

DWP

Department for
Work and Pensions



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

February 2006

Care Services Improvement Partnership **CSIP**

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

DH INFORMATION READER BOX

Policy HR/Workforce Management Planning Clinical	Estates Performance IM & T Finance Partnership working
Document purpose	Best practice guidance
ROCR ref:	Gateway ref: 5659
Title	Vocational services for people with severe mental health problems: Commissioning guidance
Author	National Social Inclusion Programme, NIMHE, CSIP
Publication date	February 2006
Target audience	PCT CEs, NHS Trust CEs, SHA CEs, Care Trust CEs, Foundation Trust CEs, Medical Directors, Directors of PH, Directors of Nursing, PCT PEC Chairs, NHS Trust Board Chairs, Special HA CEs, Directors of HR, Allied Health Professionals, GPs, Communications Leads
Circulation list	Local authority CEs, Ds of social services, NDPBs, voluntary organisations
Description	Commissioning guidance on vocational services for people with severe mental health problems
Cross ref	National Service Framework for Mental Health, Mental Health and Social Exclusion report (ODPM).
Superseded docs	N/A
Action required	N/A
Timing	N/A
Contact details	Sarah Hill National Social Inclusion Programme National Institute for Mental Health in England Care Services Improvement Partnership 11-13 Cavendish Square London W1G 0AN
For recipient's use	

Contents

Foreword	1
Introduction	2
Commissioning guidance: Context and Evidence	4
Commissioning guidance: Objectives, Principles and Framework	9
Commissioning guidance: Co-ordination, Leadership and Monitoring	20
Appendix A	25
Appendix B	28
Appendix C	31
References	32

Foreword

Work is extremely important, both in maintaining mental health and promoting the recovery and well-being of those who have experienced mental health conditions. People with severe mental health conditions have the lowest employment rate for any of the main groups of disabled people. We know that many people with severe mental health conditions want to work and, as a result, the Government is committed to supporting those people who want to work to be able to do so.

As well as financial benefits, work can provide a sense of dignity and purpose, opportunities to meet new people, develop skills and give something back to the community, all of which improve health and well-being and promote independence.

Mental health services have a crucial role to play in enabling people with severe mental health conditions to gain and retain employment; this will only be achieved with strong local leadership and close partnership working with employers, Jobcentre Plus, other statutory agencies and the voluntary and community sector.

This guidance enables commissioners of mental health services to commission vocational services for people with severe mental health conditions. A key to this guidance is not only to help people to gain employment but, importantly, to retain employment. It is vital that help, assistance and support to enable people with severe mental health conditions to retain employment works across both secondary mental health services and primary care services.



A handwritten signature in black ink that reads "Rosie Winterton".

Rosie Winterton, MP
Minister of State for Health Services



A handwritten signature in black ink that reads "Margaret Hodge".

Margaret Hodge, MP
Minister of State for Employment and
Welfare Reform

Introduction

1. The purpose of this guidance is to assist in the implementation of the *National Service Framework for Mental Health*,¹ the *Mental Health and Social Exclusion* report,² the *Choosing Health* White Paper,³ the Department for Work and Pensions' *Framework for Vocational Rehabilitation*⁴ and the joint strategy of the Department of Health, Department for Work and Pensions and the Health and Safety Executive, *Health, Work and Well-being*.⁵ It is designed to provide commissioners of mental health services with a framework to commission evidence-based vocational services for people with severe mental health problems and provide the tools to monitor the effectiveness of such services.
2. Publishing guidance for commissioners on the commissioning of vocational services for people with severe mental health problems was an action point within the *Mental Health and Social Exclusion* report and the *Choosing Health* White Paper, which this guidance fulfils.
3. This is good practice guidance and progresses the implementation of the developmental standards as set out in *National Standards, Local Action* (DH, 2004).
4. The *Mental Health and Social Exclusion* report identifies that being in employment and maintaining social contacts improves mental health outcomes, prevents suicide and reduces reliance on health services.
5. The *Choosing Health* White Paper states that healthcare is about returning people to good health, and that includes getting people back into employment. Health professionals need to start from the point of view that getting people back to a job is likely to benefit their longer-term health. Return to work must be seen as the norm and, where appropriate, should be included in care plans from the outset.
6. A common view, sometimes inadvertently reinforced by health professionals, is that people with a physical or mental health problem should not try to go back to paid work until they are fully recovered. However, in many cases, inactivity compounds poor health and leads to longer-term absence from work. For people who can be helped back to work, a job can itself be an important step on the road to recovery and rehabilitation, helping people to enjoy better health and well-being as well as giving them greater control over their own health.⁶ Delays in beginning the process of return to work can, therefore, be a critical factor in determining a successful outcome.

7. It is recognised that there needs to be a range of services to meet the needs of all individuals, including those most disabled by their mental ill health. This will enable people to experience individual pathways towards independence and social inclusion. This guidance will focus on vocational services and enable commissioners and other stakeholders to:
 - implement evidence-based practice within vocational services, in particular, the Individual Placement and Support (IPS) approach;
 - work towards access to an employment adviser for everyone with severe mental health problems;
 - aim for the provision of vocational and social support to be embedded in the Care Programme Approach (CPA) with full involvement of the service user; and
 - base provision around the needs of the individual irrespective of whether care is received from secondary or primary care services.

8. The *Mental Health and Social Exclusion* report identifies that vocational and social support should be embedded within the CPA process. This includes:
 - establishing employment status on admission to hospital;
 - supporting job retention;
 - promoting involvement of carers and families;
 - identifying a lead contact on vocational and social issues in secondary care teams;
 - strengthening links to key local partners, in particular Jobcentre Plus and education providers;
 - promoting access to advice and support on benefits issues;
 - monitoring vocational outcomes for people on CPA; and
 - monitoring the employment rates of people with mental health problems within their own organisation.

Commissioning guidance: Context and Evidence

“The stigma of mental health problems has certainly reduced the number of positive responses to my job applications and some diagnoses have more stigma than others. Another hindrance I have experienced is the attitude of some mental health professionals to discourage me from applying for paid work, and their insistence that claiming Income Support is a must. Also, it seems to me that there is no recognition that someone may be fit to work part time but not full time, in other words an all or nothing approach to medical certification.”

9. Adults with severe mental health problems are one of the most socially excluded groups in society. Although many want to work, less than a quarter actually do. People with severe mental health problems have the lowest employment rate for any of the main groups of disabled people.⁷

What we mean by work and employment

10. Traditional definitions of work emphasise that it is an activity that involves the exercise of skills and judgement taking place within set limits prescribed by others.⁸ Unless you are genuinely self-employed, work is therefore essentially something you ‘do’ for other people. Employment is work you get paid for while volunteering is unpaid work. If you are a ‘worker’ the national minimum wage applies. ‘Worker’ has a legal definition and depends on the existence of a contract. The distinction between ‘work’ and ‘employment’ is very important in the context of this guidance.⁹
11. Many people with mental health problems want paid work. The Social Exclusion Unit found that over 70% of respondents¹⁰ wanted much better help and support to return to paid work. The Healthcare Commission, through the Patients Survey (2004), found that the majority of people with severe mental health problems were not currently in paid work. Of those that felt they needed help finding work, 53% said they had not received any help, but would have liked some.
12. Not all people with severe mental health problems want to be employed, but almost all want to ‘work’, that is to be engaged in some kind of valued activity that uses their skills and meets the expectations of others.
13. As well as an income, employment provides other benefits such as social identity and status, social contacts and support, a means of structuring and occupying time,

activity and involvement, and a sense of personal achievement. Unemployment is linked with increased general health problems, including premature death. There is also a strong relationship between unemployment and the development of mental health problems, including an increased risk of suicide.

“I have worked since the age of 16 in a variety of manual jobs, such as a warehouse operative and a sheet metal worker. I also spent three months in the Army before leaving, as it was not what I expected.

I had been unemployed for two years when I became ill. I was referred to the community mental health team and I then started to work with the employment specialist. My biggest concern around working again was the stigma surrounding mental illness. I did not want to disclose my illness to work colleagues and would only explain my schizophrenia on a medical form.

The help I got from the community mental health team was excellent. The consultant psychiatrist changed my medication from injections to oral tablets, which stopped the side effects I had been having, and the employment specialist gave me focus to look for work. They found the vacancy on the internet for me and helped me through the application and interview process.

Today I am in a job that I enjoy, take my medication regularly and I am very grateful for the help I received.”

What we mean by education

14. Adult education includes any learning undertaken after compulsory schooling. It can include further education, higher education, local education authority provision, work-based learning and learning provided by the voluntary sector. Adults learn for a variety of reasons including to gain qualifications, improve employment prospects, for pleasure and interest or to widen social networks. Whatever a person's starting point in adult education, learning providers need to have clear strategies in place to support and encourage progression towards accreditation or more integrated opportunities wherever individuals want it.
15. One-third of adults with mental health problems have no qualifications.¹¹ The skills strategy White Paper *21st Century Skills: realising our potential*¹² supported the achievement of all adult learners reaching level 2 qualifications and entitles individuals to free study to reach a level 2 qualification. The skills White Paper *Getting on in business, getting on at work*¹³ reiterated this entitlement and, from 2006/07, there

will be a national entitlement to free tuition for a first full level 2 qualification and new, extensive support for learning at level 3.¹⁴

Evidence

16. The aim of this guidance is not to provide a comprehensive review of the evidence relating to helping people with severe mental health problems gain and retain employment, education or voluntary work. There are already a number of reviews (including a Cochrane Review) which detail the evidence base within this area. These include:
 - Crowther, R, Marshall, M, Bond, GR, and Huxley, P (2004) Vocational rehabilitation for people with severe mental illness, *The Cochrane Library*, Issue 1;
 - Social Exclusion Unit, Office of the Deputy Prime Minister, *Mental Health and Social Exclusion* report (2004), www.socialexclusionunit.gov.uk;
 - Boardman, J, Grove, B, Perkins, R, Shepherd, G (2003) Work and employment for people with psychiatric disabilities, *British Journal of Psychiatry*, 182, 467–8;
 - Royal College of Psychiatrists (2002) *Employment Opportunities and Psychiatric Disability*, Council report CR111, Royal College of Psychiatrists, London, www.rcpsych.ac.uk;
 - Heyman, A, Turton, N and Schneider, J (2002) *Occupational Outcomes: From evidence to implementation*, University of Durham.
17. The IPS approach involves assessing vocational skills and preferences relatively quickly and then attempting to place people in employment settings that are consistent with their abilities and interests, where they can develop their skills in the work environment while being provided with ongoing support. Support is also provided to the employer in order to ensure maintenance of the placement. (This may be covered by ‘reasonable adjustments’ under the Disability Discrimination Act 1995.)
18. This approach to vocational rehabilitation for people with severe mental health problems has been shown to be more effective than other approaches to help them gain and retain employment.
19. Research into the effectiveness of this approach shows there are seven characteristics that are important in determining success:¹⁵
 - Services should be focused on paid employment with a primary goal of paid employment in integrated settings.

- Eligibility should be based on the individual's preferences; anyone who chooses to work is given the help to do so.
- Programmes should involve rapid job search and minimal pre-vocational training.
- Vocational programmes should be integrated into the work of the clinical team.¹⁶
- Attention to client preferences and choice is important.
- There should be the availability of time-unlimited support and this should be tailored to the person's individual needs.
- Benefits counselling should be provided to help people maximise in work welfare benefits.

"I am a young man working as a forklift and van driver, and warehouseman. I deliver stock to customers, which involves checking and unloading of deliveries, putting stock away and keeping the warehouse clean and tidy.

I suffer from body dysmorphic disorder, anxiety and agoraphobia. I was unable to leave my home for two years and, following an admission to a psychiatric hospital, I met with the community mental health team.

I first met my employment specialist through my care manager in the community mental health team. I had just finished working with the team psychologist in a cognitive behavioural therapy group and with the occupational therapist. I asked the employment specialist for support to get glasses and my driving licence back from the DVLA so I could drive again. The employment specialist was very helpful and we looked at the local job market right away.

The employment specialist helped me to access the disability employment adviser at Jobcentre Plus where I was able to sort out funding for my new glasses and attend a forklift-driving course. At the same time, I continued to search for local positions with my employment specialist until I happily found my current job working at a Plumb-base merchant store. I continue to meet with my employment specialist regularly and I am managing well and live independently. However, my illness has lasted over ten years."

Current situation

20. The Labour Force Survey (2003)¹⁷ shows that only 24% of people with mental health problems are in employment. The situation is even worse for people with severe mental health problems, with one study showing that 8% of people were in paid work.¹⁸

21. The *Mental Health and Social Exclusion* report identifies the underlying causes of the social exclusion experienced by people with mental health problems, which include:
 - stigma and discrimination, actual or fear of rejection from the community, which leads to people wanting to stay in the safety of mental health services rather than engaging in the mainstream;
 - a lack of clear responsibility between agencies for improving vocational and social outcomes for adults with mental health problems;
 - different services not always working effectively together to meet individual needs and maximise the impact of available resources;
 - diagnosis of mental health problems being missed or inaccurate, and a focus on medical symptoms rather than social and vocational roles;
 - professionals not having the time, training or local constraints to help people move into work or participate in their local communities;
 - a lack of support to enable people to work;
 - fears about leaving benefits; and
 - employers not knowing where to go for help.
22. At a local level, responsibility to enable people with severe mental health problems gain and retain paid employment, education or voluntary work may be taken by individual agencies or a partnership of agencies. However, this responsibility tends to be the result of enthusiastic individuals, rather than the strategic direction of those organisations.
23. Local agencies may have specific roles in relation to enabling people with severe mental health problems to gain and retain paid employment, education or voluntary work. Without clear local leadership and co-ordination, those agencies tend not to maximise knowledge, expertise or resources, which can lead to duplication of services and a lack of equity across areas.
24. The key local agencies to enable people with severe mental health problems gain and retain paid employment, education and voluntary work are primary care trusts (PCTs), mental health trusts, local authorities, Jobcentre Plus, Connexions, Learning and Skills Councils, Nextstep,¹⁹ colleges, mainstream training organisations, volunteer bureaux and the voluntary sector. Multi-agency forums have been formed in some areas to bring these together, and their potential contribution is considered later on.

Commissioning guidance: Objectives, Principles and Framework

“I am middle aged and have been working in a large organisation as a junior manager for 25 years. Nine years ago I suffered a severe nervous breakdown and was diagnosed with schizophrenia. I was in hospital for several months. I received excellent psychiatric help and returned to work at the same organisation after a year. I have since received excellent support from the organisation I work in, but I am part of the same organisation where the breakdown occurred.

I desire a change in my workplace like so many of my contemporaries have done or are in the process of doing. However, I lack the confidence to achieve a change given my medical history and the problems I have had over the last nine years. A secondary disability has exacerbated my problem, and I am registered disabled and have an Access to Work grant. I am trying to achieve a sense of values in my work, and am looking for a post where I can achieve them and gain a different perspective and outlook on life.

I was referred to an employment specialist, who is currently helping me to achieve my objectives. Employment support is helping me and, at this stage, the outcome could be positive and I remain optimistic. Having employment support outside the workplace is very helpful as it provides an outside window on the possible opportunities and alternatives there might be while providing other advice, such as lifestyle change. It is important to have such support that is linked to my mental health treatment, which is not there in the same kind of way in the workplace.”

Commissioning objectives for vocational services

25. The commissioning objectives are to implement evidence-based practice within vocational services, in particular, the IPS approach, and to work towards access to an employment adviser for everyone with severe mental health problems. Vocational services need to be based around the needs of the individual, irrespective of whether care is received from secondary or primary care services.

Principles of commissioning vocational services

26. The underpinning commissioning principles for vocational services for people with severe mental health problems are:
 - priority is accorded to enabling people to retain and gain paid employment and mainstream education, including the provision of support to retain and gain employment/education; and
 - where it is not possible for a person to access paid employment due to the extent of their support or supervision needs, or there is an individual preference not to access paid employment, then access to mainstream education and voluntary work is needed.
27. There are five key elements to a comprehensive range of vocational services for people with severe mental health problems:
 - i. clinical employment leads within secondary services;
 - ii. employment specialists integrated with clinical teams;
 - iii. public services as exemplar employers;
 - iv. supported work opportunities; and
 - v. local partnership arrangements between specialist and mainstream providers with appropriate commissioner input.
28. **Clinical employment leads.** A mental health professional within each team, who takes a clinical perspective on vocational rehabilitation, offers advice and guidance on vocational matters to other team members and provides brief interventions that help clients to achieve their vocational preferences and choice.
29. **Employment specialists** within each clinical team who vocationally engage individuals; assess and identify vocational needs; help the individual gain and retain employment, mainstream education or mainstream voluntary work; and provide ongoing support including addressing any adjustments. Clinical teams refer to all community teams, for example community mental health teams, early onset teams for first-episode psychosis, assertive outreach teams and rehabilitation teams. Liaison with inpatient units and with primary care to help maintain people in work is essential. Employment specialists work with the individual's vocational preferences and choice.
30. The role of an employment specialist does not require the postholder to have a health or social care background. See Appendix B for an example job description and person specification.

South West London and St George's Mental Health Trust developed a vocational services strategy in 2001. The aim of the trust's vocational services is to provide an IPS approach to supported employment within all community mental health teams for adults of working age. The trust has implemented this approach within eight community mental health teams, one Assertive Outreach Team, the Early Intervention Service for people experiencing first-episode psychosis and one Community Drug Team.

In 2004/05, vocational services provided a service to 1,495 clients.* Of these people, 922 were supported to work/study in integrated settings:

- 479 were supported to gain/retain paid employment;
- 289 were supported to gain/retain mainstream education/training; and
- 154 were supported to gain/retain integrated voluntary work.

Within the Early Intervention Service for people with first-episode psychosis, 88% of people were being supported in work/study in integrated settings with 46% being supported in paid employment, 37% in mainstream education/training and 4% in integrated voluntary work.

In 2004/05, 237 of the 263 people who were in paid employment at the start of the intervention were assisted to maintain this employment – a job retention rate of 90%.

The User Employment Programme provides access to paid employment within the trust, on the same terms and conditions, for people who have experienced mental health problems. By 2004/05, the programme had supported 126 people in paid employment. The trust's *Charter for the Employment of People who have Experienced Mental Health Problems* is designed to reduce employment discrimination against people who have experienced mental health problems throughout the trust. In 2004/05, a total of 15% of new recruits to the trust had a personal experience of mental health problems.

The trust works in partnership with a range of voluntary and independent sector agencies and delivers a Jobcentre Plus work preparation contract and the New Deal for Disabled People.

* Note: outcomes were at the end of the year; some of the 1,495 people would have been receiving assistance for only a relatively short period of time and may go on to work/study.

31. Employment specialists work closely with all members of the clinical team. Occupational therapists in some services have played a central role in working with employment specialists.²⁰
32. **Public services as exemplar employers.** This recognises that public services (NHS trusts, PCTs, local authorities and other public services) provide a wide range of employment opportunities and are the largest employers in some areas. Having used mental health services may be a positive advantage for prospective applicants through being able to utilise their experience of using mental health services. This in turn can serve to improve the quality of mental health care by involving people with direct experience in the care of others. Of course, not all people with mental health problems will want to work in mental health or other health services but for those that do, this may provide a very useful route back to paid employment.
33. In 2002, the Department of Health published advice to NHS employers on the retention and future employment of people who have experienced or are experiencing mental health problems.²¹
34. Services that have been successful in supporting people with severe mental health problems within public services operate in a similar way to Employment Specialists. However, the Employment Specialists tend to be located within, or outreach to, those human resources and occupational health departments within public services to effectively support the individual and the employer.
35. Following amendments to the Disability Discrimination Act 1995 through the Disability Discrimination Bill, a new duty on all public sector bodies (including the NHS) to promote equality of opportunity for disabled people will come into force in December 2006. This new duty, as detailed in Section 3 of the Disability Discrimination Bill, effectively extends the Disability Discrimination Act to include a new part 5a.
36. The introduction of the duty reflects a desire for the public sector to act as an exemplar of good practice and contribute in a demonstrable way to a more inclusive society.

The User Support and Employment Service at Sheffield Care Trust is a function of Adult Mental Health Services. It is a user-led service and works closely with the occupational therapy teams, which include a significant number of service user experts who are employed in a range of roles. The service has also developed a User Volunteer Project that helps people take the first tentative steps towards work.

The service:

- provides ongoing support on an individually tailored basis – there are currently 30 people who are actively supported in paid employment and 50 who are supported but not in regular contact;
- runs Back into Training and Employment workshops four times a year, providing information and training which explores employment issues and the options available in Sheffield – this has had 1,030 attendances in the last three years;
- identifies job opportunities and posts within health and social care services and targets advertising for these posts at service users – all care trust posts now specifically invite applications from mental health service users;
- offers practical help/advice, telephone support and monitoring of how work is progressing – they have 500+ phone conversations a year giving telephone support and advice;
- can provide access to a careers counsellor – currently there are ten people accessing this part of the service;
- operates a self-referral policy – 75% of the current client base are self-referred;
- is developing a constructive and progressive volunteer system – 35 people have gone into volunteer posts in the first six months with four moving into jobs.

The service also provides training and workshops for health professionals – 23 have been trained in the year 2004/05 – and has close links with local higher education establishments, where it supports service users in teaching and presenting to health professionals currently in training: 19 sessions in the period January to August 2005.

37. **Supported work (ie social enterprises and or social firms).** Many people with severe mental health problems may want to **work**, but may need support to retain work. Support should only be offered for as long as it is needed, with real incentives for supported employees to progress to unsupported employment where this is appropriate. Support can be offered to employees while they are in mainstream employment by a third-party provider. Alternatively, for those who would benefit from a specially constructed workplace, social enterprises and firms with their emphasis on

equality and involvement may be useful options. These services share many of the features of ordinary businesses and provide genuine employment, but offer a degree of 'shelter' and specific provisions suited to the special needs of the workforce. Where these people are undertaking a purely therapeutic activity and are not performing under a contract, then they do not need to be paid the minimum wage.

The Active Choices Programme at St James's House combines a focus on work and therapeutic support. The programme offers training and assistance in a working environment with interpersonal and IT skills, to enable full participation in workshops for individuals to gain skills, qualifications and confidence, leading to a permitted work paid placement, paid at the national minimum wage, where members have the opportunity to work in a supportive environment.

Members are offered two or three structured days a week for up to two years to gain new skills to enable clients to eventually become economically active in the community. St James's House works with 22 members and has 10 permitted work placements paid at the national minimum wage within the organisation, in the areas of desktop publishing, picture framing and administration.

Somerset County Enterprises is a supported business funded by Somerset County Council Social Services and Jobcentre Plus (through the Workstep programme). It provides paid employment opportunities for people with disabilities and, currently, 15% of the staff have mental health problems. When new members of staff are recruited, priority is given to individuals who have a long-term disability or health problem that prevents them from gaining or sustaining open employment. Individuals are job matched in a number of departments and depending on their previous experience, skills and job preference. Training is provided so that they become effective members of the team and, where appropriate, opportunities are sought for open employment in mainstream jobs where individuals can continue to be supported through the Workstep programme.

38. **Local, multi-agency, vocational forums.** For effective and efficient vocational services to work at a local level there needs to be good co-operation and integration between agencies. This means opportunities for local agencies to meet regularly together, to share information and to solve problems. These local, multi-agency 'forums' may be key to encouraging effective working 'on the ground'. They can help solve some of the common problems of inter-agency collaboration, eg referral processes, information sharing, cross-agency working, etc. It is important that, where possible, a co-ordinated effort between all stakeholders is built and maintained.

39. Key local agencies to enable people with severe mental health problems gain and retain paid employment, mainstream education and integrated voluntary work are PCTs, mental health trusts, local authorities, Jobcentre Plus, Connexions, Learning and Skills Councils, nextstep,²² colleges, mainstream training organisations, volunteer bureaux and the voluntary sector.
40. These forums need to relate to existing mental health partnerships, for example Local Implementation Teams (LITs) or Partnership Boards, but also need to link to partnership forums wider than mental health services to ensure there is a strategic fit with local planning and development. For example, with links to employer forums and the Local Strategic Partnership.

Broadening Horizons was launched in 2003 and is an initiative linked to the development of mental health services in County Durham and Darlington. Broadening Horizons brought together local services and agencies, including Jobcentre Plus, Connexions, local colleges and voluntary and independent sector providers to look at the opportunities available to working-age adults with mental health problems. The ambition is to harness the expertise of people and services who have knowledge and skills relating to employment, training, education and mental health, and to use this expertise to develop the community infrastructure necessary to support people into pursuing employment, education and meaningful occupation.

Broadening Horizons has:

- developed 'East' (an employment and aspirations screening tool) to use in community mental health settings, and a series of six themed maps designed to improve signposting to agencies and services available;
- provided a communication forum that has had a direct positive impact at ground level, improving the range and type of services available to users and carers; and
- made a commitment to raising user and carer expectations and ensuring that the mental health community is able and ready to respond.

Broadening Horizons has led to an improved understanding of the agencies and services operating in County Durham and Darlington and the issues, opportunities and obstacles that influence future service developments. The initiative has developed through extensive consultation with people who directly experience mental health problems and has been supported throughout by County Durham and Darlington Priority Services NHS Trust.

Commissioning framework

41. Table 1 provides a commissioning framework for effective vocational services. The framework outlines the range of services needed and provides possible performance monitoring criteria for such services.
42. The aims of this commissioning framework are to implement evidence-based practice within vocational rehabilitation for people with severe mental health problems, and to develop strong links and referral arrangements with local employment, education and volunteering services. It is important that commissioners ensure that vocational services are based around the needs of the individual, irrespective of whether care is received from secondary or primary care services, and for there to be a focus on vocational outcomes as a measure of services.
43. There should be a range of services and support to enable people with severe mental health problems to access paid employment, mainstream education/training or integrated voluntary work in the local community. Where people do not wish to take that route, they should have access to supported work or stimulating day occupation which is integrated into the local community and economy.
44. There is the recognition that there needs to be a range of vocational services to meet the needs of all individuals, including those most disabled by their mental ill health. There will not be one approach that fits all.

Table 1: Commissioning framework for vocational services

Contracting specification	CLINICAL VOCATIONAL LEADS IN TEAMS	EMPLOYMENT SPECIALISTS	PUBLIC SERVICES AS EXEMPLARY EMPLOYERS	SUPPORTED WORK (social enterprises/firms)	LOCAL, MULTI-AGENCY FORUMS
<p>Key features</p> <ul style="list-style-type: none"> • A mental health professional with an interest in vocational rehabilitation. • Takes a clinical perspective on vocational rehabilitation. • Offers advice and guidance on vocational matters to other team members. • Provides brief interventions that help clients to achieve their vocational preferences and choices. • Works closely with the employment specialist. • Has good working relationships with local providers (including education, volunteering, etc). 	<ul style="list-style-type: none"> • Only provide a vocational service. • Integrated into clinical teams. • Each employment specialist carries out all phases of the vocational service (engagement, assessment, job placement and ongoing support). • Function as a unit rather than as a group of practitioners. • No eligibility criteria beyond a person stating they would like to work, go to college or do voluntary work. • Undertake a rapid job search, at the individual's pace but normally within one month. • Individualised and diverse job search. • Focus on permanent jobs. 	<ul style="list-style-type: none"> • As for employment specialists, but integrated into Human Resources or outreach to Human Resources and Occupational Health departments of public services. 	<ul style="list-style-type: none"> • Firms deliver 'real' work (goods and services) to local communities. • Workers offered formal 'Terms and Conditions' of employment. • Workers paid the National Minimum Wage or above for work undertaken.²³ • Workers who wish to undertake permitted work inform their local Jobcentre Plus.²⁴ • Workers involved in decision-making regarding business operations. 	<ul style="list-style-type: none"> • Forum membership includes all relevant local agencies and relates to LITs. • Evidence of commitment from senior managers. • Evidence that the forum addresses problems of local interest and has explicit objectives. • Evidence that the forum attempts to promote improved inter-agency working 'on the ground'. • Evidence that the forum aim is to increase the vocational outcomes for people with mental health problems. 	

Contracting specification	CLINICAL VOCATIONAL LEADS IN TEAMS	EMPLOYMENT SPECIALISTS	PUBLIC SERVICES AS EXEMPLARY EMPLOYERS	SUPPORTED WORK (social enterprises/ firms)	LOCAL, MULTI-AGENCY FORUMS
<p>Key features – continued</p>		<ul style="list-style-type: none"> • Employment specialists help people to finish jobs when appropriate, and to find new jobs. • Individualised ongoing support once in employment, education or voluntary work. • Vocational interventions such as engagement, job finding, ongoing support are provided in community settings. • Liaison with inpatient units to help maintain people in work. • Link with primary care to provide vocational support to people with severe mental health problems who are managed in primary care, by GPs and/or primary care graduate workers. 			
<p>Providers</p>	<p>NHS and Local Authority</p>	<p>NHS, Local Authority, voluntary and independent sectors.</p>	<p>NHS, Local Authority, voluntary and independent sectors.</p>	<p>Voluntary and independent sectors.</p>	<p>All</p>

Contracting specification	CLINICAL VOCATIONAL LEADS IN TEAMS	EMPLOYMENT SPECIALISTS	PUBLIC SERVICES AS EXEMPLARY EMPLOYERS	SUPPORTED WORK (social enterprises/ firms)	LOCAL, MULTI-AGENCY FORUMS
Key linkages	To employment specialists and all providers in the network.	To all specialist and mainstream vocational providers including Jobcentre Plus and Connexions.	To clinical teams, day services, Jobcentre Plus, Human Resources and Occupational Health across public services.	To local business community, NHS, Jobcentre Plus and local authorities (procurement).	All
Level of provision	One per team (CMHT or specialist team).	One WTE per clinical team.	One WTE per LIT or PCT.	10–15 places per 100,000.	One per LIT/PCT or locally agreed area.
Number of people served		Employment specialists manage vocational caseloads of up to 25 people at any one time.	Employment specialists manage vocational caseloads of up to 25 people at any one time.	LIT/PCT population	
Performance indicators	Reduction of people on community team caseloads not involved in meaningful occupations.	Increase in the number of people supported in paid work. Increase in the number of people supported in mainstream education/training. Increase in the number of people supported in voluntary work. Reduction of people on clinical team caseloads not involved in meaningful occupation.	Increasing number of people being supported in paid employment in mental health trusts, PCTs, Local Authorities and other public services. Public services employment policies reflect commitment to employ service users.	10–15 people with severe mental health problems employed (full- or part-time) in local social firms.	Active local forum meeting at least quarterly. Membership involves all local agencies. Evidence that group has addressed local issues of inter-agency collaboration.

Commissioning guidance: Co-ordination, Leadership and Monitoring

“I had been off work on sick leave from my full-time job for around a month when my community psychiatric nurse referred me to an employment first support worker. My GP was also concerned that I was in danger of becoming a full-time patient if I didn’t get back to work.

This period of sick leave had been the most recent in the several years that I had been in the job. I had already been off work on several occasions over the years due to depression. On the most recent occasion, work issues had contributed to my depression. When I had gone back to work before, I felt that some of my colleagues did not understand me. They thought, like a broken leg that mends, that I had been ‘fixed’. Because of this, I then felt unable to communicate to them how I was feeling, and I felt under pressure.

Shortly after meeting with the employment first support worker, I gave him permission to talk to my boss and he arranged to support me at a meeting with my boss and the personnel officer at my firm. I was worried and very anxious about going back again – just the thought of stepping back into the building where I worked filled me with terror – but I felt I had to try. My employment first support worker supported and reassured me, and I knew that he would be with me in taking the first steps back.

The meeting helped my employers to understand me and my health issues better than they had before. I think they started understanding me better as a person. I don’t think this would have happened without the support from the employment first support worker. We all agreed on a phased return to work, which gave me targets to aim for. I went back part-time on full-time pay for an agreed period. However, towards the end of the phased return the thought of doing a full week was still too much for me. My employment first support worker supported me to renegotiate my terms and conditions to allow me one set day off a week to give me some breathing space.

I now feel far more settled at work and in life in general. I have maintained contact with my employment first support worker, which is invaluable because it gives me the chance to talk to someone outside work. I feel everyone at work now understands me better and that makes me feel happier and more content in my job. This has helped me to reduce my stress and anxiety. I no longer feel isolated, and since I’ve been back I haven’t had any time off sick.”

Vocational pathways

45. Eligibility for vocational services should be based on the individual's preferences.²⁵ Those people who want and are able to get back to work need to be given the support to do so. It may therefore be helpful to understand how people currently access vocational services. Commissioners may find it useful to undertake a process-mapping exercise to understand the pathway an individual might take to access vocational services, to understand blockages and delays within the mental health system, and to identify opportunities for improvement.

Role of mental health staff

46. The ten essential shared capabilities for mental health practice²⁶ illustrate that social inclusion is not the responsibility of one single profession. All mental health professionals have a role to play in helping people with severe mental health problems to access services which will enable them to gain and retain paid employment, mainstream education or mainstream voluntary work. All professionals have a role in:
- identifying and supporting people who may be at risk of losing their jobs or terminating college courses because of their mental health; and
 - identifying the vocational needs of unemployed service users and including these needs in care plans from the outset.

The North East London Mental Health NHS Trust (NELMHT) has been working with Jobcentre Plus to improve access to employment opportunities for mental health service users who are on Incapacity Benefit. A key aim has been to ensure that the process for service users who have their benefits reviewed through the work-focused interview is conducted in a way that reduces stress and anxiety, and avoids unnecessary crisis.

The project has included mental health awareness training for all specialist incapacity benefit personal advisers (SIBPAs) from Jobcentre Plus, as well as ongoing monthly case conferences facilitated by a Jobcentre Plus work psychologist and an occupational therapist from the NELMHT.

The case conference supervision groups provide ongoing supervision and support for new SIBPAs. An evaluation of the case conferences showed that the majority of SIBPAs found them:

- very helpful in working out a way forward when they were unsure about how to help service users move towards employment; and

- very helpful in getting additional help on mental health issues – the case conferences were described as informative, helpful and supportive.

The project is now implementing monthly case conferences for all mental health staff involved in vocational work. An occupational therapist, a disability employment adviser and a SIBPA from Jobcentre Plus jointly facilitate these. Benefits of the project so far include a greater understanding between NELMHT and Jobcentre Plus staff about the other's organisation, culture and goals.

Coordination and leadership of vocational services

47. As identified in the *Mental Health and Social Exclusion* report, a lack of clear responsibility for improving vocational and social outcomes for adults with severe mental health problems has been an underlying cause of social exclusion.
48. There is a need for a lead role to be taken in vocational service development, providing leadership and coordination from clinical teams to mainstream services. There is clear responsibility and coordination in areas where there are effective vocational services in place, delivering real outcomes for people with mental health problems.
49. The mental health services which have taken responsibility for vocational services have appointed dedicated senior managers to lead on vocational services (for example as the vocational services manager roles at the South London and Maudsley NHS Trust and the South West London and St George's Mental Health NHS Trust, and the Assistant Director role at the South Essex Partnership NHS Trust). Specific responsibility has been allocated in each locality for the development, management and coordination of vocational services. Such services have produced more effective vocational outcomes for people with severe mental health problems. See Appendix C for an example organisational chart.
50. Within these examples the emphasis has been on paid employment, mainstream education and mainstream voluntary work. By addressing ways in which existing statutory and voluntary sector services work together, real change has been brought about for people with severe mental health problems, without increasing the burden on mental health professionals.
51. A key indicator for such roles is partnership working with other statutory and voluntary sector agencies in the delivery and future development of services. Partnership working will improve:
 - inter-agency working;

- funding opportunities;
- the understanding between agencies of what is trying to be achieved;
- strategic planning of vocational services; and
- the effectiveness and efficiency of services within a locality.

In 2002 Hampshire County Council, in partnership with the Voluntary and Community Sector (VCS) and Hampshire Partnership Trust, developed a strategy for employment services. The strategy argued for a range of employment services including vocational advisers based in mental health teams, supported employment opportunities, other positive integrated employment opportunities, and the trust and partners as 'exemplary employers'.

By working closely with Solent MIND and other VCS organisations, the trust has integrated 14 vocational advisers into or alongside 13 community mental health teams. They:

- offer vocational advice to individuals, care coordinators and employers;
- conduct joint assessments with care coordinators, using a vocational assessment tool;
- support care coordinators to deliver the employment component of the CPA;
- facilitate a drop-in employment forum for quick advice for people not yet referred;
- increase the expectations of service users by developing the service through user involvement and promoting a recovery philosophy;
- signpost people to other agencies, for example CAB, disability employment advisers;
- facilitate a steering group within which representatives from community mental health teams can provide feedback;
- work within a social services day centre and with a specialist mental health benefits adviser; and
- support the work of other local employment services.

Early results show that many of the clients who attended a pre-vocational course facilitated by two of the vocational advisers returned to work – paid, voluntary or permitted. Work is currently underway to ensure that effective and comprehensive data is collated to support the development of the posts.

Monitoring vocational services

52. Involving people with severe mental health problems in the monitoring of vocational services can offer a helpful perspective on the effectiveness of those services. People themselves are the best judges of whether current services are meeting their vocational needs, preferences and choices.
53. Monitoring vocational outcomes provides a clear measurement of the effectiveness of such services. Outcomes can be measured against the number or proportion of people:
- gaining paid employment;
 - retaining paid employment;
 - using permitted work;²⁷
 - supported to gain/retain employment in public services (e.g. mental health trusts, PCTs, local authorities);
 - supported in mainstream education; and
 - supported in integrated voluntary work.
54. Systematically collecting vocational (and social) outcomes enables commissioners to understand how socially inclusive mental health services are. For example, along with its commissioners, South West London and St George's Mental Health NHS Trust has defined and agreed vocational outcomes and has incorporated these into its Key Performance Indicators (KPIs). Vocational outcomes are reported to commissioners on a quarterly basis.
55. The 'Individual Placement and Support' approach has a fidelity scale that provides further process measurements for the effective implementation of this evidence-based practice. The fidelity scale is available at www.dartmouth.edu/~psychrc/pdf_files/SEfidelityscale.pdf.

“Nowadays my psychiatrist and psychologist are eager to discuss my employment situation with me, particularly how I can manage it to prevent an exacerbation of my mental health problems. This has been a very helpful strategy, particularly when I have been an inpatient and have needed to agree a staggered return to work, but it has also been useful on a day-to-day basis.”²⁸

Appendix A

Jobcentre Plus

Jobcentre Plus is an executive agency of the Department for Work and Pensions (DWP). The Department's aim is to 'promote opportunity and independence for all'.

Launched in April 2002, Jobcentre Plus brought together the Employment Service and the parts of the Benefits Agency that delivered services to working-age people. The aim of the new agency is to help more people into work, to help employers fill their vacancies and to provide people of working age with the help and support to which they are entitled.

Jobcentre Plus can be found in most towns across Great Britain. The agency normally sees all people with a claim to benefit at least once at the beginning of a claim, and again at certain other trigger points. JobCentre Plus also has specially trained advisers who work with benefit recipients on a voluntary basis to help and support their aspiration to move nearer to the world of work.

Specialist staff

Disability Employment Advisers (DEAs)

DEAs provide specialist support to people who are recently disabled, or to those whose disability or health condition has deteriorated and who need employment advice. They provide support to disabled people who are having difficulty in getting a job because of their disability and also to employed people who are concerned about losing their job because of a disability.

Incapacity Benefit Personal Advisers (IBPAs)

Most offices will have specialist advisers who work to support people who are claiming benefit on the grounds of incapacity. In certain areas of Great Britain these advisers have access to a range of employment support and health provision under the Pathways to Work umbrella (see below).

Access to Work advisers (AtWAs)

AtW advisers have specialist knowledge of the Access to Work programme, which provides support to disabled people and to their employers to help overcome work-related obstacles resulting from a disability.

Work psychologists (WPs)

WPs are on hand to provide one-to-one assessments and support.

These specialist staff act as a catalyst between customers and work. They work with partners and providers to access all the help available, from both internal and external sources. The Jobcentre Plus provision they can offer is:

Employment assessment

An employment assessment can help an individual to find out how their health condition or disability will affect the type of work or training they would like to do. It also helps to identify a person's abilities and strengths. At the end of the assessment the individual has an action plan of steps to take to achieve a job goal.

Work Preparation

Work Preparation is an individually-tailored programme designed to help people with health conditions or disabilities to return to work following a long period of sickness or unemployment.

Job Introduction Scheme (JIS)

JIS can help someone who is starting work and who has concerns about how a disability or health condition might affect them. JIS can pay a weekly grant to the employer for the first few weeks to help towards wages or other costs, for example additional training.

Workstep

Workstep provides job support to over 26,000 disabled people who face more complex barriers to getting and keeping a job, but who can work effectively with the right support.

New Deal for Disabled People (NDDP)

NDDP is a job-brokering service specially designed to help people with disabilities or health conditions to prepare for, find and remain in sustained work.

Pathways to Work

Pathways started as a pilot programme in seven areas of Great Britain but has begun to be rolled out to other areas since October 2005. Pathways offers specialist support as above but also offers the following features:

- **Condition Management Programme (CMP):** run in conjunction with the local NHS, CMP provides a non-treatment service for individuals. Assessment and case management is usually through an occupational therapist who can refer customers on to group or individual sessions to help them understand and manage their condition. Both physical and mental health programmes are available.
- **Return to Work Credit (RTWC):** offers individuals £40 per week for the first 12 months of employment, providing the job is for over 16 hours per week and pays below £15,000 per annum.
- **In-Work Support (IWS):** offers individuals and employers support during the first six months of someone's employment. The range of services on offer includes mentoring, job coaching, drug and alcohol advice, financial advice for employees, as well as occupational health advice for the employer.

The above is not exhaustive – for full and up-to-date advice go to the Jobcentre Plus website at www.jobcentreplus.gov.uk.

Appendix B

Job description and person specification for an Employment Specialist (Band 5)

Job summary

Under the supervision of the team manager, to manage a caseload of people who have experienced mental health problems and who wish to gain/retain employment, mainstream education or voluntary work. To work directly with employers to secure employment opportunities for people who have experienced mental health problems, and subsequently to provide ongoing support according to both the employee's and the employer's needs. Thus to enable people who have experienced mental health problems to gain and retain employment.

Key result areas

1. To manage a caseload of people who have experienced mental health problems and who wish to return to work.
2. To be integrated with a CMHT as an employment specialist, working with the care coordinators and being responsible for those service users who want to move into employment, education or voluntary work.
3. To meet regularly with care coordinators to coordinate and integrate vocational services into mental health treatment.
4. To prepare individuals for employment by assessing their specific employment needs through vocational profiling.
5. To provide personalised ongoing support to individuals once they have secured employment to assist them in sustaining that employment.
6. To proactively engage and work with employers to open up and secure employment opportunities for people who have experienced mental health problems.
7. To provide education and support to employers, as agreed with the individual. This may include negotiating adjustments and maintaining ongoing contact with the employer to ensure job retention.

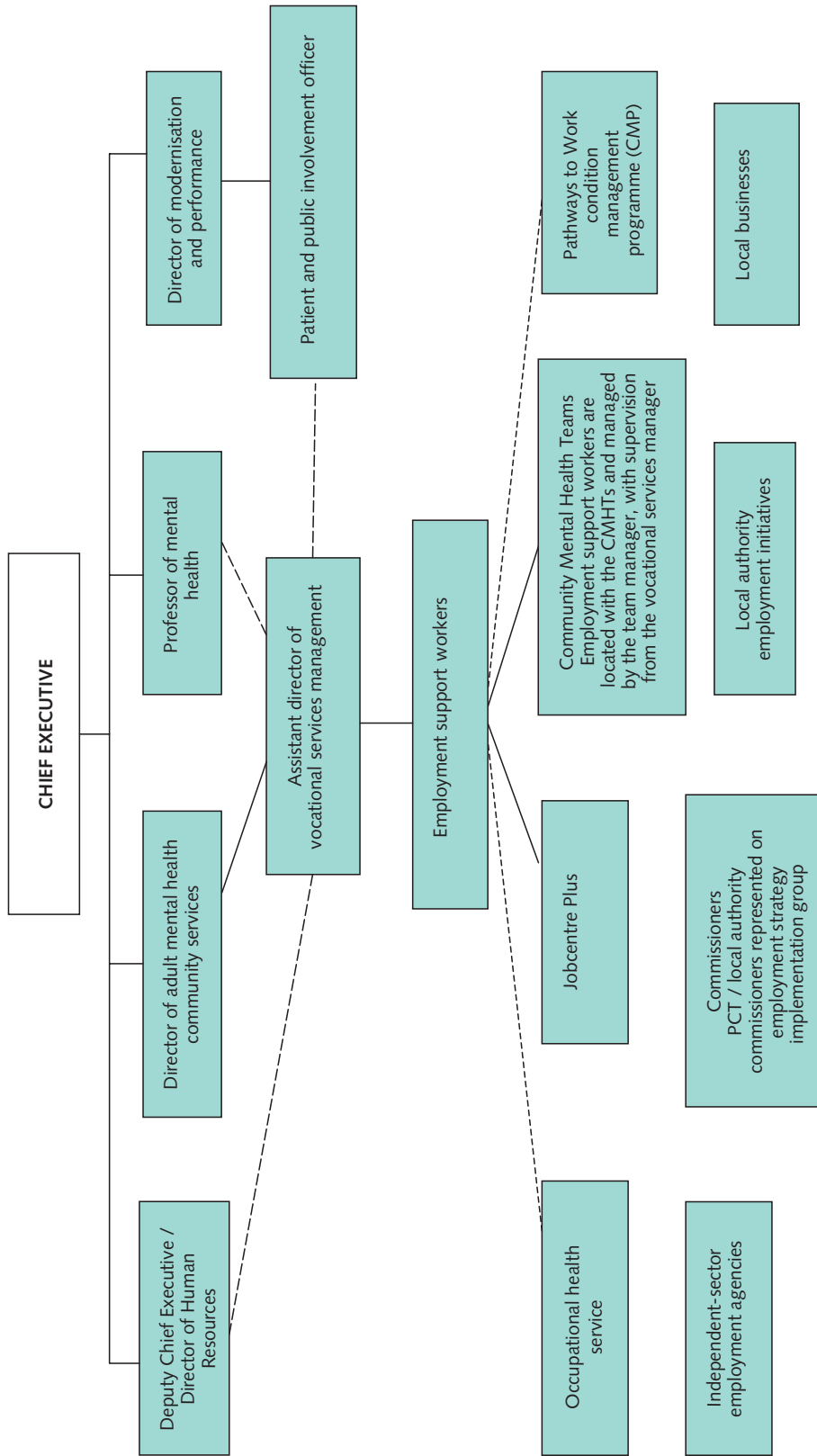
8. To provide outreach services to individuals as necessary when they appear to disengage from the service. To maintain some contact with individuals, even without a vocational focus if necessary, to sustain engagement.
9. To assess individuals' work-related support needs – these might typically include help with benefits, travel to work etc.
10. To develop good working relationships with other organisations that are better equipped to help individuals to achieve their employment goals, for example local colleges and training providers.
11. To work flexibly, as required by the individual and the employer. This might require some working out of 'normal' office hours.
12. To maintain a professional relationship with the clients of the programme and with other staff, paying particular attention to confidentiality and the maintenance of boundaries.
13. To engage in the supervision, training and personal development activities consistent with the requirements of the post and with the individual's career goals.
14. To support administrative systems that record the progress of individuals and keep accurate and complete records of their casework.

This is not an exhaustive list of duties and responsibilities, and the postholder may be required to undertake other duties which fall within the grade of the job, in discussion with his or her line manager.

	ESSENTIAL	DESIRABLE
Training and qualifications	<ul style="list-style-type: none"> • Educated to degree level or equivalent. • Experience in industry. 	
Experience	<ul style="list-style-type: none"> • Minimum of one year's experience within health, social services or the voluntary sector, working with people who have experienced mental health problems. • An understanding of the employment needs and difficulties of people who experience mental health problems. • Experience of helping people to obtain or keep work. 	<ul style="list-style-type: none"> • Experience and knowledge of Jobcentre Plus and all disability/employment-related benefits. • Personal experience of mental health problems.
Knowledge and skills	<ul style="list-style-type: none"> • Good interpersonal skills. • Good facilitation skills. • Good presentation skills. • Good marketing skills. • Good negotiation skills and persuasive style. • Basic counselling skills. • An ability to initiate and develop relationships with employers while being aware of their needs. • An ability to work independently, reliably and consistently. • Vocational assessment and profiling. • Working knowledge of a broad range of occupations and jobs. 	<ul style="list-style-type: none"> • Word-processing/computing skills. • Report-writing skills. • Solution-focused therapy skills. • An understanding of the principles and practice of supported employment. • An understanding of the Disability Discrimination Act. • An understanding of Disability and special needs issues in relation to employment/education.
Other	<ul style="list-style-type: none"> • An ability to see solutions rather than problems. • A willingness to work flexible hours through prior arrangement as the needs of the job dictate (for example some evenings). 	<ul style="list-style-type: none"> • Personal experience of mental health problems. • A clean driving licence and a car.

Appendix C

South Essex Partnership NHS Trust



References

- 1 *National service framework for mental health: modern standards and service models* (DH, 1999).
- 2 Social Exclusion Unit Report, *Mental Health and Social Exclusion* (Office of the Deputy Prime Minister, 2004).
- 3 *Choosing Health: Making healthy choices easier* (DH, 2004).
- 4 *Framework for Vocational Rehabilitation* (DWP, 2004).
- 5 *Health, work and well-being – Caring for our future: A strategy for the health and well-being of working age people* (DH, DWP, Health and Safety Executive, 2005).
- 6 See 3.
- 7 See *Labour Force Survey* (Office for National Statistics, 2003), figures for England only.
- 8 Bennett, DH (1978) Social Forms of Psychiatric Treatment, in Wing, JK (ed.), *Schizophrenia: Towards a new synthesis* (London: Academic Press).
- 9 Activities such as childcare, housework and working for good causes or for the benefit of the local community are clearly ‘work’, in the sense that the tasks and outcomes are defined by others. Sometimes these activities do not attract formal payments, but if a contract of employment has been established, the minimum wage and other employment rights will apply.
- 10 Thomas, T, Ryan, T, Newbigging, K, (2003) *SEU consultation exercise. Mental health, illness and social exclusion* (Health and Social Care Advisory Service).
- 11 See 2.
- 12 Skills strategy White Paper, *21st Century Skills: realising our potential* (DfES, 2003).
- 13 Skills White Paper, *Getting on in business, getting on at work* (DfES, 2005).
- 14 Level 2 is equivalent to NVQ level 2 or four GCSEs at grades A–C. Level 3 is equivalent to NVQ level 3, BTEC National Diplomas or three A-levels.
- 15 Bond, GR (2004) Supported employment: Evidence for an evidence-based practice, *Psychiatric Rehabilitation Journal*, **27** (4), pp 345–59.

- 16 ‘Clinical teams’ refers to all community teams, for example community mental health teams, early onset teams for first episode psychosis, assertive outreach teams and rehab teams. Liaison with inpatient units to help maintain people in work is essential.
- 17 See 7.
- 18 Perkins, R and Rinaldi, M (2002) A decade of rising unemployment, *Psychiatric Bulletin*, **26** (8), pp 295–98.
- 19 Nextstep is an integrated information, advice and guidance service for adults. Adults can phone Learndirect and, if they are below level 2 or have a disability (including mental health problems), they are redirected to their local nextstep provider. Details of nextstep providers are available on www.nextstep.org.uk.
- 20 Davis, M and Rinaldi, M (2004) Using an evidence-based approach to enable people with mental health problems to gain and retain employment, education and voluntary work, *British Journal of Occupational Therapy*, **67** (7), pp 319–22; Robdale, N (2004) Vocational rehabilitation: the Enable employment retention scheme, a new approach, *British Journal of Occupational Therapy*, **67** (10), pp 457–60.
- 21 www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4008361&chk=6gZSv/.
- 22 See 19.
- 23 See guidance at www.dti.gov.uk/er/nmw/nmwther.pdf.
- 24 See www.jobcentreplus.gov.uk/JCP/Customers/WorkingAgeBenefits/dev_008025.xml.html.
- 25 See 15.
- 26 *Ten essential shared capabilities* (Mental Health Workforce Commission, NIMHE, 2004).
- 27 See 24.
- 28 Hutchinson, M (2005) Working Wounded, in Grove, B, Secker, J and Seebohm, P (eds), *New Thinking About Mental Health and Employment* (Oxford: Radcliffe Press).



Crown copyright 2006

Produced by COI for the Department of Health

272189 1p 1k Feb06 (CW)

This publication is available on the website
www.dh.gov.uk/mentalhealth