

Disability, Place and Biography

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Wolfson Research Institute

for Health and Wellbeing

Durham University's interdisciplinary research institute

... **clinical practice**, biomedical sciences, **public health**, mental health, medical humanities, history of medicine, ethics, education, **health geography**, medical anthropology, cognitive neuroscience, developmental psychology, informatics, health technologies, **primary care**, health care management, social marketing, **international health**, social work, sociology of health and medicine, wellbeing of children and young people ...

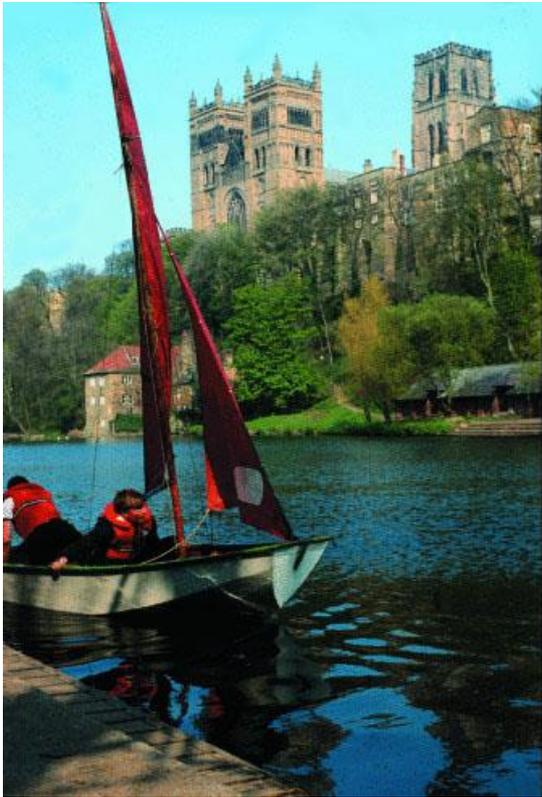
Outline

- Background
- Relationship between Disability, Place and Biography
- Evidence from projects in County Durham People, Places and Policy
- What about Young Disabled people?
- Conclusions

Background

- Sociologist working in a Public Health Focused Team in a Geography Department.....
- Interests include Sociology of Work, Industrial history of the North East of England, Community and Youth Work
- Colleagues: Prof Clare Bambra- Professor Public Health Policy
 Dr Kayleigh Garthwaite- PDRA Public Health Policy
 Dr Jonathan Wistow- Teaching Fellow Social Sciences
- May 2009- Project Manager-Evaluation of a case management service to improve Health for long-term IB recipients commissioned by County Durham NHS (PCT)

County Durham



County Durham



Disability, Place and Biography

- *'neither the life of an individual nor the history of a society can be understood without understanding both'* C Wright Mills (1959:5)
- *'no social study that does not come back to the problems of biography, of history and of their intersections within a society has completed its intellectual journey'* C Wright Mills (1959:4).
- Contexts *matter*, personal, political, geographical, temporal
- People *and* Places have biographies
- Imagination limits or enhances what is possible for individuals.
- Imagination is the product of a complex interface concerning people places and policy.

People, Places and Policy

Health & Worklessness Intervention

- Longitudinal Survey 2009-2012
- Comparative Cohort study 2009-2011
- Qualitative project exploring the narratives of long term IB/ESA recipients
- Service user survey and interviews

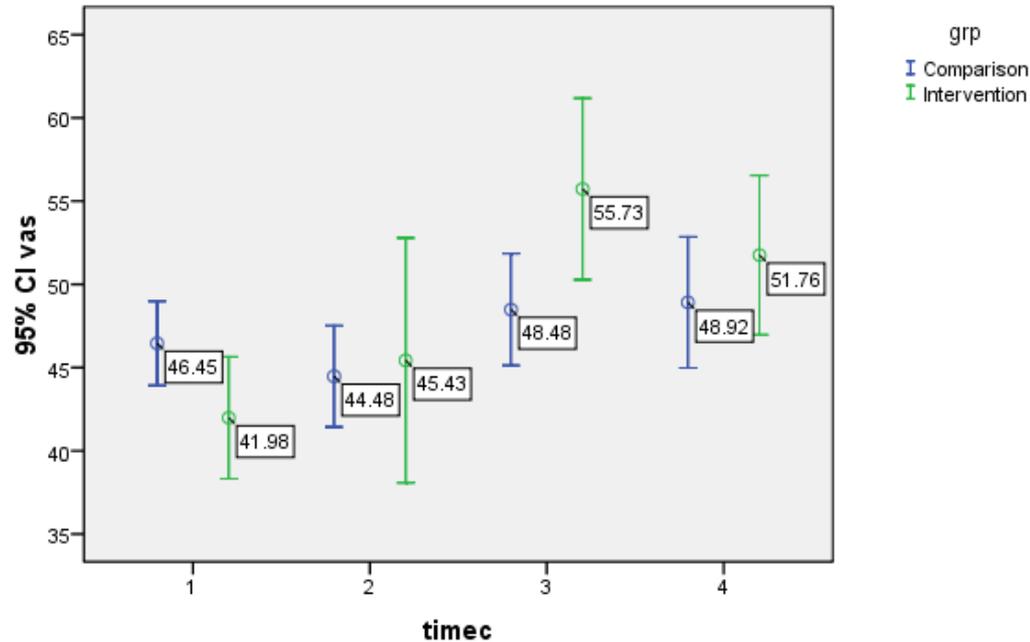
- Shifting context- “Pathways to work”- “Welfare reform”
- Maximising labour supply- welfare reform reducing public spending
- Enabling individuals – identifying and stigmatising scroungers.

- Absence of narrative i.e. *who* IB recipients were their backgrounds, work histories, views and aspirations

People, Places and Policy

- Comparative Cohort study 2009-2011
- Did it work?
- Did engaging with the service improve health?
- Warren J Bamba C; Kasim A Garthwaite K; Mason J and Booth M **Prospective pilot evaluation of the effectiveness and cost-utility of a 'health first' case management service for long-term Incapacity Benefit recipients**
Journal of Public Health 2013; doi: 10.1093/pubmed/fds100

Error Bar Plot to show Mean EQ5D-VAS Scores



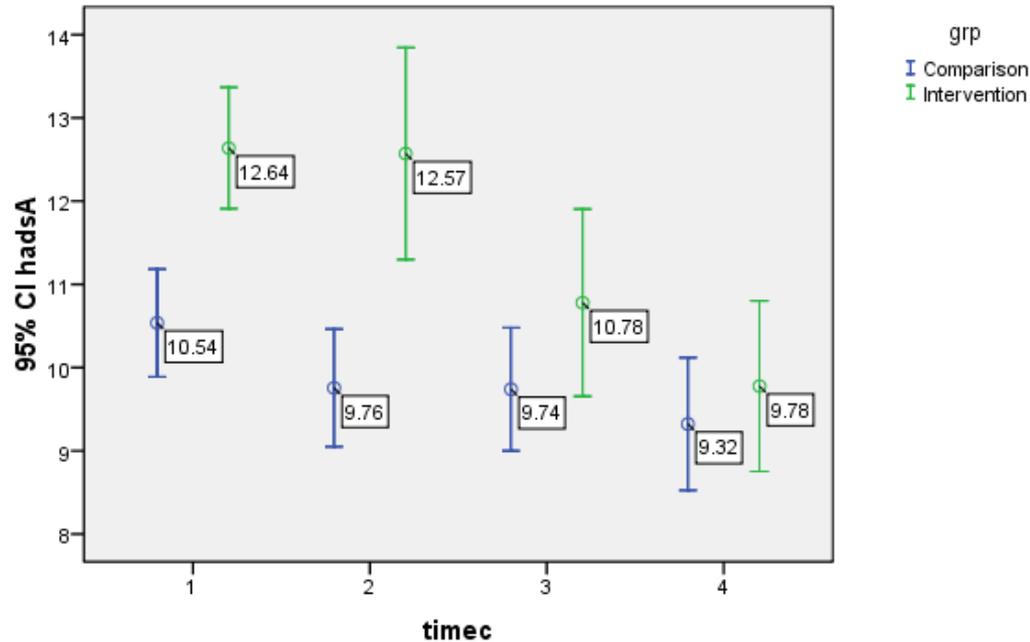
Comparison and Intervention Groups @T1,T2,T3 and T4.

Fig 2 EQ5D VAS Scores (General Health)
July 2011

The higher the EQ5D VAS score the better the health state. 0-100 scale.

(UK Population Norm- 82.48)

Error Bar Plot to show Mean HADS A Score



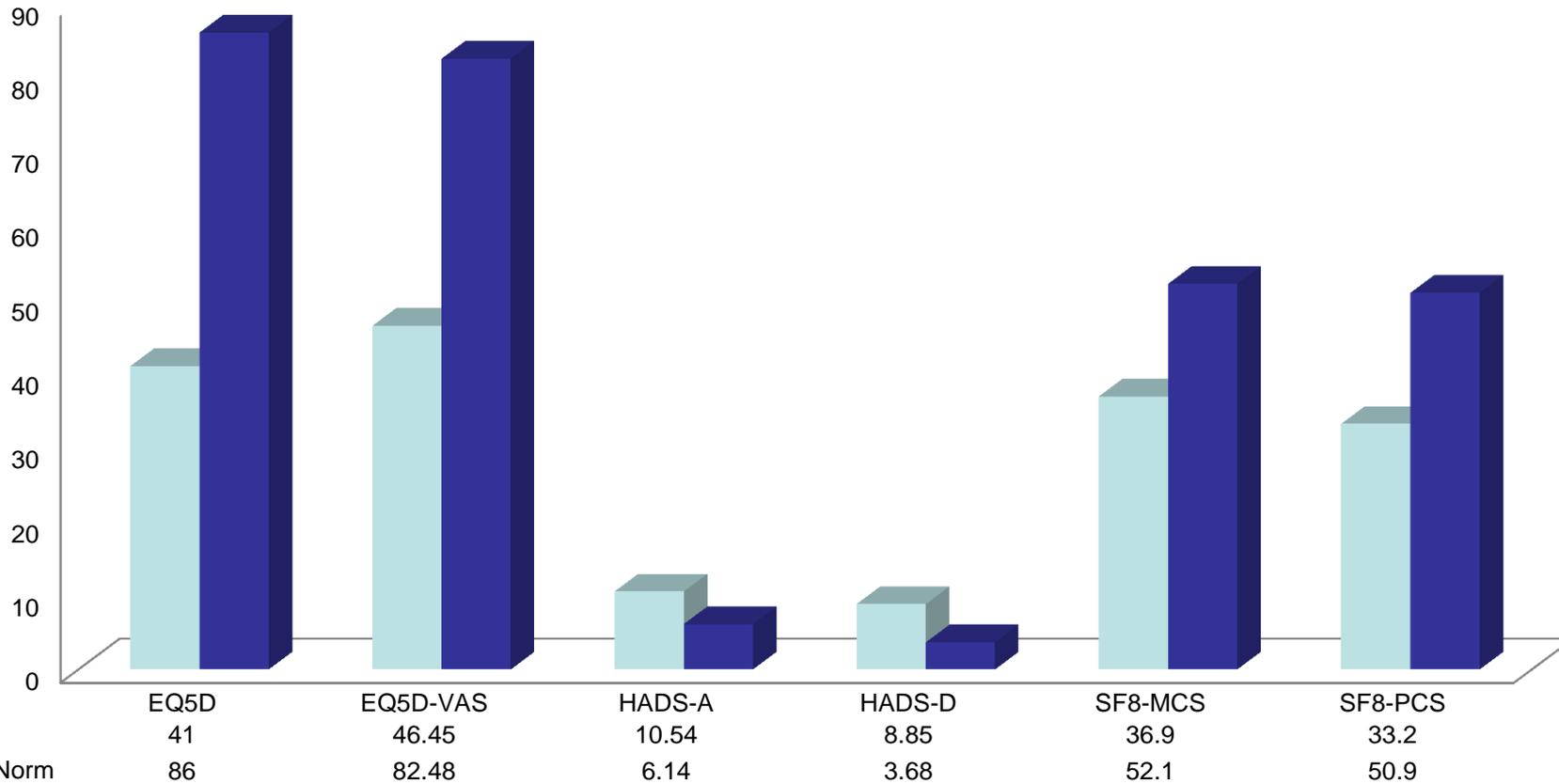
Comparison and Intervention Groups @ T1,T2,T3 and T4.

**Fig 3 HADS A Scores (Anxiety)
July 2011**

HADS A produces a score between 0-21 to indicate anxiety. Higher anxiety appears as a higher score.

(UK Population Norm- 6.14)

Validated health measures



Longitudinal survey

- Individuals health remained consistently poor over a 24 month period. 2009-2011
- During this time some were found fit for work by WCA assessment.
- Garthwaite K.A., Bambra C, Warren J, Kasim A, and Greig G and '**Shifting the goalposts: a longitudinal mixed-methods study of the health of long-term Incapacity Benefit recipients during a period of substantial changes in the UK benefits system**'. Accepted for Publication in Journal of Social Policy

Who did the service work for ?

- Once we changed the emphasis and asked who were the people that benefited from the intervention things changed.....
- QCA Analysis of intervention group data revealed that Health improvement was linked to the interaction of a number of factors, Age, Gender, Health issues MSK or Non MSK, Skill level of last paid job, Frequency of contact with neighbours.
- Warren J ,Wistow J and Bamba C **Applying Qualitative Comparative Analysis(QCA) in public health: A case study of a health improvement service for long-term incapacity Benefit recipients.** Journal of Public health 2013; doi:10.1093/pubmed/fdt047

Why did it work for them?

- If you can't get "buy in" from service users all is lost...
- What made a big difference for service users was not the content of the service but the *process* how they were treated.
- Service users consistently highlighted; being listened to; being made to feel valued by service staff; having their problems taken seriously; being treated as an individual.
- i.e. things which are consistent with case management but not exclusive to it.
- The importance of understanding individual biographies.
- Warren J, Garthwaite K.A and Bamba C **"It was just nice to be able to talk to somebody": Long-term Incapacity Benefit recipients' experiences of a case management intervention.** Journal of Public Health 2013; doi:10.1093/pubmed/fdt062

Understanding personal narratives and lived experience

- Qualitative project exploring the narratives of long term IB/ESA recipients
- Garthwaite's work explores the experiences, and life histories of those in receipt of ill health related benefits
- Need to understand the importance of personal biography and the impact of policy and wider social narratives
- Garthwaite, K., Bambra, C., and Warren, J. (2013) **'The unwilling and the unwell'? Exploring stakeholders' perceptions of working with long term sickness benefits recipients.** *Disability & Society*, iFirst, 1-14.
- Garthwaite, K. (in press, 2014) **Fear of the Brown Envelope: Exploring Welfare Reform with Long-Term Sickness Benefits Recipients.** Forthcoming in: *Social Policy & Administration*.

Where does it work?

- The importance of understanding places. i.e. What works in one place may not work elsewhere.
- If a place has high levels of ill health and ill health related benefit receipt, it will probably have wider socio economic problems.
- Practitioners realise that they need to understand the communities they work in. e.g. health trainers
- Policy makers don't always get this (seeking the “magic bullet”.)
- Need to recognise that *places have biographies*, which need to be understood.
- Warren J and Garthwaite K **Biographies of Place: Challenging Official Spatial Constructions of Sickness and Disability** This chapter will appear in **Disability-Spaces and Places of Exclusion** Eds Soldatic K , Morgan H and Roulstone A Routledge Dec 2013

What about Young Disabled people?

- How applicable is our work to the issue of young disabled people?
- Transferability to other marginalised groups.
- Traditionally variations in people and places are viewed as inconveniences for policy this must change.
- Policy can only be successful if the needs and views of individuals and their communities are engaged with and understood
- The views and knowledge of people and places are a valuable resource and need to be listened to
- But the entrenched structural economic and social problems which many of the communities we work in suffer from cannot be solved in the short-term. They are the product of the failure of strategic planning at both the regional and national levels.