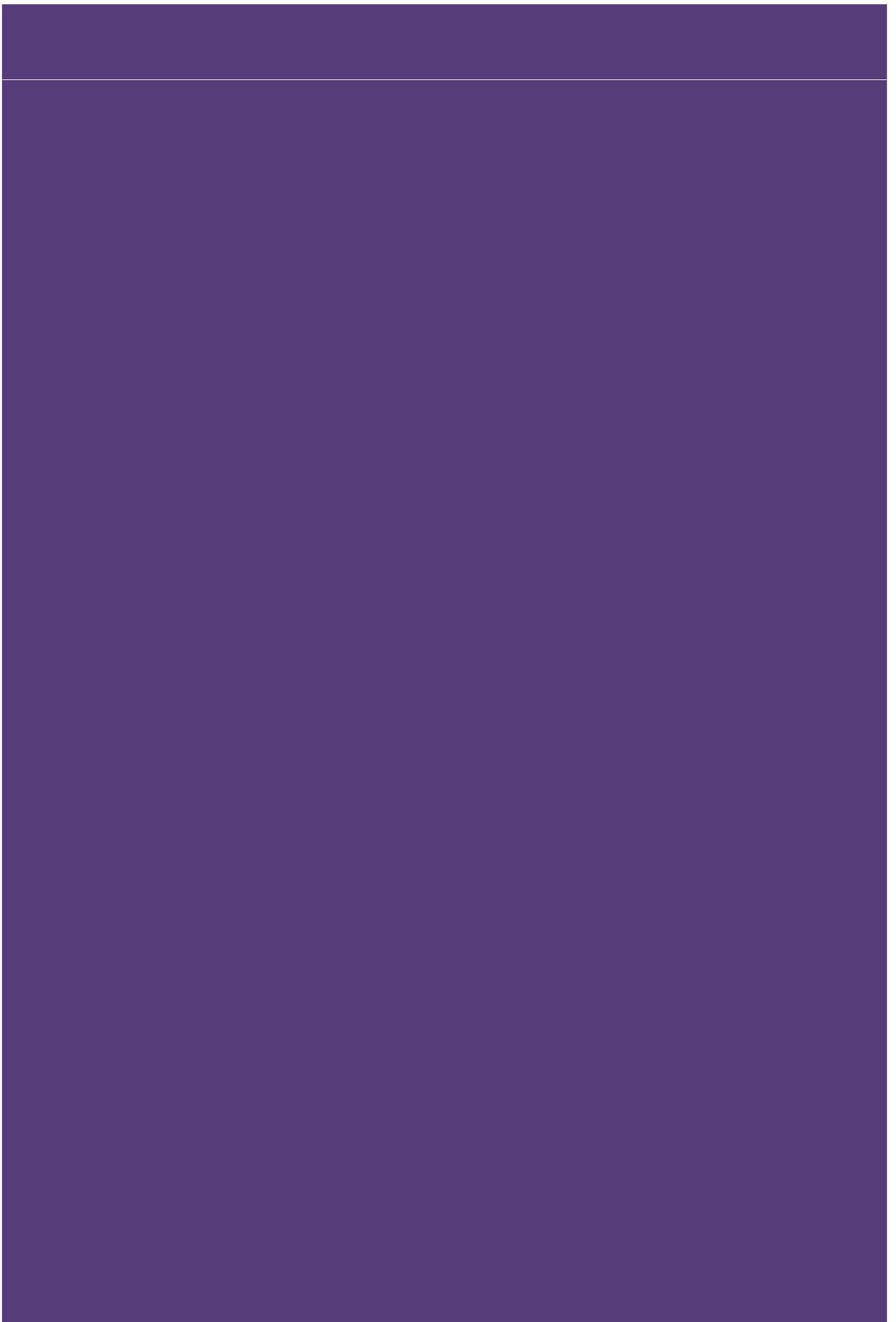


VISION AND PROGRESS

SOCIAL INCLUSION AND MENTAL HEALTH



TEN KEY MESSAGES

Social inclusion is about getting people back to work but it is also about wider participation

For people with mental health problems to recover and rebuild their lives they need access to those social, economic, educational, recreational and cultural opportunities, and physical health services, that most citizens take for granted.

Social inclusion is not just about access

Social inclusion is not just about having access to mainstream services – it is about *participation* in the community, as employees, students, volunteers, teachers, carers, parents, advisors, residents; as active citizens.

The need to work across traditional boundaries

Reducing barriers to inclusion requires integrated effort across government and non-government agencies at all levels, horizontally *and* vertically, influencing policy and practice through direct links to individual experience.

Social inclusion is supported through partnership working

The whole is more than the sum of its parts. Through partnership working, organisations from all sectors can build the bridges required to support community participation, active citizenship and build social capital.

Not just talking about serious mental health problems

Social inclusion is also a key issue for people with more common mental health problems. It is about prevention and mental health promotion: about maintaining support, building resilience and community wellbeing.

The public sector duty is an active duty, not a passive one

Public sector duties on physical and mental health disability provide for *active promotion of equality and opportunity* within the requirement to act on discrimination. Statutory measures to promote equality are key to eliminating the barriers that exclude.

No challenge to exclusion can succeed without the full involvement of people with mental health problems

A co-productive approach, working with people with experience of mental health problems, is essential at every level of development and delivery.

A sense of personal identity, aside from ill health or disability, supports recovery and inclusion

People with mental health problems are more than just a diagnosis and have valuable contributions to make, not just needs to be met. Services should support people to access the opportunities available within the many communities to which they belong and to make valued contributions as active citizens.

To promote inclusion we need pathways from segregated service provision into mainstream services

Groups or activities solely for people with mental health problems may reinforce segregation unless they are part of a supported pathway into mainstream services accessed by everyone.

Healthy workplaces are necessary to mental health and wellbeing

Stress, depression and anxiety are the cause of more working days lost than any other work-related illness. Workplaces and learning environments should support good mental health by providing an accommodating environment and showing a positive and enabling attitude.

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THIS REPORT SETS OUT THE WORK OF THE NATIONAL SOCIAL INCLUSION PROGRAMME (NSIP) AT THE NATIONAL INSTITUTE FOR MENTAL HEALTH IN ENGLAND, FROM THE INCEPTION OF THE PROGRAMME IN 2004 TO DATE.

NSIP has worked to implement and influence policy but with people at the centre. It has been enormously fortunate in recruiting the willing and active participation of so many people with passion, commitment, experience and skills from so many places and sectors over time.

Though simple in aim, thanks to the variety of systems through which we work and the richness of the people for whom we work, inclusion is diverse in nature. In going about this work, it has been important to resist reductionism; to reduce the complexity of individuals or the interdependent nature of communities to a single element or objective, as part of the change process, may achieve simplicity but it also risks an underestimation of the complexity of human life. Our starting point was to recognise this and from it, build broad consensus of purpose. We have tried to think and act 'outside the box', acknowledging the many accounts of people who use mental health services that tell us the clinical or professional box is precisely the problem. These narratives have continued to guide action on social inclusion throughout the programme.

We express thanks to everyone who, over the past four years, has helped us to advance our goals. Though not surprised, we have been constantly impressed with the way people from highly diverse backgrounds have so readily brought wide ranging experience from multiple communities to bear, during the course of this work.

If that was our starting point, we must acknowledge that there is no finishing point. The challenge is continuing to effect cultural change, through the transformation of thinking and services across complex organisational boundaries. Whole person approaches demand whole system responses. This is neither simple, nor short-term. Having been well informed by the many examples of strong values-based practice that are incorporated in this report, we hope that we have made a good start. We need to make sure that these often inspirational approaches are positioned to inspire others. Locally and regionally this is an agenda that needs to be led for the long haul, ensuring that progress is sustained and shared through innovation in learning and evidence in practice.

As an issue of social justice, inclusion in mental health remains a moral imperative. Though this is work in progress for the wider inclusion community, the people who individually and collectively have contributed to our work have set a compass for its achievement.

David Morris

Programme Director

THE NATIONAL SOCIAL INCLUSION PROGRAMME HAS ALWAYS SOUGHT TO ENSURE THAT THE SOCIAL INCLUSION AGENDA FOR PEOPLE WITH MENTAL HEALTH PROBLEMS TAKES ACCOUNT OF THE MANY AREAS OF LIFE ON WHICH EXCLUSION IMPACTS.

In 2004, the Social Exclusion Unit's report set out what needed to be done to address mental health and social exclusion. This Vision and Progress report takes stock of the progress we have made and addresses new and future challenges in seven key areas.

COMMUNITY ENGAGEMENT

Social inclusion is not just about having access to mainstream services but about active participation in the community, as employees, students, volunteers, teachers, carers, parents, advisors and residents.

We have:

- Encouraged day services to be ambitious, to act not just as a window on to mainstream communities but as a bridge, whilst still providing a place for people to feel safe and be mutually supportive.
- Helped increase the number of people using Direct Payments in lieu of mental health services, resulting in more people now having greater choice and control over the way in which they receive services and support.
- Highlighted the importance of adult mental health services recognising people's parenting roles and that young people can be carers too. Joint working across children's and adults' mental health services has helped build the impetus to support joined-up thinking and approaches at a national level.
- Established the 'Communities of Influence' programme which enables Foundation Trusts to engage and lead their governors and members to build the community capacity needed to strengthen socially inclusive outcomes for people using their services.

EMPLOYMENT

Welfare systems can act as an enabler or be a barrier to inclusion, and stress, depression and anxiety are the cause of more lost working days than any other work-related illness. Workplaces and employers should support good mental health by providing an accommodating environment and showing a positive and enabling attitude. We have:

- Helped to increase employment opportunities for people with mental health problems. This includes the publication of commissioning guidance on vocational rehabilitation and feeding in to 'Reaching Out: An Action Plan on Social Exclusion' which led to the establishing of nine Regional Employment Teams (RETs).

- Worked with Department of Health, Department for Work and Pensions and Cabinet Office colleagues on delivery plans for the Public Service Agreement (PSA) 16 and its implementation.
- Increased support for employers, such as: establishing and hosting of the Employer Engagement Network; ensuring that the RET initiative increases organisational capacity at a regional level to deliver current strategies and support stakeholders.
- Developed a mental health awareness training package for trade union representatives.

EDUCATION AND SKILLS

Education, learning and skills are all important in their own right and can act as a pathway to potential employment. We have:

- Supported the Partnership Programme which has changed the climate of support for learners with mental health problems and has consistently advocated for them at a strategic level.
- Contributed to the 2008 follow-up to the Learning and Skills Council's 2006 strategy, providing a renewed vision to promote the social and economic inclusion of people with mental health problems through improved access to, and success in, learning and skills.

HOUSING

Housing is central to providing a stable base from which people can seek and make the most of socially inclusive opportunities. We have:

- Established the Housing Reference Group which provides advice, and shares and coordinates information on new policy developments.
- Worked with the Department of Health, Communities and Local Government and the Cabinet Office on the development and implementation of the new Public Service Agreement (PSA) 16.

ARTS AND CULTURE

Participation in the arts and cultural activity can give people a positive alternative identity to that of 'service user' and help them to be part of the wider community by increasing self-esteem, confidence and social networks. We have:

- Contributed to research to better understand the benefits of taking part in arts projects for people with mental health problems, resulting in a government working group on arts and health.

- Developed good working partnerships with a number of national arts bodies to raise awareness of: social inclusion and mental health; arts organisations as employers of people with mental health problems; and the need for staff training.

LEADERSHIP AND WORKFORCE

Organisations, teams and individuals sometimes require guidance, support and leadership to strengthen their capacity for socially inclusive practice. High aspirations, organisational support and a 'can-do' attitude are key to improving social inclusion outcomes. We have:

- Undertaken the Delivering Effective Local Leadership for Social Inclusion (DELLSI) initiative.
- Established a commissioning network for social inclusion to support effective commissioning practice.
- Worked closely with four Expert Advisors who have experience of mental health problems and a Reference Group of people with mental health problems and carers to ensure social inclusion practice is developed in a co-productive way.

SOCIALLY INCLUSIVE PRACTICE: THE CAPABLE WORKFORCE AND TRANSFERABILITY OF OUR WORK

Both individual and organisational capabilities are required if socially inclusive practice is to be embedded and sustained. There is considerable potential for applying lessons learned in the mental health domain to other efforts to address social exclusion.

- Strong leadership is needed to ensure change within and beyond services and to sustain best practice.
- Social inclusion requires an overarching view of policy, funding and implementation that cuts across a range of sectors including employment, communities, housing, learning and skills, and civic responsibilities.
- The potential for synergy across other client groups needs to be realised.

“HAVING BEEN A SERVICE USER FOR 18 YEARS I HAVE BEEN SOCIALLY EXCLUDED FROM SO MUCH BY THE MERE FACT THAT I HAVE A MENTAL ILLNESS. WHILST MANY OF THESE EXCLUSIONS REMAIN, I HAVE BEEN EMPOWERED TO TRY TO ENSURE THAT FURTHER EXCLUSIONS ARE NOT PLACED UPON PEOPLE LIKE ME.”¹

‘Vision and Progress: Social Inclusion and Mental Health’ sets out the achievements of the National Social Inclusion Programme (NSIP) since the 2004 ‘Mental Health and Social Exclusion’ report by the Social Exclusion Unit (SEU).² It recognises the commitment and hard work of the team (past and present), its Expert Advisors and Reference Group, as well as all those partner organisations who have contributed to these achievements.

This report reviews the last four years in light of our activity at national, regional and local level. It highlights the progress that has been made across the statutory and non-statutory sectors and highlights the additional value of work beyond our formal remit; work that has sought to reach out to non-traditional services and partners to champion the social inclusion agenda in sometimes unfamiliar areas.

It also provides an assessment of the remaining and continuing challenges that need to be addressed for improved outcomes for people with mental health problems. This is based on feedback from national and regional social inclusion leads across mental health and health services, local authorities and regional bodies, as well as information gathered through an analysis of progress and gaps with provider organisations at a local level.

This report is intended to be a further resource for policy makers, regional agencies and services to ensure that this important work is sustained and developed in the future.

BACKGROUND TO THE NATIONAL SOCIAL INCLUSION PROGRAMME

NSIP is a programme within the National Institute for Mental Health in England (NIMHE) as part of the Care Services Improvement Partnership (CSIP) and it has often taken a high level and strategic cross-government role. The programme’s original remit was to coordinate the implementation of the SEU report. More than 20 government departments and a range of external agencies have worked together with NSIP to successfully implement the report’s 27 cross-cutting action points. However, NSIP’s work has highlighted how complex the reality of this really is. Due to the multiplicity and diversity of the wide number of agencies at all levels, there still remains work to be done locally and nationally to ensure that individuals and services are maximising opportunities for social inclusion.

Effective inclusion will contribute significantly to reducing discrimination, and NSIP has worked closely with Shift, a five-year programme to tackle stigma and

discrimination (and responsible for action points 1– 4 in the SEU report) by working in partnership on aspects of the employment agenda, having co-terminus locations and shared expert advice.

In 2006, the Cabinet Office invited NSIP to contribute to the development of the Social Exclusion Action Plan³ which led to our overseeing the creation of dedicated regional employment teams (RETs) to provide further support for the implementation of good practice on the employment of people with severe mental health problems.

The programme has also worked with the Cabinet Office in developing and implementing the Public Service Agreement (PSA) 16 on employment and settled accommodation outcomes for people with severe and enduring mental health problems, supporting action to ensure that the PSA drives change at local level.

THE NSIP APPROACH

When NSIP was first established, its primary function was to implement policy. We have however, ensured this implementation is linked back in to further policy development. Our focus is therefore on both what it takes to turn policy into practice and reality on the ground and also on policy development and regulatory frameworks which support positive outcomes. Over the course of the past four years, we have contributed to the development and delivery of a wide range of policy, using the expertise in the team and our co-productive working approach to establish a broad understanding of what ‘good’ policy looks like from a social inclusion perspective and how it can work effectively to promote the core aims of social inclusion.

As part of NIMHE, NSIP is also connected to the Department of Health. We have brought together a breadth of skills and expertise in mental health and social inclusion, as well as political and strategic experience. Our small central team comprises secondees drawn from across government, including the Department for Work and Pensions, the Department for Innovation, Universities and Skills, Communities and Local Government and the Cabinet Office.

Central team members and regional colleagues from NIMHE/CSIP development centres have worked together as equal partners in the national programme and this has allowed the team to become a hub of expertise through which ideas and action have influenced emerging policy. This in turn has enabled the inclusion agenda to be embedded across life domains in a way that addresses the needs of the most excluded. The network of regional social inclusion leads has also

brought an in-depth understanding of regional priorities and pressures. They have identified good practice and accelerated policy implementation by helping us to translate policy into practice for services and individuals at regional and local level.

The team also includes people from both the voluntary sector and professional bodies to ensure that our focus is on the most important and influential areas of policy and that staff working in the sector have resources and information to help inform improved practice on social inclusion.

We operate in a co-productive way, ensuring that our work is informed by people who use services themselves, and carers. The Expert Advisors are a small group who work with NSIP to ensure the involvement of people with mental health problems is maximised across the programme. They also advise on the direction of certain initiatives and provide specific expertise on a range of inclusion areas, including day services, arts, education and employment.

“I find that much of the knowledge, skills and perspective I have acquired at the national programme around policy, strategy, new ways of thinking and good practice have motivated and inspired me to constantly look for opportunities to implement and develop the values and principles of NSIP.”⁴

The Reference Group is a wider network of people who use mental health services and carers. It represents people with interests that span the inclusion agenda from all regions across England. Their role is to provide updates from regional and local perspectives, disseminate national messages and respond to government consultations so that people can influence the services they receive.

We have also enabled richly diverse partners to come together through extensive arrangements for joint programme work with over 50 affiliated voluntary, academic and professional body organisations. These have committed funding and resources to the programme, without which our successes would not be so many or varied.

The following chapters consider the impact that NSIP has had in a range of social inclusion policy areas. They highlight the considerable progress already made, what the remaining challenges are and what more needs to be done both now and in the future.

1 NSIP Expert Advisor

2 Office of the Deputy Prime Minister, 2004, *Mental Health and Social Exclusion*, Social Exclusion Unit.

3 Cabinet Office, 2006, *Reaching Out: An Action Plan on Social Exclusion*.

4 NSIP Expert Advisor

COMMUNITY ENGAGEMENT

VISION

People need to engage with the wide range of communities that they rely on for their incomes, social support, self-expression and sense of continuity; these include communities of place (neighbourhoods), common interest, and the major life domains such as employment, education and housing. For this to be successful, services and opportunities need to be accessible, well organised, stable and secure. Our vision is that:

- Everyone is supported to access the opportunities available within the many communities to which they belong.
- Everyone understands and appreciates the mutual benefits of contributions made by people with mental health problems towards creating and sustaining a positive community.
- Mental health services will work with individuals and communities to promote active civic participation and effective social support.
- There will be equal opportunities for active citizenship, increased social capital and less unwanted service dependency.

PROGRESS SINCE 2004

This chapter sets out the progress that has been made in implementing and developing policies to reduce disadvantage in the areas detailed below. It also set out how the process of removing the barriers that inhibit people with mental health problems from achieving a stable base in life has been developed.

DAY SERVICES

Day services have played a valuable role for many people with mental health problems. They provide a place to go, people to see and something to do. However, they have often not been successful at reaching a wide range of people or enabling them to move on and access resources beyond mental health services.

Many services, which have historically provided both segregated activities and a safe social environment, are now focused much more on supporting people to engage with their local community and the resources and activities within it. This means that the term 'day services' has become somewhat misleading as activities may take place in the evenings as well as during the day, and are often very different in nature from those that people expect a day service to offer. Indeed many day services have re-named themselves as 'community support' or 'community resource' services in recognition of their changed role.

NSIP has led the work on modernisation of day services with the publication, in February 2006,⁵ of commissioning guidance on day services for people with mental health problems. It sets out the components that a modernised day service could incorporate and explained how commissioners could work towards them. This guidance was linked to the Department of Health publication 'Supporting Women into the Mainstream'.⁶ Eighteen months later a review of services⁷ was carried out to provide a snapshot of progress against the criteria in the commissioning guidance. The review identified where improvement had been made, highlighted common issues and the approaches to addressing them and provided examples of good practice.

*"Having more things in my life has given me the reason to be more independent."*⁸

So far, the modernisation agenda has been primarily focused on resources for providers and commissioners. In response, NSIP produced 'How will my newly redesigned day service help me?'⁹ a booklet specifically for people using day services that are facing changes to how they are run.

Day services have also been concerned with working out how to measure and demonstrate socially inclusive outcomes. To address this we produced a Day Services Outcomes Framework.¹⁰ Reflecting the different life domains and functions of mental health day services, it aims to help commissioners and providers to monitor, evaluate and measure the effectiveness of services for people with mental health problems using a number of indicators. The framework was tested in several day services across England during 2008. As a result of this work, and responding to proposals that the framework be widened out beyond day services,¹¹ we have identified the need for an outcome measurement tool, which is currently in development and which will be published in spring 2009.

In providing leadership on day services modernisation, NSIP has promoted a role for services to facilitate peer support for others who have shared similar experiences. We have encouraged the development of user-run day services and the use of peer support and co-productive approaches in day service delivery.

blueSCI

blueSCI, Trafford, is an arts and cultural centre that addresses segregation by opening its doors to a range of mainstream organisations and the general public. Alongside blueSCI's reception sits a well-equipped internet café, which is open to everyone in the local community to use. By arrangement, anyone can also use the professionally equipped music studio downstairs. The inclusive approach at blueSCI extends to mainstream local organisations as well, with several partners including Jobcentre Plus, Trafford College and a local housing association. In addition to this, a wide range of community organisations regularly run sessions within the building. www.bluesci.org.uk

However, challenges within the modernisation agenda remain. Anxiety about change is common amongst people who use services but it is also felt by day services staff themselves and provider organisations. It can sometimes be difficult for services to develop a more appropriate balance of provision that involves both peer support and support to engage with wider communities. This is particularly challenging if commissioners and providers are not assisted to achieve this goal. Many have felt isolated and value contact with others who have shared some of their experiences and from whom they can learn.

In order to address this, we have established a Day Services Modernisation Network. This collaboration, the first in which large voluntary sector agencies have worked together on this agenda, brings together Rethink, Richmond Fellowship and Mind with NSIP, to provide a discussion and learning forum on day services modernisation for senior managers in voluntary and statutory sector provider and commissioning organisations. A further learning and information network has been put in place to support the dissemination of key messages and resources. This wider network comprises some 600 people working on day service modernisation, including more than 80 commissioners.

DIRECT PAYMENTS AND PERSONALISATION

Direct Payments are known to offer people with mental health problems greater flexibility about their own support arrangements and the means by which they can be met. In particular, Direct Payments can enable them to more easily access mainstream services, helping to promote independence and greater inclusion in local communities by offering opportunities for employment, education and leisure. However, take up in previous years has been low (see below).

The SEU report¹² recognised that giving people greater choice and control over the way in which they received services and support, particularly through the mechanism of Direct Payments, was an important way to combat exclusion. In response to this, NSIP oversaw the development and publication of 'Direct payments for people with mental health problems: A guide to action' in February 2006.¹³ It set out good practice in making Direct Payments more accessible to people with mental health problems and encouraged local authorities, PCTs, mental health trusts and non-statutory providers of mental health services to make Direct Payments a standard option within mental health services.

This was then followed by an additional publication,¹⁴ which set out specific information for people eligible to use mental health services, and carers. It was compiled with the support of people and organisations involved in mental health services and a wide range of Direct Payments activity. NSIP has also been involved in training and development activity at more than 40 training events and forums including people who use mental health services, carers, Direct Payments support staff and commissioners.

"More than anything Direct Payments has given me choices and has helped no end with social inclusion. My companion has introduced me to new friends and

*I am finding it far easier to socialise with people, my family have also noticed that my social skills are improving all of the time. I would not hesitate in recommending Direct Payments to other service users, Direct Payments opens doors and improves lives."*¹⁵

Over the past four years there has been a sustained increase in the numbers of people using Direct Payments in lieu of mental health services. The most recent figures for March 2008¹⁶ show a 62% increase over the previous year taking the number to a total of 3,373, with only four local authorities not making any payments. This compares very favourably to the 520 made at September 2004, when one-third of all local authorities in England were not making any. The findings from the recent Individual Budgets pilots¹⁷ have shown that people with mental health problems had the greatest increases in both social care and psychological wellbeing outcomes, with 71% choosing Direct Payments as the way to manage their money.

'IS IT FOR ME?' AND 'I'LL GIVE IT A GO'

The 'Is it for Me?' and 'I'll give it a go' project combines basic skills learning with the opportunity to consider Direct Payments as a support option. This training resource is now being disseminated nationally. It recognises the importance of Direct Payments as a means of developing 'self-directed support' and thereby reflects the significance of Direct Payments as a contribution to policy developments in 'personalisation'.

The Department of Health has indicated that it considers mental health services to be suitable for initial work on Personal Health Budgets. NSIP is already working with the related 'Staying in Control' initiative that provides support to the PCTs and local authorities which have selected mental health as an area for the introduction of Personal Health Budgets alongside social care Personal Budgets.

Integrating our work on Direct Payments within the Department of Health's personalisation agenda has led to a range of initiatives, notably the production of a guide to implementation of Personal Budgets within mental health services, and to support this a DVD reflecting the experiences of those using Personal Budgets in mental health. Also, in partnership with the North West development centre and 'In Control' (a national programme to increase the control exercised by people who need support over their own lives and fulfil their

roles as citizens) we developed and now maintain the national mental health and personalisation group. NSIP's employment, housing and personalisation policy leads have worked with 'In Control' as part of the broader discussion on how best to achieve integration of work on personalisation with that of inclusion.

Additionally, NSIP has played an important role in reviewing the exclusion criteria for Direct Payments, including those that relate to certain sections under the Mental Health Act. This issue has recently been consulted upon and the findings are due to be published in 2009.

However, some challenges remain. The roll out of Individual Budgets should take account of the lessons learned from the implementation of Direct Payments for people with mental health problems, otherwise the risk is that their low take up will be repeated and people with mental health problems will be further excluded.

The personalisation agenda should work to ensure that support is available to enable people with mental health problems to exercise more choice and experience greater dignity.

FAMILIES AND CARERS

Parental mental health problems can have a significant impact on families, both in terms of a parent's wellbeing and family life overall.

The 'Action 16' steering group was set up to oversee the implementation of action 16 of the SEU report¹⁸ and was jointly led by NSIP and the Social Care Institute of Excellence (SCIE). Its broad membership included a range of government departments, voluntary and third sector organisations and PCTs. The group modelled joint working across children's and adults' services and helped build the impetus to support joined-up thinking and approaches at a national level. The cross-cutting nature of social inclusion policy supported this approach and the diverse, informed membership combined the skills and the overview necessary to bridge the divide between children's and adults' policy and services. It also provided a mechanism for reducing duplication and adding value to other work streams, including the Care Programme Approach review.¹⁹

The relationship with SCIE has also been of critical importance. SCIE led the three-year research and development programme on parental mental health and child welfare, now nearing completion with the production of cross-cutting health and social care practice guidance due for publication spring 2009.

PARENTS IN HOSPITAL

This review of contact arrangements between parents in mental health settings and their children identifies the need to improve visiting arrangements and facilities, and the support offered to parents. The findings draw on data from Mental Health Act Commission visits, hospital staff and importantly, parents and children themselves.

www.barnardos.org.uk

NSIP also contributed to the Cabinet Office's cross-government Families at Risk Review,²⁰ which found that families often do not get the most effective support when they need it most and that when parents face a number of difficulties in their own lives, such as mental health problems, the impact for both themselves and for their children can be severe and enduring.

*"You want your mum when she's ill, especially when you're just a kid."*²¹

The experience of the 'Action 16' partnership shows us that involving children, young people and their parents who 'tell it like it is' is crucial to understanding the needs of families, identifying service improvement issues and motivating and raising awareness amongst providers and policy makers. The challenge to services is fundamentally one of listening actively to the stories and experiences of all family members including children and young people.

TRANSPORT

Without appropriate and accessible transport people with mental health problems are at risk of being further excluded from a range of community opportunities.

The early implementation phase of the SEU report²² has seen mental health included within the 2004 Department for Transport's 'Technical Guidance on Accessibility Planning in Local Transport Plans'. In response, Local Transport Authorities (LTAs) included accessibility strategies within their Local Transport Plans in March 2006. Regionally, good practice has been identified in the West Midlands by the CENTRO authority area (Birmingham, Solihull, Coventry, Walsall, Wolverhampton, Sandwell and Dudley).

A review of concessionary travel has also been undertaken by the Department for Transport resulting in the Concessionary Bus Travel Act 2007²³ and accompanying guidance.²⁴ However, further work needs to be carried out in relation to the review to ensure greater consistency in embedding the eligibility criteria

across all local authorities so that people with mental health problems are not further excluded.

'ALL ABOARD' PROJECT

The 'All Aboard' project with Birmingham and Solihull Mental Health NHS Foundation Trust has incorporated the development of a DVD for train and bus drivers, information road shows at Trust locations and work with Community Safety Teams. People with mental health problems were identified as a target group to benefit from the Accessibility Plan (by focusing on the needs of those using mental health facilities) and addressing these specific needs within the Local Transport Plan.

At a local level, we also recognise that more needs to be done so that services can develop and maintain partnerships with travel providers to ensure that the right information about public transport is available and that any future policy development does not impact negatively on people with mental health problems.

CIVIC PARTICIPATION

Civic participation is key to enabling people to engage within their own community. With Communities and Local Government (and previously the Home Office) identifying community engagement as a priority, it has been essential to ensure that the policy development process represents the needs of people who are on the margins of active citizenship. NSIP worked with these departments, the (then) Disability Rights Commission and organisations such as RADAR to ensure the inclusion of people otherwise excluded because of discrimination from civic opportunities. As a result, 'Together We Can', the government strategy on community engagement now addresses the risk of people with mental health problems being excluded from local civic structures. NSIP has continued to influence the preparatory processes behind the forthcoming Community Empowerment Bill.

Following identification by the SEU of certain institutional areas of civic participation from which people with mental health problems were being systematically excluded, such as jury service and school governance, NSIP has worked with relevant agencies to pursue the removal of constitutional barriers. This includes contributing to the development of a consultation on jury service eligibility criteria (publication expected 2009). We have also seen the revision of school governance regulations which clarify the disqualification criteria on

mental health grounds. This has been published on GovernorNet²⁵ but more needs to be done to raise awareness of the revision with Local Education Authorities and to promote the positive contribution that people with mental health problems can make to civic institutions.

CRIMINAL JUSTICE SYSTEM

NSIP has overseen the completion of several of the criminal justice action points from the SEU report but there have been many challenges in this area which have impacted on the successful implementation of these action points such as the mental health awareness training for probation and police officers. These challenges include the division of duties between the Home Office and Ministry of Justice in May 2007, the merging of strategy across prison health, offender health and community pathways throughout 2007/08 and the amalgamation of the police training organisation CENTREX with the National Police Improvement Agency.

Furthermore, the Bradley Review, on the treatment of people with severe mental health problems in the criminal justice system (expected spring 2009), is likely to set a new strategic direction. This should provide the opportunity for those working in criminal justice agencies to become knowledgeable of the needs of people with mental health problems and how to respond to them.

'COMMUNITIES OF INFLUENCE' PROGRAMME

*"The Communities of Influence programme has been a shared journey of discovery with other Trusts."*²⁶

The creation of Mental Health Foundation Trusts provided different opportunities for influencing social inclusion outcomes across trusts and communities. This is a result of constitutional changes to allow for the appointment of governors and members from wider mainstream community audiences. In response, NSIP has created the 'Communities of Influence' programme in partnership with the Pacesetters programme in the Department of Health's Equalities and Human Rights Group and the University of Central Lancashire (UCLan).

The programme seeks to enable Foundation Trusts to engage with and lead their governors and members in building the capacity of mainstream organisations required to strengthen socially inclusive outcomes. It involves trusts enabling their local communities to become effective in securing and sustaining the social inclusion of their fellow citizens with significant mental health problems. There are currently 14 Foundation Trusts in the practice network within 'Communities of Influence'.

The project, running initially until April 2009, consists of an action learning set, followed by a series of trust-based development activities to identify and share innovative practice, tailored to each site. A final national conference in April will review what has been achieved and showcase how social inclusion and community engagement plans are to be embedded into the Trusts' corporate goals.

CONCLUSION AND PROPOSED FUTURE ACTION

NSIP's day service modernisation networks represent the most comprehensive picture of mental health day services and the most effective context for supporting the development, available. It is important that they are supported to continue to provide a platform for shared learning and the modernisation agenda. Commissioners and providers sometimes struggle at a local level to make the necessary changes to day services, and there is very little in the way of expert support available to help them do this. Hands on support in relation to both the modernisation process and the development of modernised services would be welcomed and would help increase the chances of effective change happening. There is also a need for research into the new approaches to delivering day services to demonstrate their effectiveness and the outcomes achieved.

The revised social inclusion outcome framework²⁷ and the accompanying outcome measurement tool will give commissioners and providers the opportunity to use and embed it within service specifications and contracts across and beyond the range of mental health services. There is the potential for findings to be pooled and compared to provide benchmarking data, but this would require the allocation of necessary resource.

Identification and assessment processes of parental and family support have improved and many innovative arrangements between services are being developed to help to ensure better access support for affected families. However, this is challenging, as working across systems can be complex so we recommend that this area of policy remains a priority for future activity.

NSIP has worked across departmental boundaries to promote systems and practices through which people with mental health problems can participate and contribute equitably as active citizens to the civic life of their community. We have tried to do this by influencing the development of policy beyond mental health so that it connects appropriately back to it. As localisation and the empowerment of diverse communities become

more central to government policy, so the development of inclusion practice will need to reflect and inform that policy, promoting and connecting inclusive communities with scope for active citizenship and progressive social networks.

To support the development of community engagement by participating Foundation Trusts, a certificate course in Community Engagement, Mental Health and Social Inclusion will be developed at UCLan for governors, members and relevant staff in Foundation Trusts who join the 'Communities of Influence' network.

- 5 Department of Health, 2006, *From segregation to inclusion: Commissioning guidance on day services for people with mental health problems.*
- 6 Department of Health, 2006, *Supporting Women into the Mainstream: Commissioning Women-only Community Day Services.*
- 7 Department of Health, 2008, *From segregation to inclusion: where are we now? A review of progress towards the implementation of the mental health day services commissioning guidance.*
- 8 NSIP, 2008, *How will my newly redesigned day service help me?* socialinclusion.org.uk/publications/DayServicesLeaflet.pdf
- 9 Ibid.
- 10 NSIP, 2007, *Outcomes Framework for Mental Health Day Services.* socialinclusion.org.uk/publications/DSdoccover.1.pdf
- 11 NSIP, 2009, *Outcomes Framework for Mental Health Services.* www.socialinclusion.org.uk/home/index.php
- 12 Social Exclusion Unit, op. cit., 2004.
- 13 Department of Health, 2006, *Direct payments for people with mental health problems: A guide to action.*
- 14 Department of Health, 2006, *An introduction to direct payments in mental health services: Information for people eligible to use mental health services and carers.*
- 15 Ibid.
- 16 Commission for Social Care Inspectorate, 2009, *The state of social care in England 2007–08.*
- 17 Individual Budgets Evaluation Network (IBSEN), 2008, *Evaluation of the Individual Budgets Pilot Programme Final Report.* The copyright is held by Social Policy Research Unit, University of York.
- 18 Social Exclusion Unit, op. cit., 2004.
- 19 Department of Health, 2008, *Refocusing the Care Programme Approach: Policy and Positive Practice Guidance.*
- 20 Cabinet Office, 2007, *Reaching out: Think Family.*
- 21 Barnardos, 2007, *Parents in Hospital: How mental health services can best provide family contact when a parent is in hospital.*
- 22 Social Exclusion Unit op. cit., 2004.
- 23 Department for Transport, 2007, *Concessionary Bus Travel Act 2007.*
- 24 Department for Transport, 2008, *Guidance for local authorities on eligibility for disabled people.*
- 25 www.governmet.co.uk
- 26 Leeds Partnership NHS Foundation Trust
- 27 NSIP, op. cit., 2009

EMPLOYMENT

VISION

Everybody should be helped to be the best they can and those who want, and are able, to work should receive the right support to achieve their employment aspirations. Our vision is that:

- Employers are supported to feel confident in recruiting and retaining people with mental health problems and recognise the commercial benefits of promoting mentally healthy workplaces.
- Employers have positive attitudes and high expectations of what people can do, rather than focusing on what people cannot do.
- It is recognised that people with mental health problems are just as capable as other employees and can effectively contribute to business objectives.
- Robust local mechanisms and partnerships support individuals to consider and prepare for work and improve their access to employment opportunities.
- Strong links exist between employment and both volunteering and learning and skills as important steps to obtaining and sustaining employment.

PROGRESS SINCE 2004

“Work helped me to piece my life back together again.”²⁸

Most people with mental health problems want to work²⁹ and with the right support, many more would be able to achieve their employment aspirations. There is strong evidence³⁰ to suggest that a job or another form of occupation is highly effective in improving wellbeing and social inclusion.

COMMISSIONING GUIDANCE

In response to the SEU report,³¹ NSIP has published commissioning guidance on vocational services for people with severe mental health problems.³² It highlights how important being in work is in both maintaining good mental health and promoting the recovery and wellbeing of those who have experienced mental health problems. The guidance provides a framework on how to commission evidence-based vocational services and highlights tools for monitoring the effectiveness of such services. It also includes methods that successfully address the employment needs of people with severe mental health problems, one of which is the ‘Individual Placement and Support’ (IPS) model.

INDIVIDUAL PLACEMENT AND SUPPORT

The ‘Individual Placement and Support’ (IPS) model is based on joining up services in order to deliver tailored support. The approach involves assessing a person’s vocational skills and preferences relatively quickly and then placing them in employment settings that are consistent with their abilities and interests and where they can develop their skills in the work environment whilst getting ongoing support. If needed, support is also given to the employer and individual in the workplace to ensure maintenance of the placement.

At a regional level, we have delivered a number of workshops on the commissioning guidance to a broad range of practitioners working in employment and mental health services. They focused on progress since the guidance was published, resolving tensions and developing regional strategies to meet the vocational needs of people with mental health problems. The workshops stimulated the formation of local networks where improvement targets can be set and monitored over time, and have helped staff to clarify local service delivery chains. This has led to improved employment outcomes, the development of local action plans and a reallocation of resources into the employment agenda.

To further demonstrate how to develop effective vocational services we have also published ‘Finding and Keeping Work’,³³ to support positive employment outcomes for people with mental health problems.

DEVELOPING EMPLOYMENT POLICY

Nationally, NSIP has supported a number of strategic developments on mental health and employment. This includes supporting the Department of Health and the Cabinet Office on development of the Public Service Agreement (PSA) 16, which sets out a direction of travel for increasing the proportion of socially excluded adults in settled accommodation and employment. The national level indicator 150³⁴ is the proportion of adults in contact with secondary mental health services who are in employment. PSA 16 in relation to housing is also discussed in Chapter 4.

NSIP has worked with government colleagues on the response to Dame Carol Black’s report ‘Working for a healthier tomorrow’³⁵ and supported the development of the National Mental Health and Employment Strategy³⁶ (due spring 2009). We have also helped to establish the cross-government group on mental health and employment to which subsequently we have made significant contributions. Key aspects of this work involve effecting cultural change on mental health and employment, increasing awareness and take up of available services and improving training for a broad range of intermediaries and organisations. To achieve this we have developed several training resources, including one for intermediaries on how to best work with employers on mental health problems, as well as resources for line managers and for trade union representatives.

REGIONAL EMPLOYMENT TEAMS (RETS)

In 2006 the Cabinet Office published ‘Reaching Out: An Action Plan on Social Exclusion’³⁷ which outlined the government’s strategy for targeting effective help at the most excluded groups in society. Working through an NSIP secondee to the Prime Minister’s Strategy Unit, we supported development of action point 23,³⁸ on improving employment outcomes for people with severe mental health problems through developing dedicated regional employment teams (RETs) to promote good practice and have since been responsible for establishing and leading these teams. These nine RETs over the ensuing two years, have formed partnerships that encourage a coordinated and coherent effort among key regional stakeholders such as Jobcentre Plus, Government Offices, Regional Development Agencies and Learning and Skills Councils, as well as health professionals and the voluntary sector. A significant

aspect of this effort has entailed working with localities to improve employment outcomes with a particular focus on supporting the mental health employment target in PSA 16. To date, this has been effectively achieved; improved practice being promoted by more effective joined-up working between partners.

RETs have also supported local authorities to do more to advance employment opportunities for people with mental health problems with a particular emphasis on those districts that have adopted National Indicator 150. Activities undertaken by the regional partnerships include:

- Working strategically within partnerships to raise awareness of the need to deliver holistic services.
- Building capacity in health systems to deliver increased employment opportunities.
- Supporting and promoting activity that allows individuals to increase capacity for obtaining and retaining employment, such as the development of structured volunteering arrangements.
- Working to reduce stigma and discrimination, especially in the workplace setting, such as supporting the expansion of Mindful Employer³⁹ and Shift's 'Line Managers' web resource'.⁴⁰
- Promoting activity aimed at maintaining a mentally healthy workforce. This includes supporting the increase in people being trained on Mental Health First Aid⁴¹ and supporting the expansion of recommended frameworks such as the Health and Safety Executive 'Stress Management' standards.⁴²

In addition to exploring links between national policies and regional and local actions to overcome barriers, the RETs have also looked at how best to influence existing and developing policies and strategies, such as the City Strategy Initiative,⁴³ the roll out of Pathways to Work and Increasing Access to Psychological Therapies.⁴⁴

EMPLOYERS

*"A successful return to work following an episode of mental illness is possible, but it has to be managed well – long-term recovery is not an accident. Good employers will take 'return to work' practice seriously and encourage a staged and supportive – even protected return to work. Part-time work, for a time can be a wonderful investment for long-term good health."*⁴⁵

In addition to our high level strategic work on employment, we have also been working closely to

support employers and raise awareness and understanding of mental health in the workplace by developing and delivering, for example, a training package for trade union representatives. We have established an Employer Engagement Network to share thinking and best practice on how to support employers in the employment and retention of people with mental health problems. The network has a membership of more than 60 organisations including a range of government departments, practitioners and academics. One output has been that of hosted workshops on key and developing policy issues such as how best to adapt and make the 'Access to Work' programme more flexible to help many more people with a mental health problem to remain at work.

ROYAL MAIL

The Royal Mail is the UK's second largest employer after the NHS. NSIP is working in partnership with Royal Mail to promote the employment opportunities of people with mental health problems, to support health-promoting initiatives within the workplace and in challenging discrimination.

The RET partnerships have also increased organisational capacity in the regions. They have supported the NHS and public sector organisations to become 'Exemplar Employers' of people with mental health problems. This has encouraged PCTs and Mental Health Trusts to consider greater volunteering and employment initiatives within their organisations, and enabled trusts to consider how the Care Programme Approach (CPA) process and its outcome measurement tools can increase the proportion of people who wish to (re) gain employment.

TRAINING

Ensuring that frontline staff are appropriately trained is fundamental to improving employment opportunities for people with mental health problems. NSIP has worked with a wide range of stakeholders to develop a mental health awareness training package for trade union representatives. The training package was piloted during 2007/08, and was followed by the delivery of training events across several regions. The training has been embraced by a wide range of unions, including Unite, Public and Commercial Services (PCS), Prospect and Unison and has been delivered to more than 100 representatives.

NSIP has also met with Jobcentre Plus on how to improve the quality of their customer service and

employment support that people with mental health problems receive. This led to us working with Jobcentre Plus training experts to develop a training module on mental health and employment awareness, which has now been formally adopted. We are also working to finalise a training product for engaging and working with employers on mental health problems.

INCOME, BENEFITS AND THE WELFARE SYSTEM

Since 2004, NSIP has supported changes to the Incapacity Benefit linking rules so that returning to work and the claiming of benefits is more flexible and supportive for people with mental health problems. We have also been instrumental in securing some positive changes to the welfare benefits system.

BENEFITS DOWN-RATING

In 2004, building on a lengthy existing campaign by Derbyshire Patients' Council and Mind, we worked with ministers and senior officials to highlight issues concerning the impact of benefit down-rating for people with long-term hospital stays. This resulted in the end of 'down-rating', securing improvements in the lives of 21,000 people, to the value of £60 million.

NSIP has sought clarification of guidance for voluntary work, which now makes it clear that individuals can be reimbursed for travel and meal expenses without it affecting their entitlement to benefits.

We welcome Employment and Support Allowance as a move towards a simpler benefits system which recognises that some people need additional support. It also encourages and supports those who can return to work to do so. The extension of the Permitted Work rules (PWRs) within Employment and Support Allowance to apply equally to both income-based and contribution-based claimants enables more people to access employment at a pace that suits them.

NSIP's position on PWRs has also challenged the inequality that exists for people on different types of benefits. We have set out what needs to be done with the Department for Work and Pensions so that PWRs act as an enabler for people with mental health problems trying to return to work.

REMAINING CHALLENGES

Over the last few years there has been an increasing amount of health, employment and wider support available to employers and people with disabilities, but despite an overall improvement in the disability

employment rate, people with mental health problems have not benefited as much as other groups. Specifically, there has been little change in the very low employment levels for people with more severe mental health problems.

Improving employment rates for people with mental health problems requires progress on a number of fronts. Individuals may require more specialised and sustained support to ensure that work becomes, or remains an achievable goal. This support should take into account a range of issues, such as low levels of skills or confidence, debt, caring responsibilities and/or other household circumstances. In addition, the attitudes and perceptions of carers, health professionals and families can be unhelpful and stigma and discrimination is still an important issue.

Underpinning many of these challenges is the need for more extensive research to develop the evidence base to build and promote a strong case for the employment of people with mental health problems. This will ensure that individuals and employers can quickly access appropriate help and support whenever they need it. For services to be more effective and better utilised, they should meet a wide range of need, be joined-up, simple to access and show the benefits of adopting best practice and delivering tailored support. It is equally important to promote knowledge as to how providers can develop effective employment services and staff skills.

Concerns remain about Employment and Support Allowance as it currently stands, in respect of the disparity within the benefit for those who have previously paid contributions and those who have not. It is important that Employment and Support Allowance continues to be evaluated to ensure that it meets the needs of those with mental health problems.

CONCLUSION AND PROPOSED FUTURE ACTION

Whilst Individual Placement and Support is an effective structured approach to securing sustainable employment, we recognise that it does not always work for everyone, and that for some work is not an immediate option. It will therefore be important to consider what a suite of provision might contain and ensure that appropriate systems and services are in place in each area to meet the needs of individuals.

It is important to build upon the momentum created by the RETs since this has provided a coordinated approach to secure better employment outcomes for people with severe and enduring mental health problems and meet expectations of PSA 16.

The need to deliver holistic support is even more critical in the current economic downturn when the number of people experiencing poor mental health is likely to increase and when more people may become at risk of long-term unemployment. The challenge will be to demonstrate how the national mental health and employment strategy will help change attitudes, assist the development of an evidence base and promote the creation of a comprehensive range of mainstream and specialised information and support which assists access to, and retention of, good employment opportunities.

- 28 Department of Health, 2006, *Action on Stigma: promoting mental health, ending discrimination at work*.
- 29 Within the Patient Survey (Healthcare Commission, 2005), 52% of respondents said they had not received any help with finding work but would have liked it.
- 30 W Anthony, A Howell and KS Danley, 'Vocational Rehabilitation of the Psychiatrically Disabled' in M Mirabi (ed.), *The Chronically Mentally ill: Research and Services*, (Jamaica/New York, Spectrum Publications, 1984); G Shepherd, 'The Value of Work in the 1980s', *Psychiatric Bulletin*, 13 (1989): 231–233.
- 31 Social Exclusion Unit, op. cit., 2004.
- 32 Department of Health/NSIP, 2006, *Vocational services for people with severe mental health problems: Commissioning guidance*.
- 33 NSIP, 2008, *Finding and Keeping Work*. www.socialinclusion.org.uk/publications/Toward_a_MH_employment_strategy_revised_after%20repairs.pdf
- 34 The national indicators are the means of measuring national priorities that have been agreed by government.
- 35 Dame Carol Black, 2008, *Review of the health of Britain's working age population. Working for a healthier tomorrow*.
- 36 For the announcement of the development of the national mental health and employment strategy see: www.dwp.gov.uk/mediacentre/pressreleases/2007/nov/drc057-271107.asp
- 37 Cabinet Office, op. cit., 2006.
- 38 Action 23 reads "Building on current guidance and legislation, the Government will develop dedicated regional teams to provide further support for the implementation of good practice around employment of those with severe mental health problems."
- 39 The Mindful Employer initiative is aimed at increasing awareness of mental health at work and providing support for businesses in recruiting and retaining staff. See website www.mindfulemployer.net/
- 40 See Shift's line managers' web resource site: www.shift.org.uk/employers/
- 41 www.mentalhealthfirstaid.csip.org.uk/
- 42 See the Health and Safety Executive stress website: www.hse.gov.uk/stress/index.htm
- 43 See Department for Work and Pensions' announcement: www.dwp.gov.uk/welfare-reform/cities_strategy.asp
- 44 For information on Increasing Access to Psychological Therapies see: www.iapt.nhs.uk/
- 45 Department of Health, op. cit., 2006

LEARNING AND SKILLS

VISION

People with mental health problems, by accessing learning and skills provision, should be able to lead active and fulfilling lives as part of their communities and in employment, in a way that sustains mental wellbeing. Our vision is that:

- Learners with mental health problems have equal access to the full range and diversity of learning opportunities in their area.
- Learners take a valued and active part in their education and progress towards their goals in life and work.
- Collaboration and partnership working with key stakeholders, including learners with mental health problems, ensure that holistic packages of provision meet learners' learning, skills, employment and mental health needs.

PROGRESS SINCE 2004

“Adult learning has enabled me for the first time to have goals that I know, with effort and work, I can achieve.”⁴⁶

We know that involvement in learning can often have a positive impact on a person’s mental health. In addition to acquiring new skills, learning can promote confidence, build resilience to stress and give people a greater sense of purpose. It enables people to meet other students and make new friends, and can lead to getting back into employment or finding a better job.

As employers demand and need an increasingly skilled workforce, taking up opportunities to participate in learning as a route to employment and learning opportunities at work is becoming more important, particularly at a time of economic downturn. Ensuring that learning and training opportunities support progression to employment and prospects for getting on in the workplace have been key elements of the work that NSIP carries out through the learning and skills work stream.

There has been considerable progress since the publication of the SEU report⁴⁷ in understanding the learning needs of, and improving the levels of support available to, people with mental health problems who want to learn.

CARE PROGRAMME APPROACH (CPA) SOCIAL INCLUSION PROJECT

In the East Midlands, work funded by NSIP with support from the Learning and Skills Council (LSC) led to a baseline being set for educational attainment for people on the enhanced Care Programme Approach (CPA) not educated to level 2, which is often seen as the key indicator for employers on employability. The research⁴⁸ highlighted the level of educational disadvantage experienced by many people with mental health problems, and how this compounds the disadvantages that they already face in the labour market.

“This course has allowed me to get to grips with my new early rises at 8am, my laundry, my shopping and meal arrangements, and begin to learn about the importance of saving my money for a flat... I can still go on and do a university course. Only now I have a little more experience of being in education again. I also have living skills.”⁴⁹

PARTNERSHIP PROGRAMME

A Partnership Programme between NSIP, the National Institute of Adult Continuing Education (NIACE) and the

Learning and Skills Council (LSC) has allowed us to make an impact on the Further Education system and to create a body of work that will have a positive effect on the social inclusion of people with mental health problems and leave an enduring legacy.

An LSC Task Group has been set up to oversee and advise on the work of the Partnership Programme whose membership includes the Department for Children, Schools and Families; the Department for Innovation, Universities and Skills; the Department of Health and the Department for Work and Pensions; the Employers’ Federation; learners with mental health problems and the voluntary sector.

NSIP contributed to the 2008 follow up strategy ‘refresh’ to the LSC’s 2006 ‘Improving services to people with mental health difficulties’.⁵⁰ This provides a renewed vision promoting the social and economic inclusion of people with mental health problems through improved access to and success in learning and skills. The final strategy will be launched March 2009 and will incorporate an action plan to 2015 that will help safeguard the interests of learners.

The Partnership Programme has successfully changed the climate of support for learners within the LSC. At a national and strategic level the programme has consistently advocated for learners with mental health problems and through it, we have also built the capacity of providers to better meet learners’ needs by developing resources, good practice guides and a quarterly newsletter.

NSIP has developed learning resources to support progression into learning and work, such as the ‘Really Useful Book of Learning and Earning’.⁵¹ New procedures and forums have been created to allow greater involvement of learners with mental health problems in the development of policy and practice for better education and training provision. We have also successfully encouraged the LSC and other learning providers to sign up to be ‘Mindful Employers’ to support them in their role as an exemplar public sector employer.

Regional Project Officers lead the regional implementation of the Partnership Programme, with great effect, resulting in major improvement in our working relationships with each regional LSC. These posts are crucial if we are to ensure national strategy is implemented regionally, that it impacts on providers and consolidates collaborative working with the Regional Employment Team leads.

'FAST TRACK' SCHEME

In Portsmouth, the PCT's Early Intervention Team secured funding from the LSC and developed a partnership with local colleges for a 'fast track' scheme for clients into Further Education with some excellent outcomes, such as 'Back on Track', a project tailored to meet the vocational needs of young people with mental health problems.

COLLABORATIVE WORKING

We have undertaken a range of projects, including the 'Is it for me?' initiative, which is described in more detail in chapter 1. We have also encouraged better collaborative working between Early Intervention in Psychosis Services and Child and Adolescent Mental Health Services to ensure that young people experiencing mental health problems are supported to remain in education, training and employment.

All of the work we carry out at national and regional level is informed by a co-productive process of sustained dialogue between policy makers, practitioners and learners. Through the dissemination of information and the sharing of good practice, policy informs practice but the voice of the practitioner and the learner clearly informs policy across government and sectors.

REMAINING CHALLENGES

The continued drive within the Further Education system towards targets on the number of learners achieving qualifications of level 2 and above has led to a loss of the non-accredited and lower level courses in the sector that have often been the first step into learning for many people with mental health problems. Funding for adult education has also been increasingly directed towards work-based learning, yet low take up of these opportunities by people with mental health problems continues to be problematic.

The end of the LSC in 2010 as the primary funder of this programme of work and the establishment of two new agencies to take its place presents many challenges in ensuring the continuation of the work of the Partnership Programme.

CONCLUSION AND PROPOSED FUTURE ACTION

To work towards our vision of learners with mental health problems leading fulfilling lives, we want to safeguard their interests within the structures of the LSC's successor organisations. The LSC's action plan should highlight the need to manage that transition to the new agencies and to the new requirements placed on local government.

Within the action plan, the Partnership Programme will need to continue to build on successes and, in particular, to drive further development of the work that has already begun to improve learning and skills opportunities for young people, aim to inform the work of the Integrated Employment and Skills Service, carry out a review of learning and skills within Forensic Services and Secure Units, take a more proactive approach to being an exemplar employer and continue to develop the capacity of the learning and skills workforce.

46 NIACE/NSIP, 2008, *The Really Useful Book of Learning and Earning*.

47 Social Exclusion Unit, op. cit., 2004.

48 V Utting and C Law, 2008, *East Midlands Care Programme Approach (CPA) Social Inclusion Project, Final Report*, NIACE downloadable from www.niace.org.uk/mentalhealth/docs/EM/EM-CPA-project-final-report.pdf

49 Ibid

50 Learning and Skills Council, 2006, *Improving Services for People with Mental Health Difficulties*.

51 NIACE/NSIP, op. cit., 2008.

HOUSING

VISION

Stable and appropriate housing is important if people with mental health problems are to work and take part in community life. Being able to live independently is equally important to creating a socially inclusive community.

Our vision is that:

- People with mental health problems have a place to live that provides a sense of well-being, belonging and continuity.
- Effective joint working between specialist and mainstream housing, health and social care agencies improves outcomes.
- The barriers to flexible choice are removed.
- Reliance on specialist accommodation and services is reduced.
- Commissioning of services meet people's needs in a holistic way and is effectively integrated.

PROGRESS SINCE 2004

*"We need our independence and we want support only when we need it, but we still want to be safe and secure."*⁵²

Since the SEU report,⁵³ NSIP has coordinated implementation of the action points on rent arrears management to reduce non-payment and evictions, leading to the publication of 'Improving the effectiveness of rent arrears management',⁵⁴ and local authority allocations schemes which resulted in 'Implementing and Developing Choice Based Lettings: A guide to key issues'.⁵⁵

Following on from these, we produced mental health-specific briefing documents for housing, health and social care staff on rent arrears management⁵⁶ and Choice Based Lettings⁵⁷ to encourage better joint working between services and increase support for people with mental health problems to improve their housing situation. This has helped prevent evictions and improve opportunities to achieve independent living.

NSIP has also coordinated the SEU report's actions on homelessness. This includes the revision of the Code of Guidance for local authorities which set out revised definitions of those in priority need of housing.⁵⁸ We also worked with the NIMHE/CSIP regional development centres on a series of events to engage staff and people using local homelessness services in the research process to inform the development of 'Getting Through: Access to mental health services for people who are homeless or living in temporary or insecure accommodation: A good practice guide'.⁵⁹

To help drive progress forward, NSIP has brought together key government departments, housing agencies and stakeholders into a national Housing Reference Group. The group's role has shifted on from advising on the production of guidance documents to becoming a flexible resource, consulting and disseminating information on new policy and emerging practice. As a result, we have been able to respond rapidly to and advise on any new housing and mental health developments or initiatives.

NSIP is committed to ensuring that people with mental health problems using housing services are listened to when developing local and national policy. For example, we have coordinated a series of consultation events, working on behalf of, and across health policy areas to gather the views of the wide range of people using services funded by the Supporting People programme, including people with mental health problems, and to feed them into the development of the Supporting People national strategy.⁶⁰

MENTAL HEALTH AND LIAISON OFFICER

Telford PCT and the local authority mental health service jointly fund a post for a Mental Health and Housing Liaison Officer, whose brief has been to foster understanding and co-working between these two sectors at local level. Key activities include coordinating a mental health and housing referral panel that has highlighted unmet need, providing advice to frontline staff, developing a training package for both sectors, and organising two annual conferences to enhance information sharing and networking between local agencies.

We have contributed to the joint Communities and Local Government and Department of Health 'Housing Learning Improvement Network (LIN) guidance' on mental health assessments of those who are homeless or insecurely housed.⁶¹ We have also worked on other Housing LIN initiatives, such as the current review of the Turnbull ruling on Housing Benefit eligibility, the growing role of 'extracare housing', and a study of the experiences of people with mental health problems who have been homeless.

NETWORK FOR CHANGE

Network for Change, a voluntary sector mental health support service in Leicester, is coordinating an action learning set that brings together specialist mental health housing workers and local homelessness and housing resettlement staff with the aim of increasing awareness of mental health and to improve communications between staff in the related agencies. It has demonstrated how to enhance recognition of mental health issues and how to build networks and relationships.

Recognising the importance of the Care Programme Approach (CPA) as a vehicle for promoting social inclusion within secondary services care and support planning, NSIP has contributed to the housing section within the revised CPA guidance,⁶² helping to raise the profile of homelessness and non-secure housing as priority issues for new CPA allocation.

One of the most significant developments concerning housing and mental health since the creation of Supporting People has been the new Public Service Agreement (PSA) 16 to increase the proportion of socially excluded adults in settled accommodation and employment. NSIP has provided expert advice to the Cabinet Office on both housing and mental health but

also on wider social inclusion issues. We have since worked with the Cabinet Office, Communities and Local Government and the Department of Health to secure agreement on the approach to PSA implementation and continue to provide high level input to the regional roll out. This has been done by raising awareness and securing engagement with regional Government Offices and the Cabinet Office. The NSIP Reference Group (consisting of people with mental health problems and carers) has also made an invaluable contribution to the PSA development and delivery process. Chapter 6 explains the role of the Reference Group in more detail.

REMAINING CHALLENGES

Although considerable progress has been made, we have identified a number of potential challenges that will need to be addressed. The SEU report called for mainstreaming of mental health awareness training for all housing staff but this has still not been achieved. We would recommend that all new and existing staff receive mental health awareness training to enable them to respond to people in a supportive and flexible way.

Improved communications are often needed between those working in housing and mental health services to help support people with severe and enduring mental health problems with independent living. However, PSA 16 should raise awareness of the need for cooperation and local performance framework structures, especially the Joint Strategic Needs Assessment, to identify unmet need and less effective coordination of services.

Both the PSA and the CPA guidance stress the need for effective and proactive work with those in secondary care who are, or who become, homeless. Yet there is also work to be done on how to meet the mental health needs of homeless people who are not in contact with secondary mental health care. Here, new approaches may be needed, and Practice-Based Commissioning via primary care could be equally or more suitable.

Greater pooling of resources at a local level will help make sure that services respond flexibly to the needs of their local communities and the development of shared local priorities. However the removal of the 'ring fence' for the Supporting People grant presents risks to local services and commissioning, such as resulting in funding being diverted away from providing much needed supported housing for people with mental health problems.

Major restructuring of the housing regulatory and funding frameworks took place in December 2008 and the creation of entirely new organisations such as the Homes

and Communities Agency and the Tenant Services Authority could bring a risk of the loss of the commitment to housing for the most at risk groups.

Certain challenges remain which may act as barriers to the inclusion of people with mental health problems in mainstream communities. For example most people with mental health problems live in their own homes, but those with higher support needs may still be inappropriately living in residential care. Similarly, a lack of suitable move-on accommodation can result in extended stays in hospital. Also people with mental health problems report that they are likely to be allocated less desirable properties and neighbourhoods, than the general population.

With greater local accountability for all services, including social housing, it is important that people with mental health problems and carers, and mental health services engage in these local debates on the housing that people need.

CONCLUSION AND PROPOSED FUTURE ACTION

Commissioning and system change will require vision and local leadership. We believe such a vision comes not just from managers and commissioners but also frontline staff, carers and people using services themselves.

Housing has become an increasing focus of concern for mental health services and the work of NSIP has been instrumental in converting generalised concern into a set of achievable actions. With the impetus provided first by the Public Service Agreements and also by new work on inequalities, public health and the social determinants of health, we are confident that this work agenda has a solid foundation and will continue to progress.

52 Telecare Services Association, 2008, *Telecare and Telehealth – Centres of Excellence*

53 Social Exclusion Unit op. cit., 2004.

54 Office of the Deputy Prime Minister, 2005, *Improving the Effectiveness of Rent Arrears Management: Good Practice Guidance*.

55 Office of The Deputy Prime Minister, 2005, *Implementing and Developing Choice Based Lettings: A guide to key issues*.

56 NSIP, 2006, *Improving the Effectiveness of Rent Arrears Management for People with Mental Health Problems*. www.socialinclusion.org.uk/publications/Rentarrearsbriefing.pdf

57 NSIP, 2006, *Choice Based Lettings for People with Mental Health Problems A Briefing Guide*. www.socialinclusion.org.uk/publications/NSIP_CBL_briefing.pdf

58 Communities and Local Government, 2006, *Code of Guidance for Local Authorities*.

59 NSIP, Department for Health, Communities and Local Government, 2007, *Getting Through: Access to mental health services for people who are homeless or living in temporary or insecure accommodation: A good practice guide*.

60 Communities and Local Government, 2007, *Independence and Opportunity – Our Strategy for Supporting People*.

61 Communities and Local Government/CSIP Housing Learning and Improvement Network, 2008, *Housing LIN Briefing: Understanding Homelessness and Mental Health*.

62 Department of Health, op. cit., 2008.

ARTS AND CULTURE

VISION

Arts, cultural engagement and community participation are fundamental to the development of socially inclusive society. People with mental health problems should have access to the same diverse range of arts and cultural activity as others in the places where they live. Our vision is that:

- The role that arts and culture play in improving wellbeing, health outcomes and personal identity is recognised and resourced.
- Community and large-scale arts organisations will work with and alongside people with mental health problems, to understand how to remove barriers, be accessible and reduce stigma.
- The use of arts and culture raises awareness of mental health problems and supports the challenge against stigma and discrimination.

PROGRESS SINCE 2004

Arts and culture include all creative activity whether engaging by seeing, listening or taking part. Participation in the arts can give people a positive alternative identity to that of 'service user' and help people be part of the wider community by increasing self-esteem, confidence and social networks.

Arts and culture also play an important role in health and healthcare provision. They help deliver real and measurable benefits across a wide range of priority areas for health and can enable the Department of Health and the NHS to contribute to key government initiatives. Strong leadership through promotion, development and support, is required to create an environment in which people with mental health problems can prosper through their involvement in arts and health.

The SEU report⁶³ highlighted the need for research to understand improvements in health and social outcomes as a result of participation in arts projects. In response to this, 'Mental health, social inclusion and arts: developing the evidence base'⁶⁴ was published. It found that:

- There were significant improvements in empowerment, mental health and social inclusion.
- There was a significant decrease in the proportion of participants identified as frequent or regular users of services.
- The improvement in empowerment and mental health amongst people with more severe issues at baseline indicates that arts projects can benefit people with a range of mental health needs, including those with more significant problems.

*"When I am painting I forget everything else. Realising that I can develop my artistic skills I feel proud of what I have achieved and it has done wonders for my self-esteem."*⁶⁵

In response to these findings, NSIP successfully established a working partnership with The Wallace Collection, the Museums, Libraries and Archives Council, Tate Modern, Portugal Prints and the V&A. Museums and galleries can address social exclusion not only by encouraging participation in the arts, but also by connecting people with experience of mental health issues to the wider community, and by promoting access to training, volunteering and employment opportunities.

'Open to All', a training package launched by the Health Secretary at a joint NSIP event at The Wallace Collection in September 2008, is designed to encourage museums

and galleries to involve people with experience of mental health problems, thereby helping to build the necessary bridges to museums and galleries and the wider community. Commissioned by the partnership, it was developed by the University of Nottingham, Nottingham County Teaching PCT and the Lost Artists Club and will be available for staff in museums, libraries and galleries at a local level throughout the country, from mid 2009 onwards.

NSIP has also widened its arts focus to include participatory arts, such as theatre, dance and music. A range of innovative practice is underway through our partnership working with the Arts Council (England) and each of the Arts Council Regions, NIMHE/CSIP regional development centres, theatres and community arts organisations and practitioners.

THEATRES SOCIAL INCLUSION PARTNERSHIP

A group of London-based theatres including the Royal Court, Roundhouse, National, Southbank, Half Moon and Tricycle are working in partnership with NSIP and the Arts Council to become leaders in social inclusion. They are developing ways to include social inclusion issues through their local communities and policies. A seminar held in November 2008 was hosted by the Roundhouse in order to celebrate this unique partnership, widen the debate and to explore further opportunities. Ongoing work will include the coordination of web-based and real discussion groups to pool experiences, ask questions and define goals for a co-produced programme.

We have established a national arts evaluation advisory group with membership from arts practitioners, arts therapists, academics, people with mental health problems, health practitioners and commissioners as part of its work stream on evidence and innovation. The group has developed evaluation guidance and support for arts organisations and practitioners which will both add to the evidence base and help organisations who want to commission arts and cultural initiatives. This guidance will be published spring 2009.

Work is also underway in both the North West and South West, where arts organisations are working in co-production with health and social care partners to create healthy, sustainable communities. The South West work will be launched in May 2009 with a conference in Dartington.

NSIP has carried out a review of regional and local arts in health programmes in order to develop and build regionally focused networks. These bring together NSIP social inclusion leads, service improvement leads, arts practitioners, voluntary and community arts organisations, academic institutions and arts council regional leads and links these to a pan-European network of arts, inclusion and wellbeing in practice.

SING YOUR HEART OUT (SYHO)

Singing workshops are run by a professional voice coach in Norfolk, for people who use mental health services, friends, family, support workers and staff.

In 2008, NSIP commissioned an evaluation of the socially inclusive benefits of the workshops. Its evaluation looked at the way in which SYHO provided:

- An opportunity for individuals to develop skills and resilience that support their recovery and social inclusion.
- A bridge to connect with socially inclusive opportunities within the local community.
- A vehicle to tackle the stigma, discrimination and inequalities encountered by people who experience mental health problems.

The evaluation established significant evidence that SYHO has provided a great opportunity for individuals to develop a range of singing and choral skills. These skills, together with a supportive environment have encouraged the development of varying degrees of interpersonal skills. Social interaction has enabled a sense of inclusion and impacted positively on the recovery of those involved. www.socialinclusion.org.uk

REMAINING CHALLENGES

There is a risk that arts and culture activity is not given enough attention within a landscape of public service agreements and local area agreements. Projects are often funded for time-limited periods, which can make evaluation and continuity difficult.

CONCLUSION AND PROPOSED FUTURE ACTION

NSIP has worked with a range of key stakeholders to ensure that arts and culture in relation to mental health and social inclusion retains a high profile within the wider policy agenda.

We would like to see more partnership working across central and national structures as the complex nature of this work demands a more co-productive approach in the future. There is greater scope for the Department of Health, Department for Culture, Media and Sport and Department for Innovation, Universities and Skills to focus on arts and cultural development together, enabling more innovative and creative activity.

NSIP is working in partnership with the Cultural Olympiad⁶⁶ to ensure the social inclusion of people with mental health problems. We are working in partnership with the South West Cultural Olympiad and are part of the advisory group on local cultural activity. This work is in its very early stages and it is envisaged that it will be developed alongside other localities in preparation for 2012.

NSIP is working in partnership with the London Arts in Health Forum to establish a network of key organisations to coordinate activity in arts and wellbeing. We have supported the development of evaluation guidance leading to an accessible evidence base.

The publication of the Arts Council and Department of Health joint prospectus on arts in health in 2007 has seen the beginnings of positive development in the arts and health sector. This work should be built upon to ensure that it addresses the inclusion needs of people with mental health problems.

63 Social Exclusion Unit, op. cit., 2004.

64 Anglia Ruskin/UCLan Research Team, 2007, *Mental Health, Social Inclusion and Arts*.

65 Ibid.

66 london2012.com/get-involved/cultural-olympiad/index.php

LEADERSHIP AND WORKFORCE DEVELOPMENT

VISION

Strong leadership and a skilled, effective workforce are both essential in setting the direction that makes a positive difference to the lives of people with mental health problems. Our vision is that:

- Commissioning for socially inclusive outcomes drives the commissioning of all services.
- Corporate and strategic sign up to social inclusion shapes service delivery.
- Social Inclusion is an integral part of professional pre-registration training and continuous professional development (CPD).
- People with mental health problems and their carers lead the development and promotion of socially inclusive services with staff and organisations.

PROGRESS SINCE 2004

NSIP has supported projects at both local and national level that reflect the importance of leadership and workforce development throughout the NHS and its provider organisations, services and staff. We have also actively developed a close relationship with a number of professional bodies of staff working in mental health services which has had a positive impact on both the national strategy and guidance that they provide. It has also given us a direct route to clinicians and practitioners, and to influencing practice on the ground.

DELIVERING EFFECTIVE LOCAL LEADERSHIP FOR SOCIAL INCLUSION (DELLSI)

The aim of the DELLSI initiative has been to facilitate the bringing together of leadership development and service improvement at a local level to promote social inclusion. To achieve this, three NHS Trusts⁶⁷ were recruited through the Mental Health Network of the NHS Confederation and these took part in the programme between September 2006 and May 2008.

Key features included:

- Developing the position of participating organisations within their local communities and supporting their work in promoting the social inclusion of people using their services.
- Focusing on outcomes of agreed local importance.
- Exposing and promoting the positive core of the participating organisations and the individuals within them.
- Using assessment tools and research-based approaches to strengthen team working among senior leaders and managers within and across local organisations to promote effective partnerships.

A Development and Delivery Team (DDT) was established with support from NIMHE to oversee the initiative and coordinate the work. Working with local staff to help build capacity and sustainability, 'learning and exchange events' were held where teams from the three Trusts came together in a supportive atmosphere to share experiences. Bespoke initiatives were developed covering issues such as governors' awareness of and involvement in social inclusion work as part of the establishment of a Foundation Trust, building relationships with local resources for leisure (based on the assessed need and involvement of people using services), engaging with community leaders and developing care planning processes to be more socially inclusive.

Lessons learned included:

- The importance of adding value at a strategic level by alignment with organisational priorities, whilst avoiding reliance on a top-down directive approach to motivate participation.
- The need to ground plans in a systematic assessment of what people using services say they want and need.
- Building from participants' own understanding and evaluations of social inclusion locally.
- Taking a team approach, so that different groups and individuals pursue their issues of concern and build from their strengths.
- Maintaining a 'can-do' approach and remaining hopeful even in the face of resistance, apathy or events not going as planned.
- Using senior stakeholders to broker relationships on behalf of the team.
- Engaging people who use services to communicate the project messages throughout the organisation.
- Being realistic about the time frame needed to achieve improvement and consciously promoting sustainability from the outset.

The DELLSI initiative has been positively evaluated and work is underway with new partners to develop a second phase with twice the number of sites.

EXPERT ADVISORS AND REFERENCE GROUP

*"There is no doubt that we have set a high and successful standard for service user involvement and this is probably one of our greatest achievements."*⁶⁸

NSIP has always recognised the importance of meaningful involvement and participation of people with mental health problems and carers to co-producing our work. We have been working since 2006 with four Expert Advisors, recruited from the existing Shift Board of Advisors. Helping to forge stronger links across the two programmes, participating on recruitment panels and in the active measurement of good practice in a range of service settings, contributing to the development of key resources such as our website, evaluation tenders and publications; the impact and contribution of our advisors has been enormous.

In addition, they have contributed to the public profile of inclusion work by playing an integral part in the planning, organisation and delivery of NSIP hosted events, most

notably at a key conference held at Charlton Athletic Football Club in 2008, and presenting at these events on a range of issues. They have also supported the development of the Reference Group.

“Being at the cutting edge of a new form of user involvement, where involvement is no longer the appropriate word, because that puts the onus on the professionals. Cooperation in its literal sense of working together.”⁶⁹

The Reference Group, with its 15 formally appointed members, started life in 2005, initially to work specifically on the employment and benefits issues within the programme. However, such is the collective contribution of the group that its perspective has been broadened to cover the entirety of our work, offering NSIP a practical means of integrating its strategic work with individual experience.

The Reference Group also provides regional progress updates to the national team and feedback on national progress to the regional groups; a way of gathering local information and inputting to national policy and consultations to empower people to influence the services they receive. Group members reflect the national context of the work undertaken by NSIP both in terms of the rich variety of interests and geographic spread that they represent.

The group has contributed to a number of important pieces of work including:

- i** Meeting with government officials to feed in the perspectives of people with mental health problems on a range of policy, such as:
 - HM Treasury’s review of mental health programmes.
 - The operation by the Department for Work and Pensions of Disability Living Allowance.
 - The Department for Work and Pensions’ Disability Standards booklet ‘Help if you are ill or disabled’,⁷⁰ proposing suggestions for the way forward for improving customer services.
- ii** Working with ministers and senior officials to highlight issues surrounding the impact of benefit down-rating for people with long-term hospital stays, securing £60 million in benefits.
- iii** Providing briefing for Department for Work and Pensions’ ministers on the operation of the benefit system and employment programmes and inputting

to a departmental position paper on Permitted Work, to ensure inclusion in the roll out of the Public Service Agreement 16 targets.

- iv** Feeding into the roll out by Jobcentre Plus of Employment and Support Allowance.
- v** Taking part in the consultation on the Independent Living Strategy by the Office for Disability Issues.⁷¹
- vi** Directly feeding into the consultation on future service provision of the Learning and Skills Council.
- vii** Contributing to the Royal College of Psychiatrists’ book on socially inclusive psychiatry, due to be published late 2009.
- viii** Working alongside a community engagement specialist conducting site visits as part of the ‘Communities of Influence’ project.

COMMISSIONING NETWORK

NSIP has contributed to a number of regional initiatives aimed at supporting commissioners. In response to demand from mental health commissioners, and particularly those with joint commissioning responsibilities, we established a commissioning network for social inclusion in early 2008. As well as the network meetings with workshops held in London and the East Midlands, a considerable amount of activity is self-generated by commissioners, who share ideas and requests with each other. There have been continued close links with the day services programme and network members have requested the production of broader socially inclusive outcomes guidance for commissioners and providers,⁷² adapted from the day services framework.⁷³ This network is ready for development and will need to find a new host in 2009.

NSIP has supported the embedding of inclusive outcomes into ‘World Class Commissioning’ which needs to be delivered within a social as well as clinical framework, and which will be a key driver for delivery organisations. If commissioning is to ‘add years to life and life to years’⁷⁴ then socially inclusive outcomes will need to be pivotal in shaping this agenda. Whilst the statutory responsibility for implementing the social inclusion agenda lies with local authorities and PCTs, it has often been mental health services that have championed action, with many appointing social inclusion leads and staff. Partnerships between all the local players, including third sector organisations, are essential.

ACADEMIC AFFILIATES

The Collaborative Academic Network is a co-designed learning network, led and coordinated by the University of Central Lancashire (UCLan). Its members work together to advance practical and relevant commissioned research and developmental work on social inclusion in mental health and to facilitate the spread of inclusive learning into practice and evidence. The network's key tasks are to:

- Collaborate to clarify a set of metrics that can be used by commissioners and regulators to assess the effectiveness of mental health social inclusion work at a local level.
- Develop a community of practitioners and researchers who actively link research into practice and vice versa, in order to enhance social inclusion in mental health.
- Develop and disseminate evidence-based practice to inform every level of the mental health system.

Many members of the Academic Network were formerly part of NSIP's earlier Research and Evidence Coalition. This coordinated and supported a range of research initiatives on inclusion and mental health, some of which attracted significant funding and profile both nationally and internationally.⁷⁵ For more information please see Annex A.

In 2007/08, NSIP produced a data report for each of the regional employment teams (RETs). The reports drew on existing national data sources, as far as possible breaking down data to a local level and exploring trends over a three-year period (2005–2007) in relation to employment, benefits and education issues for people with severe mental health problems. The reports provided each team with information and analysis they could use as a starting point in discussions with service providers, commissioners and other partners to inform the targeting of their interventions. Background information was included on the data sources, including commentary on the data quality and any limitations of the data sets.

Ongoing challenges in relation to this work are:

- Variations between data sources in their definition and classification of mental health problems, in the populations they cover and the frequency of data collection.
- The extent to which national data can be reliably disaggregated to provide locally relevant information.

- The need for expertise and continuity of approach to reproduce any of the analysis to monitor progress over time and the resource implications that this would have.
- The lack of clarity about what is realistic to expect in terms of progress and the extent to which changes can be attributed to national policies and initiatives.

PROFESSIONAL NETWORKS

Workforces need to have the right professional and leadership skills if they are to reflect the emerging demands of delivering socially inclusive practice. NSIP has supported putting strategic and professional level structures in place to ensure that appropriate development takes place and that frontline workers get the right support at the right time.

The SEU report⁷⁶ referenced the barrier to inclusion constituted by low expectations and negative assumptions by frontline staff about the capabilities of people with mental health problems. In order to challenge these perceptions and improve the experience of people using services, NSIP commissioned the identification of socially inclusive ways of working, using the framework of the 'The 10 Essential Shared Capabilities' (ESCs)⁷⁷ to allow staff to reflect on their practice.

The Royal College of Nursing (RCN), the College of Occupational Therapists (COT), the British Psychological Society (BPS), the Royal College of Psychiatrists (RCP) and the Social Care Institute for Excellence (SCIE) fielded representatives to a working group which led to the publication of the 'Capabilities for Inclusive Practice'.⁷⁸ This provided a mapping of individual capabilities to the 'Knowledge and Skills Framework'⁷⁹ and organisational capabilities as described by the Healthcare Commission in 'Standards for Better Health'.⁸⁰ The professional bodies have continued to show strong commitment to the social inclusion agenda. Good practice examples include:

- Publication by the BPS of 'Socially Inclusive Practice'⁸¹ and supporting the secondment of a clinical psychologist into the NSIP team. The BPS has also established a Social Inclusion Steering Group with work streams on Children and Families, Offenders in prison and Return to work.
- A two-year secondment of an occupational therapist into NSIP, funded by the COT, and publication of a mental health strategy document 'Recovering Ordinary Lives'⁸² influenced by the NSIP agenda. Also a joint publication of 'Work Matters',⁸³ a guide to

employment for occupational therapists in mental health services.

- A Social Inclusion sub group hosted by the RCP, currently working on a publication to help define and develop the role of psychiatry in relation to social inclusion.
- A joint SCIE and NSIP symposium to support the re-engagement of social care staff with social inclusion as a legitimate part of the social work role.
- A multi-disciplinary event in early 2009 hosted by the RCN with NSIP to showcase policy and practice developments in social inclusion and equality, providing a means of formally consolidating the commitment of all the professional colleges to include socially inclusive oriented practice and associated skills development.

All of these professional bodies are looking to influence the incorporation of socially inclusive practice as part of both their undergraduate curricula and continuing professional development (CPD). However, this remains a challenge; while the professional bodies have actively engaged with NSIP during its lifetime, they may have many competing agendas to meet. Promoting social inclusion for socially inclusive practice could depend on individual colleagues who have contributed to this work continuing to be in a strong position to take this forward within their own organisations.

STAFF DEVELOPMENT

In order to make the capabilities clearly applicable in the workplace for staff, NSIP commissioned the development of two measurement tools. The first⁸⁴ measures staff capabilities and was developed by South Essex Partnership NHS Foundation Trust, and the second, developed by people using the services of '2gether' NHS Foundation Trust, is a user and carer-led evaluation tool (due for publication spring 2009) that assesses socially inclusive practice within organisations and Local Implementation Teams.

MEASURING INCLUSIVE PRACTICE

Sussex Partnership Mental Health Foundation Trust has independently used the 'Capabilities for Inclusive Practice' to develop a tool for measuring inclusive team practice,⁸⁵ and is now sharing this with a local authority housing service to promote good practice across agencies.

If we are to see the potential of these tools realised and embedded in changing staff and organisational practice, their greater promotion, dissemination and uptake will need to be secured. This will be a key challenge where the current national network of regional development centre-based social inclusion leads will no longer exist. It may be that both the academic network and professional bodies and their networks will be able to ensure that these tools are accessed by practitioners in the future.

'COMMUNITIES OF INFLUENCE'

In engaging trusts across England in the 'Communities of Influence' project we are linked directly to 14 large-scale organisations and their workforces. While the project focuses on members and governors being key to engaging with their local communities, the Trusts have also identified their staff as being an important community to work with. 'Communities of Influence' is described in more detail in Chapter 1.

It is of vital importance that corporate values and actions reflect inclusion at strategic and operational levels. While many mental health and care trusts include social inclusion in their organisational vision and values, regular revisiting of how this is done needs to take place at corporate, service and team levels to ensure that organisations are meeting their objectives.

VOLUNTARY SECTOR CAPACITY BUILDING

At a regional level, NSIP has worked with the Mental Health Foundation in delivering a section 64⁸⁶ funded project with the voluntary sector in Northamptonshire. Using 'Capabilities for Inclusive Practice'⁸⁷ as the framework, workshops were provided with the aim of increasing voluntary sector capacity and capability in this area. A further outcome has been the development of an intensive two-day training programme for staff. A one-day intensive training session for trustees is currently in development.

CONCLUSION AND PROPOSED FUTURE ACTION

Further work is required to achieve our ambitious goals. Practitioners promoting socially inclusive practice can only be effective if the services or organisations that they work in also promote inclusive working. There is outstanding work to be done on the tariff or value to be placed on achieving socially inclusive outcomes in the context of the new model NHS Mental Health (NHSMH) contract. It is believed this may link helpfully to quality premiums and/or Patient Reported Outcome Measures (PROMS).

Commissioning is still not always informed by the social inclusion agenda. It can sometimes focus too much on

the clinical aspects of mental health and too little on wider outcomes. Integrating commissioning for social inclusion into 'World Class Commissioning',⁸⁸ with inclusion outcomes identified as driving service delivery needs to remain a priority.

At a local level, our work has helped us to identify a number of key learning points about what is needed to support effective local leadership for social inclusion in the future. These include:

- The need to have senior sponsorship and interest.
- Looking at how to align objectives with organisational priorities.
- Ensuring that strong local ownership exists at team level.
- Embedding socially inclusive outcomes in assessments of what local people say they want and need and engaging with a range of stakeholders and partners at the earliest stage.
- The importance of linking into national developments to add profile to local projects and promote learning and innovation.

67 The three Trusts are Kent, Leeds and West London.

68 NSIP Expert Advisor.

69 NSIP Expert Advisor.

70 See following link:
www.jobcentreplus.gov.uk/jcp/stellent/groups/jcp/documents/websitecontent/dev_015974.pdf

71 Office for Disability Issues, 2008, *Independent Living – A cross-government strategy about independent living for disabled people*.

72 NSIP op. cit., 2009.

73 NSIP op. cit., 2007.

74 Department of Health, 2007a, *World Class Commissioning: Vision*.

75 As exemplified by the work of Professor Peter Huxley et al in developing, with NSIP, a framework of inclusion measures.

76 Social Exclusion Unit, op. cit., 2004.

77 Department of Health, 2004, *The 10 Essential Shared Capabilities – A Framework for the whole of the Mental Health Workforce*.

78 Department of Health, 2007, *Capabilities for Inclusive Practice*.

79 Department of Health, 2004, *NHS Knowledge and Skills Framework*.

80 Department of Health, 2007, *Standards for Better Health*.

81 British Psychological Society, 2008, *Socially Inclusive Practice*.

82 College of Occupational Therapists, 2006, *Recovering Ordinary Lives: The strategy for occupational therapy in mental health services 2007-2017 literature review*.

83 College of Occupational Therapists, 2007, *Work Matters: Vocational Navigation for Occupational Therapy Staff*.

84 South Essex Partnership NHS Foundation Trust, 2008, www.socialinclusion.org.uk

85 Will be available on www.socialinclusion.org.uk

86 Now known as Third Sector Innovation and Excellence in Service Delivery Fund.

87 Department of Health, op. cit., 2007.

88 Department of Health, op. cit., 2007a.

SOCIALLY INCLUSIVE PRACTICE:

THE CAPABLE ORGANISATION AND TRANSFERABILITY OF OUR WORK

VISION

- Mental health services support both individuals and community organisations.
- Community organisations are flexible enough to allow people with mental health problems to make a contribution.
- Policy makers, funders and regulators build expectations and ensure that people with mental health problems are involved at all levels.

Whilst NSIP's work has focused on the specific experiences of people with mental health problems, this work should not be entirely separated from the circumstances of other people who experience exclusion. This chapter considers the potential for applying lessons learned in the mental health sphere to other efforts to combat social exclusion.

MENTAL HEALTH SERVICES

As we set out in 'Capabilities for Inclusive Practice',⁸⁹ both individual and organisational capabilities are required if socially inclusive practice is to be embedded and sustained.

Individual capabilities include:

- A commitment to understand and combat the barriers through which exclusion has a long-term and damaging impact on an individual and their community.
- The ability to build positive, hope-filled relationships with those who have mental health problems that focus on recovery and inclusion by appropriately addressing mental health problems in the context of the person's wider ambitions.
- The ability to build positive relationships with community organisations that open up new opportunities for participation and that challenge instances of discrimination.
- The skills in matching the person with the right community activity (such as a job, training or leisure activity), negotiating opportunities and adjustments, monitoring progress and helping to repair things if they are at risk of breaking down.

Organisational capabilities include:

- Prioritising a public commitment to social inclusion.
- Universal and specialist training programmes.
- Sufficient resources invested in building and maintaining alliances with key community organisations.
- Effective monitoring arrangements that examine the service outcomes (gaining a job, home or new relationship) and the activities which lead to these outcomes.

As already discussed, NSIP has worked to embed these capabilities through a range of interventions including:

- Contributing to the '10 Essential Shared Capabilities Training Materials'⁹⁰ and their uptake by local mental health services.

- Building commitment by professional bodies so that the values and capabilities are built into pre-qualifying training and continuing professional development for all mental health staff.
- Publishing guidance for commissioners on day services.
- Creating learning communities where people have an opportunity to share successes, challenges and solutions.

Throughout the development of these resources, we have identified the following as key determinants of socially inclusive practice in mental health organisations: leadership; coherence of policy and practice; and achieving specialisation without fragmentation.

Whilst some mental health services have appointed a social inclusion lead and others have sought to embed socially inclusive practice in all roles and activities, we know that progress cannot be made without effective and strong leadership. The culture change necessary in some services creates certain barriers that slow progress.

Determined leadership efforts are needed to remain optimistic, to relentlessly pursue change both within and beyond the service, and sustain positive practice. In particular the role of people with mental health problems and carers as 'experts by experience' needs to be further recognised and built upon, particularly if the aspirations of co-production are to be realised. This requires a radical rethink about the nature of leadership in public services that pays greater attention to building from strengths, ambitious futures, better outcomes and the challenge of working with complex systems of care and support.

If the mental health system is to promote socially inclusive opportunities for people who use their services, its own activities need to be organised in a way that aligns with these priorities. It must create a mentally healthy workplace, employ a representative proportion of people who have mental health problems and listen respectfully to people who use its services, carers and frontline staff. It must build meaningful partnerships with informal community organisations, whilst building up external capacity and promoting creative and responsible risk taking to further the interests of all partners.

Promoting social inclusion tends to be seen as important but not urgent work, and so it can be repeatedly pushed aside by crises unless dedicated time is allocated. As well as specialising in inclusion work, substantial progress can be made when workers share out responsibility for community connection and capacity building in

mainstream community services. For example, if one staff member builds ongoing links with the local university and another establishes a relationship with the gym or the church, then sustained change can be achieved. Such partnerships create not only opportunities to bring fresh skills and perspectives; they can also be an avenue to obtaining new sources of funding and expertise.

ARTS AND MINDS NETWORK

Leeds Partnership NHS Foundation Trust (LPFT) has developed a multi-agency partnership with a range of arts organisations as well as voluntary and statutory partners to establish the Arts and Minds Network. The partnership secured Arts Council funding for a series of arts initiatives in health and social care settings and seed-funding for an arts development post. This funding has now been mainstreamed by LPFT with an Arts Development Manager and Development Worker.

www.artsandmindsnetwork.org.uk

COMMUNITY ORGANISATIONS

NSIP has made significant progress because it has ensured action to coordinate strategic and national intervention with local activities. For example, the Castle Museum, in Nottingham has had a long standing association with mental health services and their local work has been enhanced by involvement with the 'Open to All' national programme of mental health training for museum staff commissioned by NSIP (see Chapter 5). Similarly, the 15-year history of links between the mental health service and a large Further Education college has been strengthened by the national network of education regional project officers formed through our partnership with NIACE.

Our strategic and national interventions have created a supportive climate for local service delivery in several areas of community life including employment, education, the arts and community development. These interventions have blended obligation (such as information to employers about their duties under the Disability Discrimination Act) with good practice examples of what is possible, for example the awareness-raising activities targeted by NIACE at local Further Education providers; and the formation of learning communities, such as the NSIP Affiliates Network.

It is also worth noting that while we have worked with large, networked, regulated and centrally funded

organisations we have felt it to be as important to work with small, independent and self-run groups. Much community activity is informal, unregulated and short-lived and so the task of assisting such groups to offer people with mental health problems opportunities to contribute must rely upon their individual relationships with mental health services.

Achieving spread and sustainability relies largely on effective relationships between mental health services and community groups and organisations. These relationships need to assist people who use mental health services to make the transition into engaging with the community beyond the service, whilst retaining needed supports. They need to monitor what is working and be able to take action when support arrangements are found to be inadequate. They need to collaborate on building sustainable communities whilst ensuring that funding is used for the right purpose.

DEVELOP (THE DEVELOPING VALUED LIFESTYLES PARTNERSHIP)

Develop was formed in 2003. It is an informal consortium of local mainstream organisations, mental health service providers, people with mental health problems, their families and associates who work together promoting social inclusion in the London Borough of Bromley. Develop coordinates collaborative networks and inclusive practice forums using one comprehensive infrastructure to support inclusion at individual, service and community levels.

www.developbromley.com

POLICY MAKERS, FUNDERS AND REGULATORS

Social inclusion work requires a panoramic view of policy, funding, regional and local implementation, regulation and impact across a range of areas. These include employment, housing, learning and skills, transport, families, relationships and leisure. Also human rights, civic responsibilities, access issues, neighbourhoods, service delivery and development.

Sustainable success demands:

- Effective links with local services and people, so that problems are quickly identified and addressed, while solutions are easily tested to see if they are fit for purpose. This is important as frontline workers sometimes accept ineffective policy and regulation rather than set about changing it, while policy makers sometimes pay insufficient attention to local realities.

- Resources (people, skills and time) to scan the horizon across a wide range of policy areas and respond to issues that might hinder or advance the inclusion agenda for people with mental health problems. These resources can be scarce at local level.
- Strategic alliances with mainstream community organisations to create dialogue, workable solutions and convincing cases for change.
- A long-term approach that combines both insistence that change is not delayed with the recognition that policy, funding priorities and inspection criteria are not changed overnight.

TRANSFERABILITY TO OTHER GROUPS

There is potential for synergy across traditional client groups. For example, services for people with learning disabilities are currently seeking to increase the numbers in employment as part of the PSA 16 target because there are so few people with learning disabilities in work. As a result there has been little focus to date on job retention for this group, while retention has been a major feature of employment work in mental health.

STEPPING STONES

A multi-agency programme, launched in 2008, enables Swindon's key public sector employers to maximise their disability equality initiatives by working together and directly linking to local supported employment agencies. Between them these agencies support hundreds of highly motivated disabled people who are actively seeking employment or work experience opportunities. The initiative is led by Swindon Borough Council and now encompasses Capita, Swindon PCT, Great Western Hospitals NHS Foundation Trust and Wiltshire Police.

Similarly, the employment activity in learning disability generates ideas about how to introduce a new group into the workforce and so offers solutions for people with long standing mental health problems who have never worked. Coordination across traditional client groups will be increasingly important as more health and social care services adopt outward-facing approaches and so need to avoid, for example, employer, learning and volunteer organisations being inundated with uncoordinated requests for supported access and reasonable adjustments.

There are also positive examples of how links between social inclusion and public health are being brought

together to have a positive impact on the experience of people using mental health and other services.

SMILE (SERIOUS MENTAL ILLNESS LEARNING AND EVALUATION)

The project utilised funding to create innovation schemes that improved the physical health of people with serious mental health problems across a diverse group of agencies using a range of interventions.

Much more remains to be done if a socially inclusive approach is to be embedded in the day-to-day practice of frontline mental health staff and if the barriers that remain in mainstream community organisations are to be removed.

CONCLUSION

*"I was in such a hopeless place I ended up in secondary mental health services. Then I took back control of me and have managed to travel quite a distance down my recovery path. I have a life again."*⁹¹

This report has detailed the work that has taken an essentially panoramic view of what was to be done. It has been rich in content and participative in process. We, the NSIP team, have been fortunate in having the opportunity to undertake work that is challenging and satisfying in equal measure and which could lay foundations or set a compass point. We hope to have made the most of the opportunity, building on the previous effort of others to make at least some progress in the wide range of areas at which we have looked, taking the brief to do so from the equally broad remit of the SEU report.⁹² Thanks to external partnerships of great goodwill and the immense collaborative commitment of so many friends and colleagues, this progress, in a once new, now well-established area of policy, has been cost effective and is progress of which we are proud.

The still central role of services and their expectations for people with mental health problems has determined something of the focus of our work. There is a major challenge in how the role of services is to be transformed in the future. The fundamental importance, and value, of engaged communities will need to be affirmed ever more widely. Work on inclusion needs to look critically at the ways in which services become part of, and accountable to communities themselves.

We need to see the changes of the last four years embedded in the activity of the next. This will require

long-term coordination, regional support and local implementation. It will also demand wide-ranging, robust and imaginative leadership, coupled with rigorous monitoring of person-led, rather than service-led, outcomes and a strong, collaborative and practical approach to evidence development.

Combining these efforts will continue to involve passionate commitment to the dignity of the individual but it will need to balance this with closer and active reference to the potential of community life in the many and diverse communities of which people with mental health problems are a part. In this, there will be a need for funding and prioritisation of resources to grow mainstream capacity and to commission it effectively. We have tried to use an opportunity, limited by time, to create a web of action that can impact in such diverse settings because this is work that is often connected and contingent rather than linear. Continuing progress will mean extending this impact.

Responsibility, leadership and a level of effective coordination remain vital and the growing commitment of commissioner and regulator alike to the inclusion agenda is both welcome and essential. Nevertheless, the practical requirements of innovation, engagement and shared learning across awkward and complex boundaries over time will demand a pluralism in approach to change. Like much else, inclusion can reasonably be held to be everyone's responsibility and in this context, simple delivery solutions based on orthodox assumptions of responsibility for action may produce an outcome that is short-lived, especially in a structural environment in which authority for action is highly devolved.

This report is a resource to help with the process of local progress in the future. It conveys ideas, reflects experience and points to the range of practical tools and specific resources that we have produced to help with this local progress. Again, we thank everyone who has supported our efforts and allowed us to capitalise theirs. The work continues in ways that are and must be evolutionary. Inclusion in mental health is a moral imperative. Its achievement will necessarily be work in progress.

89 Department of Health, op. cit., 2007.

90 Department of Health, op. cit., 2004.

91 NSIP Reference Group Member.

92 Social Exclusion Unit, op. cit., 2004.

ANNEXES

PROGRESS SINCE 2004

Research and evidence is an underpinning strand of work that has run across the NSIP work streams.

In 2004 the key focus was to identify reliable sources and gather national and regional data to establish a baseline against which progress can be assessed over time. However, there have been areas in which routine data are not readily available and areas in which the evidence base is weak. Although research projects have been commissioned as part of the implementation programme to address some of the identified gaps, further work has been needed. NSIP and Shift have both helped to continue strengthening the evidence base on mental health and social inclusion. For example by:

- i Hosting a symposium bringing together researchers and representatives from a range of organisations and networks with an interest in mental health and social inclusion research and evidence. From this, a collaborative research and evidence coalition has been established as a mechanism for developing a strategic approach to strengthening the evidence base.
- ii Supporting the INDIGO project (International Study of Discrimination and Stigma Outcomes), which will establish detailed international data on how stigma and discrimination affect the lives of people with a diagnosis of schizophrenia, from the point of view of people with mental health problems themselves. The project has been completed and is due to be published early 2009.
- iii Establishing an Interactive Inclusion Database to provide a multi-layered search tool allowing a gradually narrowing search across regions, life domains, towns and project names. The database contains good practice and information about existing socially inclusive projects throughout the country and is a useful resource both regionally and nationally.
- iv Sitting on a mental health group, convened by the Sainsbury Centre for Mental Health (SCMH), to work on key performance indicators for work and employment. It will produce a toolkit that can be used to monitor employment services and outcomes – including indicators on local employment context, client characteristics, service effectiveness indicators and individual level outcomes and this is due for publication in 2009.
- v Sitting on the advisory group for the Adult Psychiatric Morbidity Survey 2006/07; new topics introduced

include social capital and participation, discrimination and sexual identity, religion and spirituality.

- vi Contributing to a research study on the benefits and outcomes of participation in mental health arts projects. The study was conducted by a team from Anglia Ruskin University and the University of Central Lancashire (UCLan). Its purpose was to identify appropriate indicators of mental health aimed at social inclusion outcomes and, to develop and implement an evaluation framework based on these. The work:
 - Included a survey of arts and mental health projects in England to map the range of activity and establish what evaluation data projects collect.
 - Conducted a retrospective analysis of data from two projects in relation to their health and social benefits.
 - Developed indicators and measures to evaluate arts projects.

The research team also validated a measuring tool for the impact of arts participation on promoting social inclusion.

NEXT STEPS

This work is critical to developing and measuring the impact of social inclusion policy implementation. The research network has supported the development of effective research approaches to inclusion and the move towards evaluating progress in key areas.

There is a need to continue to grow an effective and practical evidence base for inclusion. Academic/practice partnerships will be key to this. Through UCLan, NSIP has established an academic network involving some ten universities and is linked to international academic settings to develop this work. Led by UCLan from a new organisation within the International School for Community, Rights and Inclusion, the network will seek to drive the research agenda in practical ways, collaborating on bids and working to support local evaluation and knowledge transfer.

A strategic network for social care leads in trusts has been established in partnership with SCIE and a commissioning network has been created to develop socially inclusive outcomes. Specific work is being undertaken in the Eastern region with the regional development centre and Strategic Health Authority to support local PCTs with outcomes development.

Equally, it will be important to work in the other domains of community life where there are still major barriers to

social participation. We will seek to challenge those barriers and in the process help reduce the discrimination that they cause. We will do this by optimising shared learning and innovation; building further the evidence base for inclusion in practical ways; working with our partners in support of real change at all levels in services and beyond; and taking particular account of new regional and local organisations and the opportunities that they represent.

The key priorities for the coming year include:

- Identifying a range of stakeholders and expanding membership of the group, particularly focusing on the engagement of researchers with experience of people with mental health problems in the process.
- Developing communication and dissemination systems, including links with service providers and the academic community, as a means of sharing relevant evidence and research findings more widely.
- Coordinating research activity and facilitating communities of interest around specific topics and issues.
- Exploring opportunities for collaboration to secure funding for research to strengthen the evidence base. Also for influencing existing research streams to ensure a focus on social inclusion issues and outcomes.

2009**Outcomes Framework for Mental Health Services**

www.socialinclusion.org.uk/home/index.php

National Social Inclusion Programme Fourth Annual Update

www.socialinclusion.org.uk/publications/4th_AnnualReview.pdf

2008**How will my newly redesigned day service help me?**

www.socialinclusion.org.uk/publications/DayServicesLeaflet.pdf

Finding and Keeping Work

www.socialinclusion.org.uk/publications/Toward_a_MH_employment_strategy_revised_after%20repairs.pdf

'Open to All' Mental health and Social Inclusion Awareness Training for Museums and Galleries

www.socialinclusion.org.uk/work_areas/index.php?subid=93

From segregation to inclusion: Where are we now?

www.socialinclusion.org.uk/publications/NSIPDSReview.pdf

The Really Useful Book of Learning and Earning

www.socialinclusion.org.uk/publications/ReallyUsefulBook.pdf

2007**National Social Inclusion Programme Third Annual Update**

www.socialinclusion.org.uk/publications/NSIP32007.pdf

Outcome Indicators Framework for Mental Health Day Services

www.socialinclusion.org.uk/publications/DSdoccover1.pdf

2006**National Social Inclusion Programme Second Annual Report**

www.socialinclusion.org.uk/publications/NSIP_AR2006.pdf

Improving the effectiveness of rent arrears management for people with mental health problems

www.socialinclusion.org.uk/publications/Rentarrearsbriefing.pdf

Vocational services for people with severe mental health problems: Commissioning guidance

www.socialinclusion.org.uk/publications/DOH_Vocational_web.pdf

From segregation to inclusion: Commissioning guidance on day services for people with mental health problems

www.socialinclusion.org.uk/publications/Day_Services_web.pdf

Direct Payments for people with mental health problems: A guide to action

www.socialinclusion.org.uk/publications/Direct_Payments_web.pdf

An introduction to Direct Payments in mental health services: Information for people eligible to use mental health services and carers

www.socialinclusion.org.uk/publications/Direct_Payments_SU_Guide.pdf

Choice Based Lettings for People with Mental Health Problems: A Briefing Guide

www.socialinclusion.org.uk/publications/NSIP_CBL_briefing.pdf

2005**Direct Payments in mental health: What are they being used for?**

kc.csip.org.uk/upload/Examples%20of%20DP.pdf

National Social Inclusion Programme First Annual Report

www.socialinclusion.org.uk/publications/NSIP_AnnualReport_FIN.pdf

JOINT OR COMMISSIONED PUBLICATIONS WITH PARTNER ORGANISATIONS**Connect and Include – an exploratory study of community development and mental health CDF, commissioned by NSIP**

www.socialinclusion.org.uk/publications/CDFFINAL.pdf

Work Matters: Vocational Navigation for Occupational Therapy Staff, jointly published with the College of Occupational Therapists

www.socialinclusion.org.uk/publications/Work%20Matters%20Booklet%20for%20CD.pdf

Mental Health, Social Inclusion and Arts: developing the evidence base

www.socialinclusion.org.uk/publications/MHSArts.pdf

Getting through: Access to mental health services for people who are homeless or living in temporary or insecure accommodation. A good practice guide

www.socialinclusion.org.uk/publications/Gthroughguide.pdf

Action on Mental Health: A Guide to Promoting Social Inclusion

www.socialinclusion.org.uk/publications/Action_on_Mental_Health%20Fact_Sheets.pdf

Mental Health and Social Exclusion

www.socialinclusion.org.uk/publications/SEU.pdf

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NSIP would like to thank all of the people and organisations that have helped to improve social inclusion outcomes for people with mental health problems, especially:

Barnardos

British Psychological Society

College of Occupational Therapists

Community Development Foundation

Learning and Skills Council

Mental Health Foundation

Mind

New Economics Foundation

National Institute of Adult Continuing Learning

Richmond Fellowship

Royal College of Nursing

Royal College of Psychiatrists

Rethink

Sainsbury Centre for Mental Health

Social Care Institute for Excellence

University of Central Lancashire



National Social Inclusion Programme

www.socialinclusion.org.uk