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Provider-led Pathways: experiences and views of Condition Management Programmes

By Katharine Nice and Jacqueline Davidson

Background

The report presents the findings of a qualitative study which explored staff and clients' experiences and views of supplying and using Condition Management Programmes (CMP) within Provider-led (PL) Pathways districts. The research was commissioned by the Department for Work and Pensions (DWP) and was carried out by the Social Policy Research Unit in collaboration with the National Centre for Social Research in 2009. The research methods involved a scoping exercise in each of the four study locations, providing information about CMP delivery arrangements and identifying key personnel for research interviews. This was followed by individual and group interviews with ten Pathways managers, 15 Pathways advisers and 14 CMP practitioners, and individual in-depth interviews with 36 CMP participants.

The study was designed and conducted around the following broad objectives:

- To understand how CMPs were designed and delivered in different areas, including the process of introducing CMP to clients, making referrals to CMP, monitoring performance, and developing relationships and contacts between Jobcentre Plus, Pathways advisers, CMP practitioners and clients.
- To explore CMP participants' experiences of learning about CMP and attending CMP sessions, their experiences of support received outside CMP, their views about the support offered through CMP and any impacts it may have made.

Key findings

Organisation and structure of the CMPs

In keeping with the 'black box' contract design, the organisation and structure of CMP varied over the study areas in ways which might have a bearing on how provision was experienced by staff and clients.

CMP provision was either contracted out or provided in-house by Pathways providers. In some areas, CMP staff shared offices with Pathways staff. There were also differences in the qualifications and experiences of CMP practitioners which made a difference as to whether they were able to offer therapeutic or non-therapeutic interventions. Some problems were reported by providers in staff recruitment and retention at the time of the research interviews. Also, relatively low pay afforded to practitioners was expected to affect the ability to retain staff over the long term.

The content and format of CMP sessions varied as some programmes only provided either group or individual sessions, while in some areas clients had a choice. In some areas, the content of these sessions focused on a range of physical and mental health conditions and in some, they were primarily focused on mental health. Some providers only delivered generic content while others sought to tailor support towards individuals' needs.

Learning about CMP and the referrals process

Clients learned about CMP from various different sources including staff from providers and Jobcentre Plus, and from social networks. A range of positive responses were reported by people on hearing about CMP. Their reasons for participating in CMP included wanting to get well and back into a 'normal' routine, wanting to get paid work and to get help with their health conditions.

However, both clients' and practitioners' accounts indicate that clients did not always fully understand the nature of the provision. Staff felt that some people had not understood that participation was voluntary or had unrealistic expectations about what CMP could deliver, such as expecting to be 'cured' or receive support indefinitely.

Some inappropriate referrals from Pathways advisers were reported by CMP practitioners (for example, people with severe mental health conditions). The physical proximity of Pathways advisers and CMP practitioners was seen as helpful for establishing good communication with each other and making appropriate referrals.

Some people experienced delays in accessing CMP and there was a view from advisers that people lost trust and motivation as a result. CMP staff explained that long waiting lists for joining the programme had built up due to staff shortages or the lack of adequate space in CMP premises.

Experiences of CMP delivery

The ability of CMP staff to be open, honest, non-judgemental and to demonstrate expertise in sessions were seen by all concerned as being crucial to client engagement. Though individually tailored support was found to be particularly helpful, group sessions were also perceived as valuable in providing opportunities for social interaction and encouraging mutual support.

Unhelpful aspects of CMP for some people included negative interactions with staff and finding that sessions were held in inappropriate locations or buildings. There was also evidence that CMP did not meet everyone's needs, particularly for people who had severe health conditions or whose primary health condition was physical.

CMP staff differed in the extent to which they focused on work within CMP sessions, with some having a distinct focus on paid work and some only introducing it when it seemed appropriate for the individual client. Participants' responses to the focus on work differed depending on their motivation to work. For example, people looking for work-oriented support were happiest when work seemed the main focal point of CMP sessions.

Client non-attendance was a concern in all of the study areas. Reasons for not attending, identified by clients and practitioners, included individuals' attitudes or circumstances, delays in accessing provision, finding sessions irrelevant or experiencing practical barriers like travel problems.

CMP managers and practitioners described various forms of staff support and supervision, which was found to be particularly helpful where staff were dealing with a range of clients' circumstances, where there was open access to managers, and where colleagues were able to support each other. There were some indications that practitioners with clinical backgrounds wanted more clinical supervision beyond what was available.

Linking CMP to other Pathways services and support from other sources

There was variation in whether Pathways advisers attempted to continue clients' work focused interviews (WFIs) during the time they were taking part in CMP. Some advisers perceived that they were not allowed to defer WFIs even if this meant they could combine

interviews with client progress made on CMP, whilst other advisers felt able to defer interviews as appropriate.

The ending of CMP sessions could be emotionally upsetting for clients, particularly if it was perceived as early and abrupt. There were differences in how, and if, people were referred back to Pathways advisers by CMP practitioners after CMP sessions had finished.

For CMP clients with little or no support outside of Pathways and CMP, other organisations and services that CMP practitioners (and advisers) could signpost them to are potentially important. There were intentions among providers to develop more joined up working with external health services and other organisations. However, limited availability of low cost or free counselling services and problems in identifying information about appropriate local services were seen as barriers for being able to do so effectively.

Views on the impact and performance of CMP

Managers' and practitioners' views about CMP performance were generally positive, even though most providers were in the early stages of developing performance targets and measuring outcomes.

For some clients, attending CMP had helped to initiate and enhance their progress towards paid work, such that some had taken steps towards work such as searching for jobs, taking up training or gaining paid employment. For many, CMP had resulted in increased confidence and motivation which along with learning more about how to manage their health conditions seemed to help people to feel more ready for work. Even for those people considered to be furthest from paid work, improvements in well-being could be achieved, which were regarded by staff as a first step in removing barriers to work.

CMP was not able to help all clients, however. Some clients said that participating in CMP had made no difference to them, or that the impacts made were limited or negative. Overall, the findings suggest that improvements in managing chronic pain or improving mobility were harder to achieve and did not appear to be targeted in programmes where none of the interventions focused on providing support for physical conditions. The findings also show that personal circumstances (such as deteriorating health conditions) and certain aspects of delivery (for example, the content of CMP sessions seeming irrelevant to them in their situation, or staff leaving employment with the provider) could obstruct the potential for CMP to influence progress towards work or improvements in well-being.

The study suggests that some CMP outcomes are typically longer-lasting in part because of service delivery methods such as providing written information and advice that can be reviewed over time by clients. However, there were perceptions that where impacts were made during a short programme, or were not followed up with further support, these impacts could dissipate.

Conclusions and discussion

On the whole the findings from this study were largely similar to those from studies of CMP within districts where Pathways is delivered by Jobcentre Plus (Barnes and Hudson, 2006; Warrener *et al.*, 2009; Ford and Plowright, 2009). For example, previous findings also suggest that advisers and CMP practitioners working together in close proximity can help to boost referral rates and improve the appropriateness of referrals (Barnes and Hudson, 2006); that continuity in staffing and practitioners' ability to empathise with people, as well as demonstrate expertise, is important (Warrener *et al.*, 2009); and that tailoring support to individual needs can be a significant help in resolving problems and helping clients achieve positive outcomes (Barnes and Hudson, 2006).

The findings show that CMP can help to improve people's well-being and readiness for work, notably through building confidence and motivation, and equipping people to self-manage health conditions. Moving into paid work seems a much less common direct outcome, though it could be argued that CMP helps people take necessary steps towards work and enhances the likelihood of returning to work at some time in future.

However, there were also indications that some clients are not helped by CMP at present because the programme does not cater for their needs or because problems exist in aspects of delivery. The findings highlight the importance of the following aspects of delivery:

- Ensuring Pathways advisers have a good understanding of the purpose and content of CMP and on what constitutes an appropriate referral, in order to manage clients' expectations and make well-judged decisions about who to refer to CMP. Encouraging greater collaboration between advisers and CMP practitioners may prove beneficial in achieving these aims.
- Recruiting and retaining practitioners with excellent interpersonal skills and experience of working with people with health problems, in order to work most effectively with CMP clients.
- Providing opportunities for both individual support and group interaction and offering specific support for physical health conditions, as ways of supporting a broader range of individual needs, ensuring the relevance of CMP for a wider client group, and therefore helping to improve attendance rates.
- Ensuring clients are well supported after contact with CMP ends, to aid the longevity of any positive impacts, to address any remaining barriers to work, and to utilise any momentum gained through CMP to continue making progress towards work.
- Developing collaborative ways of working between Pathways and CMP staff and external service providers, to ensure that alternative appropriate support is provided where help is not available through CMP.

References

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The full report of these research findings is published by the Department for Work and Pensions (ISBN 978 1 84712 733 4. Research Report 644. July 2010).

You can download the full report free from: <http://research.dwp.gov.uk/asd/asd5/rrs-index.asp>

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