

“Pathways to Work?”

Narrative experiences of people claiming health-related benefits

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Background

The Condition Management Programme (CMP) was introduced by the Department for Work and Pensions (DWP) as part of their Pathways to Work (PTW) initiative. PTW was developed in response to the Government’s vision of full employment and provides tailored support to people claiming health-related benefits (primarily Incapacity Benefit (IB)) to help them overcome any barriers to work. CMP is an innovative programme, delivered through a groundbreaking partnership between Jobcentre Plus (JCP) and the National Health Service (NHS). PTW was initiated in seven pilot sites across the United Kingdom in 2003. The Renfrewshire, Inverclyde & Argyll and Bute (RIAB) pilot was the only one in Scotland.

CMP is one of the PTW options offered by JCP client Personal Advisors. CMP adopts a biopsychosocial approach to health, derived from the belief that disease and illness do not exclusively stem from pathology, but involve psychological and social factors. CMP is also influenced by the belief that occupation is crucial to individual wellbeing.

Introduction

This summary report presents findings from a qualitative research study, intended to give claimants of health-related benefits who were involved with the RIAB CMP an opportunity to tell the story of their journey into incapacity, any barriers they have encountered and their attempts to return to employment. The study aimed to identify common themes in their interactions with services, their families and society, and to give readers a clearer understanding of how people receiving health-related benefits view their lives and feel about their experiences.

Method

- Participants were selected by convenience sampling from CMP referrals aged between 18-65 from January-May 2006.
- CMP practitioners introduced the study concept to their new clients, gained outline consent, and referred details of those interested to the research team.

- The research team gained written consent.
- Semi-structured interviews were carried out at three stages: within 3 sessions of engagement with a designated CMP practitioner, 10-12 weeks later and 20 weeks after the second interview.
- Once recorded, narratives were transcribed verbatim and anonymised.
- Participant validation of the anonymised transcripts was undertaken.
- Thematic analysis was used to identify common experiences.
- Data analysis was member-checked by service users and peer reviewed by the academic supervisor.

Findings

The 23 people completing the study experienced a wide variety of health conditions, categorised below:

- Mental health conditions – long/short-term (30%)
- Musculoskeletal conditions (17%)
- Cardiorespiratory conditions (4%)
- Injury or poisoning (17%)
- Nervous system conditions (26%)
- Other conditions (4%)

All had been employed for many years prior to claiming benefits. However, all had questioned whether they would ever be employable again because of their health condition. The participants believed that society saw them as work-shy “benefit scroungers”. This belief was based on their view of the media reporting about health-related benefit claimants.

Regardless of initial diagnosis, all participants showed symptoms of low mood or clinical depression, seriously affecting their psychological wellbeing. The narratives highlighted the participants’ personal barriers in their interactions with statutory organisations, society and in returning to work, and from these, the research team identified linked emotive themes.

Personal barriers

- Additional health/social complications.
- Loss of work and declining social skills increased isolation.

- They saw their ill health as a barrier to returning to employment.
- Benefit type, complexities and policy hinders activity and progress.
- Fear of benefit loss whilst still unwell.
- Low income, limited social contact and restricted choice had affected their mental and physical health.
- Belief that society and services perceived their benefits claim as invalid, requiring constant justification.
- Claimants' perception of media portrayal of claimants as "benefit scroungers", influenced wellbeing, self-worth and self-confidence.

Participant progress themes

A clear transition for participants through the three interviews from a negative health state to a positive one was apparent in reviewing the participants' journey through CMP. The study also identified CMPs' capacity to have a positive impact on the health and wellbeing of people claiming health-related benefits. All participants stated that the one-to-one interactions with their RIAB CMP practitioner were essential to their progress towards self-development. This progression of improved health management, social involvement and psychological wellbeing can be seen in the emotive themes below. These emotive experiences were found to apply to all participants across the whole RIAB area, whether living in an urban or rural location.

Interview one

- Feeling let down by standard health care provision.
- Feeling overwhelmed by Government agencies.
- Additional complications and/or the onset of depression.
- Feeling disempowered.
- Feelings of hopelessness.

Interview two

- Feelings of surprise and relief at the offer of supported self-help.
- Recognition of health improvement.
- Appreciation of RIAB CMP input.
- Return of self-belief and future aspirations.

Interview three

- Feeling valued again.
- Improved self-management of health condition and any additional complications.
- Feeling empowered and enabled.
- Participants' advice to others.
- Future thoughts/plans becoming reality.

Outcomes

From the 23 study completers:

- 11 are now in paid employment.
- 3 are in voluntary work
- 5 seeking employment.
- 4 have significantly increased their activity levels.
- Those who returned to work identified significant financial pressures relating to the immediate loss of Housing Benefit and Council Tax Benefit.
- Participants commented on delays and confusion relating to the Return to Work Credit and the Working Tax Credit, which placed them under additional psychological and financial pressure.

Strengths and Limitations of the study

- The choice of a qualitative narrative study allowed RIAB CMP participants the opportunity to voice their experience of their individual journey while claiming health-related benefits.
- Narrative transcripts clearly indicated the psychological, physical, and social complications that people face when claiming health-related benefits. The transcripts have also highlighted the transferability of experience across the whole RIAB CMP area.
- The participants valued the opportunity to reveal their reality of claiming health-related benefits to others.
- Narrative experiences strongly indicate common themes and change over time.
- The narrative study has indicated areas for further research, for example, a future qualitative study looking at the long-term effects of CMP, and the longevity of employment gained since participation in condition management.
- Narrative studies can be subjective, reflecting the researcher's views rather than the intention of the participants.

Although findings cannot be generalised in the statistical and quantitative sense, nevertheless it is possible for findings to be transferred from one area of the country to another. A soon to be published report conducted by the National Evaluation of CMP for the Department of Health in England, has highlighted similar findings to this qualitative study based on their participant focus groups.

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