these same factors can then be addressed or modified to create enabling environments (Oliver, 1996).

The social model of disability has generated discernible positive impact by directing marketplace actors on the necessary structural and environmental changes needed to cater to consumers with disabilities (Oliver, 1996; Shakespeare, 2004). Nevertheless, in practice, some interventions have appeared primarily motivated by satisfying regulatory requirements, while overlooking the realities of consumers' lived experiences of disability (Higgins, 2020; Kaufman-Scarborough, 1999).

Some limitations of the social model have been articulated, with the argument that it represents an overly simplistic model to address a complex issue like disability (Bickenbach, 2012; Shakespeare, 2017; Terzi, 2004). For example, while the social model has been useful for responding to the needs of those with physical and sensory impairments, it has been argued that it pays less attention to informing appropriate support for other groups in the disability community, such as those with intellectual impairments or mental health issues (Shakespeare & Watson, 2001). Furthermore, Shakespeare (2004) also points to medical evidence that people with these types of disabilities have underlying psychological or cognitive dysfunction, which would present challenges in their everyday lives, irrespective of any structural and societal changes that can be made. While it is acknowledged that people with these types of disabilities are further disabled by society, Shakespeare (2017) and others argue that they can never be fully enabled by societal changes alone because of the nature of their impairment.

The social model also pays less attention to many dimensions of personal experience, such as the nature of impairment, identity, life course, and capabilities (Crow, 1996; French, 1993; Locker, 1983; Morris, 1991; Shakespeare & Watson, 2001). Yet, as Oliver (2013, p. 1024) articulates, the social model was never intended to offer a universal and 'all all-encompassing framework within which everything that happens to disabled people could be understood or explained' and he identified that individual factors shaping disability should still be acknowledged. In addition to the social model perspective, the consumer vulnerability perspective of disability has emerged over the last two decades.

The consumer vulnerability perspective

The consumer vulnerability perspective acknowledges variability in the degree of impairment and disability experienced (Beaudeart et al., 2017; Echeverri & Salomonson, 2019; Mason & Pavia, 2006; Pavia & Mason, 2012). It conceptualises consumers' lived experiences of disability through the lens of vulnerability – a state of powerlessness arising from an imbalance in marketplace interactions, or through consumption of marketing, and products (Baker et al., 2005). The outcome of this state of vulnerability can include

hindering consumption goals or negative impacts on personal and social perceptions of self (Baker et al., 2005; Tanner & Su, 2019). A vulnerability-focused approach provides a more consumer-centric way of understanding the experiences of consumers with disabilities (Abney et al., 2017; Beaudart et al., 2017). However, there can be a risk that disability is conflated with vulnerability (Baker et al., 2005). Vulnerability can be transient or a consequence of the environment (Baker et al., 2005; Barnhart and Peñaloza, 2013; Commuri & Ekici, 2008) and therefore it cannot be assumed that people with disabilities are permanently vulnerable. Furthermore, vulnerability is an experiential condition, but does not necessarily lead to harm or impact negatively upon well-being, whereas it is often assumed that vulnerable consumers always experience harm (Hill & Sharma, 2020).

Proponents of the consumer vulnerability perspective argue it empowers consumers, offering them greater choice and control over their consumption experiences (Randle & Zainuddin, 2021). Key insights from this body of work include understanding and supporting coping and adaptation strategies. For example, consumers with auditory impairments may wear headphones to avoid sensory overload in noisy shops (Beaudart et al., 2017). Some consumers with disabilities regain power in marketplace interactions through coping strategies (Baker et al., 2002; Echeverri & Salomonson, 2019).

A possible unintended consequence of this perspective is that people with disabilities are seen as responsible for managing their own marketplace interactions (Higgins, 2020) and addressing and navigating disabling marketplaces to reduce their level of vulnerability to negative outcomes. Proponents of approaches that focus on consumer resources and contributions (i.e. enacting coping and adaptation strategies) argue that this empowers them and gives them agency over their consumption experiences. However, certain assumptions must be fulfilled before the benefits of this approach can be fully realised, namely that consumers have access, ability, and desire to deploy resources towards their marketplace interactions, which is not always the case (Anker et al., 2022). Reeve (2002) argues that pushing the responsibility for consumption experiences onto people with disabilities may lead to internalised oppression – ‘a form of social oppression involving the social imposition of restrictions of activity on people with impairments and the socially engendered undermining of their psycho-emotional well-being’ (Thomas, 2007, p. 73).

The psycho-emotional model of disability

Another perspective regarding the experience of people with disabilities in the marketplace draws upon the psycho-emotional model of disability (see Higgins, 2020), which consists of three facets: structural barriers, social interactions, and internalised oppression (Reeve, 2004). As such, it incorporates elements of the social model of disability while also accounting for individualised lived experiences. The emotion of fear is central to psycho-emotional disablement in the marketplace, impacting not just consumers with disabilities but also their carers and family members (Higgins, 2020). Rather than offering forms of resistance and rejecting disabling marketplace interactions as a means of regaining power and control, many find that this can lead to further marginalisation in the marketplace, exacerbating their disablement (Higgins, 2020). Consequently, some people with disabilities are further limited by the fear of voicing their frustrations, perpetuating a system of oppression and marginalisation (Reeve, 2002, 2004; Thomas, 2007). Baker (2006) and

Navarro et al. (2014) suggest that staff training in marketplace contexts is necessary to ensure positive marketplace interactions for disabled consumers. Higgins (2020) emphasises that such training should go beyond considering physical and structural factors, and also involve developing an understanding of the impact of psycho-emotional disability.

In sum, existing marketing scholarship on disability in the marketplace drawing on the social model has accounted for the need to address socio-cultural and structural-environmental factors (Kaufman-Scarborough, 2015; Navarro et al., 2014; Yu et al., 2015). Research on consumers' lived experiences through a vulnerability lens has foregrounded how negative marketplace interactions can be mitigated through coping and adaptation (Beaudeart et al., 2017; Echeverri & Salomonson, 2019; Mason & Pavia, 2006; Pavia & Mason, 2012). Scholarship adopting the psycho-emotional model to explore consumers' lived experiences of disability has emphasised how structural barriers and negative social interactions can create internalised oppression that further marginalises people (Higgins, 2020). While this extant literature identifies key factors that cause marketplaces to be disabling, but also pathways for empowerment, we believe that there is an opportunity to further explore when consumers may become enabled and/or disabled in the marketplace. In particular, we are interested in situations in which consumers with disabilities may suffer devaluation but also how marketplaces can enable, empower, and create value for them. As such, we ascertain that conceptualising the (dis)abling marketplace through the lens of value theory can be useful to understand consumers' experiences of enabling and disabling marketplaces (Navarro et al., 2014).

Value creation and destruction

We propose using value theory as a useful theoretical framework to conceptualise the (dis)abling marketplace. Consumer value is the subjective evaluation of an interactive, relativistic, consumption experience (Holbrook, 2006; Woodruff, 1997) and can be created or destroyed. Value creation is a process that involves the integration of a variety of resource contributions from key actor/stakeholders, namely consumers and service providers, in the consumption process to generate value (Prahalad & Ramaswamy, 2004). Deriving value from consumption experiences is associated with consumer well-being (Zainuddin et al., 2013), but consumer value can also be destroyed in marketplaces. Value destruction is a process that occurs as a result of resource misintegration or insufficient resource contribution that has the potential to result in a decline of the well-being of one or more actors in the consumption experience, including consumers (Laud et al., 2019; Plé et al., 2010). We identify that interpreting value creation and value destruction processes and experiences for consumers in the (dis)ability marketplace can help understand how goods and services, marketplaces, and actors within marketplaces can interact to best meet consumer needs.

Value can be created or destroyed through its various dimensions. Value is a multidimensional construct, of which common dimensions include functional, economic, emotional, social, epistemic, and altruistic value (Chell & Mortimer, 2014; Gordon et al., 2018; Holbrook, 2006; Sheth et al., 1991; Sweeney & Soutar, 2001) (see Appendix A). The dimensions of value that people seek from their consumption experiences vary because they are consumer and context specific, for example some consumers in a specific market context may be more motivated towards realising functional or

emotional value, while others seek economic value (Gordon et al., 2018). Furthermore, different dimensions of value may be achievable for the consumer depending on the market context and offering, for example a discount service provider can help realise economic value, while a high touch, personalised human service provider could offer social and emotional value for consumers (Zainuddin et al., 2021).

Given the interactional nature of value creation and destruction processes, they involve resource contributions from both consumers and service providers (Davey et al., 2020; McColl-Kennedy et al., 2012), which are activities that explain how value can be enabled or destroyed. Consumer resource contributions are self-generated and can be cognitive, such as understanding one's role and responsibilities as a consumer; affective, such as managing one's emotions; or behavioural, such as physically participating in an exchange in a way that is necessary (Davey et al., 2020; Zainuddin et al., 2013). Provider contributions can be administrative (McDougall & Levesque, 1994), such as the systems and processes that support a consumption experience; technical (Dagger et al., 2007), such as the expertise provided by a service provider; or interpersonal (Brady & Cronin, 2001), such as the level of care or empathy expressed by frontline staff. However, incorrect, incongruent, or insufficient resource contribution and application, whether intentional or unintentional, can lead to value destruction (Laud et al., 2019; Plé et al., 2010). Therefore, when studying (dis)abling marketplaces it would be important to understand how consumer and market-level resource contributions mediate the value creation and destruction processes.

We also consider value theory as a theoretical framework that is well-suited for understanding the (dis)abling marketplace because people with disabilities vary substantially in their needs and characteristics, leading to subjective value expectations from their consumption experiences (Stewart Loane & D'Alessandro, 2013). This aligns well with the subjective and multi-dimensional nature of the value construct. Understanding the nuances of value creation, destruction, and experiences for consumers in the disability market allows for meaningful segmentation based on value needs and preferences, which can inform improved marketing strategies and the design of marketplaces that enable and improve the well-being of disabled consumers (Randle & Zainuddin, 2021).

In our current study, by examining the value creation and destruction processes to conceptualise the (dis)abling marketplace, we respond to calls for more research that examines these processes simultaneously, as the extent literature has tended to investigate them separately (Zainuddin & Gordon, 2020). In so doing, we not only examine the experiences of study participants as consumers in the disability market, but identify the various actor stakeholders and systems involved to understand how their contributions interact to create or destroy value, leading to enablement or disablement.

Method

Research context

The context for our study is the National Disability Insurance Scheme (NDIS) in Australia – a marketplace designed to achieve greater power, autonomy, and agency for people with disabilities (NDIS, 2016). In Australia, nearly one in five people (approximately 4.4 million people) live with a disability (Australian Bureau of Statistics, 2019). The prevalence of disability increases with age, from one in nine (11.6%) for people aged 0–64 years to one

in two (49.6%) for people aged 65 years and over. Understanding, caring for, and empowering consumers experiencing disability is an important policy and practical priority for the Australian Government (Australian Institute of Health and Welfare, 2022). In 2013, the Australian parliament passed legislation to introduce the NDIS, which has been described as 'the most important social policy innovations to have been developed and implemented in Australian history' (Mavromaras et al., 2018, p. xiii). The aim of the NDIS is to give people with disabilities a greater sense of independence, dignity, and respect by providing them with personalised funding packages and greater autonomy in choosing how to spend their entitlements (Victorian Government, 2015). The shift towards an autonomy-focused system can be described as 'cash for care' and has also been adopted in the disability support schemes of countries such as England, Ireland, France, the Netherlands, and the US (Hummell et al., 2023; Pattyn et al., 2021, p. 363). Such aspirations are shared by numerous other countries with similar disability support schemes such as Singapore and Canada, and the NDIS has been described by disability advocates in these countries as the 'gold standard' (Bhandari, 2021, p. 1). The person-centred nature of these schemes is a common feature between the NDIS and other disability support schemes worldwide; however, some differences remain. For instance, in England and Ireland, people with disabilities can still choose to have their entitlements remain with a local authority, rather than receiving their payments directly (Needham & Dickinson, 2018), unlike in Australia where people with disabilities receive their entitlements directly. In the US, disability support packages are means tested to target low-income earners (Fisher et al., 201), but means testing is not used in Australia and support is available to all.

Prior to the NDIS, support funding was provided directly to non-profit disability service providers and all services required by that individual were delivered by the one provider. Under the NDIS, both non-profit and for-profit disability support providers compete for market share, and in this regard the provision of disability supports in Australia has effectively become a competitive marketplace. The NDIS includes many of the features that characterise marketplaces which cater to consumers with disabilities, such as providing consumers with a range of products to choose from, a sense of autonomy and independence in making decisions, and customised offerings that cater to individual needs (Baker et al., 2001). These features offer consumers with disabilities a sense of 'normalcy', whereby they are able to participate in the marketplace, feel like their unique circumstances are recognised, have control over what services they choose, and are made to feel like they belong (Baker, 2006).

Despite being designed to be an enabling marketplace for people with disabilities, the NDIS has attracted criticism relating to its structure, design, and implementation (Burton, 2022; Dickinson, 2021; Schultz, 2021). Critics claim that the NDIS has effectively created a disabling marketplace.

Study design

The introduction of the NDIS offered a unique opportunity to conduct a natural experiment by collecting data before its introduction in 2017/18 (Wave 1) and again in 2021/22 (Wave 2) using a longitudinal qualitative design (Boddy & Croft, 2016). The present study included a team of researchers, and data collection was performed by two team members. Researchers interviewed participants in their natural environments to observe and gain greater understanding of how they live and the challenges they face in their everyday lives.

Researchers used discussion guides to ensure alignment between the data collected and the research question and value theory. The semi-structured discussion guides covered participants' personal circumstances, a detailed description of a typical week and the disability services they used, how they choose disability services to use, challenges they experience in navigating the disability support systems, goals and aspirations, and how disability services support the achievement of these. As fieldwork progressed, the research team engaged in ongoing dialogue to develop the theoretical implications of the findings. Participants gave consent to the recording and transcription of interviews. Our university's human research ethics committee approved the project (approval number HE16/388).

Sample and recruitment

All participants were consumers of disability services. Participants could be the person with an impairment, or their carer. We used a maximum variation sampling strategy with the aim of including a high level of variation in a relatively small sample (Patton, 1990) to capture the diversity of people who choose and use disability services and the wide-ranging types of supports they may require. People with different sociodemographic characteristics, and people with different types and severity of disabilities were recruited.

Our partner organisations (providers of disability services in New South Wales, Australia) assisted with recruitment by suggesting clients who might be suitable for inclusion in this study, and initially contacted potential participants, extending an invitation to be involved in the study. A total of 22 people participated in both waves of data collection (see Table 1). They were diverse in terms of perspectives (people with disabilities 22.7%, carers 77.3%), and types of disabilities (physical 22.7%, sensory 18.2%, psychosocial 40.9%, neurological 40.9%, intellectual 77.3%, autism spectrum 50.0%). Participants could select more than one disability type. Further sociodemographic characteristics, including area of residence, highest level of educational attainment, and employment status are presented separately in Table 2 to maintain participant confidentiality and ensure they are not identifiable.

Analysis

We analysed data using a 'theoretically driven inductive approach', in which the coding system is generated inductively, but according to which we drew upon our conceptual perspective informed by value theory when identifying and naming themes and interpreting data (Syed & Nelson, 2015, p. 4). First, we employed a grounded, inductive approach to identify themes within each of the higher-level categories (Eisenhardt et al., 2016; Miles & Huberman, 1994). Next, we applied a deductive approach by using the constructs within consumer value theory as theoretically informed codes to help organise the data into level categories (Krippendorff, 2004; Neuendorf, 2001). This involved categorising data using open and axial coding (see Strauss & Corbin, 1994) – which focused on the nature of the value obtained from disability support services and the ways in which value was created and destroyed, both pre- and post-implementation of the NDIS.

Themes were continuously reviewed and refined iteratively as we progressed through the analysis process, reflecting a constant comparative thematic approach (Miles & Huberman, 1994). Following completion of the Wave 2 data collection, we were confident

Table 1. Sample characteristics.

Study participant details			NDIS participant details		
#	Pseudonym	Role	Disability type/s	Age	Sex
1	Miranda	Carer (parent)	Autism, intellectual, psychosocial	19	Male
2	Michelina	Participant	Intellectual	28	Female
3	Lynette	Carer (parent)	Intellectual, neurological, psychosocial	24	Female
4	Brenda	Carer (parent)	Autism, intellectual, neurological, acquired brain injury, psychosocial, physical	17	Male
5	Amanda	Carer (sibling)	Autism, intellectual	56	Male
6	Samuel	Participant	Intellectual, neurological, acquired brain injury	57	Male
7	Deborah	Carer (parent)	Autism, psychosocial	9	Male
8	Lorraine	Carer (parent)	Intellectual, neurological	37	Female
9	Deidre	Carer (parent)	Intellectual, neurological, psychosocial	42	Female
10	Jennifer	Carer (grandparent)	Autism, intellectual, neurological, sensory, psychosocial, physical	18	Male
11	Kellie	Carer (parent)	Autism	12	Male
12	Amelia	Participant	Intellectual, neurological	34	Female
13	Jenna	Carer (parent)	Autism	19	Male
14	Natalie	Carer (parent)	Autism, intellectual, sensory	12	Male
15	Kendall	Carer (parent)	Intellectual, sensory, psychosocial	36	Male
16	Frank	Participant	Physical	63	Male
17	Sharon	Carer (parent)	Autism, intellectual	14	Female
18	Adele	Carer (parent)	Autism, intellectual	23	Male
19	Cathy	Carer (parent)	Autism, intellectual, psychosocial	7	Male
20	Cate	Participant	Intellectual, neurological, acquired brain injury, psychosocial, physical	37	Female
21	Samantha	Carer (parent)	Intellectual, neurological, sensory, physical	13*	Female
22	Donatella	Carer (parent)	Autism, intellectual	19	Male

*One participant's child was 13 when they passed away in 2018. This person participated in Wave 1 of this study, and wanted to and did participate in Wave 2 to provide a retrospective account of her child's experience pre- and post-NDIS.

Table 2. Sample sociodemographic characteristics.

Sample sociodemographic characteristics	Number	Percent
Area of residence		
- Metropolitan	6	27.3
- Regional/rural	16	72.7
Highest level of education		
- Year 10	4	18.2
- Year 12	4	18.2
- Vocational Certificate/Diploma	6	27.3
- University Degree/Diploma	8	36.4
Employment status		
- Working full-time	3	13.6
- Working part-time/casually	4	18.2
- Unemployed	6	27.3
- Homemaker	4	18.2
- Retired	3	13.6
- Full-time student	2	9.1

that theoretical saturation had been reached, because while each participant's story was unique according to their individual circumstances, similar themes were reoccurring, and no new themes were emerging as we completed the data analysis.

We employed several strategies to support rigour and reliability in our analysis, including assembling a research team experienced in using qualitative methods; recruiting a heterogeneous set of participants; using interview guides to navigate conversations with consumers; reviewing transcripts against audio files; adopting an iterative, multi-phased approach to data analysis; using a codebook (see [Appendix B](#)); keeping detailed

records of all data collection and analysis activities; and following a process of regular meetings, critically reflexive discussion, reflection, and interpretation over an extended period to develop consensual understandings and interpretations (Gioia et al., 2013; Krefting, 1991; White et al., 2012).

Through the process of discussing the emerging findings, we concluded that presenting our findings according to conceptual themes would not fully capture the in-depth personal experiences generously shared by participants. As a result, we chose three study participants who provided detailed and varied illustrations of the themes identified during the analysis process to be the topics of vignettes. A vignette is a literary technique that uses descriptive language and imagery to describe a person, place, or situation in greater detail (MasterClass, 2021). Vignettes are commonly used for the presentation of research findings across the social sciences, including in disability studies (see Waitt et al., 2023). A vignette can be thought of as ‘an illustrative scene, a literary sketch’, the ingenuity of which lies in its ability to reveal ‘the hidden depths of an interior view’ (Galef, 2016, p. 1). In marketing and consumer research, vignettes provide detailed participant-centred lived experience accounts as research findings (Badejo et al., 2021; Gordon et al., 2021). The three vignettes presented in this article are not intended to be representative of the entire sample. Rather, we chose them as reflective of the themes identified across all participants and as optimal illustrations of where overall value is created or destroyed, and the in-between scenario where value creation and destruction co-occurred. This approach was purposefully chosen to illustrate the key theoretical concepts (i.e. value creation to demonstrate enablement in the marketplace, value destruction to demonstrate disablement) in the most optimal way.

Findings

Across the entire sample of 22 participants, we found evidence for six dimensions of value – functional, emotional, economic, social, conditional, and epistemic value that were created or destroyed for consumers. These value dimensions were created or destroyed depending on the context and nature of the consumer and provider contributions in each participant’s consumption experience with the NDIS. For instance, a complex NDIS system that is difficult to understand and navigate is an administrative contribution from the provider that has the potential to destroy functional value by making it more challenging for a person to successfully request the support that they need. However, a person’s ability to understand and navigate the complex NDIS system to successfully request the support they need is an example of how a positive cognitive contribution from a consumer has the potential to overcome the negative administrative contribution from a provider, and avoid potential value destruction to create value instead.

Although the overall mechanisms for value creation and destruction observed were consistent across the sample, the specific value dimensions, whether they were created or destroyed, and the resource contributions underpinning these processes were different for each participant. This is explained by each participant having a unique story and lived experience pre- and post-NDIS. This is consistent with key theoretical observations in the extant literature: (1) that value is a subjective and multi-dimensional construct (Holbrook, 2006); (2) there is variability in consumer value experiences in (dis)abling marketplaces according to a person’s situation, circumstances, and nature of impairment (Randle &

Zainuddin, 2021); (3) there are differences in the level of consumer access, ability, and desire to deploy resources towards their marketplace interactions that create or destroy value (Anker et al., 2022); and (4) value creation or destruction can be shaped by the specific structural and environmental factors relevant to each consumer, such as the level of social support available to them, specific service providers they engaged with, and the nature of the resources these providers contributed (Zainuddin et al., 2021). The resource contributions from providers were administrative, technical, and interpersonal in nature, while the resource contributions from consumers were cognitive, affective, and behavioural in nature.

To further illuminate how these value creation and destruction themes were experienced for different people in different ways, the three vignettes we present include one example of overall value creation (Frank), one example of overall value destruction (Deborah), and one example of value being both created and destroyed (Natalie). Our findings are first summarised in Figure 1, which shows the application of the consumer value conceptual framework to our study context of the NDIS. It demonstrates the value creation and destruction processes experienced by Frank, Deborah, and Natalie, and identifies the various resource contributions present in each of their marketplace experiences, and how these created or destroyed different dimensions of value for each person.

Value creation: Frank

Frank is a 63-year-old man who, in the past 10 years, has had both legs amputated below the knee because of a blood condition. Prior to his amputations, Frank spent several decades working in management roles in the hospitality industry.

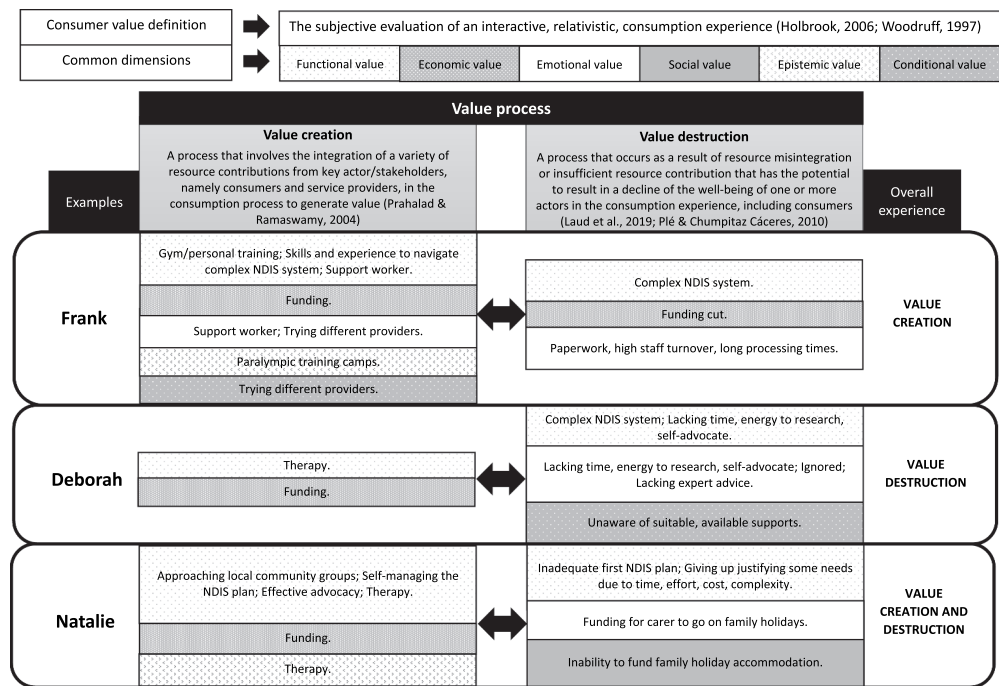


Figure 1. Consumer value conceptual framework.

Pre-NDIS, Frank received physiotherapy and occupational therapy twice a week under his rehabilitation plan. Support workers found an accessible apartment for Frank under the disability housing programme and connected Frank with a disability employment service, which was not overly successful: *'I've got a disability employment service, but they're absolutely hopeless [...] I've been with them for two years and they never got me one interview'*. Frank was frustrated with how long it took to get the equipment he needed for his physical disability. He ended up buying what he needed online rather than waiting to get it through a disability service provider: *'I applied [through a disability service provider] and they were dillydallying with me and I just got frustrated. I bought most of my things online, my shower commode, my wheelchair'*.

Frank aspired to return to *'normal life, get to work and earn some money'*, hoping the NDIS would provide him with greater mobility assistance in the form of prosthetic legs and an electric wheelchair: *'What I want from the NDIS is to help set me up for this job thing, and some equipment that can help me better in my mobility'*. Pre-NDIS, Frank also spoke of his aspiration to represent Australia in the Paralympic Games. He was confident in his ability to navigate the new NDIS system because of the senior management roles he held in the past: *'I'm OK because I can work my way around, but I feel for someone who doesn't know how'*.

Under the NDIS, Frank goes to the gym five days per week; two of these sessions are with a personal trainer, who provides technical expertise, which is a technical contribution associated with functional value creation. Frank's participation at the gym and personal training are examples of cooperation and coproduction activities that are also associated with value creation. Frank has been selected to train for the next Paralympic Games, which creates epistemic value through the realisation of Frank's aspirations to represent Australia in the Games, and his participation at training camps on the weekends is a behavioural contribution through coproduction that helps create this epistemic value. He has an electronic wheelchair (AU\$37,000), two prosthetic legs (AU\$12,000 each), and an allowance for transport, which provides him economic value. Frank has a support worker who cleans his house, does his laundry, and takes him to appointments, shopping, and other activities, which are examples of technical contributions that are associated with and may realise functional value creation, but that also create emotional value as he is very happy with this current carer who has supported him for over a year now. Initially Frank had other carers, but their unreliability was a technical contribution that appeared to destroy functional value: *'[I] had a few problems when I started with the outside people. They book, last minute they cancel. I book, they cancel'*. Frank tried different carers until he found one he was happy with, reflecting the creation of emotional and conditional value through his cognitive contributions, which are cerebral activities.

Frank acknowledges that the NDIS planning process is stressful, and in particular the possibility that his funding will be reduced: *'I'm worried, my plan ends next week. I don't know how much I will get again'*. Frank experienced this firsthand when his second year of NDIS funding was cut to only one-fifth of his first-year package, which was a technical contribution that destroyed economic value. Frank was able to argue for the permanency of his disability and have his funding reinstated but found this process extremely stressful:

Just imagine that, after the first year. And then they say, 'Oh, you've got one year of this and that, then you should be okay'. I said, 'You forget that my disability is for life!'

Frank also expressed frustration with the administration of the scheme, the paperwork, the high turnover of staff, and the time it takes to get things done, which were administrative contributions that destroyed emotional value for him.

It took me two months to chase just to finally get an official approval sent to the prosthetic people. So last Friday I finally got it done. And I was able to go and get my leg.

Despite this, Frank has the skills and experience to successfully navigate the NDIS system, cerebral activities, which are cognitive contributions that can create value. He is actively planning for his next funding cycle, and his optimism about getting additional support that will further enhance his life is an affective contribution that he is able to provide to his consumption experiences.

My next plan, I've asked for a hospital bed, because I have the side effects from my amputees, the worst one is the phantom pain. [...] I found that if I elevate my legs, I can sleep, otherwise, I can't sleep. [...] And then a highchair, so that when I can sit and watch television, I can just sit in the chair. It's easier for me to get up and down.

Frank feels that there is really nothing else he requires, and that the NDIS meets his needs. Frank still aspires to driving a car again and is confident he will achieve this.

The last thing I would like is to get back to driving. [...] Once I get my permanent legs, I'll be able to get a car and then I'll ask the NDIS to modify it so that I can drive. [...] And once I get that going, I think I will be able to get full-time work. I mean, that will be really good for me.

Despite some of the value-destroying instances experienced by Frank, the NDIS has created significant overall value for him by providing support he otherwise could not afford, and which has allowed him to move towards his goals and live a full life. Frank's support packages have evolved alongside his rehabilitation progress, and he is optimistic about the next phase of his life, which may include competing in the Paralympics, driving a car, and obtaining paid employment.

Value destruction: Deborah

Deborah cares for her 9-year-old son Seth who has mild autism and a moderate global developmental delay. Deborah is a full-time university student studying a health-related bachelor's degree and has another child with mild autism. Seth's grandparents live locally, and Seth visits them occasionally, although Deborah feels guilty about asking them to look after him:

I guess it's a balance with the guilt as well, isn't it? [...] Even just maybe once a week or something like that, just to breathe, and even just trying to do anything around the house.

Seth's biggest challenge is verbal communication and forming sounds to speak clearly and make friends. Pre-NDIS, Seth received weekly speech therapy and attended a special programme for preschool-aged children with autism to help with sensory processing and prepare them for mainstream school. Deborah wants the speech therapy to continue until everyone can understand what Seth is saying and for Seth to attend mainstream school so he can learn speech and behaviours off neurotypical children:

[Seth] does mimic his classmates, and sometimes the behaviours are undesirable in [school]. But at least in the neurotypical school if he's mimicking naughty behaviour, it's normal naughty behaviour.

Pre-NDIS, Deborah was allocated AU\$12,000 in government funding until Seth turns seven. This was spent on weekly speech therapy sessions. When the funds were depleted, Deborah got a doctor's referral, entitling Seth to another five funded sessions annually until Seth transitioned to the NDIS:

We've got no money left for the speech either, so we'll have to use [the free sessions] up and then just pay for it until NDIS comes through.

Deborah was hopeful that under the NDIS all funding would be in one place so it would be easier for her to understand and navigate the system. Under the NDIS, Seth receives funding, creating economic value, which is used for weekly speech therapy, creating functional value through helping him work on word pronunciation, how to listen to others, and how to have conversations. Seth still does not have many friends because of his communication challenges and because his behaviour is occasionally inappropriate, which his friends are now old enough to notice:

His receptive and expressive language are still quite far behind. And just the fact that he's having trouble pronouncing those sounds makes it harder for him to make friends. [...] He finds it hard to be appropriate. So he might be way overly affectionate or something like that. And it's ... as you get older, it's getting creepy.

Deborah acknowledges that Seth's communication skills have come a long way but is considering changing Seth's speech therapist because she believes he might need to focus more on muscular movement. Deborah has suggested this to Seth's current therapist but feels ignored, which is an interpersonal contribution that has destroyed emotional value for her. Yet, she does not know how to find a new therapist:

I think he needs something more oral motor, that's just my feeling, but I'm not quite sure where to start.

Deborah is also unsure what other types of support Seth might benefit from, reflecting how her lack of cognitive contribution is a factor in her conditional value destruction through the lack of options generated. This also reflects a gap in Deborah's ability to change the way of doing things. In the past, Deborah has requested psychological support to help with Seth's anxiety, but has been told that Seth is not eligible for this under the NDIS:

He gets nervous around other kids; I think because the adults are a lot more tolerant and accepting of how he is. It would be good to help him just feel okay in himself. And maybe, I don't even know what they will do, but I just don't want him to be an anxiety ball for his life.

Deborah is frustrated because when she suggests additional support services, like psychology or swimming, she is told that Seth is not eligible for those under the NDIS. But nobody offers alternative solutions or suggestions as to what might benefit Seth or what he might be eligible for, which is a technical contribution that destroys her emotional value:

You don't know what you don't know, so you can't ask, so that's been hard. It'd be nice if they gave me a little menu or something and said, 'What do you think could benefit him?'

The NDIS makes Deborah feel like all responsibility for researching and advocating for Seth rests on her shoulders. But she lacks time and energy to do this properly, producing a gap in her contribution of cerebral activities, given her other responsibilities, which include another child with a disability:

I suppose they do forget sometimes that in theory it might be nice to live and breathe your kid's disabilities and you should be researching everything and being on top of it all yourself. So, when you get into a meeting, you know what you're asking for. [. . .] But a lot of us, we just don't have the time or even mental energy to research it all in advance. I guess, going to these meetings, you sort of look for more help, then it feels like you should be looking yourself before you go in there. Whereas I feel like it would be good we had help when we went in there.

Deborah believes that Seth was better off and had access to a better range of support services before the NDIS:

[Seth] was still getting more things pre-NDIS. [. . .] It felt like we were able to do more. [. . .] It's a bit disappointing when we switched over and it just got sort of less options and things. I don't know what happened, but it just feels that way.

Deborah also feels the pre-NDIS system was easier to navigate because she felt more supported:

It just seemed easier. They seemed more organised [. . .] and they suggested a lot of stuff and said, 'This may benefit him and that may benefit him'.

For Deborah, these significant challenges – such as not feeling supported, bearing all of the responsibility for decision making herself, feeling as though her son is not getting the full range of support that he needs but not knowing what services he might be entitled to, and feeling like she does not have the time or energy to navigate the NDIS effectively – have resulted in the potential value of the NDIS being destroyed to the point that she feels Seth and herself were better off before the NDIS was introduced. Deborah's experience suggests a lack of appropriate interpersonal and technical provider contributions in the form of perceived support from NDIS experts who can advise her on the technicalities of the NDIS system and how to navigate it so that her son gains maximum value.

Value creation and destruction: Natalie

Natalie cares for her 12-year-old son Callum who has multiple severe disabilities including Down's syndrome, autism, vision loss, and hearing loss. Natalie has a bachelor's degree in social sciences and has three other children with no disabilities. Natalie wants Callum to be part of mainstream society rather than using services limited to people with disabilities:

We don't just want to go to disability services because it's an 'away from everybody else' scenario. [. . .] Callum is part of our family, he's part of this community.

Callum received the highest level of funding available from the Department of Education pre-NDIS, which included a full-time one-on-one aid in the classroom. Because of his multiple disabilities, Callum accessed support through different funders for his autism, hearing loss, visual support, speech therapy, and respite. Natalie lives in a regional area and some of the therapies she wanted for Callum were unavailable locally due to a lack of registered providers:

For the first two years, with [one government programme], there were no providers in the area. [...] We paid for everything [private speech and occupational therapy] ourselves.

In one instance, Natalie approached local community groups who agreed to temporarily fund Callum's occupational therapy, demonstrating her ability to change the way of doing things:

We got in contact with [a local community group] last year because we really felt that Callum needed OT. And they funded a weekly OT appointment for him for six months, with the intention that when the NDIS came in [it] would be providing that.

Pre-NDIS, Callum also received respite funding for specialised holiday accommodation that met Callum's needs and was highly valuable to the whole family:

If we want to go on a family holiday, we need to book a house that is fenced and consider very carefully the home environment. [...] We used our pre-NDIS respite funding to pay for our accommodation on these holidays. These were extremely important times for us as a family, allowing us to spend quality time together and to return rested and refreshed for our role as carers and siblings.

Natalie was hopeful that, under the NDIS, Callum would be able to access necessary therapies regularly and develop life skills enabling him to fully participate in family life, such as bike riding and swimming. Natalie was hoping to have the flexibility to continue family holidays and source customised equipment such as a larger sized pram:

So that he can do what everybody else does so that when we go for a walk as a family, he can come. [...] And we can still do what we want to do as a family, and not have to say, 'Oh, we can't do that because Callum can't do it'.

Under the NDIS, Natalie self-manages Callum's plan, which is a cognitive contribution and cerebral activity that creates functional value by giving her maximum control over his support services. Natalie describes Callum's first plan as completely inadequate:

The first plan was so bad, there was only enough money basically to have all the assessments done to show them that Callum needed a lot more than what actually they'd given us.

The NDIS provides Callum with a support worker who provides a technical contribution by coming each morning to get him ready and take him to school, which is associated with functional value creation. This has allowed Natalie to go back to work part-time, which creates economic value through additional income generated, and potentially epistemic value from being employed in meaningful work. Callum's funding from the NDIS is a technical contribution that creates economic value, and this is used for a speech therapist, occupational therapist and dietitian, and customised equipment such as a beach pram, glasses, and a communication device to support learning and technology

use. These supports create functional and epistemic value for him by allowing him access to the therapies he needs and enable him to participate in leisure activities.

The NDIS does not allow Natalie to fund family holiday accommodation because this is considered to benefit people other than Callum himself. Instead, the NDIS will fund a carer to come along on family holidays, which Natalie finds uncomfortable. Her discomfort shows emotional value destruction through this decision, which is a technical contribution, and their inability to have a private family holiday shows social value destruction for the whole family: *'We tried a family holiday with a support worker tagging along and it was weird'*.

In this respect, Natalie feels the family was better off pre-NDIS:

Best money we ever had in terms of giving everybody a break as a family. Very, very special times. Then NDIS comes along. Can't do that anymore.

Natalie feels the NDIS system does not consider the importance of the structures and supports around Callum:

There's Callum's needs, but there's also our needs sitting alongside that as well. And it's not about us, it's about Callum, but at the same time we're the support system around him. And so if our needs are not being met as well, if we are not being supported, if we're not being part of that, then we can't support him as well.

Natalie and Callum's experience of not receiving funding for family holiday accommodation demonstrates the subjective nature of value and how it can easily be destroyed when consumers' subjective preferences are not considered. Their experience also demonstrates that the NDIS tends towards an individualised focus on the person with the impairment, to the detriment of their support system (e.g. their family), and how there is a greater need to consider the person with the impairment as being a part of a consumption collective that seek value from the market.

Natalie perceives the process of justifying support services unique to Callum's complex needs very time-consuming and, in some cases, has given up. This creates a gap in the cerebral activities she can provide. The time, effort and cost involved in obtaining the required paperwork is often prohibitive and leaves little money to pay for Callum's actual support:

I just feel like with NDIS there is so much high-level, it's next level paperwork stuff. You can't get anything without a report. [...] And then they're going to charge you for coming to see you. They're going to charge you for an assessment. They're going to charge you to write the report. That's before you even get your ... whatever it is you need.

Natalie's experience shows how the consumer contributions like cerebral activities required for successful value creation can sometimes be too onerous for some people to bear, especially in the long-term, and suggests that some people can get to a point where they are unwilling or unable to continue providing the required consumer contributions.

Living in a small regional community, Natalie struggles to find mainstream after school activities and suitable people to care for Callum:

We had almost 12 months without anyone because we just couldn't find anyone.

I was knocking on doors, and just approaching people myself and saying, 'Would you be interested?'

Natalie searches for the best deals to make Callum's funding go as far as possible:

Because we are self-managing, you look for things that are value for money. And we do lots of investigating about what's best.

She worries about Callum's funding being reduced in future, so always spends the full allocation:

We probably don't need to see [the dietitian] every year, it would just be every second year. But I see her every year, because I know that if I lose the funding in my package, I won't get it back again.

Despite these challenges, Natalie has been able to effectively advocate to get Callum the supports he needs, reflecting functional value creation through her cognitive contributions like her co-learning activities and ability to change the ways of doing things. This has included approaching the local member of parliament about a beach pram:

I actually went into the local member, went in, told her what had happened, had all the stuff. 24 hours later, I get a phone call, 'Your funding's come through'.

Overall, and despite the challenges and restrictions associated with the NDIS, Natalie feels she can manage the system: *'We're pretty good at advocating for what we need. [...] I do a lot of the homework beforehand'*. Natalie is looking ahead to future plans for Callum and plans to request a larger bike trailer so Callum can still come on bike rides even as he gets heavier. But Natalie recognises that she will have to go through the whole process again, and it is a lot of work: *'We've got to find another OT and go through the process all over again'*.

Overall, the NDIS provides value for Natalie by giving her access to the broad range of therapies Callum needs and greater scope to request customised support that meets Callum's unique needs. However, some aspects of the NDIS are challenging for Natalie and have the potential to destroy value: for example, the significant amount of paperwork, cumbersome processes, and stressful planning processes. Being capable and resourceful in managing these challenges, Natalie has been able to navigate the system in a way that she finds satisfactory. While there are some aspects of the pre-NDIS system that suited Natalie's family better, her overall assessment is that the NDIS provides Callum with 'a bit more value'.

Discussion

Our participant vignettes illustrate how the features and mechanisms of a marketplace can be concurrently enabling and disabling for consumers, and how consumers can experience enablement due to value creation and disablement due to value destruction. We offer value theory as an alternative conceptual framework to conceptualise the (dis)abling marketplace, identifying both the value creation and value destruction processes that can concurrently occur in consumers' marketplace interactions (Figure 1). Our findings demonstrate how consumers' experiences in the (dis)abling marketplace can vary depending on context and circumstances. This includes variation in the consumer activities (Davey et al., 2020; McColl-Kennedy et al., 2012) that people are willing or able to undertake, and variation in the provider contributions (Brady & Cronin, 2001; Dagger et al.,

2007; McDougall & Levesque, 1994) for each individual consumer experience, and how these resource contributions create or destroy different dimensions of value for different consumers. These findings are reflective of the subjective, interactive, and relativistic nature of consumer value and how it is created, destroyed, and interpreted. For instance, both Frank and Natalie possess the skills to navigate the complex NDIS system. For Frank, this helps create functional value for him by allowing him to successfully obtain the support he wants. In contrast, this destroys emotional value for Natalie because she finds having to navigate the system burdensome, even though she possesses the ability to undertake this task successfully. Our findings also demonstrate that consumers can experience both value creation and destruction concurrently, but perceive overall value creation, overall value destruction, or a mix of both. Frank, Deborah, and Natalie's experiences provided exemplars to demonstrate how the different activities and contributions can create or destroy different dimensions of value for different people in different contexts and circumstances.

Theoretical contributions

Our study aimed to address the research question: 'How do consumers experience value in a (dis)abling marketplace?'. The presentation of our longitudinal qualitative research findings featured three consumer-centred vignettes to illustrate how the features and mechanisms of a marketplace can be enabling for some people, disabling for others, and can also occur simultaneously. Our findings suggest that whether marketplaces are disabling or enabling is not dichotomous. Rather, it depends on several marketplace characteristics including the goods and services provided, the level of support, but also the people assisting with the provision of services, and the structures by which the marketplace operates. Additionally, we identified that the resource contributions provided by consumers themselves, and their capacity, willingness, and ability to provide these contributions are important mediators of the value creation or destruction processes and experiences.

We identify three distinct theoretical contributions emerging from our research. First, we posit that drawing on a value theory perspective on consumer disability (Navarro et al., 2014) can offer an alternative and supplementary perspective for understanding the (dis)abling marketplace, whilst acknowledging the work of existing conceptualisations like the social model of disability (Finkelstein et al., 1981; Goodley, 2001; Imrie, 1997; Oliver, 1983) that focuses more on the social and structural environment, and the consumer vulnerability perspective (Baker et al., 2005) and psycho-emotional model of disability (Higgins, 2020) that focuses more on the individual aspects. We do so by identifying the various social, structural, and individual factors that have the capacity to create value and therefore enable as well as destroy value and therefore disable consumers in the disability market. Our findings here illustrate that marketplaces are neither wholly enabling nor wholly disabling for individual consumers, through our utilisation of value theory to consider how value creation and destruction may occur and be experienced both discretely, but also simultaneously, in the disability marketplace. The range of experiences of our participants in terms of value creation and destruction experienced, with the NDIS is supportive of a continuum perspective that recognises that marketplace features can create and destroy value; that they can enable and disable to different degrees. This

perspective enriches the consumer vulnerability literature that recognises empowerment as well as negative experiences (Baker et al., 2005; Johns & Davey, 2021).

Our findings demonstrate that for people like Frank, who is able to make the resource contributions required to create value in the NDIS marketplace, there can be positive outcomes. However, we also found that for some consumers, such as Deborah and Natalie, their personal resources are finite, which could cause psycho-emotional distress (Higgins, 2020). Therefore, exclusively adopting an autonomy-focussed disability market system, such as in the case of the NDIS, may not be suitable for all consumers or at certain stages of long-term consumption. Indeed, these findings offer empirical support for the conceptual proposition offered by Anker et al. (2022) that consumers may not always have access, ability, and desire to assume individualised responsibility and deploy resources towards their marketplace interactions to create value, and that alternative solutions may be needed. In such situations, and especially in the case of human services such as disability services (Randle & Zainuddin, 2021), the responsibility then falls on the marketplace to create and deliver value for consumers when consumers find themselves unable to collaborate with other marketplace actors. However, in disability markets shaped by neoliberal capitalist thinking, this is likely to create tensions with commercial providers' focus on delivering services that have high-profit margins and high demand to achieve economies of scale, and who are less inclined to provide customised services that do not offer such economies, such as those services most needed by consumers with specialised or high-level needs like people with disabilities (Hummell et al., 2023; Randle & Zainuddin, 2021).

Second, we enrich the existing body of work on consumers with disabilities (Baker et al., 2007; Beaudart et al., 2017; Higgins, 2020) by also identifying how marketplace actors and goods and services, as well as spaces, places, structures, and practices, can factor in value creation and destruction, and be enabling or disabling. Based on these insights, we conceptualise the (dis)abling marketplace as: *spaces, places, structures, practices, people, and products that provide or deprive, unbound or de-limit, increase or reduce the agency of, empower or disempower, and create or destroy value for consumers*. We use the term '(dis)abling marketplace', as opposed to 'disabling marketplace', to acknowledge that markets may concurrently offer both empowerment opportunities and consumption constraints. Second, we include 'people' and 'products', in addition to 'spaces', 'places', 'structures', and 'practices' identified in the existing literature (i.e. Davey et al., 2020; Finkelstein et al., 1981; Higgins, 2020; McColl-Kennedy et al., 2012; Oliver, 1983, 1990) to better acknowledge these important sources that contribute towards enablement or disablement. Third, we identify both positive and negative outcomes that can result from these contributions to demonstrate how marketplaces can be concurrently enabling and disabling. Finally, we include consumer value theory (*create or destroy value*) as an alternative framework that can enrich existing theorisations of the (dis)abling marketplace. Finally, our findings offer empirical evidence to support the conceptual proposition offered by Zainuddin and Gordon (2021) that value creation and destruction are multi-dimensional processes that can occur simultaneously and are influenced by a variety of multiple actor/stakeholders. Our findings offer empirical evidence to demonstrate the importance of key co-consumers, particularly the carers and family members of people with impairments, and how understanding their value creating and destroying experiences within the disability marketplace and their experiences of (dis)ablement is necessary for supporting the enablement of people with disabilities. Co-consumers refer to consumers employing their resources in a collective manner to determine and enhance their own consumption

experiences (Baron & Harris, 2008), including within families, which our results demonstrate is relevant to the context of the NDIS. This is a key feature that often distinguishes the disability market from other marketplaces. Our findings suggest that integrating the value needs of carers and family members, alongside the value needs of people with disabilities, is central in the disability market context, further strengthening existing disability literature that argues that the experiences of carers and family members is as important as that of the person with the impairment (Higgins, 2020; Mason & Pavia, 2006; Pavia & Mason, 2012).

Practical and policy contributions

Our findings also have implications for policy and practice. The NDIS was legislated in 2013 to improve the marketplace for support services for people with disability as a key feature of the policy agenda for the then Labor Government in Australia (Buckmaster & Clark, 2018). However, the rollout and problems associated with the NDIS have generated significant criticism (Carey et al., 2021). Our findings do not support the notion that a more market-led model has always led to a substantial improvement in the support services provided to disabled consumers in Australia, or in the structures, processes, spaces, and places that form the context of service provision. This insight is timely given a recent change of federal government in Australia, and the new Labor administration's commitment to improving the system and creating a better future for the NDIS (Australian Labor Party, 2022).

Policy makers in Australia, and in other countries considering a market-led system that seeks to empower disabled consumers, can leverage the insight from this study to maximise value creation and minimise value destruction, because the market-led nature itself is insufficient to ensure the best possible service provision. This could be achieved, for example, by not only asking consumers about the areas in which they experience value creation that is enabling, or value destruction that is disabling, but by holistically considering the value needs of people with impairments as well as their key support networks and systems, i.e. their carers (if applicable) and family members (Higgins, 2020; Mason & Pavia, 2006; Pavia & Mason, 2012). Our research findings suggest that adopting an individual-consumer focus on the person with the impairment, to the exclusion of their support system (i.e. their carers, family members), has the potential to disable them (Higgins, 2020; Mason & Pavia, 2006; Pavia & Mason, 2012).

One policy option that has the potential to support this could be to permit the redistribution of funding already granted in disability marketplaces such as the NDIS in a way that reduces value destruction for the consumption collective, i.e. the person with the impairment, as well as their carer and/or family. In the case of Natalie, permission could be granted for her to allocate the annual dietitian allocation (which is not creating value for Natalie and Callum) towards holiday accommodation, the removal of which has substantially destroyed value for the family. Such a responsible market adjustment mechanism would not cause greater cost to the system but has the potential to substantially increase value in the marketplace (Randle & Zainuddin, 2021).

Our findings also suggest that policymakers administering or considering the introduction of consumer-oriented disability marketplaces need to focus on limiting value destruction caused by bureaucratic and dehumanising needs assessments and evaluations to justify support. Our participants described how stressful regular re-assessments can be, which are often undertaken by agency contractors with little knowledge of consumers' lived experiences.

This market aspect could be substantially simplified by having one portal that provides access to assessors who charge standard fees and work to clear, common guidelines. Taking this further, assessments could be undertaken by people with disabilities or by carers with experience of the marketplace, to facilitate greater empathy and understanding and create more employment opportunities. This builds on existing suggestions that recommend the revising of disability training within marketplace and service contexts (see Higgins, 2020).

Amending the current assessment process in the NDIS and similar marketplaces has the potential to substantially reduce value destruction (Warr et al., 2017). For example, structural change that could be put in place within this new market-led funding marketplace would be instant assessor and provider feedback. This would save users like Frank having to personally work through various agents until they are satisfied and instead indicate that a service was not of the expected quality, enabling the market operator (NDIS) to intervene. In instances where many users raise concerns, providers could be de-registered. Such a mechanism would incentivise high quality service provision as a key to securing the future of a support service business and to maximising profits.

Value creation and destruction emanate not only from the provision of goods and services but can also relate to how easy or difficult it is to access information, compare offerings across providers, or the quality and supportiveness of staff. Indeed, prior research has identified that it is critical for goods and services to be easy to use, accessible, provide clear and easily understood information, ensure that staff are well trained, competent, and friendly, and that service delivery is predictable, technically competent, and enjoyed or appreciated by consumers (Cravens et al., 1988; Higgins, 2020; Rosenbaum et al., 2017). Consumer research and monitoring is also imperative: marketplace actors must develop a good understanding of the expectations of people with disabilities and their carers before they purchase a new service. Such understanding, while acknowledging the limitations set by NDIS plans, will assist in developing fit-for-purpose marketplace offerings, and help guide consumer choice towards products that maximise value creation and minimise value destruction.

Limitations and further research

First, our study used longitudinal qualitative interviews with 22 consumers in the Australian NDIS marketplace, which aims to generate in-depth insight about lived experiences. Further research across different contexts, and combining qualitative as well as quantitative methods, will help advance generalisable understandings. Second, while our research identified variability in consumers' lived experiences in terms of value creation and enablement and value destruction and disablement in the marketplace, further research is required to investigate this phenomenon, especially to assess whether indeed the enabling and disabling nature of marketplaces is a continuum. Third, we have identified that marketplace actors, goods and services, and marketplace structures, processes and practices can shape value creation and destruction. Further research is needed to investigate the defining characteristics of the (dis)abling marketplace to be able to derive recommendations on how to modify the marketplace across the micro, meso, and macro levels of the ecosystem to remove disabling and develop enabling features. Fourth, our choice in presenting the data in the form of vignettes was intended to elucidate in detail the concepts of value creation and value destruction, rather than quantify this. We suggest that future larger-scale, quantitative research could explore the extent to which value creation and destruction occurs in the disability marketplace. Finally, we

aimed to achieve diversity in our sample on the basis of age, sex, geographic location, and type of disability. Future studies which include samples that specifically aim to achieve diversity in other sociodemographic characteristics, such as income and cultural background, would make a valuable contribution to knowledge on disability service provision. Our sample of 22 participants also included fewer people with impairments, than carers. In part, this underrepresentation was due to natural attrition between Waves 1 and 2 of data collection. Future studies which include samples with a greater proportion of people with impairments would be valuable because they would provide a stronger voice for those with not only personal experience of having a disability but also the responsibility of navigating the NDIS themselves.

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Appendix

Appendix A. Summary of dimensions of value in marketing

Author(s)	Context of study	Study method	Value dimensions	Explanation/examples
Sheth et al. (1991)	Consumer choice purchase situations	Quantitative	1. Functional 2. Social 3. Emotional 4. Epistemic 5. Conditional	- Physical performance - Group influence - Positive/negative affect - Curiosity/novelty - Situational influence
Sweeney and Soutar (2001)	Durable goods at the brand level	Mixed method Scale-development	1. Emotional 2. Social 3. Price value 4. Quality	- Feelings generated - Esteem - Cost/benefit - Physical performance
Mathwick et al. (2001)	Online retail shopping	Mixed method Scale-development	1. Service 2. Playfulness 3. Aesthetics 4. CROI	- A means to an end - Escapism/enjoyment - Visual appeal - Efficiency/return
Holbrook (2006)	Consumption experiences	Thematic analysis Auto-ethnography	1. Economic 2. Social 3. Hedonic 4. Altruistic	- Efficiency/excellence - Status/esteem - Play/aesthetics - Ethics/spirituality
Smith and Colgate (2007)	Various goods/services	Conceptual	1. Functional 2. Experiential 3. Symbolic 4. Cost/sacrifice	- Attribute/performance - Emotional/social - Self-identity/meaning - Economic/psyche/risk
Zainuddin et al. (2011)	Breast screening services	Qualitative	1. Functional 2. Emotional 3. Social 4. Altruistic	- Utility - Peace of mind - Influencing others - Benefitting others
Zainuddin et al. (2013)	Breast screening services	Quantitative	1. Functional 2. Emotional	- Utility - Peace of mind
Chell and Mortimer (2014)	Blood donation	Quantitative	1. Altruistic 2. Emotional 3. Social	- Virtuous reward - Positive affective state - Enhanced social status
Mulcahy et al., (2015)	Electronic games	Quantitative	1. Playfulness 2. CROI 3. Aesthetics 4. Service	- Enjoyment/escape - Efficiency/effectiveness - Entertain/visual appeal - Task performance
Zainuddin et al. (2017)	Bowel screening services	Quantitative	1. Functional 2. Emotional 3. Social	- Utility - Peace of mind - Influencing others
Butler et al. (2018)	Energy efficiency in homes	Quantitative	1. Functional 2. Economic 3. Emotional 4. Social 5. Ecological	- Utility/ease/control - Cost-benefit analysis - Confidence/pleasure - Influencing others - Natural environment
Gordon et al. (2018)	Energy efficiency	Quantitative	1. Functional 2. Economic 3. Emotional 4. Social 5. Ecological	- Utility/ease/control - Cost-benefit analysis - Confidence/pleasure - Influencing others - Natural environment
Jutbring (2018)	Meat consumption	Mixed-method	1. Functional 2. Emotional 3. Social	- Good health outcomes - Feeling good - Shared experience
Zainuddin et al. (2021)	Driving retirement	Qualitative	1. Functional 2. Emotional 3. Community 4. Economic	- Convenience/mobility - Freedom/enjoyment/autonomy - Social connectedness - Cost savings

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Author(s)	Context of study	Study method	Value dimensions	Explanation/examples
Randle & Zainuddin (2022)	Disability services	Qualitative	1. Functional 2. Social 3. Emotional 4. Epistemic 5. Conditional	- Health/mobility - Social interaction - Happiness/enjoyment - Curiosity/novelty/ knowledge - Planning/ circumstances

Appendix B. Codebook

Construct	Source(s)	Definitions	Keywords*	
Value dimension	Functional value	Sheth et al. (1991)	The perceived utility acquired from an alternative's capacity for functional, utilitarian, or physical performance	Easy Save time/ effort
		Sweeney and Soutar (2001)	The utility derived from the perceived quality and expected performance of the product	Convenient Independence Reliable
		Smith and Colgate (2007)	The extent to which a product has desired characteristics, is useful, or performs a desired function	Effective Efficient Organised
		Holbrook (2006)	Occurs when the product or consumption experience serves as a means to a consumer's own objectives	Accessible Consistent Useful Correct Quality staff
	Epistemic value	Sheth et al. (1991)	The perceived utility acquired from an alternatives capacity to arouse curiosity, provide novelty, and/or satisfy a desire for knowledge	New Novel Unique Interesting Exciting Opportunity Learn Knowledge Skills
		Emotional value	Sheth et al. (1991)	The perceived utility acquired from an alternative's capacity to arouse feelings or affective states
	Sweeney and Soutar (2001)		The utility derived from the feelings or affective states that a product generates	Comfortable Stress-free
	Smith and Colgate (2007)		The extent to which a product creates appropriate experiences, feelings, and motions for the customer.	At ease Pleasure Fun
	Holbrook (2006)		Arises from one's own pleasure in consumption experiences appreciated for their own sake as ends in themselves	
	Economic value	Koller, Floh and Zauner (2011)	Refers to consumers' cost benefit analysis, evaluation of trade-offs and costs	Funding Saving Value
		Sweeney and Soutar (2001)	The utility derived from the product due to the reduction of its perceived short-term and longer-term costs	Meet needs Enough

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Construct		Source(s)	Definitions	Keywords*
	Social value	Sheth et al. (1991)	The perceived utility acquired from an alternative's association with one or more specific social groups	Socialise Contact Family Friends Community Accepted Approval Participate Ordinary life
		Sweeney and Soutar (2001)	The utility derived from the product's ability to enhance social self-concept	
		Holbrook (2006)	Occurs when one's own consumption behaviour serves as a means to shaping the responses of others	
	Conditional value	Sheth et al. (1991)	The perceived utility acquired by an alternative as the result of the specific situation or set of circumstances facing the choice maker	Change Emergency Variation Flexible Unexpected Location Accessibility Financial situation Needs
Consumer contributions	Cognitive contributions (motivational direction)	Katerberg & Blau (1983)	The appropriateness of the activities to which an individual directs and maintains effort	Given up Advocate
	Affective contributions (stress tolerance)	Bar-On (1997)	An individual's ability to manage stress	Stayed calm Didn't let it get to me
	Behavioural contributions (co-production)	Auh et al. (2007)	Constructive customer participation in service creation and delivery	Wrote to my MP Followed up
Provider contributions	Administrative quality	McDougall and Levesque (1994)	Aspects of the service which facilitate the production of a core service, adding value to a customer's service experience	Easy Simple
	Technical quality	Dagger et al. (2007)	The technical competence of the service provider or aspects of the service such as expertise of staff	Effective Worked Helped
	Interpersonal quality	Brady and Cronin (2001)	The dyadic nature of the relationship between a service provider and service customers, including aspects such as manner, attitudes, and behaviour of the service provider	Caring Helpful Warm

*The keywords listed generally represent positively valenced terms that contribute to value creation. Antonyms of these terms represented in negatively valence terms therefore contribute to value destruction. For example, service providers described as reliable and/or organised contribute to the creation of functional value, whereas service providers described as unreliable and/or disorganised contribute to the destruction of functional value. Similarly, service experiences that make people with disabilities feel comfortable and/or stress-free contribute to the creation of emotional value, while service experiences that make people feel uncomfortable and/or stressed contribute to the destruction of emotional value. In terms of processes, providers can contribute to value creation by employing caring and helpful support staff that increase interpersonal quality, or they contribute to value destruction by employing uncaring and unhelpful support staff that reduce interpersonal quality.