

Department for Work and Pensions

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A qualitative study of the customer views and experiences of the Condition Management Programme in Jobcentre Plus Pathways to Work

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A report of research carried out by the National Centre for Social Research on behalf of the Department for Work and Pensions

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Abbreviations

| | |
|--------|-------------------------------------|
| CMP | Condition Management Programme |
| CPN | Community Psychiatric Nurse |
| DWP | Department for Work and Pensions |
| ESA | Employment Support Allowance |
| IB | Incapacity Benefit |
| IBPA | Incapacity Benefit Personal Adviser |
| IS | Income Support |
| NatCen | National Centre for Social Research |
| NHS | National Health Service |
| WFI | Work Focused Interview |

Summary

Background, objectives and research methods

The Condition Management Programme (CMP) was drawn up jointly between the Department of Health (DH) and Department for Work and Pensions (DWP) as part of Pathways to Work. Within Jobcentre Plus Pathways, the new work-focused CMP services were developed through collaboration between Jobcentre Plus and local NHS providers. CMP was designed in response to the three main health conditions amongst the Incapacity Benefit (IB) claimant population (mental health, musculoskeletal and cardiovascular).

This study used qualitative methods and was designed to explore customers' experiences of CMP. The specific research objectives were to:

- identify the customers' reasons for attending CMP as well as reasons for deciding not to participate;
- understand the customer experience of CMP provision;
- explore customers' perceptions of the types of impacts of CMP in relation to health management, improved health, increased confidence and progress towards work; and
- explore perceptions of gaps in provision or customers' suggestions for improvements.

The study employed in-depth qualitative interviews with 30 customers from across three Jobcentre Plus districts. Respondents were purposively selected to take part in an in-depth interview and the achieved sample included a range of customers in terms of gender, age and health condition, as well as a spread of completers and non-completers of the programme.

Referral processes and decision-making around CMP

There were three key referral routes to CMP: the most common was from the Incapacity Benefit Personal Adviser (IBPA), there were a small number of self-initiated referrals, and one led by a customer's Community Psychiatric Nurse

(CPN). As such, most participants were given information about CMP by their IBPA, in which the purpose of CMP, the content and practical arrangements were explained. Customer understanding of the voluntary nature of the programme was generally good.

Non-attenders cited a range of reasons for deciding not to attend CMP. These included seeing the programme as inappropriate and feeling too unwell to attend, as well as getting a job in the period between referral and first appointment.

Decisions to attend CMP were driven by three main types of factors:

- feelings about receiving support and whether it matched their perceived needs;
- positive or negative feelings about IBPAs or Jobcentre Plus;
- anticipated additional benefits of attendance.

For those people who were initially unsure about CMP, the voluntary nature of attendance and an unpressured approach to work from CMP were particularly important in encouraging participation. IBPAs organised a first appointment at CMP, with the waiting period for this ranging from a few days to over a month.

Methods of delivery and experience of CMP

Customers generally began CMP with a one-to-one assessment session. As well as gathering information about the participant it was an important opportunity for the practitioner to offer reassurance to the customer about the kind of support they were going to receive, and the voluntary nature of the programme.

The methods of delivering CMP differed across the three research areas in this study:

- Area 1 offered one-to-one support and referral to additional services;
- Area 2 offered group-based delivery;
- Area 3 took a modular approach and offered both one-to-one and group settings. In this district, the choice of courses from the modular approach was appreciated, but customers could feel overloaded if they attended more than one course at the same time.

Group settings: Participants were nervous of group settings before attending the programme, and often needed reassurance at their initial assessment. They had concerns about their own social skills and how other participants would view them. The actual experience of being in a group setting was, by contrast, largely positive. Several benefits were described arising from the social setting, such as meeting others, reducing isolation and gaining social confidence.

One-to-one settings: Customers reported that one-to-one sessions were sometimes more appropriate for those with mental health issues, or others who

may not wish to share their experiences with a group. This illustrates the potential benefit of offering a choice of one-to-one and group support to IB customers, so that those who have personal issues they would like to discuss one-to-one are able to do so.

Delivery techniques: A range of delivery techniques were used to offer support as part of CMP. These differed across the three research areas and included sessions on condition management, pain management, dealing with stress and anxiety, assessing mental well-being, discussions on personal issues, counselling, managing depression, relaxation techniques, confidence building, and healthy lifestyle issues.

Experiences of CMP: Although largely positive, views on different elements varied. Customers with physical health conditions alone appeared to be somewhat less positive about their experiences. Often, pain management was the key area of the programme of relevance to them, but they sometimes felt that CMP had not offered them anything new to deal with their pain.

Some customers described aspects of CMP sessions with a work focus, and work had been discussed in both one-to-one and group settings. For example, within the generic groups, attitudes to work had been considered and customers were asked to complete group activities looking at skills needed for certain jobs. Customers did not feel pressurised to find work, including where work had been a focus, and this was an important aspect for them. Others said CMP had a health focus or that the work focus came later on.

CMP location: CMP was delivered in a range of locations. It was important to participants that venues were kept constant throughout the programme, were warm, conveniently located and easy to find. Privacy was important for people who wanted to discuss personal issues. Choice was offered in the location of one-to-one sessions and this element of choice and flexibility was important in meeting the needs of different participants.

CMP staff: Experiences of staff were integral to customers' experiences and views of the programme, and on the whole views about staff were very positive. Customers felt it was important that staff had a good understanding and awareness of a range of conditions. Characteristics described as being of key importance were good listening and communication skills, a personable manner and an empathetic approach. Where customers understood that staff were from an NHS and not a Jobcentre Plus background, they felt this was valuable for confidentiality as well as their professional knowledge. Continuity of staff was also important.

Completers and non-completers of the programme

Amongst completers of the programme, there were contrasting views on the sufficiency of the programme length. Some customers felt their needs had been met, whereas others felt they could have reaped further benefit from continued

provision or felt 'abandoned' by a sudden withdrawal of support. Signalling the end of the course helped, but there was still a desire among some for ongoing support.

For non-completers, there were three main reasons for early withdrawal or missed appointments:

- Perceived inappropriateness of the content and delivery of the programme: in particular, the kind of support offered through group sessions was not always what customers felt they wanted. Customers in this study had not always received the support they had hoped for around pain management and substance abuse. Some customers did not complete the course because they felt they no longer needed the kind of support on offer, or that it duplicated support they were receiving elsewhere.
- External factors, such as health or personal circumstances: those who failed to complete due to personal circumstances welcomed the opportunity to re-engage at a later date, and were disappointed if not offered the chance to do so.
- Inconvenient venue.

Those who completed the programme had a final session which marked the end of provision, reflected on customer progress and asked for feedback. Acknowledgment of the achievement of completing the programme was important for some participants.

For completers, post-CMP contact with Jobcentre Plus varied, with some customers having meetings arranged with their IBPA. Other, voluntary customers were invited to initiate contact with Jobcentre Plus, but at the time of interview none had done so. There were also customers who were no longer receiving IB and had ceased involvement with CMP. Non-completers also varied as to whether they had been in touch with Jobcentre Plus following CMP and in whether they had needed to initiate contact.

Both completers and non-completers were offered varying levels of support following CMP. Some customers were signposted to other services. However, where no further support was offered this could lead to customers describing unmet needs. Some of these areas of need could be met by other parts of the Pathways programme and could have been usefully discussed in the final CMP session.

Impacts of CMP and fit with other provision

Work: There was a range of work situations within the sample up to a year after CMP:

- unable to work again, due to enduring health and other barriers;
- wanted to work again but needed to overcome some specific barriers;
- ready to work but felt ill-equipped to know what job to do or lacked skills;
- in work again, mainly part-time. Some had worked but had stopped again.

Customers' reflections on the impact of CMP on their moves into work revealed three positions:

- no impact of CMP either because they felt unable to work again or because they were already close to working and felt CMP had the wrong focus for them;
- an impact on moving towards work, in terms of improved self-confidence and new techniques to manage their condition; and
- a direct impact or contribution to moving into work, again largely through improved confidence and specific techniques.

Where customers felt ready for work, they valued the help they had received after CMP from Pathways to Work. The timing of this was important; for example help from Job Brokers was far more valuable after CMP than before. Some customers felt that links between CMP and IBPAs were good, others felt that these could be improved with the aim of providing better information to customers of the various types of support available.

Quality of life: There were two other broad types of impact of CMP described by customers, which relate to quality of life, but which are also likely to impact indirectly on attitudes towards work:

- increased levels of confidence, self-esteem, assertiveness and social interaction;
- improvements in understanding and managing health conditions. Customers appeared to reflect more positively on impacts on managing their mental health condition than on physical health conditions.

There was a perception of some duplication of services between CMP and local health services among people who had received, or were receiving, similar services, for example from CPNs or counsellors. NHS services were valued where people wanted treatment or medication. However, a number of aspects of the CMP approach were preferred to NHS provision, in particular the more personalised, less hurried approach, and the focus on talking-time rather than medication.

Perhaps the most sustained impacts of CMP occurred where customers had learnt techniques for managing stress and anxiety in difficult day-to-day or work situations. Improved levels of confidence and self-esteem were harder to sustain over a longer period of time if customers felt they were making no further progress towards work, or if they had a setback with working. Support for pain management tended to be seen as valuable but short-lived.

Overall views on CMP, what is working well and gaps in the programme

Managing expectations: At referral, it is important that IBPAs provide clear information about CMP and the support it offers so that customers know what to expect. Of particular importance are the voluntary nature and lack of pressure upon participation, information about how group sessions work and the benefits of group work. CMP practitioners also have an important role in managing expectations at the initial assessment.

Flexibility of provision: As customers' personal circumstances, in particular their health condition, can fluctuate over time, it is valuable for CMP to operate with an 'open door' policy, so that customers who are not ready at the point when CMP is first suggested, or whose situation becomes too difficult while attending CMP, are able to return at a later and more suitable date.

CMP and other health services: CMP was seen as having a number of benefits over health services, with its focus on condition management rather than medication, an opportunity to be seen quickly, and to spend plenty of time with a CMP practitioner which helps to address health conditions in depth. However, customers also identified a need for better links with the NHS, with the chance for onward referrals in addition to CMP.

Impact of CMP: Customers emphasised the impact of CMP in terms of improved confidence and self-esteem, and improved ability to deal with stress and anxiety on a day-to-day basis. These kinds of impacts were felt to have come about through better management of mental health conditions, rather than physical health conditions. Indeed, some customers with physical health conditions were disappointed with the support they had received from CMP. It may be that more support can be given to this group, and their expectations better managed.

Choice in mode of delivery: A choice of one-to-one or group sessions is helpful, as customers' needs and circumstances vary greatly. CMP practitioners should provide information and reassurance about group sessions, when customers feel anxious about attending and practitioners should be careful not to overload customers with too many different courses at a time.

Need for greater post-CMP follow-up: Customers frequently reported their wish for more support at the end of CMP: either a continuation of more of the same support to build on perceived progress, or support to address areas of unmet need. There is an important role here for follow-up work, either with the CMP practitioner or with the IBPA, and improved provision of information about the kind of support options available.

1 Introduction: background, objectives and research methods

1.1 The Incapacity Benefit reforms – Pathways to Work and the Condition Management Programme

The Pathways to Work ('Pathways') package of reforms is aimed at encouraging employment among people claiming incapacity benefits; that is, people claiming Incapacity Benefit (IB) or Income Support (IS) on the grounds of disability. Based on proposals outlined in the 2002 Department for Work and Pensions (DWP) Green Paper, *Pathways to Work: helping people into employment*, these reforms were introduced on a pilot basis in three Jobcentre Plus districts in October 2003. Four further Jobcentre Plus districts became part of the pilot in April 2004. Pathways was rolled out to a further 14 Jobcentre Plus districts by April 2006, and covers 40 per cent of the country.

Building upon the success of the Jobcentre Plus Pathways pilots, the DWP 2006 Green Paper, *A new deal for welfare: Empowering people to work*, announced the intention to extend Pathways provision across the country through delivery by the private and voluntary sector. As such, the national roll-out of the programme completed in April 2008 and the Provider-Led Pathways model operates in 60 per cent of the country. Plans for the implementation of Employment and Support Allowance (ESA) were also outlined in the Green Paper, and this was introduced as the replacement benefit for IB and IS on the grounds of incapacity for new customers from 27 October 2008.

Within Jobcentre Plus districts, Pathways to Work provides a single gateway to financial, employment and health support for people claiming incapacity benefits.

Prior to the introduction of ESA¹, it consisted of a number of key elements:

- A **Personal Capability Assessment (PCA)** used to determine whether a customer is entitled to the benefit including a Capability Report focused on what a customer can do rather than what they are unable to do. Because of the nature of their illness, some people would be exempt from this assessment and any further mandatory involvement.
- A **mandatory Work Focused Interview (WFI)** eight weeks after making a claim for IB (except in cases where this was deferred or waived due to the nature of the illness).
- A **screening tool** at the initial WFI establishing who would have more WFIs and who would be exempt from further mandatory participation.
- Access to a range of **programmes to support the customer in preparing to work (the Choices package)**, including the New Deal for Disabled People and **Condition Management Programme (CMP)** which aims to help the customer to manage their health condition or disability so that they can get back to work.
- A **Return to Work Credit**, where customers who enter employment can qualify for a weekly payment of £40 a week for up to 52 weeks, if their salary is £15,000 or less a year, and they meet certain other eligibility criteria.
- **In-Work Support (IWS)**: 'light touch' support provided by an IWS adviser to customers entering employment. Advisers may direct individuals towards further specialist support such as occupational health, job-coaching, general counselling or debt counselling.

1.1.1 The Condition Management Programme

The CMP provision was drawn up jointly between the Department of Health (DH) and DWP as part of Pathways to Work. Within Jobcentre Plus Pathways, the new work-focused CMP services were developed through collaboration between Jobcentre Plus and local NHS providers. CMP was designed in response to the three main health conditions amongst the IB claimant population (mental health, musculoskeletal and cardiovascular).

¹ In summary, the implementation of ESA led to the replacement of the PCA with the Work Capability Assessment, and those customers assessed as being capable of looking for work are placed in the Work Related Activity Group. Those people with the most severe health conditions are placed in the Support Group and are excluded from any form of conditionality. They can participate in Pathways voluntarily. The introduction of ESA also led to the removal of the facility to waiver WFIs, and the removal of the WFI screening tool. Further details on the ESA regime can be found at: <http://www.dwp.gov.uk/esa/resources.asp> .

CMP operates under a bio-psycho-social model which aims to enable the customer to manage their condition better, improve their quality of life and employability. CMP is characterised by its flexible, individualised approach to providing tailor-made services in order to meet the variety of customer needs.

1.2 Research design and methods

This study used qualitative methods and was designed to explore customers' experiences of CMP. Qualitative research conducted amongst staff exploring the delivery of CMP within Jobcentre Plus Pathways pilot areas was published in 2006 (Barnes and Hudson 2006)².

1.2.1 Research aims

The specific research objectives were to:

- identify the customers' reasons for attending CMP as well as reasons for deciding not to participate in the programme;
- understand the customer experience of CMP provision;
- explore how elements of Pathways and other support such as health and social services support and combine with CMP, including services delivered prior to, and alongside, CMP;
- explore customers' perceptions of the types of impacts of CMP in relation to health management, improved health, increased confidence and progress towards work;
- explore whether and how progress made on CMP provides a platform for further progress towards work through, for example, involvement with more work-focused support such as Job Brokers;
- explore perceptions of gaps in provision or customers' suggestions for improvements.

1.2.2 Sampling and recruitment

The study employed in-depth qualitative interviews with 30 customers from three Jobcentre Plus districts. The three areas were selected by DWP in order to offer diversity in CMP delivery model, and to complement the selection of districts for other research.

DWP provided data on customers who had been offered CMP in late 2007 or early 2008. Data were provided on over 600 customers. A random selection of 100 customers was drawn for each district, and an initial approach letter (Appendix A)

² In addition to the DWP-funded research on CMP, a realistic evaluation of CMP funded by DH was recently published (Ford, 2009). CMP practitioners in Jobcentre Plus districts also produce evaluation and research, for example, Kellet *et al.* (2008) qualitative research on the CMP customer experience.

and information leaflet was sent to each person. This offered a two-week opt out period for customers to inform the National Centre for Social Research if they did not want to be contacted by the research team.

Following the opt out period, attempts were made to telephone those customers who had not opted out. The purpose of this stage was to screen respondents; gather information about their attendance on CMP after being offered the programme, reasons for not attending, their primary health condition, their current activity and willingness to take part in an in-depth interview. The screening questionnaire can be found in Appendix B.

Following the telephone screening stage, 30 respondents were purposively selected to take part in an in-depth interview. The following table shows the achieved sample. As well as gender, age and health condition, participants were recruited to achieve a range of completers and non-completers of the programme. The sample criteria has not been included in the table however, as it is down to the interpretation of the customer as to whether they completed CMP or not (as explained in Chapter 4) which might be misleading as interpretation of what is meant by 'completion' varied. We were not able to achieve a diverse sample in relation to ethnicity because at the screening exercise, there were no customers from black or ethnic minority groups within the sample.

Table 1.1 Achieved sample of CMP participants

| | |
|---------------------------------|----|
| Gender | |
| Male | 14 |
| Female | 16 |
| Age | |
| 18-34 years old | 6 |
| 35-49 years old | 12 |
| 50+ years old | 12 |
| Health issue | |
| Mental health condition | 14 |
| Physical health condition | 5 |
| Both physical and mental health | 11 |

1.2.3 Data collection

The in-depth interviews were conducted in October and November 2008. This time period represented a significant delay (nine to 12 months) between customers' experiences of CMP and the research interview³. Whilst this delay was useful in thinking about the impacts of the programme over time, it meant that exact recall of details was often difficult.

³ This delay was as a result of a DWP review of data security and data transfer procedures.

A topic guide was used to carry out the interviews (see Appendix C). All interviews were digitally recorded and transcribed verbatim for analysis. Interviews lasted for up to an hour and a half and took place in customers' homes or an alternative location at the customers' request.

1.2.4 Data management and analysis

Data management and analysis was conducted using FrameWork, a qualitative analysis and software package developed by the National Centre for Social Research (Ritchie and Spencer, 1994).

The first stage of analysis involves familiarisation with the transcribed data and identification of emerging issues to inform the development of a thematic framework. FrameWork is then used to create a series of thematic matrices or charts, each chart representing one key theme. Data from each case is then summarised in the relevant cell. The context of the information is retained and a link back to the original transcript is maintained, so that it is possible to return to a transcript to explore a point in more detail or extract text for verbatim quotation. This approach ensures that data management is comprehensive and consistent and that links with the verbatim data are retained. Organising the data in this way enables the views, circumstances and experiences of all respondents to be explored within an analytical framework that is both grounded in, and driven by, their own accounts. An outline of the thematic charts and sub-headings used for data management and analysis can be found in Appendix D.

1.2.5 Reporting

Verbatim quotations are used to illustrate the findings. They are labelled to show the gender, age and health condition of the participant. Quotes are drawn from across the sample. The report deliberately avoids giving numerical findings, since qualitative research cannot support numerical analysis. This is because purposive sampling seeks to achieve range and diversity among sample members rather than to build a statistically representative sample. Rather, qualitative research provides in-depth insight into the range of phenomena, their social context and the associations between issues.

1.3 Report structure

Chapter 2 looks at the process of referral to CMP, outlining how referral occurred and what factors customers took into account in their decision-making about whether to attend the programme. Chapter 3 reports on experiences and views of the delivery of CMP. Chapter 4 discusses issues around completion and non-completion of CMP, looking at factors underpinning customer attendance as well as the Pathways provision offered to customers following CMP. Chapter 5 turns to the fit of CMP with other Pathways provision and the impacts perceived by customers who had experienced the programme. Chapter 6 concludes with a discussion of overall views of the programme, considers questions around what works well and also reports on unmet needs amongst research participants.

2 Referral processes and decision-making around the Condition Management Programme

This chapter looks at experiences and decision-making around referral to the Condition Management Programme (CMP). It describes how customers were introduced to CMP and what they understood about the programme. Following this, it covers experiences of decision-making; why customers decided to take up CMP, or not, and what factors were involved in decisions. Finally, the chapter describes the process of arranging an initial appointment or assessment.

2.1 Referral route to CMP

Customers were referred to CMP via three key routes, although the dominant pattern was where Incapacity Benefit Personal Advisers (IBPAs) suggested the programme and led the customer in referral. In other cases, customers either sought a referral after hearing about CMP from an alternative, non-Jobcentre Plus source, or their referral was initiated by a Community Psychiatric Nurse (CPN).

2.1.1 IPBA led referral

IBPAs suggested the CMP programme to customers at various stages of their participation in Pathways to Work, or programme of Work Focused Interviews (WFIs). There was variation in whether CMP was suggested at a first WFI, after several contacts, or after a more prolonged period. Where IBPAs suggested CMP at the first referral, customers had been in receipt of IB for some time but had not been attending WFIs. Where CMP was suggested after a few sessions, IBPAs were reported to have spent several sessions discussing the customer's circumstances, health, work history and current views about work-readiness.

In cases where CMP was suggested after a more prolonged period of contact, customers reported IBPAs suggesting they engage with other elements of Pathways prior to suggesting CMP. Where customers had been less keen on other elements of Pathways, CMP was offered as a potentially more suitable alternative. CMP was also offered in response to a customer asking whether there were courses they could attend to help their confidence.

2.1.2 Customer initiated Jobcentre Plus contact or referral

There were also cases where customers had taken the initiative. This happened in two ways: i) those who initiated contact with an IBPA after a period where they had not been required to attend WFIs; and ii) a case where a customer had heard about CMP through another means (a course they were attending in a health centre) and asked to attend CMP. In these cases, the personal circumstances of the customer had changed or they felt that they were in a position to move further forward and progress toward work.

2.1.3 Referral initiated by other professional

In one case a CPN had felt that a customer would benefit from CMP. They contacted Jobcentre Plus on the customer's behalf and arranged for the referral to the programme with the customer's IBPA.

2.2 Prior awareness

Awareness of CMP prior to referral was rare; the only case of prior awareness was where a customer had heard about the programme via a health-based course and had initiated self-referral.

2.3 Initial views and understanding of CMP

Customers' understanding of CMP was formed on the basis of information given to them verbally by their IBPA, and leaflets were usually also given to customers to take away and read. In an unusual case a customer carried out their own internet research on the programme prior to deciding whether to take it up.

Participants described differing levels of understanding about CMP before they decided to take part in the programme. In some cases this is likely to be as a result of limited recall; customers had often completed CMP months prior to their research interview. It is also possible that this variation in understanding was driven by IBPAs tailoring information to suit the individual's needs and circumstances. There was variation in how adequate participants felt their initial information was. Some felt they knew enough, others that they knew little, but were happy with this, whereas other customers felt it would have been helpful to know more.

Customers had a good recall of understanding of the purpose of CMP. Some also recalled understanding that there were different elements to the programme,

and what those elements comprised. Others still recalled details of the practical arrangements.

2.3.1 Purpose

Participants had understood the purpose of CMP in a range of ways. This often involved an understanding of a multiple purpose to CMP as a programme that could:

- offer help in learning how to best manage health conditions;
- help people with mental health conditions;
- boost confidence and self-esteem;
- help in moving back towards work or help to make a return to work less daunting.

'A programme for people...that had illness. I think it was just people with depression, and this was a special thing that had come up and it was...just to help me to, maybe somebody to talk to, kind of get a handle and see how bad my depression was, what kind of ways we could try and get me back into work, not to make the depression go away but try and deal with it.'

(Female, aged 35-49, mental health condition)

2.3.2 Content

While customers' understanding was generally limited to the purpose of CMP, others reported an awareness of the individual elements of the programme. So, for example, some customers knew that the programme included counselling, confidence building, massage, relaxation and that the initial meeting would determine which elements were most appropriate for them. Customers whose condition was a physical disability or long-term health condition were more likely to be aware of the pain management element (and were often unaware of other elements).

2.3.3 Practical arrangements and setting

Compared to awareness of the content of CMP, there was good awareness of the voluntary nature of attending the programme. As discussed in the following section, this could be an important facilitator in decision-making. Some customers were also aware that transport costs would be paid.

2.4 Decision-making to attend CMP

2.4.1 Non-attenders

Although only CMP attenders were interviewed in this study, a telephone screening exercise was conducted prior to depth interviews with CMP non-attenders as well as those who attended CMP. Amongst those who had decided not to attend and who completed the screening (n=32), the reasons given for their decision were as follows:

Table 2.1 Reasons given for not attending CMP

| Reason | (N) people stating reason |
|---|----------------------------------|
| Felt too unwell to attend programme* | 8 |
| Didn't think CMP was an appropriate programme for them | 5 |
| Moved back into work before CMP started | 4 |
| Already attending a health-based programme perceived to fulfil same purpose | 3 |
| Taken off Incapacity Benefit so ineligible | 3 |
| Location/travel/cost of travel | 2 |
| Not convenient | 2 |
| Volume of other appointments attending (e.g. hospital) | 1 |
| Forgot | 1 |
| Not comfortable with group setting | 1 |
| Caring responsibilities | 1 |
| Health improved so CMP not required | 1 |
| Total | 32 |

* This included people who felt unable to travel alone or whose mobility was too limited to travel. It also included people who suffered from agoraphobia, and those whose depression was particularly bad at the time of referral and who felt unable to meet new people.

Among participants in the study, there were also people who had turned down an offer to take part in CMP on a previous occasion because their health or personal circumstances meant they felt unable to take part at that time but subsequently felt able to take it up.

2.4.2 Attenders

Amongst those who attended CMP and who took part in an interview, the decision-making process about CMP varied. One group of customers decided to attend when the programme was initially suggested to them, another group needed time to think about their decision. In these cases IBPAs gave customers leaflets giving details of the programme and discussed CMP again at subsequent WFs. Being given this time to make an unpressured decision was important for some participants.

There was a range of different types of factors involved in the decision to attend CMP and these are described in detail below. In summary they were: a customer's attitude toward an offer of support and their own views about their situation at the time CMP was offered; the relationship with the IBPA or attitude toward Jobcentre Plus; perceptions around potential additional benefits and how relevant the programme was seen as being. In addition, there were an important set of facilitators to deciding to attend, particularly where customers had been initially uncertain.

Overall, CMP was seen as more relevant to customers who experienced mental health conditions (either in conjunction with physical health conditions or alone).

Those whose health condition was exclusively related to their physical well-being saw potential relevance in the pain management element of CMP, but were likely to see other elements as inappropriate for their needs.

2.4.3 Attitude toward support, current situation and needs

Customers' attitudes towards an offer of support as well as their feelings about their current needs were important factors in making the decision to attend CMP. One set of attitudes was very positive towards the idea of CMP, and here respondents described their reaction to CMP as feeling it was a 'way out' or a 'breathing space'. This positive response arose where:

- the customer was motivated to do anything that might help their situation;
- a customer understood that CMP was a service offering them help. These participants were particularly likely to have felt unsupported and isolated prior to being offered the programme;
- CMP was understood to be potentially beneficial to the participant's needs (e.g. providing counselling, boosting self-esteem).

There was a group of respondents who felt less certain that CMP might be helpful for them, but nonetheless decided to take up the offer because they felt there was no reason not to do so. Participants sometimes described CMP as something that 'couldn't make anything any worse' and so saw themselves as having 'nothing to lose' in attending the programme. Even if they were not convinced that it was what they wanted or appropriate to their needs, they decided to take part, sometimes because they felt that it was all that was offered.

'Well I felt there was sort of a direction. I've always been a person who'd worked, and so it was something...it was something to do, it was sort of "nothing ventured nothing gained". I thought, well you know, if it's something that can help. One thing is I thought "it won't harm me, so I might as well try it".'

(Female, aged 50+, mental health condition)

2.4.4 Influence of IBPA

Participants were sometimes motivated to attend CMP because of their interaction with an IBPA or their attitude toward Jobcentre Plus, and this had a range of both positive and negative elements, as follows:

- Their IBPA felt that they could benefit from the programme. This decision to attend implied a degree of trust in the judgment of the IBPA.
- To 'keep the peace' with their IBPA. This was particularly the case where participants had declined offers to engage with other elements of the Pathways programme prior to being offered CMP.
- A keenness to demonstrate willingness to move forward and show the IBPA that they were not 'someone who just wants to sit on my backside'.

- That they would not need to be in contact with Jobcentre Plus for the duration of attendance at CMP.⁴

2.4.5 Perceived potential personal benefits

In addition to attitude and factors relating to the IBPA or Jobcentre Plus, participants sometimes anticipated potential benefits from attending CMP in addition to the condition management (or other perceived purpose). These perceived benefits were:

- getting out of the house;
- contributing towards giving participants a routine;
- providing a social element in the group setting;
- overcoming isolation by the opportunity to meet other people *'like me'* in the group setting.⁵

2.4.6 Facilitators to the decision-making process

Where participants were more uncertain about attending CMP initially, for instance, where they lacked the strong motivation described above, other factors were important facilitators to their decision-making. These were:

- the voluntary nature of attending CMP. The absence of pressure to attend CMP convinced some participants to 'give it a go'. The voluntary nature of attendance was contrasted with other experiences of Jobcentre Plus and claiming benefits, and this made them feel in control of the process;
- the lack of associated pressure to get work was a key deciding factor for one group of participants. Emphasis was placed on the importance of CMP offering an opportunity to improve well-being or move toward work, rather than an attempt to pressure a customer back to work;

'And I think the thing that sold me on the fact that there was no pressure to do it. That was the biggest thing.'

(Male, aged 34-49, physical and mental health conditions)

- timing and flexibility. One participant felt unable to engage with CMP when it was initially suggested. When her circumstances later changed, she asked about CMP and then attended. Here, the opportunity to attend at a time that suited her needs was important.

⁴ Some customers did continue to have regular meetings with their IBPA during attendance at CMP, whereas others were not required to do so.

⁵ While the group setting provided an incentive for some participants to decide to attend, for others the group setting was a concern and a barrier to be overcome (see Chapter 3).

2.5 Arrangements for first meeting/assessment

Arrangements for a first meeting or assessment were made by a customer's IBPA. This was sometimes arranged '*on the spot*', by telephone, while the customer was with the IBPA. In other cases the customer was informed of their appointment later, either via letter or a phone call from a member of CMP staff. The elapsed time from initially agreeing to attend CMP and being offered a first appointment ranged from a few days to over a month. Those who had a longer waiting period explained that they had to wait until there were either enough people to fill a course, or when a space came up on an upcoming course.

2.6 Chapter summary

- There were three key referral routes to CMP: via the IBPA, a self-initiated referral, or one led by another professional. Referral from the IBPA was the dominant route.
- Participants were given information about CMP by their IBPA. This involved understanding about the purpose of CMP, the content and practical arrangements. Understanding of the voluntary nature of the programme was generally good.
- Non-attenders cited a range of reasons for deciding not to attend CMP. These included seeing the programme as inappropriate, feeling too unwell to attend as well as getting a job in the period between referral and first appointment.
- Decisions to attend were driven by three main types of factors: attitudes towards receiving support and perceptions of personal need and circumstances; attitudes towards, and relationships with, IBPAs or Jobcentre Plus; anticipated additional benefits through attendance.
- A further set of facilitating factors encouraged people when they were otherwise unsure about attendance. Here the voluntary nature of attendance and an unpressured attitude to work were particularly important.
- IBPAs organised a first appointment at CMP. The waiting period for this ranged from a few days to over a month.

3 Methods of delivery and experience of the Condition Management Programme

This chapter explores customers' experiences and views of attending the Condition Management Programme (CMP). Customers' experiences of the assessment process, views on methods of delivery and the content and experience of attending CMP are outlined. Finally, the chapter looks at customers' experiences of CMP delivery venues and views about staff delivering the programme.

3.1 The assessment process

Generally, customers had a one-to-one assessment session with a member of CMP staff before attending one-to-one or group support.

3.1.1 Content of the assessment session

Customers did not necessarily recognise this first session to be an assessment. Although there were customers who realised that this was a chance for the CMP practitioner to decide if the programme was appropriate, more often this session was described as an opportunity for CMP staff to introduce themselves, tell customers about the aims and objectives of the programme, answer any questions and gather further information from the customer.

The CMP practitioner collected personal details on the customer's physical and mental health, as well as their personal life circumstances. Customers recalled that their mental health was assessed using specific tools. This could be viewed positively, particularly where a participant felt it would illustrate the severity of their depression and enable them to receive the help needed. Where people did not perceive themselves as having mental health problems, this assessment could be

viewed more negatively. One respondent felt the CMP practitioner was *'digging'* for mental health problems when he felt that he was not depressed but suffered from alcoholism. Another customer thought the questions about mental health were *'a bit weird'* when he had a physical health condition.

Customers considered this meeting to be an opportunity for the CMP practitioner to put their mind at ease and to reassure the customer that they would be offered the help and support they required.

Those concerned about attending group support were reassured during this first one-to-one session that they would not have to speak if they did not want to, that group support had been beneficial to others in the past and that if they did not feel comfortable they did not have to continue attending.

'[CMP practitioner] said, "Well you wouldn't have to answer any questions you didn't want to answer. And you could just sit there in silence if you wanted to." I wouldn't be obliged to say anything. She said, "It's not like that".'

(Male, aged 35-49, physical and mental health conditions)

Customers who were going to receive group support were given practical information about attendance, such as the time and date of the first session, that refreshments would be provided and bus fares paid for. There were also customers who reported being offered a choice of venue for the group. If the details of the first group session were unknown during the initial conversation, the CMP practitioner either telephoned or wrote to the customer at a later date.

Those accessing one-to-one support were told what the sessions would involve, the length of the programme and reassured about confidentiality. Those attending one-to-one sessions might also be offered a choice in venue.

For those who accessed one-to-one support or CMP modules, the member of staff who carried out the assessment session would then become their lead CMP practitioner. Although they may have more contact with a different member of staff, the lead would oversee the provision. For those who only accessed group support, the initial assessment may or may not have been provided by one of the members of staff who then ran the group. There were customers who attended groups who reported having no further contact with the CMP practitioner who carried out the assessment.

3.1.2 Support offered

The research took place within three different Jobcentre Plus Pathways districts, and while the study did not collect information from CMP staff about the delivery method in each area, the following approaches were consistently described by customers:

- Area 1: customers were offered one-to-one support, and might also be signposted or referred on to other support services. Counselling, group therapy, physiotherapy and a course on 'life skills' were all described by customers as being offered by the main CMP contact. However, customers in this area were not always clear as to which elements of support fell under CMP and what was actually onward referral to other services.
- Area 2: customers were offered generic group support at first, which could be followed by pain management and/or a 'sleep well' course if required. However, there were customers in area 2 who had attended a group session straight away with no recollection of an assessment.
- Area 3: CMP consisted of different modules, which could be delivered as one-to-one or in a group setting. CMP practitioners informed customers about the support on offer and discussed which type of support was most appropriate to the customer's needs. Those offered the different CMP modules discussed feeling pleasantly surprised at the range of support on offer. The one-to-one modules mentioned by those who took part in the research were:
 - relaxation/holistic therapy (reflexology, aromatherapy, massage, meditation, hypnotherapy);
 - counselling;
 - pain management;
 - sessions to access and improve mental health;

The group modules described by those who took part in the research were:

 - relaxation workshops;
 - group therapy;
 - condition-specific groups – depression and anxiety;
 - anger management;
 - confidence building courses.

3.2 Customer views on methods of delivery

Customers reported feeling nervous before taking part in a group session, and as a consequence, considered not attending. Customers without experience of group support in the past could be especially apprehensive or sceptical about its value. Attendance was prompted by the voluntary nature of the programme and feeling the need for support. There were also customers who had been encouraged to attend by family members who had reassured them that they could always leave if they did not feel comfortable.

Those who attended one-to-one sessions often said they preferred this to a group setting and that they would have been less inclined to take part if CMP had been delivered in a group. Where a good one-to-one relationship had developed with their CMP practitioner, this was highly valued (see Section 3.4).

Customers' discomfort or apprehension about attending a group related to how they felt they would be perceived by other participants. They also described a lack of confidence in group situations. Customers described feeling unwilling to disclose personal information in front of strangers; a concern that they would not be able to relate to others in the group and feeling afraid of being judged. Customers who had been on IB for a long time felt they had often become isolated and so were not used to meeting new people. One anxious customer received a warm welcome from the CMP staff when he arrived at the group and this enabled him to stay and take part.

In contrast to these initial concerns, those who subsequently attended group sessions were positive about their experience. Customers felt they were able to talk about their personal problems because other participants were open about their own experiences. The group setting provided a forum considered to be confidential and non-judgemental, where others listen and understand. Customers described an added benefit of other participants being strangers. They could discuss their issues with others in the group who had a fresh perspective and did not judge them on past events.

'I felt comfortable being with that group. I felt that I could talk, nobody were there to judge me...it were like me parents that say, "You haven't got [depression]." I were like, "What, yeah I have." And it were like I were never judged [in CMP group]...because they were strangers I could talk and it made me feel really good about myself.'

(Female, aged 35-49, mental health condition)

Not only did customers feel they received help and support from the CMP practitioners, they also gained this from others in the group. Through sharing experiences and learning how to socialise with other people again, customers felt less isolated and realised they were not alone; that other people have the same or worse problems. Humour was felt to be an important aspect of the group session, and customers were able to have a laugh with other people in the group.

'You felt quite relaxed to be quite open, and everyone else was open and it was just, it was interesting but strange seeing all the different [health problems] what people had come with...And it just made you realise you weren't the only one out there sort of thing...It was things like "well there are people worse off than yourself...there's light at the end of the tunnel..." And it makes you realise this just by sharing what's happened to you and things like that.'

(Female, aged 18-34, physical and mental health conditions)

One respondent who had been nervous about attending a group but then found it a positive experience, still asked for one-to-one when referred to CMP for a second time as she felt this would be more appropriate for her mental health condition. This illustrates the potential benefit of offering a choice of one-to-one and group support to Incapacity Benefit (IB) customers. This was only available

in one of the selected research areas. In the research area where CMP was only available in a group, one respondent discussed feeling that the group sessions had had a negative effect. The setting resulted in him opening up and uncovering further mental health issues. He felt unable to discuss these issues in a group and as one-to-one was not offered he was left feeling exposed and unsupported.

One negative aspect of the group setting discussed by those who attended groups was that one participant might dominate. Customers discussed how it was important that the CMP practitioner did not allow this to happen, so that customers did not lose their confidence in putting their views forward. Another negative experience was that people had dropped out of group sessions, causing problems for the group dynamic and this could feel demoralising for remaining group members. This impacted on the small group activities within sessions and participants also felt that poor attendance showed a lack of commitment to the programme. However, a key positive aspect to poor attendance was felt by some to be the increased focus and time staff had for them individually.

Finally, in the third research area, customers were generally positive about having a range of different modules to choose from. It made them feel that CMP was tailored to their needs. However, where this had meant that they were attending more than one course at the same time, this had been too much input for some customers; they felt overloaded by the different aspects of the programme, as well as by having to see a number of different staff.

3.3 Content and experience of CMP

During both group and one-to-one sessions in all three areas, discussions were held on different aspects of customers' health conditions and suggestions were made in order to help customers manage their condition and their situation. Customers were given: techniques that they could use; written information on the programme (such as handouts on what had been covered); worksheets/workbooks; CDs and diaries. Problem solving activities were used to help engage customers in the programme and experts were brought in to deliver specialist knowledge.

3.3.1 Introductory session for groups

Those attending group sessions would begin with an introductory session. This was similar for all groups, whether generic or condition-specific. When customers arrived they were asked to wear a name tag and introduce themselves to the group. Icebreakers were used to relax customers and to give them a chance to get to know each other. The CMP practitioner would give an explanation of the aim of CMP, health conditions it was aimed at and the content of future sessions, using examples of how CMP had helped past attendees. Ground rules were also established.

3.3.2 Content of sessions

This rest of this section describes the areas of support that customers reported as being delivered through CMP.

Condition management

One important part of CMP was providing information to customers on managing their health condition. During both one-to-one and group sessions customers were given information on particular health conditions in order to help them understand their condition better, how their condition might affect them and different ways of coping.

During generic group sessions, information was provided on various mental and physical health conditions that might not necessarily be relevant to the customer. Customers with physical health conditions alone or specific mental health conditions that were not depression or anxiety related, reported that this generic information was unrelated to their particular condition. However, contrary to seeing this as irrelevant information, there were also participants who described this as interesting and were able to pick out the parts that were relevant to their own condition(s). This could result in customers becoming concerned that they suffered from additional conditions they heard about during CMP, without being offered the chance to talk these concerns through.

There was some evidence that customers who had a less common health condition felt that the information provided and discussed within the group was not tailored to their condition, and they would have preferred an opportunity for a one-to-one session specifically tailored to them, or a group with people with the same condition.

Depression workshops were available in one research area. These condition-specific groups did not promise a cure but offered a way of dealing with the effects of depression; helping customers to recognise symptoms early so they could prevent the situation from deteriorating. Customers attending depression workshops were taught, for example, how to relax in order to help them to sleep and the importance of diet for helping manage moods.

Pain management

CMP practitioners discussed pain management in both group and one-to-one settings. This included, for example, discussions on the importance of good posture for those with back problems and exercises for customers with arthritis. Relaxation techniques were also considered useful in managing painful conditions.

Customers with physical health conditions had been signposted to physiotherapists in one area and referred to a pain management group in another area. In the third research area where modules were available, customers could attend a one-to-one pain management module and/or holistic therapy.

There were some positive views about the provision of support for physical health conditions, in particular having someone to talk to in depth about their condition or about a future operation; also techniques that were taught to help customers manage their pain, especially focused exercises. General encouragement to do exercise, and reassurance, was also felt to be helpful. However, on the whole this type of support did not seem to be viewed as positively as other support provided through CMP. For example, exercises that customers were given to do in their own time were reported as being too difficult or customers simply forgot to carry them out. Language used in the pain management group was said to be too complicated and too difficult to understand, resulting in customers 'switching off'. Other customers with physical conditions felt frustrated that it seemed there was nothing CMP practitioners could do to help them other than telling them to continue with their medication, as the following illustrates:

Respondent: *'[CMP practitioner] didn't seem to offer...anything other than saying, "Well, you've seen your GP, he's given you these tablets, make sure you take them...". I was pretty disappointed with the outcome of it, I think...the phrase pain management techniques was like mentioned [before attended], but I had no idea of what that might be when I went to see him, it was totally sort of with a blank canvas...'*

Interviewer: *'Did he talk about pain management techniques?'*

Respondent: *'No.'*

(Male, aged 35-49, physical health condition)

The difference between support for mental health and physical health conditions is discussed further in Chapter 5.

Dealing with stress and anxiety

Methods for dealing with stress and anxiety were also frequently discussed by those accessing one-to-one and group support for a range of conditions. In one area, condition-specific groups were available on anxiety, and on anger management.

Customers were given scenarios on dealing with stressful situations and presented with different solutions. They would then attempt to solve the problem, either in groups or individually, depending on the method of delivery. Respondents felt able to relate these scenarios to situations in their own life and recognised this as a way of changing thought patterns and approaching difficult situations.

'[Scenarios] were great, really good. I think you know sometimes you can see immediately what they're driving at but nonetheless I just found them really good. And you know some of it was quite humorous so we had a bit of fun with it as well...I suppose you could see that these things could really happen. They were quite sort of lifelike and I suppose people could relate to them as well, so I think that's why they were good.'

(Female, aged 35-49, physical and mental health conditions)

There were customers, however, who said that although at the time they had thought these techniques were useful, they had found them less applicable to real life or they had quickly forgotten about them.

'Technique to combat negative thoughts...I found it worked, but as soon as you got used to doing it, your mind got used to doing it, know what I mean it worked for like a couple of weeks and then it would wear off and just go back to your old ways.'

(Male, aged 18-34, mental health condition)

Customers were also given booklets and CDs on coping with stress and anxiety so that they could refer back to them when necessary.

Assessing mental health and setting goals

Customers discussed one-to-one sessions (after the initial assessment session) that involved the CMP practitioner assessing their mental health. This involved what was described as a 'questionnaire on mental health', a survey or as a way of 'rating' mental health.

Using question-based tools, the CMP practitioner would rate the customer's mental well-being on a scale of one to ten, with the aim of improving this score through the use of action plans and goal-setting throughout the sessions. The latter could, for example, involve joining a social club or walking the dog on a regular basis.

Views on this support varied, depending on how goal-orientated the customer was. There were customers who felt this had no relevance to their life and that they were just picking numbers arbitrarily; but there were also customers who felt this suited them as they were given targets to aim for. Those most appreciative of this support were those closest to returning to work, who were pleased to receive a structured plan to help them back into employment.

'I mean [CMP practitioner] set me things for each, to do within each time, whether it was like to go out and get my hair cut or go out and have coffee with like a friend or like, 'cos I have issues with food as well. So I had to keep a food diary and check whether I've done five a day and, you know, she'd obviously, because I'm very target-orientated anyway, she obviously picked up on that and I think she catered the condition management for me. Well that's how it felt anyway.'

(Female, aged 18-34, mental health condition)

Discussions on health and well-being

One-to-one sessions also presented customers with the opportunity to discuss how they were feeling, their mental and physical health and any other issues or concerns they might have. For example, one respondent discussed her financial situation with the CMP practitioner and together they constructed a plan to deal with the situation. Others discussed issues from their past or family problems. These discussions were invariably valued by participants as a chance to get issues 'off their chest' in a private and confidential setting.

'I think I let a lot of me feelings out, how I felt, because I'd just been going through, like, a separation and things like that, and it was like, you know, how you keep yourself a bit in? Well after I'd finished talking to [CMP practitioner] it came out. So I think once you get it off your chest you feel better don't you?'

(Female, aged 50+, physical and mental health conditions)

'Actually talking to [CMP practitioner], talking to her about myself and what was happening was very good. I think that's really what helped...That's what I really needed.'

(Male, aged 50+, physical and mental health conditions)

Counselling

For those who needed to discuss issues in more depth, counselling was available in research area 3 where CMP was offered in modules. One customer discussed being referred to counselling in research area 1, although it is unclear whether this was part of CMP or an onward referral to other services.

Customers discussed their health, personal situation, current problems and past traumas with counsellors. Counsellors gave customers 'toolkits' to help them cope, including breathing techniques to stay calm and methods to help them to 'close down' traumatic events from the past.

Views on counselling varied. Some customers felt that counselling allowed customers to come to terms with issues and problems, which in turn helped to improve their mental health. Other customers felt that counselling brought back painful memories that they were trying to forget and therefore had an adverse affect on mental health. However, customers with this view had not completed the counselling course and may have felt differently if they had reached the end.

Relaxation

Relaxation techniques were another approach used in all three research areas as part of both one-to-one and group sessions. Customers were taught breathing techniques, meditation and the effects of listening to calming music. There were also customers who said they had been given a CD with relaxing music to take home.

Views on relaxation techniques were generally positive. Customers discussed using the breathing techniques and listening to the CD after completing CMP. One respondent who had panic attacks started listening to calming music through a portable music player when leaving the house to help her to stay calm. She reported that this distracted her from feeling anxious and stopped her from having panic attacks.

'[Relaxation sessions] were fantastic. And I never believed in a million years she would ever be able to relax me and switch me off, you know, from realisation and life and sort of bring me down. And she did, each and every time.'

(Female, aged 35-49, physical and mental health conditions)

In research area 3 relaxation groups were available as a module and customers could also access one-to-one relaxation/holistic therapy sessions (reflexology, aromatherapy, massage and meditation). Customers described immediate benefits from receiving a massage or meditation session, but reported that these effects would wear off soon after the session and they were not able to pay to have any more sessions. Other customers felt that relaxation/holistic therapy was not for them, either because it made them feel uncomfortable, or because they were more interested in setting goals in order to get back to work.

Confidence building

Long periods out of work and on benefits had often left customers with low self-esteem and lacking in confidence. As a result, raising confidence and self-esteem was an important part of group and one-to-one sessions.

Raising customers' confidence levels could involve setting tasks such as talking to one stranger each week or asking others in the group to fill in an 'ego boosting book'. During group sessions CMP practitioners were said to help increase the confidence of those attending through skilled facilitation. This meant letting everyone have their say and making sure customers felt their point was important.

In one research area, confidence building courses were offered. In another research area, a 'life skills' course was signposted that was based on increasing confidence and self-esteem.

Customers reported the benefits of this for both their quality of life and progress towards work – these will be discussed in Chapter 5.

Healthy living

The importance of good sleeping patterns, healthy eating and plenty of exercise were discussed during both one-to-one and group sessions in all three areas. Customers were made aware that healthy living could impact on their health and well-being.

A 'sleep well' course was available in research area 2. This covered different sleep problems, causes and individual solutions. As this was group-based work customers were also able to learn from each other. Views on the 'sleep well' course were positive. One customer had discovered she had sleep apnea, others found the techniques (such as not watching TV late at night) useful in improving their ability to sleep.

Sleeping patterns were improved through help with relaxation. During one-to-one and group sessions the importance of sleep was discussed and customers were given information on how to improve their sleeping patterns.

Healthy eating activities took place in group sessions to encourage customers to think about their diet, such as organising piles of food into three meals for a day that would give the recipient the right balance of the different food groups. Experts were brought in to talk about healthy eating. Some of those receiving one-to-one support were given food diaries and then discussed their diet with the CMP practitioner. However, customers sometimes admitted that when the sessions were over they had not stuck to the diet that had been prescribed to them.

Exercise was covered in two main ways: either i) it was discussed in the CMP session, with encouragement given to customers to exercise; or ii) exercise itself was part of a group CMP session. For example, a yoga instructor took one session and during another session customers attended an aerobics class at a fitness centre. On another occasion free passes were offered for the local leisure centre so that customers could exercise in their own time. Respondents were positive about the help they had received to improve their physical fitness. In particular, customers appreciated the pass to the local leisure centre. However, one respondent said he had felt embarrassed attending a fitness session with the rest of the CMP group.

Views were generally positive about CMP practitioners encouraging a healthy lifestyle. There were customers receiving group support who felt that these sessions had not taught them anything new, but they had still enjoyed the activities and understood that they had been beneficial for other people within the group.

Work

Views on whether CMP had a work focus varied. Some customers reported that work was the main focus of CMP and another view was that it was health. CMP was also said to start off with a health focus and develop a work focus later on. There were customers who considered CMP to have a direct work focus, those who thought it had an indirect work focus, and others who did not think CMP focused on work at all.

- **Direct work focus:** practical help in looking for and finding work through one-to-one provision; discussing attitudes to work and the pros and cons of working; identifying customer skills and abilities and considering possible work options; discussions on managing work within the limitations of their health condition.
- **Indirect work focus:** help to improve/manage the customer's health condition, such as techniques to manage stress and anxiety in work; increasing customer's confidence and self-esteem which was said to result in customers thinking about work, looking for work, applying for jobs, going to job interviews, starting work and retraining.

- **No work focus:** other customers reported that the goal of CMP was not to get people back into work and the programme did not have a work focus. One customer reported that this was because CMP is not closely linked with Jobcentre Plus, and therefore, CMP practitioners do not feel strongly about whether customers want to go back to work or not. Instead CMP was said to be purely about helping people to understand and manage their condition.

A lack of pressure to return to work was crucial, whether CMP was considered to have a work focus or not. Those who felt CMP did have a work focus discussed how this was acceptable because CMP practitioners were not trying to pressurise people into work. Positive views on a lack of work focus were portrayed by customers who said they did not want to feel pressured or pushed into working. Chapter 2 discussed how lack of pressure to return to work had been a factor in decision-making on whether to attend CMP to begin with.

'It was just about my condition, work wasn't mentioned at all...It was a good thing for me because that would have put me under a lot of pressure if she'd gone on and on about work because I'd tried it a couple of times and I just, I was not ready to try it again.'

(Female, aged 50+, mental health condition)

Negative views on a lack of work focus seemed to be based on expectation and the customer's own needs in relation to a work focus; in other words, where they wanted or expected more of an explicit focus on work than they received.

'I thought the aim of the programme was to get me back to work...but it doesn't seem to be that they are, they're not doing nothing for me to get me back to work...I've been let down completely in that respect.'

(Male, aged 50+, physical health condition)

3.4 Location and staff

3.4.1 Location

Group CMP sessions took place in a range of different venues: city hall, community centre, leisure centre, the local library and museums. Generally, one-to-one sessions took place at Jobcentre Plus offices. Other venues included a church, cafés and centres for holistic therapy. Both one-to-one and group sessions were also described as being held in 'multi-purpose buildings' when customers were unsure of the exact purpose of the building.

Generally, customers seemed happy with their CMP location. A change in venue part-way through CMP was experienced as annoying, as this made customers feel undervalued. Customers were also unhappy about being sent to locations that were uncomfortably cold.

When offered a choice in location, customers universally opted for the venue that was closest to their home. Occasionally, this meant opting for a course that

had not been their first choice. One respondent receiving one-to-one support had been offered the choice of the Jobcentre Plus office or a local café. The customer had opted for the Jobcentre Plus office as he did not want to be seen by somebody he knew. Another respondent, however, had been offered the same choice and had opted for the café as they felt this would be more relaxing than the Jobcentre Plus office. This illustrates the importance of choice in these situations, in recognition that people will have different preferences. For one-to-one sessions, a private room was seen as preferable to an open-plan Jobcentre Plus office to allow for personal and confidential discussions. Customers sometimes compared their CMP experiences favourably with meetings with Incapacity Benefit Personal Advisers (IBPAs), which were held in open-plan Jobcentre Plus offices and were not conducive to personal discussions.

If the customer relied on public transport to get to the CMP venue, then ease of travel was also important. Customers were positive about the venue if it was in their local town, close to a train station or a bus stop. For those living in rural locations, access was not a problem for customers who were able to drive, but for others getting to the venue could be problematic. For example, one respondent reported travelling on two buses which took an hour and a half in order to get to the venue. Another respondent had not been able to get to the venue on public transport and so had had to cancel her appointment. On doing so, she had been offered CMP at a location that was easier for her to access. For those who had access to a car, ease of parking was important.

The ease with which customers were able to find the venue could also make a difference to how they viewed CMP. If customers found it difficult to find the venue, they could become stressed and upset, which might put customers off attending CMP. It is, therefore, important that the venue is easy to find and directions are clear.

'The first time I went to attend there I couldn't find it. So that was frustrating on its own. I even went into some other organisations and said, "Do you have any idea where...[CMP organisation] are?" And they said they'd never heard of them...I felt that I'd let them down as well as let myself down, because obviously the anxiety of going there was bad enough. I was nervous. I didn't know what was going to happen.'

(Female, aged 35-49, physical and mental health conditions)

Other factors facilitating attendance included CMP paying for petrol, parking, or bus fares and the provision of refreshments such as tea and coffee, and in some cases a buffet lunch.

3.4.2 Understanding of staff background

Customers were not always aware of the professional background of the CMP practitioner. Those who did have an understanding described CMP practitioners as having backgrounds in: nursing, psychiatry, psychology, counselling, or physiotherapy. CMP practitioners were said to work for the NHS, a specialist

charity like MIND, or were volunteers who had possibly attended CMP themselves, or had similar health conditions. Customers also noted that experts were brought in to take generic group sessions on particular issues such as healthy eating or exercise classes.

For those who were aware of the professional background of the CMP practitioner, this was considered important as it reassured customers that the staff members had a thorough understanding of the customer's health condition. Even those unaware of the CMP practitioner's professional background commented on the importance of staff awareness of different health conditions.

Although rarely explicitly stated by customers, there seemed to be value in CMP staff working for the NHS or a charity rather than Jobcentre Plus. Customers discussed how it was important that they were able to trust the CMP practitioner and were able to talk openly without fear of being pushed back into work or having their benefits stopped. In one exceptional case, the customer reported how she had worried about attending CMP as she thought it was an extension of Jobcentre Plus and she would have to justify why she was unable to work. However, during her first CMP session the practitioner had explained that her background was NHS and not Jobcentre Plus, which had put the customer at ease.

Customers were positive about volunteers who had previously suffered with similar conditions helping to run the groups as it was assumed they would understand how customers were feeling. There was a recommendation from one customer that the CMP practitioner should also be someone who had previously suffered from similar health conditions, so that they too would have greater empathy.

3.4.3 Views on staff

The approach of CMP staff was an integral part of how customers viewed CMP, and they generally viewed CMP staff in a positive light. This was important in making sure customers felt able to relax and open up. The only exception to this positive view was where a customer felt there was no rapport with the staff member delivering one-to-one support. In one case the customer had viewed the CMP practitioner as 'just another' Jobcentre Plus adviser. This reiterates the point made above that there is value in emphasising that CMP staff do not work for Jobcentre Plus. In another case, the customer reported that the CMP practitioner did not have a medical background. As the customer had a physical health condition and the practitioner was not able to offer any help with this, the customer did not find the support useful. In these two situations, both customers decided to no longer attend CMP.

'I think it was perhaps just the rapport that we didn't have really. I didn't find it easy to talk to her and she was just a bit straight-laced, almost a bit too professional I think. You know when you're talking about things that, you know, really matter to you, it was a bit difficult. It just felt a bit one-sided.'

(Female, aged 18-34, mental health condition)

This customer went on to have more one-to-one sessions with a different CMP practitioner and established a good relationship.

The key positive attributes of staff that were identified by customers were ones that resulted in them feeling able to relate to the CMP practitioner and develop a rapport. These attributes were based around good listening and communication skills, a personable manner and an empathetic approach:

- listening skills: CMP staff listened to customers, were understanding and treated customers in a non-judgemental way;
- communication skills: staff were clear, concise and easy to understand;
- personable manner: staff had a relaxed, calm and friendly manner, making them approachable;
- empathetic approach: staff joined in with activities and shared their experiences so that the approach was '*less them and us*', and treated customers as people '*rather than another number*'.

'[CMP practitioner] was just lovely. She really was...She made it so easy for me. She made it so easy. She would draw an answer out of me that I wouldn't even know I was giving, oh, she was excellent...I went with the intention of trying to do what she asked me and hopefully it would help me cope a bit better with my illness. But she was just a really nice person, an easy person to get on with, she was not uptight at all, she was so relaxed which was great.'

(Female, aged 50+, mental health condition)

'Well, when I say excellent it was like very good, you know...there was a calming, a calmness about her voice. She, it wasn't like being in a job interview; you know...it was just that the whole general ambience was calming.'

(Male, aged 34-49, mental health condition)

Continuity of staff was considered to be central to developing a good relationship. Customers reported that having the same member of staff for each session, for both group and one-to-one support, resulted in them feeling able to trust CMP practitioners with private information. Developing a relationship meant that customers became comfortable with staff and so would open up.

Respondents reported that they would have felt that they were not being taken seriously if they had been passed from one staff member to another. Customers who had received help from more than one member of staff, particularly in research area 3 where different members of staff delivered different modules, felt frustrated at having to cover the same ground on numerous occasions.

'It feels like you've already told someone else your life story, then you're passed on to somebody else, and you've got to tell somebody else it. And you just felt you were getting nowhere.'

(Female, aged 18-34, mental health condition)

3.5 Chapter summary

- Customers generally began CMP with an assessment session and this was conducted on a one-to-one basis. As well as gathering information about the participant, it was an important opportunity for the practitioner to offer reassurance to the customer about the kind of support they were going to receive, and the voluntary nature of the programme.
- Provision varied across the three research areas: Area 1 offered one-to-one support and referred to additional services, area 2 offered group-based delivery and area 3 took a modular approach and offered both one-to-one and group settings. The choice of courses from the modular approach was appreciated, but customers could feel overloaded if they attended more than one course at the same time.
- Participants were nervous of group settings before attending the programme, and often needed reassurance at their initial assessment. Concerns centred around participants' social skills and how other participants would view them. The experience of group settings was, by contrast, largely positive. Benefits were described from the social setting: meeting others, reducing isolation and gaining social confidence. Groups had worked less well where numbers were small due to other customers dropping out.
- Customers reported that one-to-one was sometimes more appropriate for those with mental health issues who may not wish to share their experiences with a group. This illustrates the potential benefit of offering a choice of one-to-one and group support as part of CMP, so that those who have personal issues they would like to discuss one-to-one are able to do so.
- CMP used a range of delivery techniques to offer support in different areas. These varied across the three research areas and included sessions on condition management, pain management, dealing with stress and anxiety, assessing mental well-being, discussions on personal issues, counselling, managing depression, relaxation techniques, confidence building and healthy lifestyle issues.
- Views on different elements varied, although they were largely positive. Customers with physical health conditions alone appeared to be somewhat less positive about their experiences. Often, pain management was the key area of the programme with relevance for them and they sometimes felt that the programme had not offered them anything new to deal with their pain.

- Some customers described aspects of CMP sessions that had a work focus, and work had been discussed in both one-to-one and group settings. For example, within the generic groups, attitudes to work had been considered and customers were asked to complete group activities looking at skills needed for certain jobs. Others said that CMP generally had a health focus or that the work focus came later on. Overall, customers did not feel pressurised to find work, whether work had been discussed or not, and this aspect was important to them.
- CMP was delivered in a range of locations. It was important to participants that venues were kept constant throughout the programme, were warm, conveniently located and easy to find. Privacy was also important for people who wanted to discuss personal issues. Choice was offered in the location of one-to-one sessions. This element of choice and flexibility was important in meeting the needs of different customers.
- Experiences of staff were integral to customers' experiences and views of the programme, and on the whole, views about staff were very positive. Feeling that staff had a good understanding and awareness of a range of conditions was helpful. Important characteristics were good listening and communication skills, a personable manner and an empathetic approach. Where customers understood that staff were from an NHS and not a Jobcentre Plus background, they felt this was valuable for confidentiality as well as their professional knowledge. Continuity of staff was also important.

4 Completers and non-completers of the programme

This chapter explores customer attendance at the Condition Management Programme (CMP), factors encouraging attendance and non-attendance as well as views on the length of the programme. The chapter also describes the final CMP session and what happened next for customers.

This chapter is based on participants' own definitions of whether they completed the programme and this interpretation varied from one customer to another. For example, in one case a customer reported they had completed the programme as they had been offered three relaxation sessions and had attended all three; whereas another respondent said they had not completed the programme as they had been offered up to 12 one-to-one sessions but had stopped after six sessions when they returned to work. Where customers reported completing CMP, they had generally been to all the one-to-one sessions suggested by the CMP practitioner, or had missed only one or two sessions.

4.1 Length of programme and attendance

According to customers, the number of one-to-one sessions with the main CMP contact ranged from six to 12.⁶ These could be sessions that involved the customer discussing their health and well-being with the practitioner, or sessions where the CMP practitioner carried out an assessment of the customer's mental health (see Chapter 3). In research area 3, where CMP consisted of modules, customers reported having, for example, eight or nine one-to-one counselling sessions and three or four holistic therapy/relaxation sessions.

⁶ An exact recall of attendance at CMP sessions proved problematic for customers. This is likely to be as a result of the time which had elapsed between CMP participation and the research interview (around nine to 12 months).

Generic groups were said to last between five to seven sessions. Condition-specific groups on depression or anxiety were reported as lasting for six sessions, and relaxation groups as lasting for four sessions. One respondent also reported going on a three-day 'life skills' course although it is not clear if this was part of CMP or an onward referral.

4.1.1 Views on length among completers

Views about the programme's length among CMP completers fell in one of two broad positions. There were those who felt the number of sessions they had attended had been sufficient. These customers reported feeling as though they had worked through all the issues they were expecting help with and had been given all the support they were promised.

Other customers would have preferred CMP to continue. There were two main reasons for this:

- The end of contact with others – this included both contact with the CMP practitioner (one-to-one support) and contact with other IB customers (group support). When the programme finished customers were left feeling isolated again and had lost an important forum for social interaction. Customers felt they relied upon both the support and the activity and routine that the contact gave them.
- A belief that they had further to go/more benefit to reap from the programme to help manage their condition or progress towards work. Suggestions for further support were: more help to increase confidence; direct help finding work; access to alternative methods of delivery; more tips on coping with mental health conditions or support for a physical health condition.

Where customers reported feeling that CMP had finished before they were ready for it to end, it could leave them feeling abandoned or 'left out in the open'.

'I would have liked to have been asked, you know, given advice about other things I could have done rather than the thing just being stopped dead like that...if there was a place that I could go with other people with depression, like a group. Something like that, that would be absolutely ideal...I felt it was a shame it just ended as abruptly as it did, definitely.'

(Female, aged 50+, mental health condition)

However, there were also customers who reported being made aware when CMP was coming to an end; either by being told at the beginning how many sessions there would be, continuous reminders about where they were in the programme, or being told in the penultimate session that the next one would be the last. This signposting is clearly important in making sure customers do not feel that the support is suddenly removed, although does not remove the desire among customers for ongoing help and support.

4.2 Reasons for not completing CMP

The following section is based on analysis of the depth interviews with CMP attenders, as well as data gathered from CMP attenders during the screening exercise and describes the reasons given for missing appointments and non-completion of the programme.

Table 4.1 shows customers who attended CMP, broken down into the numbers who did or did not complete the programme. This is drawn from information collected at the screening stage of this research (see Chapter 1 for details). Among customers who completed the screening questionnaire, those with both physical and mental health conditions were least likely to complete CMP. This could be linked to the complexity of their health conditions creating more difficulties with continued course attendance.

Table 4.1 Health conditions of attenders, non-completers and completers of CMP

| | Physical health condition | Mental health condition | Physical and mental health conditions |
|---------------------|---------------------------|-------------------------|---------------------------------------|
| Completers | 18 | 25 | 15 |
| Non-completers | 6 | 7 | 16 |
| Total attending CMP | 24 | 32 | 31 |

Base: Customers who attended CMP and completed screening questionnaire (87).

From the depth interviews the reasons for missed appointments and non-completion fell into three main categories:

- perceived inappropriateness of CMP;
- location of CMP;
- personal issues external to CMP delivery.

4.2.1 Perceived inappropriateness of CMP

The inappropriateness of CMP to customers' health conditions was the main reason given for not completing CMP. As noted in Chapter 2, the appropriateness of CMP to the customer's health condition played an integral role in the customer's decision as to whether they should attend CMP at all. Chapter 3 demonstrates that this was sometimes borne out in perceptions of customers attending the programme: CMP appeared to be seen as more relevant to customers who experienced mental health conditions (either in conjunction with physical health conditions or alone) than those whose condition was exclusively related to their physical health. The results in Table 4.1, however, do not suggest that customers with a physical condition only were any less likely to complete the course than those with a mental health condition only (although the sample size here is too small to draw any firm conclusions). The issue of appropriateness for people with physical health conditions will be discussed further in Chapter 6.

Other reasons that CMP was not considered to be appropriate and resulted in an early exit from the programme were:

- Method of delivery – the customer did not feel comfortable attending group support, or a group with people with various different health conditions.
- The programme or the CMP practitioner was not helpful.
- Timing of the support was inappropriate, i.e. the customer no longer needed help managing their health condition.
- CMP was not addressing the issue(s) that the customer considered to be the most important or the customer had other issues that needed to be tackled first.
- The customer had either attended or was going to attend other health programmes that offered similar support. This included customers who felt CMP was a duplication of support they were receiving from their Community Psychiatric Nurse (CPN).

'Well basically I think it was the kind of options and the methodology, if you like, was all the kind of stuff I already did before [with CPN], and I was kind of past that stage.'

(Male, aged 35-49, mental health condition)

4.2.2 Location of CMP

As well as the appropriateness of CMP, customers also discussed difficulties in travelling to or finding the location of CMP and the cost of travel to the venue as reasons for missing appointments or stopping attendance. These issues have already been discussed in more detail in Chapter 3.

4.2.3 Issues external to CMP

There was a range of different personal issues that customers faced during their participation on CMP, which were external to the delivery of CMP, but nonetheless felt by customers to impact on their ability to continue attending the sessions. These were:

- Personal issues and crises that came up during the programme, such as deaths in the family, problems with partner or ex-partner.
- A move out of the area.
- Factors linked to their health condition:
 - a deterioration in health which meant a customer was no longer able to attend;
 - feeling unwell or having a bad day and so missing one or more sessions. For example, having a panic attack when attempting to leave the house;
 - forgetting to attend due to memory problems;
 - prior alternative commitments, e.g. having to attend hospital appointments;

- Other demands on the customer's time, for example looking after children, holiday commitments;
- Change in Incapacity Benefit (IB) claim eligibility status:
 - a customer had IB withdrawn before the end of the programme and said that he became ineligible to finish/continue CMP⁷.

4.3 Final CMP session

The final session was considered to be an opportunity for the CMP practitioner to highlight the key points that had been demonstrated throughout the programme. However, there seems to be a missed opportunity here for discussing 'next steps' with customers. For those who completed CMP, the final session was often one that stood out for them as being different to other sessions. This was because practitioners emphasised the end of CMP or spent time asking customers for feedback.

4.3.1 Next steps

There seemed to be a gap in 'next steps' being discussed with customers at this final session. CMP practitioners were said to mention that customers could get back in touch with their IBPA for further support, but there was no discussion of what this support might entail. It did not seem to have been usual for a Jobcentre Plus adviser to make contact at the final session. In one case a respondent reported that a Jobcentre Plus adviser had attended this final session and had taken the names of those who required further support. However, although the respondent had put his name forward, he had not heard anything from Jobcentre Plus since (this was a voluntary customer).

'They said, you know, "We'll contact you. We'll pass your details back to your IBPA. They'll be in contact with you." But nothing materialised. So. Feel a bit...Feel a bit pushed to the back. Like, you know, "Why, why did I bother?".'

(Male, aged 18-34, mental health condition)

As one of the main gaps reported by customers was follow-on support (see Section 4.4), this would appear to be the ideal time to discuss further options with customers.

⁷ Jobcentre Plus guidance states that if the customer has attended CMP, and subsequently failed the Personal Capability Assessment or Work Capability Assessment and their Incapacity Benefit/Employment Support Allowance (ESA) claim has been disallowed, they can remain on CMP. If the customer moves to Jobseeker's Allowance (JSA), the personal adviser must then agree that CMP provides a useful course of action, and if so, they will still also be required to meet JSA conditionality rules.

4.3.2 Marking the end of CMP

Customers described how the final CMP session was marked by recognition of them having completed the programme.

Those attending one-to-one support involving assessments of mental health reported that the final session involved the CMP practitioner demonstrating how a participant's mental health and confidence had improved during CMP. This could, for example, be done using a graph to illustrate their progress.

Those who attended the generic group sessions reported that they had been given a certificate during the final session, which listed all the parts of the programme the customer had attended. Customers reported that they were pleased to be given a certificate; for some this was the first certificate they had ever received.

4.3.3 Feedback

During the final session with their lead CMP practitioner, customers were asked to fill in feedback forms on the modules or one-to-one sessions attended. Those who had attended a generic group in area 2 were called back in for another group session a couple of months after completing CMP to give feedback. This group session was facilitated by a different CMP practitioner from the one that had run the original CMP group.

4.4 After CMP: what happened next

4.4.1 Completers

For post-CMP activity, programme completers fell into two main groups:

- Those who had meetings arranged at the Jobcentre Plus office shortly after completing CMP to meet with their Incapacity Benefit Personal Adviser (IBPA).
- Those who were voluntary customers were 'invited' to contact the IBPA if they wanted any further support on completion of CMP. Although customers were pleased to have been offered this option, so far none of those left to initiate contact had done so (nine to 12 months later). This is a missed opportunity for those customers who were receptive to other support following the positive experience of CMP.

'I found that I went once [to Jobcentre Plus] and that was it. So you didn't really get that contact. And that's what I have found with incapacity: you take a back seat on everything. Obviously if you're a jobseeker you've got contact with...jobcentre staff every fortnight, and obviously you've got that support, and staff around to point you in the right direction, rather than you making it up as you go along...Obviously you're on Incapacity for a reason, but I still feel that there could be a bit more support and encouragement to enable you to come off the benefit or, you know, stay on a little bit of your benefit and do a little bit of work. But I don't seem to get that encouragement.'

(Male, aged 18-34, mental health condition)

There were also customers who had no further contact when their IB claim had been revoked (on failing the Personal Capability Assessment). These customers felt let down because the support that they had been receiving through Pathways to Work ended abruptly once their claim was stopped.

Where the IBPA had made contact with the customer and an appointment had been arranged, a key point of discussion during the WFI was feedback on CMP. On occasion, this was the only topic of discussion and the customer was not offered any further support. Other customers reported being given the IBPA's telephone number and advised to call if they required any further support or felt ready for work. As before, those left to initiate further contact had so far not done so. The content of further discussions with the IBPA were reported as discussions on:

- customer's current situation and health;
- work-readiness and fit between work and health, e.g. working less hours to suit health condition, types of suitable work, voluntary work as a possibility;
- provision of work-focused support, e.g. better off calculations, financial support available if returned to work, claiming working tax credits;
- onward referral to other Pathways support.

After completing CMP, customers who took part in the research had accessed computer courses and received referrals to Job Brokers through Pathways to Work. This is discussed in more detail in Chapter 5.

Other customers drew attention to areas where they felt there was not enough support. They often described unmet needs that were the same as existing elements of Pathways, although customers were unaware of this as the support had not been offered. For example, customers discussed how they would have liked to have been offered voluntary work, work experience or support after returning to work. One respondent who returned to work also reported feeling 'let down' because her depression did not simply stop as a result of returning to work and she would have liked support to continue to help her stay in work. This same respondent reported feeling as though she was no longer welcome to contact the CMP practitioner when she had attempted to do so, which had left her feeling hurt and unwanted. This customer could have benefited from In-Work Support but did not appear to have been offered it, or could not recall this occurring.

4.4.2 Non-completers

Levels of contact with IBPAs varied amongst those who ended CMP before completing the programme. There were customers who said they had been invited in for regular Work Focused Interviews (WFIs) since withdrawing from CMP. There were also customers who had been called into the Jobcentre Plus office for one final WFI or had received a phone call from the IBPA to discuss their situation. However, others reported that they had not been contacted by the IBPA at all. It was not clear whether these were voluntary customers onto the Pathways

programme, or whether they had simply reached the end of their mandatory WFIs. Customers reported feeling *'let down'* at the lack of contact, as illustrated by the following:

Interviewer: *'Has anyone contacted you [since CMP]?''*

Respondent: *'No.'*

Interviewer: *'Was there any follow up at all?'*

Respondent: *'No nothing.'*

Interviewer: *'What do you feel about that?'*

Respondent: *'I feel let down in a sense, but then I also blame myself because I haven't actually walked through the door either. So I've let myself down.'*

(Female, aged 35-49, physical and mental health conditions)

Exceptionally, customers who had not been contacted by Jobcentre Plus initiated contact with the IBPA themselves. In one case a customer had called the IBPA to ask for a meeting because he had dropped out of CMP due to personal issues but now wanted further support to help him return to work. In another case the customer called the IBPA to let them know that she would be returning to work.

Those customers who were unable to complete CMP due to personal factors were sometimes hoping to complete CMP at a later date. Some non-completers who explained to their CMP practitioners they were leaving the programme as a result of personal issues were told they could return any time and finish, without being under any pressure to do so.

'[CMP practitioner] said, "You can come back any time to finish rest of them off, don't feel under pressure." But it made me feel better after talking to her because she was so understanding.'

(Male, aged 50+, physical and mental health conditions)

Other customers who dropped out reported getting a letter from the CMP practitioner saying that it was a shame they were unable to complete the programme and were welcome back if they felt ready. However, there were also customers who expected to be re-referred through the IBPA but this had not happened.

For those who did have contact with the IBPA, discussions were similar for non-completers and completers. The IBPA asked for feedback on CMP and discussed the customer's personal situation, health and work-readiness. One respondent had been referred to a scheme to help people set up their own businesses. This particular customer had not completed CMP due to feeling that he was past the stage of needing help to manage his condition and in fact needed direct help to get him back to work. Another customer who had not completed CMP due to his alcohol problems being more of a priority than his anxiety, was signposted to Alcoholics Anonymous by the IBPA.

4.5 Chapter summary

- Amongst participants who completed the programme, there were mixed views on whether the programme length had been sufficient. One group felt their needs had been met, whereas others felt they could have reaped further benefit or were left 'abandoned' by a sudden withdrawal of support. Signalling the end of the course helped, but there was still a desire among some for ongoing support.
- For non-completers, reasons for early withdrawal or missed appointments fell into three key categories: the perceived inappropriateness of CMP for their particular needs; an inconvenient venue; or reasons external to CMP delivery, relating to their health and changing or difficult personal circumstances.
- Perceived inappropriateness related to both the content and delivery mode of the programme. In particular, the kind of support offered through group sessions was not always felt to be helpful. Customers in this study group had not received the support they had hoped for around pain management and substance abuse. Some customers felt they no longer needed the kind of support on offer, or that it duplicated support they were receiving elsewhere.
- Those who failed to complete due to personal circumstances welcomed the opportunity to re-engage at a later date, and were disappointed if not offered the chance to do so.
- Those who completed the programme had a final session which marked the ending, reflected on customer progress and asked for feedback. Acknowledgment of the achievement of completing the programme was important for some participants.
- Post-CMP contact with Jobcentre Plus varied. Some customers had meetings arranged with their IBPA, whereas other, voluntary customers were invited to initiate contact with Jobcentre Plus. At the time of interview none had done so. There were also customers who had had their IB withdrawn and said they were ineligible for further contact.
- Non-completers also varied as to whether they had been in touch with Jobcentre Plus following CMP and in whether they had needed to initiate contact.
- Both completers and non-completers were offered varying levels of support following CMP. Some customers were signposted to other services. However, where no further support was offered this could lead to customers describing unmet needs. Some of these areas of need would be met by other parts of the Pathways programme and could have been usefully discussed in the final meeting.

5 Impact of the Condition Management Programme and fit with other provision

This penultimate chapter focuses on the impact of Condition Management Programme (CMP) and the fit with other provision (both within and outside Pathways to Work). Section 5.1 looks at customer expectations of returning to work, and their experiences following CMP. Section 5.2 explores the impact of CMP on progress to work, and is followed by Section 5.3 looking at how Pathways to Work interacts with CMP in progress to work. The next two sections look at impact of CMP on quality of life, and the interaction with other health service support. Finally, the sustainability of impacts is considered.

5.1 Customer expectations of returning to work following CMP

Customers were asked about their expectations of returning to work in the research interviews, between nine and 12 months after they had taken part in the CMP programme. There were customers who had attempted to find employment and others who had returned to work. Mental and physical health conditions were stated as the main barriers to work. However, while some saw their health condition as a permanent barrier to work, others felt that if they could manage this barrier they would be more work-ready – although there might be other barriers (such as experience and skill) that stopped them from obtaining a job. The four categories of customers, in terms of their work-readiness, are described below.

5.1.1 Unable to work

Customers in this category felt unable to work due to their health condition and had no expectation of returning to work in the near future. This was either due

to a physical health condition, such as arthritis or sleep apnea, or a mental health condition, such as depression or alcoholism, which participants felt they could not control sufficiently enough to work; or multiple health conditions, that resulted in too many ailments for the customer to be able to work. There were also customers who felt that their age (for those approaching 60 years old), lack of transport or their financial situation, in conjunction with their health condition, meant they were unable to work.

'But one of, one of my handicaps is the fact that I don't have a car and I don't drive as well...And on top of that, as I said, my health in other departments has gone down hill as well...I used to work in a warehouse.... They had to operate on me, so the heavy-lifting side is out...My hearing's going a bit now, my eyesight's going...I've got a lump in my wrist here...I got two massive infections, just come out in red, I couldn't walk...My doctor said it was stress-related...So as I say my health is not as it used to be.'

(Male, 50+, physical and mental health conditions)

5.1.2 Not yet work-ready

Other customers were not currently work-ready but said they would like to work at some point in the future, when an improvement occurred in their physical or mental health condition. Customers might be waiting to receive medication or mental health support. Generally, customers were unwilling or unable to put a timeframe on this improvement and progression towards work.

Customers with mental health problems discussed the importance of being 'eased into work' through part-time or voluntary work. It was also said to be important that customers gain employment that is appropriate for their health condition and is not going to result in a relapse.

Other reported barriers to work were responsibilities for looking after children and a concern that they would be financially worse off, particularly for those customers whose partner was also receiving benefits. However, customers in this group were hoping to overcome these barriers and return to work.

5.1.3 Work-ready

Other customers felt ready to work and had been attempting to gain employment but lacked the skills or experience needed. One reason for this was that participants had been out of work for such a long time. Another reason was that they were unable to return to their previous job as it had contributed to their physical or mental health condition. They felt unsure about what kind of work they could now do. In one unusual case, the participant was unable to return to his previous occupation due to the job being the cause of his stress and anxiety, but he felt he was over-qualified for other work that was on offer.

5.1.4 Working

Generally, customers who were working at the time of the research were doing so part-time. One reason for this was that it allowed customers to still receive benefits, providing a safety net for the transition into work. Another reason was that this allowed customers the chance to ease their way back into work. This was stated as important by those with mental health issues who had not yet returned to work. Customers were either happy working part-time and planned on continuing to do so, or were hoping to start work full-time when they were feeling more able. One customer was working full-time and another was in the process of setting up his own company.

Customers who had returned to work discussed the following motivations for doing so:

- as a chance to get out of the house;
- to reduce feelings of social isolation;
- to increase confidence and self-esteem;
- to remind customers of their strengths and capabilities;
- for money and independence;
- to give life a focus and a purpose.

'I know it's only a cleaning job but, you know, it does help [depression], actually sort of getting out of the house and earning a bit of money.'

(Female, aged 35-49, mental health condition)

Other customers had worked since CMP but were not currently working. These customers had generally had to stop work again due to a relapse in their mental health problems. This again emphasises the importance of being ready for work, finding an appropriate job and having the skills to manage their health condition at work.

5.2 Impact of CMP on progress towards work

Customers reflected on the impacts that they felt CMP had on their progress towards work. There were three main positions: no perceived impact; some impact towards work; and key in the move into work. There was a spectrum of work-readiness among customers, and some moved along this spectrum in their progression towards work.

5.2.1 No impact on move towards work

For those participants who felt that CMP had no impact in relation to progress towards work, there were two reasons for this, which put customers at either end of the spectrum:

- A lack of work focus in the programme. These customers were invariably closer to work and hoping for a direct work focus to move them into work, as discussed above. This includes one participant who had returned to work after CMP but did not attribute this to CMP as the programme had not offered a direct work focus.
- Their health condition prevented them from working. These customers were not work-ready at the start of CMP and so sat right at the beginning of the work-readiness spectrum. Although CMP may have had other impacts as a result of an indirect work focus, such as increased confidence, these customers had not moved along the spectrum because their health condition had not improved and they still felt unable to consider working. These customers sometimes described the value of CMP as having given help and advice with specific issues, for example, financial problems or dealing with bereavement.

'If I hadn't the health problems that I've got I would've thought, you know, [CMP] is good because that would've helped me to get back into a work environment...It certainly would've given me more confidence to look at other types of work, it certainly would, you know. Because, well like I say, the counsellor giving me the tools to cope with daily things, and, well to cope with my problems. And the relaxation and things like, it gave me a lot more confidence than I had originally.'

(Female, aged 50+, physical and mental health conditions)

5.2.2 Some impact on move towards work

Other customers had moved nearer to work as a result of CMP, but were not there yet. They were positive about the support they had received from CMP, particularly in terms of the boost it had given to their confidence and attitudes towards work. The experience of attending a group or of having one-to-one sessions had left them feeling 'valued' and 'no longer despairing', and aware of skills that they could use in the labour market. They also described the tools and techniques they felt they had learnt to be able to deal with difficult aspects of their life, as well as their health condition. For some, part of their learning had been about realising that there was not going to be a 'quick fix'. This is discussed further within the section on impacts on quality of life (Section 5.4). Further provision is needed to support these customers to move closer towards work.

5.2.3 Direct or indirect impact on return to work

The final category of customers is those who had returned to work with help from CMP. These fell into two groups:

- Those who would have worked anyway, but their progress was assisted by CMP. These customers were arguably closer to work prior to CMP, moving into work with assistance from CMP. The support they received from CMP had boosted their confidence in looking for, and applying for, jobs. The CMP practitioner had sometimes made valuable suggestions about appropriate or less appropriate jobs to apply for.

- Customers who reported a direct impact on their progress into work: they would not have returned to work if it had not been for the support they received through CMP. The kind of support they felt had enabled them to work was building up their confidence and self-esteem, and giving them the techniques to manage stress and anxiety around working, for example journeys to work, social interactions at work, and managing their workload.

'I think it, oh, definitely, definitely helped me go back into work...It changes your way of thinking. You, you don't think of yourself as a useless, you know, I can't do anything because I'm depressed. It changes, you don't think like that anymore. That's what it's about. It's your way of thinking, and [CMP practitioner] got me to see that, you know, that although I had depression, you know, I could still get out and get a job.'

(Female, aged 35-49, mental health condition)

5.3 Experiences and impact of Pathways to Work and fit with CMP

Whether the referral route to CMP was via the Incapacity Benefit Personal Adviser (IBPA) (as was the dominant pattern) or another referral route (see Chapter 2), customers had at some point had contact with a personal adviser at Jobcentre Plus since claiming Incapacity Benefit (IB). Generally, customers had been contacted by a personal adviser, although there were customers who said they had contacted Jobcentre Plus directly to ask for help to get back to work. This reflects the distinction between mandatory customers (new and repeat claimants) and voluntary customers (longer-term existing customers), respectively. Customers had then attended one or more 'meeting(s)' with a personal adviser at Jobcentre Plus. Customers described the first meeting as a chance for the IBPA to discuss their health, their benefit claim and to ask about their work-readiness. At this point customers were either screened out and not offered any further support except CMP; or screened into Pathways.

Those who were screened out were referred to CMP and received no further contact from the IBPA. Either customers felt this to be the correct approach as they were not work-ready, or they felt frustrated that they were not offered any further support than CMP (see Chapter 4).

Customers who were screened into Pathways either continued contact with the IBPA throughout CMP or did not have contact with the IBPA whilst they attended CMP. Whereas some customers felt that CMP linked in well to other parts of the Choices package, others reported feeling that CMP was very separate from Jobcentre Plus and that better links need to be established. These customers reported that CMP practitioners should have a good idea of what else is offered through the Choices package so that they are able to better advise customers.

Customers who felt work-ready reported that Pathways had a work focus. This work focus was perceived as being apparent from the first meeting with the IBPA. Topics discussed with the IBPA included:

- types of work the customer was interested in;
- whether they should work part-time or full-time;
- financial help that would be available to customers when they returned to work;
- help looking for vacancies.

These customers had also accessed other parts of the Choices package to help them progress towards work: customers had used Job Brokers and computer courses both before and after CMP; referrals had been made after CMP to work trials and to a scheme to help people to set up their own businesses. However, there were customers who were work-ready who reported not needing the support on offer. These customers were either offered support but did not take it up, or were not offered any other provision than CMP.

Customers who were work-ready were generally positive about the help and guidance they had received through Pathways to Work. However, those who felt uncomfortable discussing personal issues in an open plan office were less enthusiastic.

Among customers who did not feel ready for work, some felt that Pathways did have a work focus and some felt it did not. Respondents varied in the extent to which they felt pressured to return to work in their contact with their IBPA. Where they had been concerned about being forced back to work, customers appreciated it when their IBPA reassured them that this would not be the case.

'Originally I thought that it were like, "well he's on sick, get him back out to work as quickly as possible". And then when I actually saw [IBPA] and spoke to her it were like no it isn't [like that]... "All we're going to do is ask you what's been going on, how've you been, how have you been feeling?" She said, "if you want to go back out to work we will help you...but we're not here to push you to go back out to work".'

(Male, aged 50+, physical and mental health conditions)

Where their meetings had a work focus, customers reported that their IBPA had offered them a range of support options. Some had taken these options up, despite not feeling ready for work, others had declined. Those who had been referred to Job Brokers before CMP had universally had a negative experience as they had not felt job-ready. Those who had been referred to Job Brokers after CMP, when they felt more ready for work, reported a more positive experience. CMP helped them to manage their condition and then Job Brokers helped them to look for work once they felt more work-ready. It is, therefore, crucial that the correct parts of the Choices package are offered at the right time, so that Pathways is able to operate as a package of support.

There were also customers who were not work-ready who did not think the subsequent meetings they had with IBPAs had a work focus. These customers explained that their IBPA had accepted that they were not work-ready and called them in for further meetings to discuss their benefit entitlement, personal situation and CMP. No other support had been offered. Customers appreciated the lack of work focus and accepted these meetings as necessary in order to receive incapacity benefits. However, again, there were customers who said they felt uncomfortable discussing personal issues in an open plan office and one customer who described the Jobcentre Plus office as having a 'clinical' feel to it.

5.4 Impact of CMP on quality of life

This section looks at the impact that the CMP programme had on customers' quality of life. Clearly there is an overlap here with Section 5.2, because some aspects of a change in quality of life link to perceptions about work-readiness and attitudes towards work.

CMP had an impact on customer quality of life in two different, but related ways: upon their confidence and self-esteem, and their health conditions.

5.4.1 Confidence and self-esteem

Customers reported an overall impact on their sense of confidence, self-esteem and assertiveness since attending CMP. Customers also discussed CMP as impacting on their social interaction. CMP gave customers the opportunity to 'get out of the house', especially for those who had barely left the house for years before CMP. Going to CMP on a regular basis gave customers structure and routine. CMP resulted in customers feeling less isolated, just by having someone to talk to. This had also helped customers to deal with difficult personal situations such as bereavement and financial difficulties, and also resulted in customers meeting other people, which in turn helped to improve social skills and a realisation that they were not alone, that there were other people with the same or worse problems.

'It helped me with my social skills, getting out and about, confidence. And it enabled me to get things straight in my mind, in my own mind, of what I would like to do even though we didn't discuss about, you know jobs or anything. It, it was just helpful, you know...well four years just kind of like in my own little bubble not seeing anybody and right in the depths of despair, your confidence, you know? So it was just nice.'

(Female, aged 18-34, mental health condition)

5.4.2 Understanding and managing health conditions

Impacts on customers' health conditions were felt in two ways:

- Having a better understanding of their health condition: for customers with physical health conditions this sometimes involved an acceptance of their physical limitations, whereas for customers with mental health problems there was a stronger feeling about not being alone in their experiences and no longer feeling ashamed.

- Learning techniques that help them to manage their condition: a 'toolkit' that customers can refer back to. For example, techniques for dealing with stress and to help with relaxation, and tips on improving sleeping patterns, such as not watching TV late at night. Written information they had been given was helpful.

Interestingly, customers appeared to be more positive in their description of the impacts on mental health conditions rather than physical health conditions. This included customers with mental health or physical conditions only, and those with both.

[what helped was....] getting back out and talking to people and socialising and learning that other people suffer the same sort of stress and anxieties that you do. I don't know – it just gave me some hope. It gave me some hope that maybe I might get back to work at some point. But I knew, like I said it wasn't, it couldn't produce any sort of miracle cures...because I know they couldn't do anything about my back. They couldn't cure that or teach me anything about that, but I think probably more from – yeah more from about the mental side of things, the stress and the anxiety and that, yeah that's what it was more about for me.'

(Female, aged 35-49, physical and mental health conditions)

'I think it was based more at sort of my mental health state than it was at the pain relief because I only got three sessions for that....I, I think I could've done with something a little bit more for the arthritis. But I don't know what they could've done other than, I mean I've been to the hospital and they've said pain relief and that's, and keep as mobile as you possibly can.'

(Female, aged 50+, physical and mental health conditions)

There may be a number of reasons underlying the customers' assessment: First, the expectations of customers with physical health conditions may not fit well with what CMP is able to offer: for example, if customers were hoping for or expecting their condition to get better or their pain to reduce or even disappear. Secondly, it could be that where customers have a mental health condition as well as physical, the mental health issue is more dominant in its effect on their quality of life, and therefore, an impact in this area is regarded more positively. Thirdly, that what is offered from CMP by way of support around mental health issues has a greater impact on quality of life than what is offered around physical health condition management. Lastly, it could be that the support for physical health conditions is not perceived as significantly different from what is offered by local health services.

It is important to note as well that this did not mean that there were no positive comments about the support received for physical health conditions. The opportunity to have in-depth discussions about a physical condition had been valued, as had the role of focused exercise in helping to prevent stiffness in joints.

5.5 Impact of other health service support and fit with CMP

This section looks at the support that customers had received from health services before, during and after their attendance on CMP and the overlap between the two services.

Before CMP customers had often received support from psychiatrists or Community Psychiatric Nurses (CPNs), some discussed Cognitive Behavioural Therapy, and others mentioned counselling more generally. Customers had received support for both physical and mental health conditions from hospitals, either as an inpatient or an outpatient. There were also customers who had previously accessed specialist support for their condition (e.g. one participant had accessed group support for people with breast cancer).

During CMP some customers reported visiting their GP and receiving anti-depressants. Those with physical conditions could be accessing physiotherapy and taking painkillers. Psychiatrists, CPNs and counsellors were also still providing care. Customers discussed regular checkups with hospital consultants and treatment they were receiving for physical conditions. Customers were also still receiving specialist support and some with mental health conditions were accessing day centres.

Since CMP participants had accessed support from counsellors and psychiatrists, including CPNs and alcohol addiction counsellors. Customers had attended specialist support, for example, one customer had started to attend Alcoholics Anonymous. Others had received treatment and help with physical conditions.

There were customers who felt that an improvement in their health condition through support from other health services had a bigger impact on their quality of life and progress towards work than CMP. This could be because CMP was considered to have had less of an impact than receiving medical treatment for a physical or mental health condition. Or this could be because customers attended CMP after receiving similar support through the NHS: customers reported receiving similar support through CPNs, before, during and after CMP. Either this could be viewed as repetitive or as helpful if this was the type of support the participant needed. One participant had been to a rehabilitation centre before CMP and reported this to have had more of an impact; CMP just reiterated what he had already been taught in rehab.

However, the benefits of CMP over other health services are listed below:

- Customers discussed being put on long waiting lists for NHS support services, whereas they had been able to access CMP straight away.
- Customers felt that CMP practitioners had been able to explain their health condition and how to cope with it in a way that they found easier to understand.

- Customers discussed feeling as though GPs and psychiatrists just handed out medication. There were customers who were resistant to taking medication and preferred the approach of CMP whereby they were shown how to manage their condition.
- Customers discussed being more in favour of CMP than counselling as they wanted to move forward rather than discuss the past. This had resulted in some customers who had previously been to counselling sessions feeling wary of CMP initially.
- Customers reported a feeling that they were treated as a person by CMP practitioners, whereas they were treated as 'another number' by NHS practitioners. This was seen as a product of the limited time that NHS practitioners have available to spend with patients.
- Customers appreciated the one-to-one support they received through CMP when they had previously attended group sessions through NHS.
- Other customers said they were pleased to have the opportunity to attend a group session with others they could share their problems with, rather than an NHS counsellor who they felt unable to relate to.

Customers reported a good fit between CMP and other health services when they were considered to be complementary services, reinforcing services, or services that have a differing focus. For example, group sessions with people with different health conditions accessed through CMP were considered to complement group sessions with people with the same condition accessed through the NHS. General support (for example, on self-esteem and attitudes to work) was considered to fit with specialised support received through the NHS (such as physiotherapy).

Other customers discussed a need for Jobcentre Plus to link in better with other health services, for example, making referrals to counsellors or CPNs for those CMP customers who need more specialised help.

5.6 Sustainability of impacts

At the time of the research interviews (nine to 12 months after CMP participation), customers discussed still using techniques taught during CMP in their everyday life. This included techniques such as:

Relaxation methods: breathing techniques, listening to relaxation CDs and making time to relax.

Anxiety and stress reduction techniques: to help customers stay calm and not lose their temper. Relaxation techniques were also employed by customers to help them to stay calm and not to panic.

Healthy lifestyle tools: exercising regularly, eating the right food balance and 'sleep well' tools to improve sleeping patterns.

Confidence and assertiveness techniques: such as writing down what they are planning on saying before approaching someone in order to stay in control.

These techniques were also reported as helping customers who were back at work to manage their workload, deal with their anxiety or temper at work, and cope with the additional stresses of work such as travel and social interaction.

Relaxation and holistic therapy were said to last only three or four sessions, after which customers reported feeling the benefits for up to a week. However, as customers had often suffered from their condition for years this was not considered to be much help. Customers reported that they would have liked more relaxation and holistic therapy sessions but could not afford to pay for them. Similarly, the effects of other support for pain management (for example, the use of TENS machines or physiotherapy) were not felt to help for a sustained period (again, customers had only been offered a small number of sessions of physiotherapy).

Those customers who suffered from depression generally reported a marked improvement in their condition at the end of CMP. This was attributed to learning how to improve their mood and manage stress and anxiety, as well as an increase in social interaction which meant customers did not feel so alone. However, customers also reported their condition worsening again after CMP. Customers had enjoyed talking to the CMP practitioner when accessing one-to-one support and with others with similar health problems when accessing groups. When CMP came to an end so did this contact and customers were left feeling isolated once again. This had an adverse effect on the customer's sense of confidence and self-esteem after finding themselves alone once more. Not managing to find work after CMP was also said to result in customers losing confidence. Again, the point to highlight here is that if support stops when customers reach the end of CMP, those making progress may feel as if they are pushed back to their starting point.

'I really felt it was helping me a lot. Again, I think as well because of the isolation I was kind of trying to, you know, it was good for me to talk to people. It was good for me to talk to people because I didn't, as I say, I didn't talk to anybody. I think that's why I never missed a session because I was, you know, I had nobody else to talk to and I, but I think as well that that can be a dangerous thing, in a way, because you kind of latch on and then all of a sudden the programme finishes and the helps all withdrawn and you're on your own, and that's bad.'

(Female, aged 35-49, mental health condition)

5.7 Chapter summary

- At the time of the research interviews (up to a year after CMP), customers were in a range of employment positions. Some customers felt unable to work again, due to enduring health and other barriers, others wanted to work again but needed to overcome some specific barriers, other customers were ready to work but felt ill-equipped to know what job to do or lacked skills, and some were working again, mainly part-time. Some had worked but had stopped again.

- Customers' reflections on the impact of CMP upon their moves into work revealed three positions: i) no impact of CMP either because they felt unable to work again or because they were already close to working and felt CMP had the wrong focus for them; ii) an impact on moving towards work, in terms of improved self-confidence and new techniques to manage their condition; and iii) a direct impact or contribution to moving into work, again largely through improved confidence and specific techniques.
- Where customers felt ready for work, they valued the help they had received after CMP from Pathways to Work. The timing of this was important; for example, help from Job Brokers was far more valuable after CMP than before. Some customers felt that links between CMP and IBPAs were good, others felt that these should be improved with the aim of providing better information to customers of the various types of support available.
- There were two other broad types of impact of CMP on quality of life described by customers, but which are also likely to impact indirectly on attitudes towards work: Firstly, increased levels of confidence, self-esteem, assertiveness and social interaction. Second, improvements in understanding and managing health conditions. Customers appeared to reflect more positively on impacts on their mental health condition than on physical health conditions.
- There was a perception of some duplication of services between CMP and local health services among people who had received or were receiving similar services, for example, from CPNs or counsellors. NHS services were valued where people wanted treatment or medication. However, a number of aspects of the CMP approach were seen as better than NHS provision, in particular, the more personalised, less hurried approach, and the focus on talking-time rather than medication.
- The impact that appeared to be most sustained after CMP occurred where customers had learnt techniques for managing stress and anxiety in difficult day-to-day or work situations. Improved levels of confidence and self-esteem were harder to sustain over a longer period of time if customers felt they were making no further progress towards work, or if they had a setback with working. Support for pain management tended to be seen as valuable but short-lived.

6 Overall views on the Condition Management Programme, what is working well and gaps in the programme

This final chapter covers overall views on the Condition Management Programme (CMP), what is working well and suggestions for improvements. The chapter draws together key points from previous chapters in order to consider how CMP might be developed and improved.

6.1 Reflections on the aim of CMP

Customers perceived three distinct aims of CMP:

- Understanding and managing health conditions.

It were all to do with understanding why it happens, what you can do about it and in future if it ever happens again, how could you control it.

(Male, aged 50+, physical and mental health conditions)

- Confidence building.

[CMP] is to help you to gain back your self-esteem, your stability, your confidence, to get back to the person that you used to be.'

(Female, aged 35-49, physical and mental health conditions)

- Increasing coping skills for everyday living.

'The long term goal is to make you feel as if you can cope with what life's throwing at you or what you've suffered with.'

(Male, aged 35-49, physical and mental health conditions)

'[Aim was to] look towards what I was capable of doing as opposed to what I'm no longer capable of doing.'

(Female, aged 50+, physical and mental health conditions)

Customers were generally positive about the overall aims and usefulness of the programme. CMP was considered to be particularly relevant for those with mental health conditions, especially depression, stress and anxiety. Both group sessions and one-to-one sessions were felt to work well with people with these conditions, provided that customers felt comfortable with being in a group. However, there was some indication that generic group sessions did not work quite so well for individuals who had less in common with other members of the group, for example because they were younger than the rest of the group or had a less common mental health condition.

6.2 What works well and suggestions for improvement

6.2.1 Referral

Perceived appropriateness of CMP was a key barrier to taking up CMP, particularly with regards to the customer's health condition. Customers were often motivated to attend because of a perception that they had previously lacked support of any kind. This was much more the case for people with mental health difficulties (either as primary condition or in conjunction with a physical condition). For those customers who had a physical condition only, the pain management element was seen as potentially relevant. Customers should be made aware of the relevance of CMP to them personally. In order for this to happen it is important that Jobcentre Plus staff have a good understanding of the range of customer needs. Customers felt that they could be given a better understanding of what CMP was likely to involve, perhaps given a case study example of someone who had been on the programme.

Clearly, the introduction to CMP by the Incapacity Benefit Personal Adviser (IBPA) needs to contain a good explanation of the purpose of the programme, so that customers' expectations are managed. The voluntary nature of participation and the lack of pressure to find employment need to be highlighted by IBPAs, when introducing CMP to customers. IBPAs should explain to customers that the purpose of CMP is to move people towards work-readiness and that they will not be forced to take a job. The fact that CMP is not delivered by the Jobcentre Plus and is confidential is another selling point.

It is also important to offer an 'open door' policy, so that if the timing of CMP is not appropriate for the customer's health or personal circumstances, they can be referred to CMP later on when they feel they are in a better position to attend.

6.2.2 Focus and purpose of health management

Although customers generally reported that they had understood before starting CMP that it was not going to be a cure and was aimed at helping people to manage their health conditions, others reported they had hoped for a 'quick fix'. A process of realisation then followed as through CMP participation, customers were made aware that this was not possible, and instead customers were taught how to cope and maximise what they could do despite their condition. For those with long-term health problems learning how to manage their condition was considered to be particularly important as it was not possible to 'wave a magic wand' and cure the condition.

'I suppose in a way I wanted like a quick fix, sort of like, but I suppose going on the condition management and the things that I've done, made me realise that it won't be like a quick fix, sort of like a process rather than a one off thing. Yes it would be nice if I could have a new knee, but that, I don't think that's going to happen, but I think sort of like having the tools to sort of like manage it and move on.'

(Female, aged 35-49, physical and mental health conditions)

Customers discussed the importance of realising that they had to make the most of what they did have and learn how to function in the best way possible.

Customers described the main benefit of CMP over other health services as revolving around the fact that CMP teaches customers how to manage their condition rather than just handing out medication as with the NHS. Also, CMP was seen as more beneficial as it offered techniques to use in everyday life, the speed of being seen compared to long waiting lists, the clarity and depth of information given by CMP practitioners, help in moving forwards rather than looking back, and CMP practitioners having more time to spend with customers than NHS practitioners.

However, treatment was sometimes felt to be important alongside a programme with a health management focus, especially for those with physical conditions or both physical and mental health conditions. This resulted in views of CMP being more positive where treatment needs were also felt to be being met through other health services.

According to those who took part in this research, CMP could be improved by better links with health services, for example, onward referral routes and information sharing between professionals. One participant discussed how there was a need for more multi-agency working. This had come to light when he realised he had mental health problems that he had not been aware of before, and felt he could have benefited from a referral to a therapist.

6.2.3 Delivering CMP

Mode

Group sessions were compared to one-to-one support during research interviews. Not everyone was comfortable attending a group, and some customers felt that there was insufficient opportunity to deal with more emotional and personal issues. Conversely, some customers welcomed the chance for a group session when they had only been offered one-to-one. Offering customers a choice would be helpful, as different needs and circumstances lend themselves more readily to a group or a one-to-one setting.

Customers were wary of attending a group setting when initially told about it and there were reports from customers of less people turning up for sessions than had been expected by the facilitator, suggesting that some customers do not attend CMP because they are anxious about a group setting. However, the benefits derived from a group were substantial, for example, bonding, reducing isolation, and providing a supportive and non-judgemental environment. This was particularly true where there were sufficient customers within the group to create a good dynamic (some groups had small numbers because of customers dropping out). For group sessions, therefore, it is essential that customers receive reassurance in advance. CMP practitioners and IBPAs need to work with customers at the outset to overcome the potential barrier of this negative perception of groups. The assessment session presents an opportunity for reassurance from the CMP practitioner.

'I think that rather than just say, "Oh you're in a group", I think it should be explained what you do. I think it should be explained that you do not have to contribute towards it. You can sit there and be quiet right the way through it and just listen to what everyone else has to say and watch. You don't have to contribute in the group at all if you don't feel...I think as I say everyone would probably find it scary [idea] of being in a group and not knowing, but I think it should be explained that they're varying age groups, you know... There's so many different walks of life, there's so many different mental health issues...you all benefit from other people's experience...'

(Female, aged 18-34, physical and mental health conditions)

One-to-one sessions worked where the customer developed a good and trusting relationship with their CMP practitioner. For this reason, seeing the same practitioner was very important for customers. In-depth discussions with someone who took the time to listen and was knowledgeable about their health condition, as well as support and advice tailored to their situation, was helpful.

Where CMP is delivered in modules, customers suggested that the different elements need to be consecutive rather than concurrent, so that participants do not feel overloaded with information. Customers reported that they found it a struggle to attend various modules at once and that if modules were delivered in succession they could follow a sequence that dealt with priorities first. For example, counselling to deal with past issues, then sessions assessing mental health and setting goals to move forward.

Location

The location needs to be accessible, local (with good travel links), easy to find and comfortable. The venue should remain the same throughout the programme so that customers feel they are being taken seriously and not moved around to suit the needs of the provider. Flexibility and choice in venue are important in one-to-one sessions so that customers' needs and venue preferences are met. Privacy to discuss personal issues is also important. Finally, travel costs should be reimbursed so that customers are not out of pocket.

Staff

The relationship between staff and customers was integral to the customer experience of CMP. Key staff attributes were based around good listening and communication skills, a personable manner and an empathetic approach. Customers welcomed the professional knowledge of CMP practitioners about their health condition, and they also valued input from people who had previously attended CMP and who were felt to have natural empathy.

Some more negative experiences highlight the need for skilful facilitation of groups and careful management of the group dynamic, especially when dominant group members are present. It was also seen as important that staff enabled each participant to have their say and that everyone felt their view was valued.

Continuity of staff was considered to be vital to developing a good relationship. Customers reported that having the same member of staff for each session, for both group and one-to-one support, resulted in them feeling able to trust CMP practitioners with private information and meant they did not need to cover the same ground on numerous occasions.

6.2.4 Tailoring CMP to meet individual needs

One-to-one support assessing mental health was considered to be tailored as it looked at the customer's particular issues and then set realistic goals. The modular approach was considered particularly useful in allowing tailored support, as modules were offered that suited customer needs. For example, one customer said that she felt the main CMP practitioner would support her in whichever direction she wanted to go, *'almost like a life coach'*. Another respondent who accessed CMP modules reported that CMP was:

'Very appropriate because they asked me what was my problems, then told me what they could do to help.'

(Female, aged 50+, physical and mental health conditions)

Not surprisingly, one-to-one support was considered to be more tailored to the individual than group support. With groups, not all the information would be relevant to the individual, but this was said to be expected in groups of people with mixed health problems. As long as customers felt that there were parts of the programme which were relevant to them, this did not create a problem, especially as there were clear advantages to a group setting (discussed in Chapter 3).

'To me it was fantastically useful. Some of it probably wasn't applicable. Some of it was very applicable. But I suppose you're going to get that across the board. I mean, you don't, can't get a programme that's going to be tailored perfect. I think what I found very useful was that it generally did me overall very good. I learnt a lot from it. And being able to pass my knowledge on to other people as well, which is brilliant.'

(Male, aged 18-34, mental health condition)

In a small number of cases, customers felt that CMP had not been sufficiently tailored to help them with managing their main health condition. This included a customer with problems of alcohol abuse, and another customer with Obsessive Compulsive Disorder.

6.2.5 Impact of CMP

The following positive impacts were particularly noted by customers:

- increased confidence, self-esteem and assertiveness;
- a better understanding of their health condition and the development of coping skills: customers reported using techniques in everyday life, including at work, to stay calm and to relax;
- more social interaction resulting in improved social skills; customers felt less isolated because they were getting out of the house more, having structure and routine, and meeting other people with the same or worse problems. This was especially recognised by those attending group sessions, but also by those who accessed one-to-one support.

When considering customer views on how far CMP has impacted on progression towards work, it is important to note the range of expectations of CMP in accordance with how 'work-ready' the customer feels. At the outset of CMP some customers were further away from work than others. This spectrum of 'work-readiness' influenced how far CMP was able to help customers move towards work. So, for example, those who stated that CMP had no impact on their progress towards work either started a long way from being work-ready and had severe health problems that prevented them from working; or were close to returning to work and hoping for a more direct work focus than they felt they received through CMP. Depending on where the customer sits in terms of work-readiness, IBPAs and CMP practitioners need to: a) manage expectations; and b) use work-readiness to tailor delivery as appropriate.

CMP was considered by customers to have less of an impact on physical health conditions. Support was seen as being largely structured around those who experience depression or anxiety, with sometimes a significant gap in the type of support available for those with physical health conditions. It could be that where customer's expectations are that they will see an improvement in their pain levels or their mobility, they find it difficult to view an outcome of 'learning to live with their condition' in a positive light, or it may be linked to a perception that CMP techniques

(for example relaxation or exercise) were only beneficial for mental health issues, whereas these techniques may be aimed at addressing pain or physical conditions as well. There appears to be a need for greater discussion of customer expectations in relation to support for physical conditions and pain management.

One simple suggestion from customers was that CMP should provide more information in the way of techniques and methods for those coping with physical health conditions; however, it was recognised that this might be difficult for CMP practitioners if hospitals were unable to offer any solutions. Also, where more detailed information had been delivered during pain management groups, customers had found the language used difficult to understand. Another suggestion was that more relaxation/holistic therapy sessions could be offered to those with physical conditions. This was only offered in one of the research areas and only three sessions were provided. Others suggested that appropriate exercise could be incorporated into CMP rather than just giving customers a leisure pass and leaving it to their own initiative. As previously mentioned, it was suggested that referrals could be made onto other health services for those with mental health issues; the same could be done for those with physical health problems.

6.2.6 Ending CMP and support post-CMP

Non-attendance and early exits from the programme were sometimes linked to life events separate from CMP (e.g. bereavement or a deterioration in health). As mentioned above, CMP would benefit from an 'open door' policy and a chance for re-referral and this illustrates the importance of CMP being offered at a time that is right for the customer.

The end of CMP needs to be clearly managed and signposted by CMP practitioners to reduce a sense of abandonment and isolation created by an otherwise 'sudden' ending. Some customers would have liked the CMP sessions to have gone on for longer; where they felt they needed, for example, more counselling, or more relaxation or therapy sessions in order to continue their progress.

'What I did find at the end of it was, you're left to your own devices again. So you've got all this support round you, and then suddenly that's it. You're out on your own.'

(Male, aged 18-34, mental health condition)

In addition, consideration of follow-up sessions with IBPAs is important so that progress made through CMP is not wasted. This should be Jobcentre Plus initiated (rather than customer initiated). When customers were expected to initiate contact with Jobcentre Plus, they were unlikely to do so unassisted, even when they felt more support would be beneficial or felt nearer to work than they had previously. Therefore, the suggestion is that Jobcentre Plus should actively follow up all contact, even if it is just to invite voluntary customers to discuss further support needs.

Pathways to Work was designed as a package of support, with particular support offered within a sequence. Again, timing of appropriate support is crucial to what is offered through the Choices package. For example, customers who are not job-ready should be referred to Job Brokers after CMP and not before, so that they are able to build up confidence before looking for work. When customers reached the end of CMP there was a sense that they had also moved on in terms of 'readiness for work' and were receptive to other support which might help them progress further towards work. However, this benefit was not being used or built upon as a result of no further support being offered by IBPAs. In particular, there seems to be a missed opportunity for voluntary customers who would be open to more support after CMP.

Gaps in Pathways and CMP identified by customers were often about lack of follow-on support; this highlighted the fact that customers were not necessarily aware of other options available to them through Pathways. For example, there were customers who discussed a gap being a lack of support for those who returned to work (although this is available through In-Work Support, customers seemed unaware of this); others said that voluntary work should be discussed with those not ready to enter paid employment, or help with thinking about what sort of job would be appropriate.

It is, therefore, important that customers are made aware of other support on offer, through Pathways and other services. This information could be passed on to customers not only through IBPAs, but also by CMP practitioners when customers are leaving the programme. CMP particularly seems to be useful in providing customers with an increase in confidence and self-esteem. Continued support will mean this progress can be built on.

6.3 Chapter summary

- At the point when customers are referred to CMP, it is important that IBPAs provide clear information about CMP and the kind of support it offers so that customers know what to expect. In particular, the voluntary nature and lack of pressure should be stressed. Information about how group sessions work and the benefits should also be provided. CMP practitioners also have an important role in managing expectations at the first assessment meeting.
- Because customers' personal circumstances, in particular their health condition, can fluctuate over time, it is valuable for CMP to operate with an 'open door' policy, so that customers who are not ready at the point when CMP is first suggested, or whose situation becomes too difficult while attending CMP, can return at a later and more suitable date.
- CMP was seen as having a number of benefits over health services: a focus on health condition management rather than on medication, an opportunity to be seen quickly, and to spend plenty of time with a CMP practitioner in order to address health conditions in depth. However, customers also identified a need for better links with the NHS, with the chance for onward referrals and treatment pathways in addition to CMP.

- The areas of impact of CMP emphasised by customers were improved confidence and self-esteem, and improved ability to deal with stress and anxiety on a day-to-day basis. These impacts were felt to have come about through better management of mental health conditions, rather than physical health conditions. Indeed, some customers with physical health conditions were disappointed with the support they had received from CMP. It may be that more support can be given to this group, as well as a clearer management of their expectations.
- A choice of one-to-one sessions or group sessions is helpful, as customers' needs and circumstances are very different. CMP practitioners should provide information and reassurance about group sessions, when customers feel anxious about attending, because customers who did attend groups felt a wide range of benefits. Practitioners should be careful not to overload customers with too many different courses at a time.
- At the end of the CMP course, customers often reported a wish for more support: either a continuation of more of the same support to build on perceived progress, or support to fill perceived areas of unmet need. There is an important role here for follow-up work either with the CMP practitioner or with the IBPA, and improved provision of information about the kinds of support options available.

Appendix A

Approach letter

Dear [[Click here and type recipient name](#)]

Research on the Condition Management Programme (CMP)

We are writing to ask for your help with an important study about support provided to people on Incapacity Benefit. The study is being carried out by a group of independent research organisations including the National Centre for Social Research. These organisations are not part of the government or Jobcentre Plus, but are carrying out the research on behalf of the Department for Work and Pensions.

The government is offering a range of support for people who claim Incapacity Benefit. One type of support is the Condition Management Programme (CMP). This is support that is aimed at helping people to manage their health condition. The aim of this study is to learn more about people's views and experiences of CMP.

Your name was selected from those who have been offered CMP. **Your involvement in the research is completely voluntary. Your decision about taking part in the research will not affect your benefits in any way.**

First of all, we would like to contact you by telephone to find out if you decided to take up CMP. If you did not take it up we are interested in learning the reasons why not. If you did take it up, we would like to ask you roughly how many sessions you attended. We will then ask some people if we can arrange a face-to-face interview on a different day.

Everyone who takes part in a face-to-face interview with a researcher will be given £20 as a small token of thanks. This money will not affect your benefit payments. If you decide to take part, this would involve speaking to a researcher for around an hour and a half, at a time and place that is convenient for you. The enclosed leaflet gives more information about the research.

The findings from this study will be important in understanding the impact of this support and will help to inform how services are developed in the future. **Everything you tell the researchers will be confidential.** Your feedback will be written into a report with the views of all of those who take part and it will not be possible to identify any individual responses.

If you do not wish to take part, please let us know by Monday 1st September. You can either telephone the freephone number: 0808 178 0072 and leave a message; or email Martha Warrener at m.warrener@natcen.ac.uk. If you would like to know more about the research, please telephone Martha on 020 7549 9545. If we do not hear from you by the date above a member of the research team will be in contact by phone over the next couple of months.

Yours sincerely,

Martha Warrener

Researcher

National Centre for Social Research

Tel: 020 7549 9545

Appendix B

Screening questionnaire

P6164 – Research on the Condition Management Programme (CMP)**Screening Questionnaire for Telephone Unit****Serial number:***Recruiter to note:*

Date, time and result of call (e.g. no reply, number not in use, told to call back after 4pm):

FIRST call:

SECOND call:

THIRD call:

FOURTH call:

Please tick box below if customer does not want to answer questionnaire:

REFUSAL

*Please note whether the participant is:***Male****Female**

Thank you for agreeing to answer a few questions. First of all can I just check some background information with you?

1. Have you received any incapacity related benefits in the last 18 months, such as Incapacity Benefit (IB), Income Support (IS) or Disability Living Allowance (DLA)? (participants might also refer to this as being 'on the sick')

No

If NO, double check that they are sure about this, and if they are, thank them for their time and explain that we do not need to interview them any further. Check whether they have any questions about the research. Reassure them about confidentiality.

Yes Please note here (next to the 'yes' box) whether IB, IS and/or DLA

If YES continue with the questionnaire

2. Could you please tell me which of these age groups you fall into:

18-34 years old

35-54 years old

55 + years old

3. Next, could I ask whether the health condition for which you claim IB is primarily:

Physical health condition

Mental health condition

Both physical and mental health

4. Which of the following broad ethnic groups do you consider yourself to be:

White

Black

Asian

Mixed

Other

5. Are you currently:

Working full-time

Working part-time

Looking for work

Unable to work
at present

6. Can I now ask about the support offered to you by Jobcentre Plus when you were receiving IB? First of all, have you ever been asked to go to the Condition Management Programme (CMP) by a Personal Adviser at Jobcentre Plus?

No

If NO, double check that they are sure about this, and if they are, thank them for their time and explain that we do not need to interview them any further. Check whether they have any questions about the research. Reassure them about confidentiality.

Don't know

If they say they DON'T KNOW, explain that CMP is support offered to help customers to manage their health condition, to improve their quality of life and employability. It is not about treatment but about empowering customers to tackle deep seated issues such as anxiety, pain management and lack of confidence. (See the briefing document for more information and a list of other support offered through Pathways to Work.) If they still can't remember, thank them for their time and explain that we do not need to interview them any further. Check whether they have any questions about the research. Reassure them about confidentiality.

Yes

If YES continue with the questionnaire

7. Did you then take up this support and attend any CMP sessions?

No

If NO, go to question 8 (page 4)

Yes

If YES, go to question 10 (page 5)

8. What was your **main** reason for not attending?

Please only tick one box

- **Didn't think CMP would be appropriate / helpful**
- **Location / travel difficulties / cost of travel**
- **Didn't understand what it was / have enough information**
- **Not a convenient time**
- **Forgot**
- **Not comfortable receiving support with other people present / group setting**
- **Other (state reason below)**

9. Is there anything that could have been done differently that might have made you want to go?

Thank participants for their time and explain that we have no more questions for them. Check whether they have any questions about the research. Reassure them about confidentiality. If they ask, explain we are only interviewing people face-to-face if they attended CMP

10. How many sessions did you attend?

One session

More than one session but didn't complete the programme/ unsure if completed the programme (enter number of sessions attended if known)

Completed the programme

*For those who attended at least one session but **did not** complete the programme:*

11. Why did you decide to stop attending CMP?

Please only tick one box

- **Didn't find it appropriate / helpful**
- **Location / travel difficulties / cost of travel**
- **Not a convenient time**
- **Forgot**
- **Not comfortable receiving support with other people present / group setting**
- **Other (state reason below)**

12. Is there anything that could have been done differently that might have made you want to continue?

If they attended any CMP sessions, ask the customer whether they would be willing to take part in a face-to-face interview at a later date. If they say yes, explain that we are only doing face-to-face interviews with 30 people and we want to make sure we get a diverse range of people, so we might re-contact them but we might not. Thank them for their time and check whether they have any questions about the research. Reassure them about confidentiality.

Does not want to take part

Happy to take part

Record any further contact information below

If the customer is happy to take part, please enter their serial number in the relevant places on the sample for face-to-face interviews.

Recruiting customers for face-to-face interviews

REFER TO THE RECRUITMENT INSTRUCTION SHEET. If they have decided they would rather not take part, tick the relevant box below. If they are willing to take part, refer to the fieldwork schedule to arrange an interview and enter the details in the box below.

No longer wants to take part

Recruited for an interview

Details of the interview

Date:

Time:

Interviewer:

Any other info:

Appendix C

Topic guide

Research on the Condition Management Programme

FINAL TOPIC GUIDE

As this is an investigative and exploratory study, we wish to encourage respondents to discuss their views, perceptions, attitudes and experiences in an open way without excluding issues which may be of importance to the study. Therefore, unlike a survey questionnaire or semi-structured interview, the questioning will be responsive to the issues raised by the respondents.

The following guide does not contain pre-set questions but rather lists the key themes and sub-themes to be explored within interviews. It does not include follow-up questions like 'why', 'when', 'how', etc. as it is assumed that respondents' views will be fully explored throughout in order to understand how and why these views are held.

The topics will be introduced and explored in turn within each interview. The amount of time spent on different themes will vary between interviews in response to the answers given by respondents.

NB: text in italics within the guide denotes instructions to the researcher.

Key areas to explore with respondent:

- Awareness and introduction of Pathways to Work and CMP, including referral and assessment for CMP
- Experience of CMP provision, whether appropriate and views on work-focus
- Fit between CMP and other Pathways/ non-Pathways services such as NHS provision
- Completion of CMP and onward referrals/ non-completion of CMP and reasons why
- Impacts of CMP in relation to health management, improved health, increased confidence and progress towards work
- Perceptions of gaps in provision/ suggestions for improvements

* NB. Respondents may not be familiar with the term Condition Management Programme, they may know it as CMP, or the health management programme, or something else. So it might be a good idea to check with the respondent as to how they refer to CMP at the beginning of the interview and use the same language throughout.

The sections/ questions to be prioritised have been clearly marked throughout the topic guide

1. Introduction

- *Introduce self and NatCen (emphasise independence from DWP and JCP)*
- *Outline evaluation and particular aims of this study*
- *Explain recording and confidentiality; seek permission to record*
- *Reassure about voluntary nature of participating in the study and answering questions (i.e. don't have to answer any questions don't want to)*
- *Length of interview will be up to hour and half*
- *Check whether they have any particular requirements for the interview (e.g. need for a break halfway through etc.)*
- *Will receive £20 thank you payment at the end; this will not affect their benefits*
- *Ask if they have any questions or concerns before starting; check they are still happy to proceed*

2. Background

Aim: establish respondent's current situation, nature and progress of their health condition, length of time claiming benefits and support from public/ private/ voluntary services

- Individual circumstances
 - Age
 - Household composition
 - (Gender and ethnicity - check data recorded during the screening exercise)

PRIORITY

- Current day-to-day activity
 - Whether on IB/ other benefit/ in work, how long for
- Work history
 - When last worked (if ever)
 - Place(s) of employment and role(s)
 - Educational background, skills and qualifications

PRIORITY

- Length of time on IB/ previously on IB

PRIORITY

- History of health condition
 - Primary health condition
 - Any other health conditions
 - When condition(s) started
 - Changes to health condition(s) over time
 - General well-being
 - How condition effects ability to work and experiences of managing condition

- Expectations of returning to/ remaining in work
 - Whether expects/ wants to return to work
 - If so, ideal employer/ role
- Whether received/ receiving support for health condition from other services/ programmes
 - Other health services
 - Other Jobcentre Plus (JCP) initiatives
 - Other public/ private/ voluntary support services

3. Awareness and understanding of Pathways and CMP

Aim: to establish awareness and understanding of Pathways to Work and the 'choices' package; initial understanding of CMP and motivation to attend first session. As with CMP, respondents may use different language to refer to WFIs, IBPAs, JCP etc. So it would be a good idea to check language as you go through this section.

- Purpose of Work Focused Interviews (WFI) with IB Personal Adviser (IBPA)
 - Understanding of why invited into JCP for WFI
 - When first met current IBPA
- Support offered through Pathways to Work
 - What offered and at what stage (*e.g. CMP, Job Brokers, DEAs, Work Prep, Work Step, financial incentives, Permitted Work, training courses*)
 - Whether decided to take up support or not
- Whether aware of CMP prior to introduction by IBPA
 - Source of awareness
 - Initial impressions
- Way in which CMP was introduced by IBPA
 - Medium used (*e.g. leaflet, verbal explanation*) and preferences for sources of information
 - Information given/ views on information/ comprehensibility of information
 - Reasons given by IBPA for introducing them to CMP

PRIORITY

- Initial understanding of CMP
 - Expectations of the programme/ what CMP designed to offer
 - Initial reactions to CMP
 - How relevant they felt CMP would be to them (prior to first session)
 - Extent to which saw CMP as: work-focused, voluntary / mandatory

PRIORITY

- Motivation to take up CMP
 - Reasons why attended first CMP session
- Whether understanding/ expectations changed during the referral process

4. Experience of first contact with CMP

Aim: to find out about the first CMP session, including details of the referral and assessment process

- Arranging the first appointment with CMP
 - Who in contact with to arrange appointment and how (*e.g. face-to-face contact with IBPA; saw someone from CMP at JCP; phone call from IBPA/ CMP*)
 - How date/ time/ venue of the appointment arranged; extent to which they had a say in arrangements
 - Whether received confirmation of arrangements
- Location of first session
 - Views on: travel, access, appropriateness
- Views on who was present during the first session (*e.g. CMP practitioner, IBPA, other IB customers*)

PRIORITY

- Description of first session
 - What asked to do/ content of session
 - Views on appropriateness
 - Support offered; whether tailored to individual
- Whether issue of work discussed during first session
 - How work-focus was introduced
 - Views/ feelings about any work-focus

PRIORITY

- Views/ feelings on first CMP session and assessment process

PRIORITY

- Whether accepted onto the programme and decided to continue (*if not already discussed*)

⇒ **For customers who were accepted and decided to continue go to section 5**

⇒ **For customers who were not accepted onto CMP/ decided not to attend any more sessions go to section 7**

5. Experiences of the programme **PRIORITY SECTION**

Aim: to establish what happened during the following CMP sessions and how relevant it was to the customer

- Nature of the provision
 - Group/ one-to-one/ mixture of group and one-to-one sessions
 - Generic or specific to health condition
 - Addressing one or multiple health issues
 - Degree to which provision was individually tailored
 - Views on nature of provision (*e.g. how comfortable did you feel in a group setting?*)

- Description of / views on activities
 - What was involved in each activity
 - Regularity, length of programme
 - Views about / usefulness of each activity
- Venue for each activity
 - Whether following sessions took place in same or different venue as first session
 - Whether activities took place in same/ different venues
 - Views on venue/s (*e.g. travel, access, appropriateness*)
- CMP staff
 - Whether saw the same/ different member/s of staff during following CMP sessions
 - What thought of each member of staff
 - Importance of continuity of staff/ seeing different staff
- Appropriateness of CMP
 - Whether appropriate to health condition
- Whether and how provision met/ did not meet expectations
 - Extent to which provision matched the IBPA's description
- Whether work was discussed at any stage during CMP
 - How work-focus was introduced
 - Views/ feelings about work-focus

6. Fit of CMP with other provision

Aim: how CMP fits with other support provided by other health services and Pathways

- Whether contact with IBPA was maintained alongside CMP
 - Regularity of contact
 - Whether discussed CMP with IBPA
 - Helpfulness of contact
- Other support received through Pathways to Work (*If not already discussed*)
 - *E.g. Job Brokers, DEAs, Work Prep, JPP, Permitted Work, training*
 - Prior to CMP/ alongside CMP/ after CMP

PRIORITY

- How CMP fits with other Pathways provision
 - Whether work well/ do not work well together
 - Any duplication
- Awareness/ experience of/ views on information-sharing between CMP and JCP
- Whether receiving support from other health services (*If not already discussed*)
 - Prior to CMP
 - Alongside CMP
 - What this involved (BRIEFLY)

PRIORITY

- Customer views/ feelings about CMP compared to other health services
 - Variations/ similarities between CMP and other health services
 - Views/ perceptions of CMP as health *management* rather than health *treatment*
 - Appropriateness of CMP working alongside other health care services
 - Experience of working with CMP practitioners compared to other health care professionals
- Awareness of customer involvement in CMP by other health care professionals
- Importance of other health care professionals' views on 'readiness for work' compared to CMP staff

7. Ending CMP and onward referral

Aim: to gather information on attendance at CMP sessions, ending CMP and onward referrals

PRIORITY

⇒ **Customers who were not accepted onto CMP**

- Reasons why not accepted
- What happened next
 - Whether referred back to IBPA/ GP
 - Any further referrals to other parts of the 'choices' package
- Views/ feelings about not being accepted onto CMP
 - Whether agree/ disagree with decision

PRIORITY

⇒ **Customers who did not complete the programme (including those who only attended first session)**

- Number of sessions attended
- Reasons decided to no longer attend
- Role played by support/ lack of support (from IBPA or others) in decision around completing CMP (*e.g. family, doctor*)
- Whether anything could have been done differently to encourage them to continue
- What happened next
 - Whether referred back to IBPA/ GP
 - Any further referrals to other parts of the 'choices' package

- Views/ feelings about deciding to no longer attend CMP sessions
 - Whether still agree with decision to stop CMP
 - Likelihood of trying again; information and support needed to do so
- ⇒ **Customers who completed the programme**
- Whether failed to attend any appointments; which appointments
 - Reasons (if relevant) why failed to attend
 - CMP staff reactions to missed appointments
- Barriers to attending appointments at CMP
- How to improve/ encourage attendance at CMP
- Whether support from IBPA or others (*e.g. family, doctor*) was a factor in continuing with programme
- Length of CMP provision
 - Number of sessions attended/ length of time attending CMP sessions
 - Were problems sufficiently dealt with; especially long-term/ intractable/ multiple problems
 - Any outstanding concerns
- Experience of completing CMP
 - Experience of closing sessions
 - Whether/ how the end of CMP was marked (*e.g. 'graduation', meeting with IBPA*)
 - How felt about ending CMP
- What happened next
 - Whether referred back to IBPA/ GP
 - Any onward referrals to other parts of the 'choices' package (*e.g. to Job Brokers*)

8. Reflections on CMP

Aim: to explore respondents' reflections on impact/ non-impact of CMP on their health condition and progress towards work

PRIORITY

- Impacts of Pathways to Work overall
 - Main benefits of Pathways
 - Any problems with Pathways

PRIORITY

- How useful has CMP been overall
 - What worked well/ less well
 - What do they see as the benefits of CMP
 - Any problems with CMP
- Any other positive impacts of CMP
PROMPTS (if needed)

- Any changes to health condition as a consequence of CMP
 - Any difference in understanding of health condition
 - Perception/ beliefs about managing health condition both before and following CMP (*e.g. change to perception of what able to do despite health condition*)
 - Any impacts on quality of life/ unintended benefits (*e.g. increased confidence, made new friends, joined a gym, more able to engage in other social activities*)
- Any other negative impacts of CMP
PROMPTS (if needed)
 - Relapse in health condition
 - Increased anxiety
- Sustainability of impacts – extent to which impacts were short-lived or ongoing (*e.g. good at the time but I've forgotten it all now*)
- Views about the concept of CMP (*if not already discussed*)
 - Variations/ similarities between CMP and other health services
 - Views/ perceptions of CMP as health *management* rather than health *treatment*

PRIORITY

- Views on / appropriateness of work-focus within CMP
 - Feelings about the possibility of moving towards work; how 'job ready' they feel compared to pre-CMP
 - Successful/ less successful ways of introducing work-focus during CMP
 - Extent to which CMP has/ has not paved the way for further work-focused support
 - Extent to which CMP has addressed participants' own perceptions of barriers to work
- What factors (if any) have helped them move towards/ into work
PROMPTS (if needed)
 - Pathways to Work in general
 - CMP specifically
 - Other support offered through the 'choices' package
 - Support from other services
 - Other factors (*e.g. improvement in health condition*)

PRIORITY

- Gaps in provision/ improvements that could be made to CMP

Thank respondent for taking part and reassure them about confidentiality. Check whether they have any further questions about the research. Give respondent £20 thank you payment and ask them to sign receipt.

Appendix D

Framework for analysis

**Draft Framework for CMP
10/11/08**

| THEME | SUB-THEME | KEY POINTS TO INCLUDE |
|--|--|--|
| 1. Background | 1.1 Individual circumstances and day-to-day activities | <ul style="list-style-type: none"> ➤ Age, household composition ➤ Whether working / on IB / etc. |
| | 1.2 Details of education & work history | <ul style="list-style-type: none"> ➤ Age left school: quals obtained ➤ Types of employment in the past ➤ When last worked (if at all) |
| | 1.3 History of health condition and how condition affects daily life | <ul style="list-style-type: none"> ➤ Principal health condition ➤ Any other conditions ➤ When condition(s) started ➤ How health affects what able to do and ability to work |
| | 1.4 Length of time on IB and expectations of returning to work | <ul style="list-style-type: none"> ➤ When first came on to IB ➤ Whether had been on IB before ➤ How feel about prospect of working at present or in the future |
| | 1.6 Other | |
| 2. Work Focused Interviews and Pathways to Work | 2.1 Details of first WFI | <ul style="list-style-type: none"> ➤ How invited ➤ When first met IBPA ➤ Understanding of why invited for WFI ➤ Whether told had to attend more WFIs - whether screened in, deferred or waived (this might be down to the interpretation of the charter) |
| | 2.2 Details of subsequent WFIs | <ul style="list-style-type: none"> ➤ Number and frequency of subsequent meetings with IBPA ➤ At what stage(s) ➤ How invited |
| | 2.3 Types of support offered and whether taken up | <ul style="list-style-type: none"> ➤ All types of support offered ➤ Whether CMP offered ➤ When offered - which WFI ➤ Whether support taken up (details on other PTW support accessed go in 6.1) |

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| | 2.4 Work focus | <ul style="list-style-type: none"> ➢ Extent to which the focus of the WFI(s) was on work or health condition ➢ Whether this changed as time went on |
| | 2.5 Overall views on WFI and Pathways to Work | <ul style="list-style-type: none"> ➢ Views on being asked to attend WFI ➢ Views on support offered through PTW as a whole |
| | 2.6 Other | |
| 3. Referral to CMP | 3.1 How they were referred to CMP | <ul style="list-style-type: none"> ➢ Brief description of the referral route ➢ Whether via IBPA or other source: who? |
| | 3.2 Any previous awareness of CMP | <ul style="list-style-type: none"> ➢ How heard ➢ Initial impression |
| | 3.3 How the programme was introduced and understanding of the programme at this point | <ul style="list-style-type: none"> ➢ Type of information provided ➢ How provided (e.g. leaflet) ➢ Aims of the programme (e.g. managing condition; work focus) ➢ Method of delivery ➢ Whether voluntary or not ➢ What offered (content) ➢ Degree of choice over programme content |
| | 3.4 Initial views about CMP and decision to attend | <ul style="list-style-type: none"> ➢ Perceived relevance for their condition ➢ Motivation to take up CMP ➢ How decided to attend first session – whether entirely their decision or decision of JCP/CMP staff ➢ Whether felt there was a screening process to attend and how felt about screening if there was one |
| | 3.5 Arranging the first session | <ul style="list-style-type: none"> ➢ How first session arranged ➢ Degree of choice over time ➢ Degree of choice over venue ➢ Confirmation of the appointment (e.g. whether spoke to CMP staff, received letter etc) |
| | 3.7 Other | |
| 4. Experiences of the programme | 4.1 Details and content of first session | <ul style="list-style-type: none"> ➢ Location ➢ Who was running the session ➢ From what organisation ➢ Who else was there (e.g. other participants) |

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| | | <ul style="list-style-type: none"> ➤ Content – topics covered ➤ What happened - types of activities/tasks undertaken |
| | 4.2 Views about first session | <ul style="list-style-type: none"> ➤ Nature of provision ➤ Feelings about those attending ➤ Feelings about participating ➤ Motivation to return |
| | 4.3 Details and content of subsequent sessions attended | <ul style="list-style-type: none"> ➤ Whether or not in same venue ➤ Content – topics covered ➤ What happened - details of all types of activities/tasks undertaken |
| | 4.4 Views about subsequent sessions | <ul style="list-style-type: none"> ➤ Views on number and length of sessions ➤ Views on location ➤ Views on content/topics ➤ Views on tasks/ activities ➤ Ability of CMP to meet individual needs |
| | 4.5 Referral to other parts of CMP e.g. sleep or pain management | <ul style="list-style-type: none"> ➤ Referrals onto any other parts of CMP ➤ Whether took it up ➤ What it involved – content and tasks ➤ Views on other parts of CMP ➤ Understanding of link between these sessions and CMP (possibly charter's notes) |
| | 4.6 View about staff | <ul style="list-style-type: none"> ➤ Whether same staff throughout CMP ➤ Importance of continuity ➤ What thought of individual staff ➤ Differences / similarities between CMP staff and sleep/pain management staff etc |
| | 4.7 Other | |
| 5. Completers / non-completers of CMP | 5.1 Overview of attendance at CMP | <ul style="list-style-type: none"> ➤ Number of sessions attended ➤ Whether missed any / stopped altogether ➤ Reasons missed / stopped (briefly – details for stopping in 5.3) ➤ Factors facilitating attendance ➤ Barriers to attendance |
| | 5.2 COMPLETERS: Experience of completing CMP and follow-up to programme | <ul style="list-style-type: none"> ➤ How the end of CMP was marked (e.g. graduation, certificate) ➤ Whether referred back to IBPA / GP / other parts of choices package |

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| | | Whether any kind of follow-up after programme completed |
| | 5.3 NON-COMPLETERS: Reasons why not accepted onto CMP / reasons why decided to no longer attend CMP | <ul style="list-style-type: none"> ➤ IF NOT ACCEPTED - who told them they had not been accepted; reasons given for non-acceptance ➤ IF DECIDED TO STOP – Reasons; influence of others in decisions about not completing CMP; other factors influencing decision |
| | 5.4 NON-COMPLETERS: Views about not being accepted / not completing CMP | <ul style="list-style-type: none"> ➤ IF NOT ACCEPTED – whether agree / disagree with decision ➤ IF DECIDED TO STOP – whether still agree with decision to stop CMP ➤ Likelihood of trying again and support needed to do so |
| | 5.5 NON-COMPLETERS: What happened next | <ul style="list-style-type: none"> ➤ Whether referred back to IBPA / GP / other parts of choices package ➤ Views on what happened next |
| | 5.6 Other | |
| 6. Fit of CMP with other provision | 6.1 Other support accessed through Pathways to Work / other JCP initiatives | <ul style="list-style-type: none"> ➤ Details of all types of support received through PTW and other JCP initiatives ➤ What support involved – brief description of tasks / activities ➤ Whether prior to/alongside/ after CMP |
| | 6.2 How CMP fits with other Pathways to Work programmes / JCP initiatives | <ul style="list-style-type: none"> ➤ Whether and how CMP and other parts of PTW package fit well / do not fit well ➤ Any duplication |
| | 6.3 Details of support received from other health services | <ul style="list-style-type: none"> ➤ Details of other health services accessed ➤ What support involves – brief description of content/ tasks/ activities ➤ Whether prior to/alongside/ after CMP |
| | 6.4 How CMP fits with other health services | <ul style="list-style-type: none"> ➤ Whether and how CMP and other health services fit well / do not fit well ➤ Any duplication |
| | 6.5 Other | |
| 7. Overall assessment of CMP | 7.1 Views' on aims of programme and concept of CMP | <ul style="list-style-type: none"> ➤ How feel about concept of health <i>management</i> rather than <i>treatment</i> ➤ Views about the relative focus on work or health |

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| | | <p>condition</p> <ul style="list-style-type: none"> ➤ Extent to which tailored to their own needs/ health condition |
| | 7.2 Overall effectiveness of the programme | <ul style="list-style-type: none"> ➤ What worked well & why ➤ What worked less well & why ➤ Parts of CMP that had most / least impact |
| | 7.3 Overall impact of the CMP on their quality of life (e.g. on managing their condition, confidence) | <ul style="list-style-type: none"> ➤ Whether CMP had impact on quality of life ➤ Types of effect and what caused this effect ➤ Where do they think they would be now if they had not done CMP - in relation to quality of life (e.g. less able to leave the house) |
| | 7.4 Overall impact of CMP on progress towards work | <ul style="list-style-type: none"> ➤ How far they feel they have moved towards work & why ➤ Whether CMP has helped them move closer to work ➤ If returned to work, how did CMP help ➤ Where do they think they would be now if they had not done CMP - in relation to work (e.g. further away from returning to work) |
| | 7.5 Sustainability of outcomes | <ul style="list-style-type: none"> ➤ Extent to which positive impacts are likely to endure & why |
| | 7.6 Gaps in provision/improvements that could be made to CMP | <ul style="list-style-type: none"> ➤ What would an ideal CMP consist of ➤ Desired content and shape of programme |
| | 7.7 Other | |

References

Barnes, H. and Hudson, M. (2006), *Pathways to Work: Qualitative research on the Condition Management Programme*. DWP Research Report No. 346.

Ford, F. and Plowright, C. (2009), Realistic evaluation of the impact and outcomes of the Condition Management Pilots, Department of Health – available at: http://www.uclan.ac.uk/health/schools/sphcs/files/health_sphcs_ford_realistic_evaluation_cmp.pdf

Kellet, S. *et al.* (2008), *Condition Management: A qualitative investigation of the customer experience*. *Journal of Occupational Psychology, Employment and Disability* 10(2): 115-127.

Ritchie, J. and Spencer, L. (1994), 'Qualitative data analysis for applied policy research' in Bryman, A. and Burgess, R.G. (eds) *Analyzing Qualitative Data*. London: Routledge.

