

# Work, Recovery & Inclusion

Employment support for people in  
contact with secondary mental health services

**DH INFORMATION READER BOX**

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# JOINT MINISTERIAL FOREWORD

Work is good for people's health. For people with severe mental health conditions this is especially true, and increased hope is an important part of the journey to recovery. People with severe mental health conditions can and do work. For a variety of reasons an unacceptable number don't work, despite most people saying that they want to. It is therefore critical we have meaningful interventions in place to enable people to fulfill their employment aspirations.

The Government has set out its overarching ambitions for mental health and employment in *Working Our Way to Better Mental Health: A Framework for Action*. *Work, Recovery and Inclusion* complements and adds value to this with a sharp focus on raising the employment opportunities, and thus life chances, of adults with severe mental health conditions. The Government's efforts have been fully supported by the excellent independent review led by Rachel Perkins *Realising ambitions: better employment support for people with mental health conditions*. *Work, Recovery and Inclusion* responds and builds on the review's recommendations, with specific actions for both the Government and regional and local stakeholders. This range of activity also embodies a new cross-Government approach to mental health and well-being as set out in *New Horizons: a shared vision for mental health*.

The ongoing exclusion of people with severe mental health conditions cannot continue. We need to break the mould and change the focus of policy and provision, so that we concentrate our efforts on what people can do as opposed to what they cannot.

Our vision is one where having a mental health conditions is no longer stigmatising nor a barrier to full and equal participation in our society. We must rethink how we work and challenge negative assumptions about mental health conditions.



A handwritten signature in black ink that reads "Phil Hope".

**Phil Hope**  
Minister of State for  
Care Services



A handwritten signature in black ink that reads "Jonathan Shaw".

**Jonathan Shaw**  
Minister for  
Disabled People



A handwritten signature in black ink that reads "Kevin Brennan".

**Kevin Brennan**  
Minister for Further Education,  
Skills, Apprenticeships and  
Consumer Affairs



A handwritten signature in black ink that reads "Angela Smith".

**Angela Smith**  
Minister of State for  
Cabinet Office

# EXECUTIVE SUMMARY

## Introduction

People with mental health conditions can and do work, with many thousands of people with mental health conditions working in a broad range of roles. However, the proportion of people who are employed who have severe mental health conditions compared to other groups is unacceptably low, despite a high proportion of people saying that they would like to work. *Work, Recovery and Inclusion* sets out a series of actions that will help meet the aspirations of people in contact with secondary mental health services who want to work.

The Government agrees with many of the recommendations from the review recently completed by Rachel Perkins, and therefore, *Work, Recovery and Inclusion* should be seen as forming a key part of the cross-Government response to the review. *The Perkins review* was commissioned by the Department of Work and Pensions (DWP) to examine how employment services can better support people with mental health conditions or disabilities into work.

The key message of *Work Recovery and Inclusion* is that work is good for mental health and is central to recovery for people with mental health conditions. *Work, Recovery and Inclusion* supports the move towards designing and delivering more effective, inclusive and recovery based services in mental health care. The Government endorses the recovery model which empowers people with mental health conditions to move forward, carry out activities and develop relationships to lead fulfilling lives.

## Vision

This document looks to a future where people who are in contact with secondary mental health services are helped to get jobs, where they are equally valued for their contributions to the workplace, and where having a

mental health condition is not seen as a barrier to work. Our long term goal is to radically increase the number of people in contact with secondary mental health services in employment by 2025, and to narrow the gap between their employment rate and that of disabled people generally.

The vision for this document is deliberately challenging and aspirational. The intention is to bring about a sustained and significant step-change in performance and outcomes. This vision is underpinned by a number of core principles which have guided development of commitments in the strategy:

- **work is good for mental health: it aids recovery and has a therapeutic value**, even for those with the most severe mental health conditions
- it is **vital that health and employment services work together**, delivering consistent messages about the value of work and coherent support to enable people to achieve stable employment
- **employers should feel confident and supported** in the recruitment and retention of people with mental health conditions
- **lifting the employment aspirations of people with mental health conditions, and those who support them**, is a key step towards raising the employment rate. We must challenge out-dated beliefs about mental health and work, whether held by service professionals, employers or people who use services
- **employment should be considered within the context of wider determinants of social exclusion**, such as housing, transport and debt

- **the engagement and involvement of people using services should be meaningful and at the heart of policy development** locally, regionally and nationally, taking account of the needs of diverse groups and communities
- any changes should be driven by the best **use of available evidence and data**, and by an ongoing commitment to build the evidence base
- **services should be tailored to meet needs of all people with mental health conditions** irrespective of their age, gender, disability, ethnicity, sexual orientation, religion or belief

## The scope of *Work, Recovery and Inclusion*

*Work, Recovery and Inclusion* contains commitments to improve the employment chances of people in contact with secondary mental health services. These cover actions to support people to build skills to compete for jobs, actions that enable people to get jobs, and actions designed to support employers and employees to keep people in work. These commitments are relevant to central government departments and regional and local agencies and organisations.

This document should be seen in the broader context of ongoing work on mental health and employment. This year the Government has published the first ever national strategy on mental health and employment - *Working our way to better mental health: A Framework for Action*. The Government has also published *New Horizons: a shared vision for mental health* which sets out the long-term blueprint for mental health services, and highlights the importance of work as part of recovery for people with mental health conditions.

*Work, Recovery and Inclusion* is a product of the work of the Socially Excluded Adults Public Service Agreement (PSA16). This has focused on ensuring that the most excluded in our society have access to the same aspirations of 'a home and a job' that the vast majority of people enjoy.

For the purpose of PSA 16, the group is defined as people in contact with secondary mental health services receiving treatment and support within the Care Programme Approach. In practice the specific services and support needed for this group cannot be distinguished from those services provided to all people in contact with secondary mental health services. Therefore the commitments and recommendations in this delivery strategy apply to all people in contact with secondary mental health services.

## The Government response to *Realising ambitions: Better employment support for people with mental health conditions*

*Work, Recovery and Inclusion* incorporates many key parts of the Government's response to *the Perkins review: Realising Ambitions: Better employment support for people with mental health conditions*. Overall, the Government agrees with the strong vision the review sets for a more joined up approach to service delivery across the traditional divides of DWP services and health and social care services.

## The case for action

The case for action is strong, and positive changes are likely to benefit both the person as well as society more broadly. For the person there is clear evidence that good work is beneficial for a person's well-being. Employment can bring social, economic and psychological benefits. Employment can provide meaning and value in life, status, social connections and opportunities for financial and other rewards.

In terms of the wider society, helping more people to return to work will help reduce the costs of managing mental health conditions to the economy. Cost benefit analysis which informed *the Perkins review* suggested a redesign of employment services is likely to be cost effective.

## Gaining a job

The support needed by people to help them into work comes from a number of organisations. People should be able to access effective vocational services within a health setting, as well as receiving appropriate support from Jobcentre Plus (JCP). People's journeys into work are individual and unique, and so support should be tailored to each person's specific needs. Therefore the Government commits to:

- supporting NHS commissioners and Trusts to grow the provision of evidence based vocational support in secondary mental health services
- exploring how JCP employment advisers and others delivering services are supported to better help people in contact with secondary mental health services

## Work, recovery and inclusion in secondary mental health services

Many people's expectations are shaped by those held by the professionals they have close contact with. It is therefore important that clinical services consider employment as a clinical outcome and incorporate it within the design of recovery based approaches. The Government will:

- encourage mental health services to incorporate a focus on employment in the services that they provide, including through personal budgets and care planning.
- improve the way that it collects data on the employment of people in contact with secondary mental health services

## Keeping a job

When people move into work it is important that the workplace is accommodating, and that both employer and employee are confident in the support they receive. In addition, the workplace is a good place to communicate messages on the protection and promotion of positive mental health.

The Government will:

- adapt Access to Work to ensure that it is better targeted at people most disadvantaged in the labour market, including people with mental health conditions, and that its resources are used in the most cost effective way
- seek to outlaw the inappropriate use of pre-employment health checks through an amendment to the Equalities Bill
- provide advice and guidance to employers and employees on working with a severe mental health condition

## Skills for work

People with mental health conditions have the same potential as everyone else. In order to progress in work it is important to ensure that continued skills development is taken into account, learners with mental health conditions are able to get the best out of their experience, and they can gain the necessary skills for work. The Government commits to:

- a more integrated approach to employment, learning and skills, especially for those with barriers to participation.

## Public sector leading by example

It is important that the public sector leads by example in employing people in contact with secondary mental health services, as well as ensuring that there is appropriate support in the workplace to help people. The Government commits to:

- working with government departments, the NHS, local authorities and other public sector organisations to examine ways of ensuring that more people in contact with secondary mental health services are employed by their organisations

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## **Welfare state as an enabler to work**

The Government is aware of the impact of complexities in the benefits system, and developments in benefits policy and delivery are intended to address these problems. Changes have been designed to make the system less stressful to navigate. The Government is also determined to further simplify the benefits system. The Government commits to:

- consider how to ensure that 'Better off in work' calculations are made more broadly available beyond JCP, including where appropriate health settings and third sector organisations

## **Delivering *Work, Recovery and Inclusion***

Responsibility for the delivery of employment support is shared between a number of departments and agencies, and delivered locally by a broad spectrum of providers. People who use services have a valuable and important contribution to service development and delivery. The commitments in this paper will only be delivered through a joined up approach where partners work with people who use services and employers to transform delivery. The Government commits to ensuring that:

- partnerships are strengthened at a local level, including the new Mental Health Co-ordinators in Jobcentre Plus
- there are coherent and effective arrangements for the ongoing governance of the commitments in this strategy
- at a local and regional level the appropriate agencies are included in planning and delivery



# 1. INTRODUCTION

1. People with mental health conditions can and do work. For too long society has seen mental health conditions as negative, often forgetting the valuable contribution that people who have mental health conditions continue to make to our society. At present there are many thousands of people who are in contact with secondary mental health services working in all manner of different roles. Unfortunately, many more people are not working; despite a very high proportion of people saying that they would like to work.
2. The purpose of *Work, Recovery and Inclusion* is to set out a high level vision for people in contact with secondary mental health services. *Work, Recovery and Inclusion* is also a delivery strategy containing a broad range of actions that will help to bridge the gap between the aspirations of those wanting to work and the opportunities that currently exist.
3. People in contact with secondary mental health services have the potential to be more fully included in society through work. They can take advantage of the everyday opportunities afforded to everyone who has a job - a regular income, routine, social interaction and a sense of purpose. These opportunities have not always been fully accessible to people with mental health conditions, not least because mental health services have not traditionally focused efforts on employment although this is changing. Employment services have not always been as effective as they might be for people with mental health conditions. This, coupled with the negative impact of stigma and discrimination, means that often people are discouraged from working.
4. *Work, Recovery and Inclusion* forms a key part of the Government response to *the Perkins review: Realising ambitions: better employment support for people with mental health conditions*. This independent review, led by Rachel Perkins, was commissioned by the Department for Work and Pensions (DWP) to explore how employment services can better support people with mental health conditions or disabilities into work. The primary message of the review is that work is good for mental health and is an integral part of the journey of recovery for people with mental health conditions. Recovery is an important concept and its aims are to help people with mental health conditions to move beyond mere survival and existence, encouraging them to move forward, carry out activities and develop relationships to lead fulfilling lives.
5. The Government welcomes and endorses the review and the powerful and ambitious vision it sets out. *Work Recovery and Inclusion* picks up on key recommendations from the review, including actions that will help bring about positive change.

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## Vision

6. This document looks to a future where people in contact with secondary mental health services are enabled to fulfil their employment aspirations, where people are equally valued for their contributions to the workplace, and where having a mental health problem is no longer seen as a barrier to work.

7. The Government's long term goal is to radically increase the number of people with mental health conditions in employment by 2025, and to narrow the gap between their employment rate and that of disabled people generally.

8. The vision for this document is deliberately challenging and aspirational. The intention is to bring about a sustained and significant step-change in performance and outcomes. This vision is underpinned by a number of core principles which have guided the commitments in the strategy.

- **work is good for mental health: it aids recovery and has a therapeutic value**, even for those with the most severe mental health conditions.

- it is **vital that health and employment services work together**, delivering consistent messages about the value of work and coherent support to enable people to achieve stable employment

- **employers should feel confident and supported** in the recruitment and retention of people with mental health conditions

- **lifting the employment aspirations of people with mental health conditions, and those who support them**, is a key step towards raising the employment rate. We must challenge out-dated beliefs about mental health and work, whether held by service professionals, employers or people who use services

- **employment should be considered within the context of wider determinants of social exclusion**, such as housing, transport and debt

- **the engagement and involvement of people using services should be meaningful and at the heart of policy development** locally, regionally and nationally, taking account of the needs of diverse groups and communities

- any changes should be driven by the best **use of available evidence and data**, and by an ongoing commitment to build the evidence base

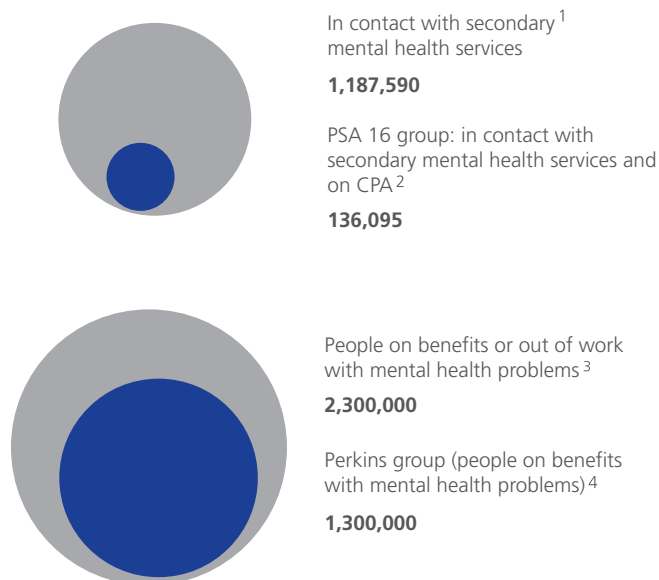
- **services should be tailored to meet the needs of all people with mental health conditions** irrespective of their age, gender, disability, ethnicity, sexual orientation, religion or belief

9. The data is not yet robust enough to set specific milestones in order to achieve this long term goal, although the Government is working hard to ensure that improvements will be made. More robust data will be available in 2010, which will be used to set milestones for this strategy. The Government will also consider options for how best to monitor progress towards the vision that reflect the principles outlined above.

## *The scope of Work Recovery and Inclusion*

10. This document contains commitments which will help improve the employment chances of people in the Public Service Agreement 16 (PSA 16) mental health client group. These cover actions to help people get jobs, support employers and employees so that people are enabled to stay in work.

**FIGURE 1: RELATIVE SIZES OF WORK, RECOVERY AND INCLUSION AND THE PERKINS REVIEW CLIENT GROUPS**



11. For the purpose of PSA 16, the group is defined as people in contact with secondary mental health services receiving treatment and support within the Care Programme Approach. In practice the specific services and support needed for this group can not be distinguished from those services provided to all of those in contact with secondary mental health services. Therefore, the commitments and recommendations in this delivery strategy apply to all people in contact with secondary mental health services. As much as possible in the rest of the document, we refer to 'people' rather than 'people in contact with secondary mental health services' or 'people with mental health conditions'.

#### *The journey so far*

12. *Work Recovery and Inclusion* builds on and complements current and previous policy papers. In 2004, the Social Exclusion Unit (SEU) published *Mental Health and Social Exclusion*<sup>5</sup> which brought together analysis to show that those with mental health conditions were one of the most excluded groups in society. The report was able to show that employment was one of the key areas in which people were most excluded.
13. Following the SEU, report the National Social Inclusion Programme (NSIP) made great strides in both delivering all of the recommendations arising from *Mental Health and Social Exclusion* and further policy development. NSIP set up and managed various activities and interventions to help support those with mental health conditions into work. This included the setting up of dedicated regional employment partnerships (REPs) to promote good practice and build networks.

<sup>1</sup> The NHS Information Centre, Adult Social Care Statistics Team, Community and Mental Health Team (2009). Social Care and Mental Health Indicators from the National Indicator Set – further analysis 2008-09. Leeds: NHS Information Centre

<sup>2</sup> The NHS Information Centre, Adult Social Care Statistics Team, Community and Mental Health Team (2009). Social Care and Mental Health Indicators from the National Indicator Set – further analysis 2008-09. Leeds: NHS Information Centre

<sup>3</sup> Data supplied by the Sainsbury Centre for Mental Health: [www.scmh.org.uk](http://www.scmh.org.uk)

<sup>4</sup> Around 1 in 6 of the overall working age population has a mental health condition at any given time, there is evidence to suggest that the unemployed are more likely to be disproportionately affected than the general population - see Singleton & Lewis (2003) Better or Worse: A longitudinal study of the mental health of adults living in private households in Great Britain; ONS. London: TSO

<sup>5</sup> Social Exclusion Unit Report (2004). Mental Health and Social Exclusion. London: Office of the Deputy Prime Minister

14. In early 2008, DWP undertook a public consultation<sup>6</sup> setting out options to improve services to help disabled people with more complex barriers move into sustainable employment. As a consequence, DWP is now pressing ahead with the implementation and delivery of the proposals announced in *'No one written off: reforming welfare to reward responsibility'*<sup>7</sup> and re-affirmed in *'Raising expectations and increasing support: reforming welfare for the future'*<sup>8</sup>. Work Choice will replace the current specialist disability programmes<sup>9</sup> to form a new more integrated programme that can be more easily tailored to the individual needs of disabled customers, particularly those with mental health conditions.

#### *The current focus on mental health and employment*

15. This document should also be seen in the broader context of policies and strategies on mental health and employment. This year the government has published the first ever cross government strategy on mental health and employment - *Working Our Way to Better Mental Health: A Framework for Action*<sup>10</sup>. This sets out a framework for action for government departments, healthcare professionals, employers and other stakeholders to work together to improve employment outcomes for people with mental health conditions, and improve well-being at work for everyone.

16. *New Horizons: a shared vision for mental health*, the successor to the *National Service Framework for Mental Health*<sup>11</sup>, also recognises the importance of work to the journey of recovery from mental health conditions. It sets out the overarching strategy for mental health and community services to meet the health needs of the population, and inclusion needs for the most excluded.

17. *Work, Recovery and Inclusion* is a product of the work of the Socially Excluded Adults Public Service Agreement (PSA 16), which has focused work on ensuring the most excluded in our society have access to the same aspirations of 'a home and a job' that the vast majority of people enjoy.

18. Taken together these pieces of work will offer a clear case for change and will result in better delivery and improved outcomes.

#### *The commitments in this document*

19. Promoting positive mental health is everyone's business, and offering more and better employment opportunities to people requires a joint effort, across a range of different agencies and Government departments. *Work, Recovery and Inclusion* contains commitments that are relevant to central government departments, regional organisations, members of Local Strategic Partnerships, employers, frontline professionals and people using services.

20. The commitments in this document are split between actions agreed by central government departments and national organisations and recommendations for regional and local government organisations. Deputy Regional Directors of Social Care and Partnerships (DRDs) have lead responsibility in each of the nine English regions for co-ordinating the plans for PSA 16 and mental health and we would expect the recommended actions in this document to be reflected in these plans.

<sup>6</sup> DWP (2008) 'Helping people achieve their full potential: Improving Specialist Disability Employment Services'

<sup>7</sup> DWP (2008) 'No one written off: reforming welfare to reward responsibility'

<sup>8</sup> DWP (2008) 'Raising expectations and increasing support: reforming welfare for the future'

<sup>9</sup> Job Introduction Scheme, Work Preparation & WORKSTEP

<sup>10</sup> DWP (2009) *Working Our Way to Better Mental Health: A Framework for Action*

<sup>11</sup> Department of Health (2009) *National service framework for mental health: modern standards and service models*

## 2. THE GOVERNMENT RESPONSE TO REALISING AMBITIONS: BETTER EMPLOYMENT SUPPORT FOR PEOPLE WITH MENTAL HEALTH CONDITIONS

21. *The Perkins review - realising ambitions: Better employment support for people with mental health conditions* was launched by the Secretary of State for the Department for Work and Pensions (DWP) in May 2009 under the umbrella of the national mental health and employment strategy. The review has served to provide a greater impetus to the mental health and employment agenda, including *Work, Recovery and Inclusion*. The review was led by Rachel Perkins, Director of Quality Assurance and User Experience at South West London and St. George's Mental Health NHS Trust.
22. This important independent review examined how the Government could better help people with mental health conditions who are on out-of-work benefits, back to work. It sets a far-reaching and ambitious vision for change across Government, making a series of recommendations on how people could be better helped by current systems and how an emerging new and more effective model of support could be embedded across DWP provision and health and social care services. Given the current economic circumstances it will be important to ensure that these are used to maximum effect.
23. *The Perkins review* recommendations and actions focused on DWP provision apply to the whole of Great Britain. However, the recommendations and actions that apply to the health system will only apply in England.
24. The review contributes significantly to our understanding of employment and mental health. It highlights the different support needs that some people require to get into work and the effectiveness of interventions. It evidences good practice, noting that while some parts of the country do already offer strong and coherent levels of support, there are many areas where further behavioural and cultural change is required in employment and health and social care services.

**BOX 1: *The scope of Realising Ambitions: better employment support for people with mental health condition***

**The review should:**

- investigate how people with mild and moderate mental health needs within the benefit and welfare to work system should be best supported, to ensure the speediest and most effective work-focused interventions
- recommend how we can provide additional employment and health support to enable those with more complex needs – particularly those with severe mental health conditions – to realise their aspiration to work, including through self-employment. This should consider how wider access can be provided to progressive, tailored employment support appropriate to the individual
- focus in particular, how innovative models (including an Individual Placement and Support model) could be used alongside and/or in strengthening our existing suite of employment programmes and employment support services across government
- ensure the right balance of support can be achieved, using existing resources in the most effective way

*The recommendations*

25. The review's recommendations fall into three categories. These are:
- things that can be done quickly by work and health services at low or nil cost to better join up services and make a difference

- a “model of more support” across work and health services, based on the principles of IPS for the hardest to help
- better monitoring of employment outcomes and health conditions across work and health services and using this to drive change

*The Government's response*

26. *Work, Recovery and Inclusion* incorporates many key parts of the Government's response to the review. The Government agrees with the strong vision the review sets for a more joined up approach to service delivery across the traditional divides of DWP services and health and social care services.
27. In terms of the key recommendations from the review, the Government agrees with the strong evidence base laid out in the review and the case this makes for for Individual Placement and Support (IPS) recognising the impact that it could have in helping more workless people with mental health conditions into work. The Government also undertakes to adapt the Access to Work programme to ensure that it can better help those with mental health and fluctuating conditions to stay in and sustain work. DWP has already committed to doubling the funding available to this programme and expects these reforms to further increase the number of people who can be helped by this programme.
28. Further detail on specific recommendations and the Government's response to *Realising ambitions: Better employment support for people with mental health conditions* can be found at Annex B. Whilst most of the Government response to the review is picked up in the body of the text of this document, some more detailed elements are incorporated in this annex.

## 3. THE CASE FOR ACTION

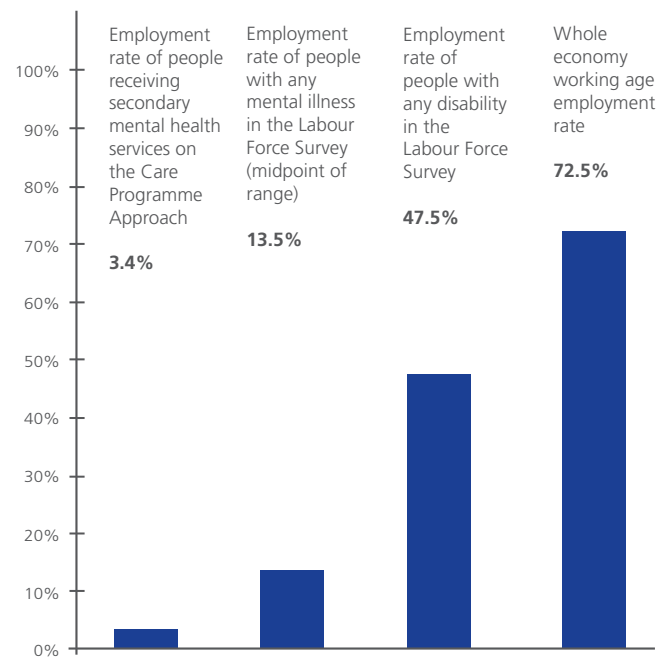
### Current employment rates

29. Latest data suggests that people in contact with secondary mental health services have an unacceptably low employment rate which is amongst the lowest of any disability group. Whilst authoritative data is not yet available, there are a number of estimates of the employment rate for this group. Data published by the NHS Information Centre<sup>12</sup> estimates that only 3.4% of those on the Care Programme Approach are in employment over 16 hours, although due to data collection issues, it is likely this underestimates the true rate. Provisional data from the Labour Force Survey<sup>13</sup> puts the employment rate for people with mental health conditions excluding depression, which is a broader definition than used by the NHS Information Centre, at between 10 and 16%.
30. Yet, estimates suggest that between 86-90% of people with mental health conditions not in employment actually want to work<sup>14</sup>. Huxley and Thornicroft<sup>15</sup> noted that amongst people in mental health care, aspiration rates for participation in society are similar to those of the general population.

### Challenges to employment

31. The difference between the employment rate for people in contact with secondary mental health services, and the proportion of those who want to work can be explained by the number of challenges to employment that people experience. These may include concern about coping with their condition,

**FIGURE 2: RELATIVE EMPLOYMENT RATES FOR PEOPLE WITH MENTAL HEALTH CONDITIONS, THOSE WITH ANY DISABILITY AND THE GENERAL POPULATION**



<sup>12</sup> The NHS Information Centre, Adult Social Care Statistics Team, Community and Mental Health Team (2009). Social Care and Mental Health Indicators from the National Indicator Set – further analysis 2008-09. Leeds: NHS Information Centre.

<sup>13</sup> Office for National Statistics. Social and Vital Statistics Division and Northern Ireland Statistics and Research Agency. Central Survey Unit, Labour Force Survey 1975 – 2009 Colchester, Essex: UK Data Archive [distributor]

<sup>14</sup> Stanley K & Maxwell D (2004) Fit for purpose? London: IPPR; Secker J, Grove B & Seebohm, P (2001) Challenging barriers to employment, training and education for mental health service users: the service user's perspective. *Journal of Mental Health*, 10 (4) 395-404.

<sup>15</sup> Huxley P & Thornicroft G (2003) Social inclusion, social quality and mental illness. *British Journal of Psychiatry*. 182, 289-90



lack of awareness of rights, and overly protective attitudes and low expectations from key agencies, such as mental health and employment services.

32. The unacceptable and unjustified stigma associated with mental health conditions and the resulting discrimination that people experience are central challenges to getting and keeping work. Discrimination can range from well meaning concern about the ability of a person to 'cope' with work, to illegal recruitment practices. It may even result in self-stigmatising whereby people do not even apply for jobs for fear of the discrimination they might face.
33. Research continues to show that stigma and discrimination against people with mental health conditions is widely held in the form of public attitudes about the incompatibility of work and mental health conditions. For instance, a survey from Time to Change<sup>16</sup> found that 92% of the British public believe that admitting to having a mental health condition would damage a person's career.

#### *The argument for change*

34. The case for action to improve the employment rate of people with mental health conditions rests on both benefits for the person as well as society more broadly. From a personal perspective, there is clear evidence that good work is beneficial for a person's well-being, and that unemployment is bad for well-being<sup>17</sup>. In a review of the evidence on the links between employment and health<sup>18</sup> it was found that there was an association between employment and good health and well-being, and also unemployment and poor health and well-being. The research found that generally:

- re-employment leads to health improvement;
- for people who are ill or disabled, being in work improves health
- health improves for people of all ages who move off benefits
- these improvements equally apply to people with mental health conditions, including severe ones, and there is no evidence that work is harmful in general to people with severe mental health conditions

35. Helping more people to return to work will help reduce the costs of managing mental health conditions to the economy<sup>19</sup>. The cost benefit analysis which informed *the Perkins review* suggested a redesign of employment services to focus on IPS is likely to be cost effective. The analysis focused on the welfare system and the savings that result from reduced benefit payments as people move into work. The analysis found that IPS generated savings equal to its cost if the rate of new job entries was 33%, above and beyond those jobs that would have been found without the intervention. Higher employment rates still would lead to greater savings to the Exchequer. For example, if the rates were as high as has been found in a number of trials then each £1 spent could save as much as £1.72.

36. If wider savings such as reduced use of health services and wider social benefits were also included in the calculation the savings could be still higher. The findings from a European trial<sup>20</sup> suggest that IPS is self-financing at the Mental Health Trust level through reduced costs to health services.

<sup>16</sup> Time to Change. Stigma Shout?

<sup>17</sup> Waddell, G. & Burton, A. (2006) *Is Work Good for your Health and Well-being?* London: TSO.; Foresight Mental Capital and Wellbeing Project (2008) Final Project report. The Government Office for Science, London.; Health, Work and Well-being Programme (2008) *Working for a healthier tomorrow: Dame Carol Black's review of the health of Britain's working age population.* London: TSO

<sup>18</sup> Waddell, G. & Burton, A. (2006) *Is Work Good for your Health and Well-being?* London: TSO

<sup>19</sup> McCrone P, Dhanasiri S, Patel A, Knapp M, Lawton-Smith S (2008) *Paying the Price: The cost of mental health care in England to 2026.* London: Kings Fund; Sainsbury Centre for Mental Health (2007) *Mental Health at Work: Developing the business case.* London, SCMH; Oxford Economics (2007) *Mental Health and the UK Economy.* Oxford: Oxford Economics; Health, Work and Well-being Programme (2008) *Working for a healthier tomorrow: Dame Carol Black's review of the health of Britain's working age population.* London: TSO

<sup>20</sup> Burns, T. & Catty, J. (2008). IPS in Europe: the EQOLISE trial. *Psychiatric rehabilitation journal*, 31, pp.313-317.



## 4. GAINING A JOB

37. People's journeys into work are individual and unique, and so the support they receive should be tailored to each person's specific needs. Delivering this support could be made up of a combination of effective vocational services in a health setting, as well as appropriate support from Jobcentre Plus. Locally, those responsible for commissioning employment services, including the NHS, should look to ensure that there is an effective combination of support available.

### BOX 2: Tim's journey

Tim was a mental health service user with Obsessive Compulsive Disorder (OCD), Chronic Anxiety and Secondary Depression. His barriers to training and employment included repetition of tasks in order to gain perfection; this has affected his concentration and confidence.

Tim's employment link worker helped him to access (via his Disability Employment Adviser at Jobcentre Plus) a specialist college. Despite very early morning starts - so that Tim could manage his OCD - he gained several vocational IT qualifications. His course ended with a 10 week work placement in the Local Mental Health NHS Trust. At this time Tim embarked on an extended work placement within the Local Authority IT Department, further developing his skills and knowledge.

In December 2007 Tim started full time employment with the local authority as a Building Schools for the Future IT Technician and a year later Tim was made a permanent member of staff. With support from his employment link worker, Tim was able to maximise his

### in-work benefits.

**Tim still gets up at 5.30am in the morning to start work at 08.15, but is much more able to manage his OCD. He is now in a position to take holidays and enjoy weekends. Tim was recently discharged from specialist mental health services, and receives his support through his local GP.**

*"My sister has always supported me, but said I'd never finish anything. With help, for the first time in years I am determined not to give up. My future is looking a lot brighter".*

### Effective vocational services in the NHS

38. Vocational services are a key part of the provision in mental health trusts as they support the principles of recovery and inclusion. Analysis undertaken by the Social Exclusion Task Force (SETF) in the Cabinet Office suggests that they are an important determinant of employment for people in contact with secondary mental health services. It shows that people who receive support in finding employment through their Trust were more likely to be in a job and that Trusts with a greater emphasis on vocational services were more likely to have a greater proportion of people in work<sup>21</sup>.
39. There are many good examples of effective vocational services already in the mental health system. However, the current low employment rate suggests that much more needs to be done. The Government recognises that implementing changes to service provision takes time and in some areas this may mean a fundamental change in service design.

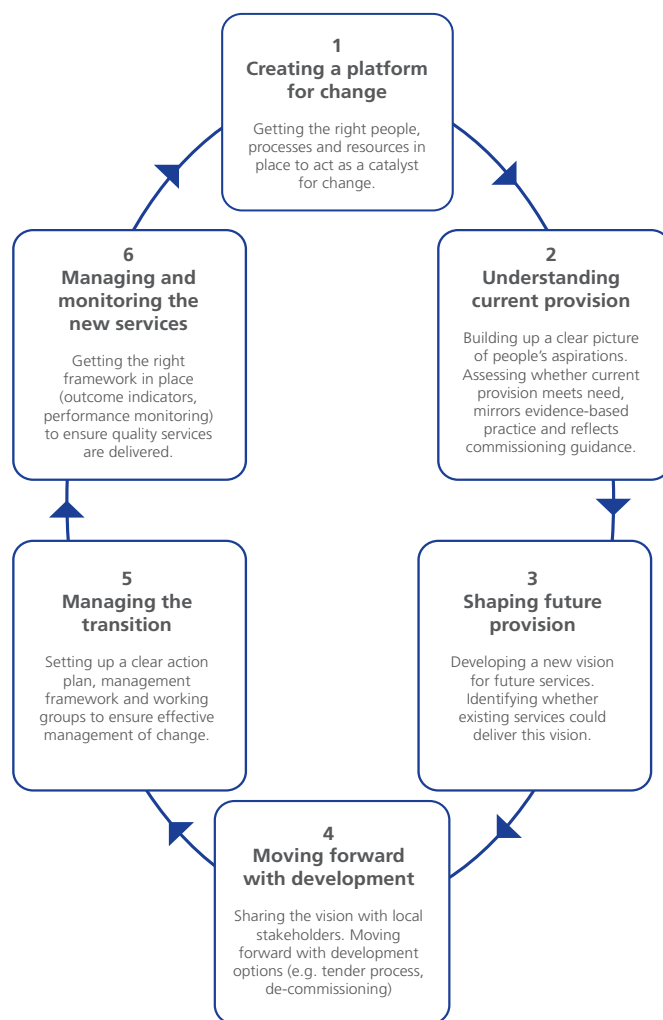
<sup>21</sup> Analysis of Mental Health Minimum Dataset 2009 (NHS Information Centre), Healthcare Commission Survey of mental health users (2007), and NHS Combined Mapping Framework

40. DH and DWP published guidance on the commissioning of vocational services in 2006<sup>22</sup>. This was designed to provide commissioners of mental health services with a framework to commission evidence-based vocational services and provided tools to monitor their effectiveness. The commissioning guidance and the subsequent *Perkins review* point to the success of the Individual Placement and Support (IPS) model. This is the model for vocational support that has the most developed evidence base and is built around employment specialists embedded in mental health clinical treatment teams. The focus is on helping a person to get open, competitive employment in line with their interests, as quickly as possible and then providing all the support, as long as necessary, for both employer and employee.

**Box 3: The key principles of Individual Placement and Support**

1. **Competitive employment is the primary goal;**
2. **Everyone who wants it is eligible for employment support;**
3. **Job search is consistent with individual preferences;**
4. **Job search is rapid: beginning within one month;**
5. **Employment specialists and clinical teams work and are located together;**
6. **Support is time-unlimited and is individualised to both the employer and the employee;**
7. **Welfare benefits counselling supports the person through the transition from benefits to work. (Adapted from Bond *et al.*, 2008)**

**FIGURE 3: KEY STAGES OF THE RE-COMMISSIONING PROCESS**



Adapted from Lockett, H., Seymore L., & Pozner, A (2008). *About Time: Commissioning to transform day and vocational services*. London: Sainsbury Centre for Mental Health

<sup>22</sup> Department of Health/Department for Work and Pensions (2006) Vocational services for people with severe mental health conditions: Commissioning guidance. London: Department of Health

41. Evidence based approaches such as IPS should be flexible enough to allow provision to be delivered by a range of providers, including the third sector. Commissioners should consider what role third sector organisations might have in providing these services. Whilst the Government acknowledges that IPS has the most developed evidence base, it does not work for everyone and in all circumstances. Local decision makers need to recognise this and ensure that there are elements of their provision which support those who may not benefit from this approach. As these options are less well researched it will be important to continue to evaluate different models to ensure their effectiveness.

#### *Support for commissioners*

42. The World Class Commissioning (WCC) programme is helping to ensure a more strategic and long-term approach to commissioning services, with a clear focus on delivering improved health outcomes. It is important that all commissioners understand the health and wider benefits of employment for people in contact with secondary mental health services. For example, commissioners might consider including the indicators on mental health and employment within their service specifications, and as a routine part of performance monitoring.
43. The Sainsbury Centre for Mental Health is working with a number of Trusts as Centres of Excellence on IPS. They have produced a step by step guide for commissioners to help them through the process of re-commissioning services<sup>23</sup>. This details the key stages of service re-commissioning taking into account both day service modernisation and increased vocational provision (see figure 3).

#### *Support provided by Jobcentre Plus*

44. For many people the most appropriate and effective support will be through JCP provision. This could include help and support from Disability Employment Advisers (DEAs) as well as through Pathways to Work and specialist disability employment programmes. Where people choose alternative support, such as that provided by health services, they should still be able to receive advice and guidance from JCP, especially benefits advice. Organisations delivering vocational services should also be able to access support from their local JCPs.

#### **Box 4: Coventry & Warwickshire Jobcentre Plus**

**Coventry & Warwickshire Jobcentre Plus operate an outreach service at the local hospital to provide benefits advice and employment support to people with mental health conditions. A JCP adviser attends the hospital and patients receive a face to face holistic service, providing help and support covering a wide range of enquiries regarding various welfare benefits and employment advice. The adviser supports people to complete applications for benefits, makes links with Jobcentre Plus Work Psychologists and Disability Employment Advisers for ongoing specialist advice as needed.**

45. In support of a number of other Perkins Review recommendations the Government will also increase the capacity of JCP to better help people with mental health conditions into work. Therefore DWP will:
- ensure that wherever possible, people who need more intensive help receive ongoing continuity of contact from the same adviser

<sup>23</sup> Lockett, H., Seymore, L., & Pozner, A. (2008). About Time: Commissioning to transform day and vocational services. London: Sainsbury Centre for Mental Health.

- build on the flexibility already afforded to personal advisers to make sure people get the help they need as well as testing ways in which advisers might extend flexibility and discretion
  - ensure privacy during interviews, whenever possible
  - provide as much information as is possible ahead of interviews
46. The proportion of people with mental health conditions helped through WORKSTEP is too low. DWP is currently designing a new programme to replace specialist disability programmes WORKSTEP, Workprep and the Job Introduction Scheme, so that they are more effective for people with mental health conditions. This will be known as Work Choice and one of its critical success factors will be to maximise participation of people in contact with secondary mental health services to work over 16 hours.
47. As well as support to find a job, people should also expect to be able to access employment opportunities that reflect their needs and current circumstances. IPS shows that employment through open, competitive recruitment is not beyond the reach of those with the most severe mental health conditions.

#### *Internships*

48. *The Perkins review* made a number of recommendations about the provision of time-limited internships for people with a mental health condition who have been out of the labour market for some time. These internships would provide the person with a reference, confidence about working with their condition and enable them to build up to full time work. The Government agrees with this recommendation, and is exploring the feasibility of offering internships to people with mental health conditions and other disadvantaged groups.

#### *Social enterprise and social firms*

49. There is currently a broad range of organisations in which people find employment. For example, in social enterprise such as Social Firms. Social Firms are market-led businesses set up specifically to create sustainable paid employment for people who otherwise face significant barriers to the labour market. They operate as businesses that generate at least 50% of their income from the sale of their products or services.
50. The Government has made funding available to support social enterprise through a number of funding streams, including the Social Enterprise Investment Fund (SEIF). This was set up by DH to invest in and support social enterprises in the health and social care sectors, help new social enterprises start up and existing social enterprises grow and improve their services. Local commissioners and other interested parties wanting to design vocational services may want to explore the opportunities of funding through SEIF and other channels.

#### *Self-Employment*

51. Some people with mental health conditions, might find self-employment a more suitable option than open employment. Self-employment has a number of potential advantages for those with mental health conditions as it is more flexible, and so work can be more easily adapted to take into account fluctuating conditions. In addition, stigma and discrimination that they might experience from colleagues and employers could be reduced.
52. People are able to access help and advice about self-employment through Jobcentre Plus. Advisers can provide advice on self-employment including through JCP incurring business planning and marketing. Access to Work is available to disabled people taking up self-employment as it can help fund support workers, equipment, adaptations and travel to work however it cannot be used to

fund normal start up costs or running costs of self-employment. Train to Gain<sup>24</sup> can also be accessed by self-employed people. People in contact with secondary mental health services who need support to help them with learning to become self-employed can apply for this through the Discretionary Learner Support Fund. Once up and running, the Work Choice programme will offer appropriate support to those who wish to consider self-employment as an option.

## National Action

53. The National Mental Health Development Unit (NMHDU) with DH and other partners will consider setting up a resource to support the development of evidence based vocational service within health.
54. NMHDU will work with DH and commissioners to explore best practice on incorporating employment indicators in the contracts of providers of secondary mental health services.
55. NMHDU will work on behalf of DH to ensure that future commissioning guidance on mental health and well-being makes appropriate reference to employment for adults in contact with secondary mental health services.
56. DH will commission NMHDU to scope the need to improve the evidence base for under researched models of vocational support in secondary care.
57. DWP will continue to improve the training which JCP personal advisors receive to ensure that they are skilled in helping people to enter and remain in work.
58. DWP will ensure that wherever possible people who need more intensive help receive continuity of contact from the same adviser
59. DWP will build on the flexibility already afforded to personal advisers to make sure people get the help they need as well as testing ways in which advisers might extend flexibility and discretion.
60. DWP will ensure privacy during interviews whenever possible, including taking advantage of nearby community buildings, scheduling Work Focused Interviews at a less busy times, and offering home visits, if appropriate.

## Regional and local recommendations

61. DRDs and Strategic Health Authorities (SHAs) should consider working with mental health providers and commissioners to consider how best to increase access to vocational services in secondary care as part of their regional planning process.
62. JCP will want to ensure that there are agreements about referrals between their suppliers for Pathways to Work and Work Choice and vocational services provided by the NHS.
63. Disability Employment Advisors will want to ensure they are aware of vocational services being provided by the NHS in their area so that they are able to make appropriate recommendations to their customers. They should also look to establish a named contact in each separately.

<sup>24</sup> <http://www.traintogain.gov.uk/>

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## 5. WORK, RECOVERY AND INCLUSION IN SECONDARY MENTAL HEALTH SERVICES

64. *Delivering Work, Recovery and Inclusion* in mental health services requires a whole system response. Work is a key part of the 'recovery model' (see box) which is increasingly informing the design and delivery of mental health services. Employment should be considered as a key outcome for services at every level within the mental health system including as part of the care plans for those people using services. Care co-ordinators play a vital role in supporting people into work, but it is also important that other practitioners prioritise employment if the expectations of people who use services are to be met.

### BOX 5: The 'Recovery Model'

The recovery model aims to help people with mental health problems to move beyond mere survival and existence, encouraging them to move forward and carry out activities and develop relationships that give their lives meaning.

Recovery emphasises that while people may not have full control over their symptoms, they can have full control over their lives. Recovery is not about 'getting rid' of problems. It is about seeing people beyond their problems, recognising and fostering the opportunities that harness their abilities, interests and dreams. Mental health conditions and social attitudes to them often impose limits on people experiencing ill health. Recovery looks beyond these limits to help people achieve their own goals and aspirations.

### Prioritising employment in Mental Health Trusts

65. *New Horizons*<sup>25</sup> states the new cross-government vision for mental health and specifically highlights the importance of employment:

*"Employment should be seen as an important outcome of the treatment of mental illness in health settings, including for those with complex needs. The need for action is accentuated, not reduced, at times of economic difficulty if a group of people already at risk are not to be disproportionately disadvantaged."*

66. *The Quality, Innovation, Productivity and Prevention (QIPP) programme*

The Quality, Innovation, Productivity and Prevention (QIPP) programme will support NHS organisations and their partners to deliver improvements in quality and productivity through key change programmes, including looking at the Mental Health Service pathway. Increasing employment opportunities for people with mental health conditions has strong potential to increase the quality of service, improve performance and thus reduce costs on the NHS.

67. Ensuring that employment is part of the care and support offered to people with mental health conditions requires a cultural shift in the way that services are delivered. Experience from Trusts which have been most successful at getting people into work suggest that the following commitments need to be in place:

<sup>25</sup> HMG (2009). *New Horizons: a shared vision for mental health*.

- having a board member with responsibility for leadership in this area
- ensuring that policies and services are recovery focused, with a particular emphasis on supporting people into work
- supporting strategic and practical links between relevant partner agencies, including the third sector
- raising the awareness of clinical and other staff (through, for example, training) of the economic and clinical benefits of work for people with mental health conditions and the challenges that might exist, including stigma and discrimination
- examining the organisation's policies and practice as an employer to ensure that they support the employment of people with mental health conditions and that current staff with mental health difficulties are identified and well supported

#### **BOX 6: Work, Recovery and Social Inclusion in Nottingham**

Nottinghamshire Healthcare Trust is approaching work, recovery and inclusion through several connected strategies – all reflecting the goals of the Trust: “...to help people lead the lives they want to live”. Key to the implementation of a Recovery approach is access to meaningful occupation and this has an emphasis in all Recovery training with the primary goal being retention of values, roles, relationships and activities; if these have been lost then identification of appropriate activities is a priority.

The Trust has a Recovery Strategy which was developed in partnership with people who use services and a range of Trust employees. Already 500 staff have received training in Recovery and all teams have an identified

#### **Recovery lead who has intensive training in Recovery.**

- **the Social Inclusion Partnership Board works with local organisations to consider ways of increasing opportunities for people with mental health conditions, including a service wide IPS service to increase employment**
- **the Trust is developing ways of supporting existing staff with mental health conditions.**
- **All acute services offer a weekly Recovery group for people who use services to plan ways forward and the Trust has invested in personal Recovery packs for all people who use services. These comprise a guide to recovery, a personal recovery plan and information on advanced directives.**
- **‘It’s OK to talk about it’ is an anti-stigma strategy to raise awareness of mental health. This is done through partnership events with other stakeholders and the production of films, a music CD, a book of stories, live performances and arts exhibitions.**

The success is measured through a repeated survey of patients’ experiences of discrimination, annual benchmarking of Recovery focused practice for every team and evaluation of the IPS service.

#### *Clinical Staff*

68. Health professionals have a key role in raising the expectations of employment for people in their services. Good clinical practice should include employment as an outcome for people. Some medical interventions, especially the side effects of medication, can interfere with a person’s ability



to work. As part of the personal care planning process, care co-ordinators, in liaison with those who are clinically responsible for treatment, should try to ensure that any treatment supports people, wherever possible to remain in, or return to work.

#### Care Co-ordinators and the Care Programme Approach

69. The importance of the role of the lead professional in supporting a focus on employment has been highlighted in recent research by the National Centre for Social Research<sup>26</sup>. Care co-ordinators are the professionals with lead responsibility for people on the care programme approach and therefore are central in helping people to consider employment. Employment is a core part of the refocused Care Programme Approach (CPA)<sup>27</sup> and current guidance restates the central role of Care Co-ordinators:

*“Assessments should explore service user’s current and longer term needs for support with employment, education and training and agree realistic outcomes. Many people with mental health problems want to work and services need to be able to support them to do this. For other people with mental health problems, accessing education and training may be both an important stepping stone to employment or have value in its own right. Care co-ordinators should promote access to employment information, advice and support, options for skill development and link with local employment agencies including JCP”<sup>28</sup>*

70. There are a number of tools that care co-ordinators can use to empower people to take control of their recovery, including a focus on employment. For example, DH has produced information and leaflets for people using services and their advocates to support the CPA<sup>29, 30</sup>. Other

approaches to person centred planning, such as the Wellness and Recovery Action Planning (WRAP) model, also incorporate a focus on employment.

#### BOX 7: Wellness and Recovery Action Planning (WRAP)<sup>31</sup>

**WRAP is a self-management and recovery tool designed to:**

- decrease and prevent intrusive or troubling feelings and behaviours
- increase personal empowerment
- improve quality of life
- assist people in achieving their own life goals and dreams.

**The tool includes a personalised plan for how others should respond when their mental health condition makes decision making difficult, or when people are struggling to take care of themselves or keep safe. The person may choose to have supporters and health care professionals help them create their WRAP.**

#### Personalisation and Personal Budgets

71. Mental health services are becoming increasingly personalised. It will be important to ensure that this developing agenda engages with the employment aspirations of people with mental health conditions. Putting People First put personalised services at the heart of social care delivery, including the use of personal budgets. The New Opportunities White Paper, published in January 2009, commits

<sup>26</sup> Jones, N., Sheldon, R., and Penfold, C. (2009) Lead Professional Roles to Improve the Outcomes of Socially Excluded Adults (PSA 16). London: National Centre for Social Research.

<sup>27</sup> Department of Health (2008). Refocusing the care programme approach: Policy and positive practice guidance. London: Department of Health.

<sup>28</sup> Pg 23 - Refocusing the Care Programme Approach Policy and Positive Practice Guidance (DH, March 2008)

<sup>29</sup> Department of Health (2008) Making the CPA work for you. London: Department of Health.

<sup>30</sup> CCAWI (2009) Refocusing the Care Programme Approach (CPA): A learning resource for care co-ordinators. <http://www.lincoln.ac.uk/ccawi/CPA.htm>

<sup>31</sup> Adapted from: <http://www.copelandcenter.com/whatiswrap.html>



the government to encourage the use of personal budgets to fund employment support for people with severe mental health conditions. Currently the NHS is trialing the use of personal health budgets (PHBs)

72. Many people in contact with secondary mental health services are already able to access social care personal budgets. Social care personal budgets and PHBs can be used for goods or services that are appropriate for the NHS to fund as long as they are agreed in a care plan. For people in touch with secondary mental health services this may include some form of vocational activity. Some regions have led the way in working out how best to use personal budgets to help people back to work.

#### Box 8: Kevin's journey

**Kevin received a Direct Payment, managed as a Personal Budget, with the support of Independent Living Norfolk, since December 2008. This enabled him to become self-employed since it paid for him to get some business cards printed, signage on his van and do a cycle mechanics course. Some of the money was also put aside for a contingency fund so that he could take time out.**

**Kevin has found work with the Environment Agency where he encouraged staff to take up cycling to work when the agency moved to new premises. He was then asked to run cycle maintenance classes for staff and has worked with Norfolk Police Force as they purchased new bikes for Community Police Officers. As Kevin already had a teaching qualification he has been able to bring this into the range of things he can offer.**

**Kevin applied for a Direct Payment on the basis that self-employment would help him sustain his recovery. Being able to manage his time flexibly, being outdoors and able to work at**

**something that matters to him is helping him to break the cycle of mental ill health that he had experienced over 18 years. Receiving Direct Payments has really opened up opportunities for Kevin to become self-employed.**

**He says it has helped him "to have more control over his life, taking away the stress of having to fit into other people's time frames and pressures".**

73. The Government will further empower disabled people by giving them greater choice and control over the support they need to go about their daily lives by introducing a new legal right called a 'Right to Control'. This builds on previous models of personalisation and will have a greater focus on employment. This right will apply to all disabled people, including people in touch with secondary mental health services, as long as the person is in receipt of a qualifying funding stream. The Government will test 'Right to Control' from autumn 2010 in around eight local authority areas in England.
74. People accessing 'Right to Control' will know how much money they are eligible to receive in support and can choose, in agreement with the service delivering the support, how that money is used to meet agreed outcomes in their person centred plan. They might choose to:
- receive a direct payment
  - continue to receive support arranged on their behalf
  - use a mixed approach (taking some funding as a direct payment as well as continuing to use some arranged services)

## National Actions

75. DH, in supporting its commitment to PSA 16, will ensure that work is integrated in the broader vision of recovery developed in *New Horizons*.
76. NMH DU and DRDs will work with SHAs to encourage Clinical Care Pathways Groups to incorporate employment outcomes within their work and highlight good practice on organisation wide approaches to recovery.
77. NMH DU and DRDs will explore how many people are using personal budgets for employment. This will include keeping updated on those 'Right to Control' trailblazer areas which are prioritising mental health and employment.
78. NMH DU will publish guidance on how to make personalisation a reality for people with mental health needs<sup>32</sup>. This will include specific reference to how personalisation can support employment.
79. DH to include employment outcome indicators for mental health in the World Class Commissioning assurance framework for Year 2.
80. DH to include employment in the draft of the new performance framework for non Foundation Trust Mental Health Providers.
81. DH to encourage puts through the guidance to the standard mental health contract for 2010-11 to include employment and accommodation as indicators to be routinely supplied by providers.

## Regional and local recommendations

82. Mental Health providers, Trusts and commissioners should consider how they promote a focus on employment in their services and consider how best to include employment in relevant training courses for their organisations.

### **BOX 9: Integrating vocational achievement into mental health recovery Sheffield Health and Social Care**

**Developments in Sheffield Health and Social Care (SHSC) aim to positively influence practice to meet the vocational aspirations of people using the services. Work in SHSC involves providing a model of understanding for workers to support their engagement with aspirations, build worker confidence and promote cultural and attitudinal change. This same model is currently being translated into an interactive and accessible multi-media resource for services users and workers which will provide information and enable skill development and will be mapped to nationally accredited qualifications.**

**The Trust, in partnership with others, including Social Firms provides real paid employment for services users, many with very complex difficulties. It also has an active volunteering programme which provides mentored work placements across the Trust which regularly facilitate transition into sustained paid employment.**

<sup>32</sup> Paths to Personalisation: A whole system, whole life guide. London: National Mental Health Development Unit.

## 6. KEEPING A JOB

83. Evidence from *the Perkins review* suggests that around 78% of people with a mental health condition require some support during the first six months in work. This falls to 35% after twelve months and just 18% after 24 months<sup>33</sup>. The Government agrees with the principles set out in *the Perkins review* that some people will require support to sustain work and for some this support will need to be time unlimited.
84. Employers need to be confident that there will be timely and appropriate support available to them including suitable advice and guidance. There are a range of interventions to enable people with mental health conditions to remain in work. These include protection under the law, support from services in the form of resources and advice, and workplace interventions such as skills training and awareness raising. However, the Government would also like to encourage employers to develop their own policies to manage mental health at work.

### Box 10: Sheila's journey

Sheila was staying in hospital as an inpatient for her mental health condition. Previous to this she had worked 30 hrs a week. She accessed her local JCP as she was coming up to discharge, had taken some home leave, and her next step was to get back to work. Following discussion with the adviser, her nurse and occupational health worker, it became clear that returning to work would certainly be an option with some ongoing support.

The JCP Work Psychologist was able to advise on the options available and with Sheila's consent, the adviser contacted her

employer to discuss her return to work. They discussed the possibility of a work trial/phased return, as Sheila was still in receipt of Statutory Sick Pay and the help and support that might be needed. The employer and Sheila agreed that she should return and accepted the need for a "buddy" to accompany her during her phased return; they also arranged that she could gradually increase her hours taking into account her need to attend medical appointments.

### *The Equality Bill*

85. The employment rights of people in contact with secondary mental health services are protected by legislation. The Equality Bill will simplify the definition of disability in the Disability Discrimination Act making it easier for people with mental health conditions to demonstrate that they come within the protection the Bill.
86. As recommended in *the Perkins review*, the Government is seeking to outlaw the inappropriate use of pre-employment health checks, through an amendment to the Equalities Bill. This has been tabled by the Solicitor General and has support from the Minister for Disabled People.
87. The Disability Discrimination Act requires employers to make certain changes in the work place so that disabled people can get and keep work. These are known as reasonable adjustments and will continue to be a cornerstone of the protection available to disabled people. This will require employers to make changes to any provision, criterion or practice in their recruitment processes and in their workplaces which would place disabled people at a substantial disadvantage compared with their non-disabled colleagues.

<sup>33</sup> Unpublished survey conducted as part of the Perkins review

## Access to Work

88. Access to Work<sup>34</sup> provides practical advice and support to disabled people and their employers to help them overcome work related challenges resulting from disability. DWP is committed to doubling the Access to Work budget by 2013/14. However, take-up by people with mental health conditions is low, and the support offered is often not flexible enough to meet the needs of someone with a fluctuating condition.
89. *The Perkins review* made a number of recommendations concerning Access to Work aimed at making it more accessible to people with mental health conditions, as well as putting forward a number of proposals which could further increase its effectiveness. The Government fully agrees with these recommendations and as a result will be adapting Access to Work to ensure that it is better targeted at people most disadvantaged in the labour market, including people with mental health conditions, and that its resources can be used in the most cost effective way.
90. Based on the recommendations (and the successful Access to Work Mind pilots - see box) the Government will take forward a series of reforms to Access to Work by April 2010. These will ensure:
- complete flexibility of support that can be tailored around a person's needs
  - that an indicative level of support is agreed prior to applying for a job
  - that people will be accommodated if they do not wish to disclose their mental health condition to their employer
  - complete confidentiality of customer information, and timely decision making

### Box 11: Piloting flexible in-work support using Access to Work

**Hammersmith and Fulham Mind are currently running a pilot programme to increase access to support via Access to Work.**

**The service is targeted directly at those that need it, reaching individuals at work and on sick leave. It uses Google ad-words and a website to reach people directly. Referrals are also received from GPs, companies and community mental health teams.**

**The service is able to intervene early enough to prevent people from falling out of employment and into social exclusion and chronic mental health conditions. By marketing directly to the client it also accesses people that are at home on sick leave.**

**Although it is early days for such a service, the results are overwhelmingly positive, with around 90 per cent of people receiving the service able to continue or return to work with appropriate support.**

## Skills training

91. An important aspect of keeping people in work is awareness of mental health conditions in the workplace and is likely to be a key part of managers' skill sets. *The Perkins review* recommends that government encourages the commissioning of Mental Health First Aid or related training for employers, especially small employers who do not always have access to in-house expertise. The Government agrees with this recommendation and where appropriate will encourage employers to access training resources, including Mental Health First Aid.

<sup>34</sup> [http://www.direct.gov.uk/en/DisabledPeople/Employmentsupport/WorkSchemesAndProgrammes/DG\\_4000347](http://www.direct.gov.uk/en/DisabledPeople/Employmentsupport/WorkSchemesAndProgrammes/DG_4000347)

The new network of Health, Work and Wellbeing Co-ordinators will promote an understanding of health and well-being in small and medium businesses across their region or country. They will do this through sharing of good practice, including encouraging line managers to better understand and support the development of good mental health and wellbeing at work and resolve problems as they arise.

#### Box 12: Mental Health First Aid (MHFA) England

**Mental Health First Aid is the help given to someone experiencing a mental health problem before professional help is obtained.**

**The aims of Mental Health First Aid are:**

- **to preserve life where a person may be a danger to themselves or others**
- **to provide help to prevent the mental health condition developing into a more serious state**
- **to promote the recovery of good mental health**
- **to provide comfort to a person experiencing a mental health problem**

**MHFA does not teach people to be therapists. However, it does teach people how to recognise the symptoms of mental health conditions, how to provide initial help and how to guide a person towards appropriate professional help.**

92. Train to Gain can be used by employers to access expert advice and practical support to help them improve the skills of their workforce, including training on mental health awareness. Through

a national network of Business Link advisers, employer's can access help in assessing and meeting their skills needs. Advisers can also offer guidance on the availability of Government funding to enhance the employers own investment in skills. Equality and diversity training, including identifying and dealing with issues caused by disability, and building the client's motivation and self-belief, is a core module of the standards that all Business Link advisers are required to meet.

#### *Information and advice for managers*

93. Employers need to be fully aware of the help and support available and to have, wherever possible, have a single point of access for relevant information. *The Perkins review* recommended establishing a single hub for support and advice on good practice to help employers to recruit and retain people with a mental health condition. The Government agrees with this recommendation and is looking at ways that this could be achieved. As part of wider convergence plans DWP are migrating all information on disability on to Business Link who are best placed to support this 'hub' as a national self-help portal of action-focused information for businesses.
94. There are already many useful and practical tools available for employers:
- The DH funded Shift programme have produced an updated Line Managers Resource<sup>35</sup> which is a practical guide to managing and supporting people with mental health conditions in the workplace. The resource offers practical advice on recruiting, retaining and supporting people with mental health conditions. Shift has also produced three short films designed to raise awareness of mental health conditions and discrimination in the workplace.

<sup>35</sup> <http://www.shift.org.uk/employers/>

- To complement the Line Managers Resource, Yorkshire and the Humber Improvement Partnership, with ACAS and the Charley Waller Foundation have developed a training course for Line Managers which is currently being trialed in Yorkshire and the Humber.
- Rethink have produced some useful guidance on making reasonable adjustments in the workplace for people with severe mental illness.

### Box 13. Time to Challenge

The Time to Challenge website<sup>36</sup> (part of Time to Change, the national mental health anti-stigma and discrimination programme) provides a range of resources and signposting to further information for employers, employees and people looking for work. The resources include advice on reasonable adjustments and specialist HR and occupational health issues for people with mental health conditions.

95. Employers should be able to access timely and tailored advice. DWP are piloting an occupational health advice line service for small businesses that will offer professional advice on individual employee health issues, including mental health and well-being. To increase confidence in supporting people with mental health conditions, employers will be able to get professional advice on mental health conditions, including how they may affect the person in a workplace setting, practical advice on how to discuss the issue with the person, and information about a wide range of local support.

#### *Broader job retention support*

96. Inevitably some people may fall ill whilst they are in work. It is therefore critical that appropriate and effective support is available to both employers and employees. The nature of this support will vary

between workplaces but will generally be quite low level and low cost. For those who are at risk of losing their job a more intensive intervention focused on job retention may be appropriate, such as those available through employee assistance programmes or third sector organisations.

### Box 14: Richmond Fellowship's RETAIN programme

**RETAIN's vision is to make everyone's workplace a healthy, productive and fulfilling environment**

**RETAIN is Richmond Fellowship's national Job Retention Service for people with mental health conditions, including stress; anxiety and depression. RETAIN aims to maximise employees' chances of maintaining their employment when problems arise, by working with people on a one to one basis and directly with their employer.**

**RETAIN supports staff who are experiencing mental health conditions including stress, depression or anxiety at work, and supports employees returning to work after a period of absence. Since its launch in 2006, RETAIN has worked with over 500 people, of which 71% have had a positive outcome – have retained their job, been redeployed or changed job.**

### National Actions

97. DWP will be adapting Access to Work to ensure that it is better targeted at people most disadvantaged from the labour market, including people with mental health conditions, and that its resources can be used in the most cost effective way.
98. DWP will further reform Access to Work to trial funding cover for episodic absences for all fluctuating needs, including mental health.

<sup>36</sup> <http://www.time-to-change.org.uk/what-we-are-doing/time-challenge>

99. DWP will ensure that the Business Link website contains specific information about employing people with a mental health condition incorporated into the site, including links to good practice guides and sources of information and support.
100. DWP to ensure that the occupational health advice line for small business is meeting the needs of employers and people with mental health conditions.
101. NMH DU will consider commissioning further work on evaluating the added value of in-work interventions focused on mental health.

### **Regional and local recommendations**

102. DRDs to consider how best to develop and disseminate employer focused interventions, including anti-stigma initiatives.



## 7. SKILLS FOR WORK

103. People with mental health conditions have the same potential as everyone else. In order to progress in work, it is important to ensure that continued skills development is taken into account. Learners with mental health conditions need to be able to get the best out of their experience and gain the necessary skills for work. Much is already happening to progress these issues as highlighted in *Opportunity, Employment and Progression: making skills work*<sup>37</sup> and *Work Skills: Unlocking talent*<sup>38</sup>. These documents set out plans for welfare and skills reform which include a focus on providing comprehensive skills support for those with mental health conditions and their employers.

### *Integrated employment and skills*

104. The Government has been trialling ways to better integrate the support on employment and skills, and is working to implement an integrated employment and skills service throughout England from 2010/11. Through this service, people who are out of work, particularly those disadvantaged in the labour market, will be able to get the help they need to develop their skills and gain qualifications, find sustainable employment and progress in work through continued skills development. The Government is also encouraging employers through the Skills Pledge and the Train to Gain service to support their employees to get the necessary basic skills.

105. The new adult advancement and careers service (aacs), is to be rolled out from August 2010. This will provide a universal offer of information and advice for everyone and targeted support to those with specific challenges to getting into, and on in, work, including people with mental health

conditions. The department for Business Innovation and Skills (BIS) will ensure that the service is able to meet the needs of people with mental health conditions, and is considering the need for a small pool of specialist advisers to support them.

### **Box 15: Stephen's Journey**

**I started suffering from depression and extreme anxiety after a colleague at work was violent towards me. I ended up leaving my next job because, by this stage, I was finding it difficult to manage my mental health at work, at times I was even feeling suicidal. My GP prescribed anti-depressant medication and CBT (Cognitive Behavioural Therapy) counselling. It was as a result of the counselling that I was referred to other mental health services including Community Network and Richmond Fellowship.**

**Through one-to-one sessions with my adviser, I decided to change my career path. He helped me to find a course at a local College to do an intensive Business Administration course at level 1 and then encouraged me to continue to the next level. I also attended a job preparation course where I got help drafting my CV, learning about confidentiality and disclosure of mental health problems. I also did a work placement arranged by Richmond Fellowship as a Receptionist at the local Mental Health Trust, after which they offered me casual work. Three years later, I applied for and was offered a full-time position as Team Secretary.**

***"It feels better than winning the lottery to get back to full time work and feel like I can cope with my mental health".***

<sup>37</sup> DIUS & DWP (2007) *Opportunity, Employment and Progression: making skills work*. London: TSO.

<sup>38</sup> DWP & DIUS (2008) *Work Skills*. London: TSO.



*Skills for Life*

106. People with poor literacy and numeracy skills are more likely to report poor mental health, low self-esteem and a lack of power to positively change their lives<sup>39</sup>. Since it was launched in 2001, the Skills for Life strategy has enabled nearly 6 million adults to go on courses to improve their literacy, language or numeracy skills, helping them to change their own lives and those of their families. The Government is committed to the ambition of ensuring that 95% of adults have at least functional levels of literacy and numeracy by 2020 and have refreshed the Skills for Life strategy to support this.

*Getting into and staying in learning*

107. The Government wants to provide the best learning environment possible for people with mental health conditions, acknowledging that some people may feel uncomfortable disclosing their condition. Therefore the ambition is to provide a supportive and flexible service that meets all learning and skills needs, including activity to support people's recovery or as a route to work.
108. The Further and Higher Education sectors are ensuring that learners and staff feel comfortable and confident in discussing and managing their mental health conditions. Disclosure is an important issue and work is ongoing to provide guidance on developing the skills of professionals to support learners with mental health conditions.

**BOX 16: Skills training on the use of Personal Budgets**

**The use of personal budgets (which can be taken as Direct Payments) can support people with mental health conditions to explore their aspirations and goals, particularly in relation to learning and work. The National Institute of Adult Continuing Education (NIACE) has developed courses called 'Is It for Me?' and 'I'll give it a go' that enables people with mental health conditions to make an informed choice about the take up of Direct Payments, to develop skills for managing Direct Payments and to use them for further learning and skills development. The course is also accredited so that people can gain certification in literacy and numeracy for the learning they have undertaken.**

109. In March 2009 the Learning and Skills Council (LSC) published their mental health strategy *The Way Forward*<sup>40</sup> with the aim that people who experience mental health conditions should, by accessing learning and skills provision, be able to lead active and fulfilling lives as part of their communities, and in work, in a way that sustains mental well-being. The implementation plan, being taken forward by the Mental Health Partnership Programme has an action to increase the take up of work-based learning among people with mental health conditions. Plans are in place to ensure that implementation is taken forward through the changes to the LSC successor agencies, the Young People's Learning Agency and the Skills Funding Agency.

<sup>39</sup> J. Bynner and S. Parsons, NRDC, 2006, *New Light on Literacy and Numeracy*.

<sup>40</sup> Skills for Life: Changing Lives, BIS, March 2009

## Further Education

110. *Healthy Further Education* is a national programme to help improve all aspects of health, including the mental health and well-being of learners and staff. The vision is for Further Education providers to work with community partners to create a learning environment where well-being is the expectation for all, producing learners and staff who are confident, healthy, safe, emotionally resilient and personally fulfilled. The programme will provide a range of accessible materials including an online self-review tool, good practice models and guidance, and a new region-based network.

### BOX 17: Petroc

Petroc (formerly North Devon College) has a well developed support system in place for learners who experience mental health difficulties. Each learner has a mentor who works with them on an individual basis to provide the support and information that addresses the practical barriers that people can experience when trying to access learning. That can mean:

- helping a person to travel independently to college walking into classes with the person and staying with them until they feel okay
- providing information and guidance about different courses
- information about finances, child care and support to get work.

The college also provides courses that give people a stepped introduction to learning and to address some of the internal issues that sometimes hold people back from getting into and getting on in learning. These courses

**include things like confidence building, assertiveness and courses aimed at particular learners such as women who experience**

**domestic violence. Throughout all this, the mentor acts as an advocate for the learner, providing encouragement and space for the learner to reflect upon the changes they are making in their lives.**

**In addition, Petroc is also taking seriously its responsibility for the well-being of staff. A stress champion nominated from the HR department is working to minimize stress on staff and to ensure that the college does not just meet its duties under relevant health and safety legislation but exceeds them. A programme of activities on diet, exercise and mental well-being is also provided.**

## Higher Education

111. *Aim higher*<sup>41</sup>, the Government's national outreach programme to help under-represented groups to aspire to Higher Education, provides guidance to schools and colleges about what support disabled students, including those with mental health conditions, can expect to receive in Higher Education.
112. Higher Education institutions offer a range of mental well-being help to their students through student services provision and specific counselling support. This will provide them with the advice or support that they need whilst studying. Eligible disabled students can receive direct funding support through Disabled Students' Allowances (DSAs) to help them with the extra costs they may incur on their course as a direct result of a disability, mental health condition or specific learning difficulty. DSAs are paid in addition to the standard student support package, they are not means tested and do not have to be repaid.

<sup>41</sup> [http://www.direct.gov.uk/en/EducationAndLearning/UniversityAndHigherEducation/DG\\_073697](http://www.direct.gov.uk/en/EducationAndLearning/UniversityAndHigherEducation/DG_073697)

### **BOX 18: The Working Group for the Promotion of Mental Well-Being in Higher Education**

**The Working Group for the Promotion of Mental Well-Being in higher education, which was established in 2003, by the higher education representative bodies, Universities UK and the Standing Conference of Principals (now GuildHE) has raised awareness of mental health conditions for universities. The Group has a role in disseminating good practice in relation to supporting both staff and students with mental health conditions in higher education. It has undertaken research on mental health policy and practice in higher education and has issued guidance on developing mental health policies and good practice on mental health promotion.**

#### *Volunteering*

113. Whilst the overarching ambition of *Work, Recovery and Inclusion* is to promote open employment in paid work, the Government recognises that for some people volunteering could provide an important stepping stone into work, and in addition, serve to bring people together. The Government is committed to promoting volunteering opportunities, not least because of the significant value to the community and also because of the benefits to the volunteer.

#### **National Actions**

114. BIS and DWP will continue to promote a more integrated approach to employment, learning and skills especially for those with barriers to participation. Integrated Employment and Skills will develop a framework for sharing data and measuring the impact of specialist support.
115. BIS will explore ways to secure more effective models of delivery aimed at supporting vulnerable

learners into employment, including those with mental health conditions, by scoping out a short study to explore the current provision for this group.

116. Rollout of the new adult advancement and careers service in 2010 will take account of the needs of people with mental health conditions.
117. BIS will improve take up, and success, of work-based learning for people with mental health conditions through greater support within Train to Gain.
118. BIS and the Department for Children Schools and Families will ensure that, where identified, mental health conditions are fully taken into account within transition arrangements between Connexions, and the Learning and Skills Council (and from April 2010, the Young Persons Learning Agency and Skills Funding Agency).

#### **Regional and Local recommendations**

119. DRDs may consider how learning and skills are included in their regional plan for mental health and employment.
120. Regions may consider how best to share and spread good practice in work preparation programmes.
121. Higher Education and Further Education institutions should ensure that they have appropriate policies to support learners with mental health conditions to enter into, or stay in, learning, as part of the requirement of the duties in the Disability Discrimination Act 2005.

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## 8. THE PUBLIC SECTOR LEADING BY EXAMPLE

122. The public sector employs around one in five of the UK workforce<sup>42</sup>. It is therefore important that the public sector is seen to lead by example in recruiting and retaining people in contact with secondary mental health services, as well as making sure that there is appropriate workplace support. Leadership and sharing lessons learned are key elements of ensuring that the public sector takes a visible role. There is ongoing work across the public sector, in central government departments as well as local authorities, non-departmental public bodies and delivery organisations.

### *Government departments*

123. The Civil Service recognises that it has a responsibility to provide strategic leadership to the wider public sector on this agenda. Heads of departments have tasked the Social Exclusion Task Force (SETF) to co-ordinate a cross-departmental programme of work to help the Civil Service become a better employer of socially excluded groups, including people in contact with secondary mental health services. This work currently involves thirteen departments<sup>43</sup>. As part of this departments identified the need to improve support and guidance for line managers to improve the retention of colleagues with mental health conditions.

124. SETF, in collaboration with Shift and Rethink, has developed and disseminated a package of resources across the Civil Service. The key elements of this package include the Shift Line Managers' Resource<sup>44</sup>

and newly commissioned guidance on reasonable adjustments for civil servants with mental health conditions (developed by Rethink).<sup>45</sup>

125. SETF has also been encouraging and supporting individual departments to take further steps forward. Since January 2009, more Government departments have signed up to Mindful Employer, including Her Majesty's Revenue and Customs and the Home Office, and are committed to working towards their quality standards to become better employers of people with mental health conditions.

126. Some departments are exploring innovative approaches to recruitment with a view to developing best practice models that can be used more widely across the Civil Service. The Home Office is working with Mind on a small scale pilot on the recruitment of people with mental health conditions starting in 2010. DCSF have worked with The Shaw Trust to recruit people with mental health conditions and have already begun to provide apprenticeship opportunities for people.

<sup>42</sup> May 2009 <http://www.statistics.gov.uk>

<sup>43</sup> Cabinet Office, Home Office, MoJ, DCSF, DWP, DH, DfT, CLG, BIS, HMRC, MoD, Welsh Assembly Government and the Government Office Network

<sup>44</sup> <http://www.shift.org.uk/employers/>

<sup>45</sup> [www.cabinetoffice.gov.uk/social\\_exclusion\\_task\\_force.aspx](http://www.cabinetoffice.gov.uk/social_exclusion_task_force.aspx)

*The NHS*

127. The NHS is one of the largest single employers in the world. With a workforce of over 1.3 million people, the NHS holds a critical role in promoting both recovery in mental health and improvement of employment rates for people with mental health conditions.
128. NHS Employers, with the NHS Confederation, DH, NMHDU and Time to Change, are currently working on a project to increase the understanding of mental health and employment in the NHS. This work supports NHS organisations in delivering Government objectives on social inclusion and PSA 16. The project will establish a web microsite providing information and guidance, an interactive toolkit, and examples of good practice on employing people with mental health conditions. This will be complemented by NHS Employers national campaign, to be launched in January 2010, "Mental Health - Open Your Mind".

**BOX 19: Positive Assets**

**Positive Assets was established in 2001 to encourage and support people with mental health conditions to gain and maintain employment with Humber Mental Health Teaching NHS Trust. Since then, it has expanded to provide the service to Hull City Council and NHS Hull.**

**Using a recovery approach, the service helps people to identify suitable job opportunities (based on their preference), write application forms, prepare for interview and offers ongoing support.**

**41 people gained employment with the service in the year 08/09. Additionally, recent funding**

**has allowed the service to expand to provide support to Hull based business to support them to become more aware of workplace mental health issues and to work towards becoming mindful employers.**

*Local Authorities*

129. Local Authorities (LAs) are well placed to lead by example in increasing the employment prospects for disadvantaged groups. This requires local authorities to work closely with JCP and other agencies to better co-ordinate and tailor provision, such as Local Employment Partnerships and Apprenticeships. Following on from the recommendations made by the Houghton Review<sup>46</sup>, JCP, working with the Local Government Association Group, Cabinet Office and several local authorities, have produced *Leading by Example, a Strategic Framework and Toolkit*<sup>47</sup>. This aims to support Local Authorities who have chosen employment of people with mental health conditions as a local priority. They will then facilitate joint working with JCP and other agencies to provide more employment opportunities within the Local Authority, and from its partners.

*The Learning and Skills Workforce*

130. The Learning and Skills, and Higher Education sectors have a significant role to play in leading by example in the recruitment and retention of adults with mental health conditions. As with other employment sectors, disclosure of mental health conditions is low. Following on from the Commission for Disabled Staff in Further Education, the Disability Equality Implementation Group, facilitated by LifelongLearning UK, has linked up with Mind to publish guidance on increasing disclosure, influencing recruitment, and developing exemplars and are producing an equalities framework for the whole sector.

<sup>46</sup> <http://www.communities.gov.uk/publications/communities/tacklingworklessnessfinal>

<sup>47</sup> [https://www3.jgpskills.co.uk/leadingByExample/Public/Report.ashx?r=12003\\_1](https://www3.jgpskills.co.uk/leadingByExample/Public/Report.ashx?r=12003_1)

## National Actions

131. SETF will identify a champion of mental health and employment across government and the public sector.
132. SETF will continue to work with Civil Service departments to develop best practice in employing people in contact with secondary mental health services and making progress towards the 'Mindful Employer' quality standards.
133. SETF and SHIFT will disseminate a package of support for line managers in the civil service – including newly commissioned guidance on reasonable adjustments for Civil Servants with mental health conditions (developed by Rethink)<sup>48</sup>.
134. The NHS Confederation and NHS Employers will work with organisations to highlight the gain to the NHS in ensuring it supports people with mental health conditions into employment. A key vehicle for these messages will be NHS Employers campaign "Mental Health - Open Your Mind" which will be launched in January 2010.
135. NHS Employers and the NHS Confederation will develop a web site that includes online resources to support organisations to increase the employment rates of people in contact with secondary mental health services. The website will include examples of good policy, good practice, individual and organisational case studies and information on training.
136. NHS Employers and NHS Confederation will identify and work in partnership with six health focused organisations (Acute, Mental Health, Ambulance, and Primary Care Trusts, plus SHAs) to develop and share models of good practice for delivering anti-stigma materials to NHS organisations.

137. Through the Learning and Skills Council (Skills Funding Agency from April 2010), the Government will promote the take up of 'Mindful Employer' and other interventions to promote mental health awareness training.

## Regional and local recommendations

138. DRDs and Regional Employment Leads to consider how to encourage more organisations in their region to sign up to the 'Mindful Employer' initiative.
139. DRDs to ensure that they have a jointly owned plan with the SHA to increase the number of people engaged with secondary mental health services in employment.
140. JCP and SETF to promote *Leading by Example* to all local authorities and encourage authorities to use this as an opportunity to directly employ more people who are in contact with secondary mental health services.

### BOX 20: Tukes Project, North East Lincolnshire

**Tukes was set up in 2003 to help people with mental health conditions prepare and hopefully find employment. In a deliberate move away from traditional day services, Tukes opened two Cafes, one in the local hospital and another in Grimsby town centre. Today Tukes operates a full facility management service, providing not only catering to the local mental health service but also cleaning, building and grounds maintenance services.**

**The scheme dispels the myth that people with mental health conditions do not want to work. Members commit over 2500 hours each month to Tukes, learning new skills while building their confidence and experience. Of the 400 plus people who have been through the scheme over 50 have found employment with many others moving on to education or voluntary work.**

<sup>48</sup> <http://www.jobcentreplus.gov.uk/JCP/Employers/index.html>

## 9. THE WELFARE STATE AS AN ENABLER TO WORK

141. People who use services have suggested that the welfare state should support their employment ambitions, and not act as a barrier to them moving forward with their lives. They also suggest that the system is sometimes difficult to navigate, as do some of the people who are supporting them to find work.
142. The Government is aware of the impact of complexities in the benefits system. Developments in benefits policy and delivery are intended to address these problems. Changes have been designed to make the system less stressful to navigate and the Government is also determined to further simplify the benefits system. In the longer term, the Government is considering whether a single benefit for people of working age might be the best way to remove complexity. There have been significant and positive changes in the way that people are supported to find and keep work. The welfare benefit system is more enabling and focuses on what people can do as opposed to what they can't, whilst maintaining support for those for whom work is not an immediate or future option.

### *Benefits communication*

143. *The Perkins review* recommend that Government advertises the availability, and provides advice on 'Better off in work' calculations to health, social services and third sector organisations. From October 2009, the 'Better off in work' calculations are available on Directgov<sup>49</sup> although the Government agrees more must be done to make people aware of this.

### *Permitted Work*

144. For those on incapacity benefits there are a range of flexible "permitted work" rules covering the length of time that people may take up part-time employment and the amount they can earn, without affecting their benefit. Permitted work allows people the opportunity to undertake some part-time paid work, in order to build confidence, and plan their move into work, while continuing to receive benefit.
145. If people work 16 hours or more a week they may be eligible for tax credits, which will provide support for income as benefits are withdrawn. Personal advisers can assist with claims for tax credits which may ease the transition to full-time work. People moving into work can also often qualify for transitional payments, which can help them over the difficult first weeks and months in a job. People moving from incapacity benefits, for instance, may be able to qualify for a return to work credit worth £40 per week for the first year in a job. They may also be able to get a Job Grant worth up to £250 and other payments for specific costs.

### *Linking Rules*

146. Linking rules allow a person leaving incapacity benefits (and ESA) to return to benefit at the same stage at which they left it. Firstly, linking rules ensure that short breaks in a claim do not lead to claims having to start afresh. Secondly, if the reason for leaving was to pursue work or training, they provide reassurance to the person that if it

49 [http://www.direct.gov.uk/en/Diol1/DoltOnline/DoltOnlineByCategory/DG\\_172666](http://www.direct.gov.uk/en/Diol1/DoltOnline/DoltOnlineByCategory/DG_172666)



does not work out, they can return to the same position on the benefits as when they left. The short term linking rule applies to people returning to benefit within 12 weeks. The person need not have left the benefit for work or training. Those who return within the limit of the short term linking rules complete a rapid reclaim process. The long term linking rule applies to people who have been entitled to ESA for 13 weeks or more and who return to benefit within 104 weeks. This only applies to people who have left benefit for work or training.

### *Housing Benefit and Council Tax Benefits*

147. Consultation with people who use services suggests that difficulties remain with Housing Benefit and Council Tax Benefits. One of the main issues surrounds the need to be able to get benefit quickly and accurately assessed when people move between benefits and work. This is particularly true for people with fluctuating conditions.

148. In the 2008 Budget, the Government announced plans for a review of Housing Benefit. The Welfare Reform White Paper, 'Raising expectations and increasing support: reforming welfare for the future' announced the Government's intention to consult on the reform of Housing Benefit. This will happen in the next few months and the key issues to consult on are likely to include:

- the need to ensure that the HB system supports the wider welfare system in helping people move in to work
- ensuring that Housing Benefit is affordable and sustainable
- helping to support good quality housing in mixed communities

- ensuring the system is fair to working families not on benefits

149. Research has shown that a lack of understanding of Housing Benefit as an in-work benefit severely undermines the journey back to work<sup>50</sup>. There is also evidence to indicate that many advisers find it difficult to advise on potential entitlement to this benefit<sup>51</sup>. DWP is launching a communications campaign to increase awareness of this support amongst advisers. Building on this campaign, DWP are planning a broader back to work communications strategy. The aim will be to increase awareness of the whole range of support available for people making the transition to work. This campaign will link with advice about the financial impact of returning to work provided by JCP personal advisers.

### *Encouraging Participation*

150. The Government recognises the valuable contribution that people who have the experience of using services can make in sharing their knowledge and understanding in order to improve services. From 26th October 2009, DWP amended its regulations to reduce barriers in the benefit system for people who are consulted, or otherwise involved, by public bodies over the way that services are designed and delivered.

151. Any expenses paid to people as a result of their involvement will now be completely disregarded for the purposes of assessing their entitlement to benefit. In addition, the notional income rules within the benefit system will no longer apply to people who use services. This means they can choose to accept payment at a level which will not affect their benefit. Both of these changes will only apply where there is a legal requirement for the consultation to take place and will make it significantly easier for people on benefits to participate in service development and delivery.

<sup>50</sup> DWP Research Report No 383: Housing Benefit and Council Tax Benefit as in-work benefits; claimants' and advisors' knowledge, attitudes and experiences. Caroline Turley and Andrew Thomas <http://www.dwp.gov.uk/asd/asd5/rrs2006.asp#hbctbinwork>

<sup>51</sup> DWP communications research into the effects of a housing benefit and council tax benefit campaign, FDS International Ltd, May 2009



## National actions

152. DWP and DH will further consider how best to ensure that 'Better off in work' calculations are more broadly available beyond JCP, including where appropriate in health settings and for third sector organisations.
153. DWP will ensure that personal advisers in both JCP and its partners are supported to work with people in contact with secondary mental health services, and will consider what additional support might be made available to support people moving from ESA to JSA.
154. JCP commits to ensuring that suitably skilled and knowledgeable advisers undertake New Jobseeker interviews for people moving from ESA to JSA to a) ease their transition; and b) signpost people who are identified as having mental health conditions to health related support if appropriate.
155. DWP will maintain a Personal Benefit Advice (PBA) application which is updated twice a year alongside the Better off Calculator (BOC). PBA is a stand alone application that produces estimates of current and potential entitlement to a range of benefits and tax credits. It continues to be used by some DWP staff, and by external organisations, for example Citizens Advice Bureau.

## Regional and local recommendations

156. Regional and local JCP to consider advice and guidance, including where possible and appropriate, training for health and other professionals on the help and support available from JCP. This might be achieved through the mental health co-ordinators.

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# 10. DELIVERING WORK, RECOVERY AND INCLUSION

157. Currently, responsibility for delivery of mental health services and employment support is shared between a number of departments and agencies, and delivered locally by a broad spectrum of providers. The commitments in this paper will only be delivered if:

- there is a joined up approach where central, regional and local government work together
- strong partnerships are developed with key stakeholders such as the third sector
- people who use services are an integral part of service development and delivery
- progress on the vision is monitored

### *A joined up approach*

158. The central government departments involved in the drafting of this strategy are the Department of Health, the Department for Work and Pensions, Business Innovation and Skills, and the Cabinet Office. These departments will continue to focus on taking forward the commitments and vision of *Work, Recovery and Inclusion*.

159. SETF lead development of PSA 16, working in collaboration with the departments and stakeholders who are responsible for delivery. The PSA is an important element of the Task Force's work in taking forward some key system reforms designed to improve service delivery for the most excluded. To support this, SETF has developed the 'Link Up, Link In' campaign<sup>52</sup>, which aims to support better collaborative working among frontline staff working with PSA 16 groups.

160. DH has commissioned NMHDU to support the implementation and delivery on the mental health aspects of PSA 16. DH has responsibility for Health and Social Care activity on PSA 16 through regular progress reporting. NMHDU contribute to this process by identifying and building capacity for good practice within regional planning and delivery. NMHDU will also look to ensure that engagement with the diverse group of people who use services is continued throughout this process at a national level.

161. In the regions PSA 16 activity will be monitored and co-ordinated through Government Offices (GOs) who will in turn support local delivery through existing partnership working and dissemination of intelligence on what works to localities. DRDs are currently creating regional PSA 16 delivery plans and structures to drive the agenda, and linking with colleagues within GOs to ensure that all partners are working together. Regional partnerships will be supported by DWP, in particular through its approach to commissioning which seeks to support delivery so that services are best aligned for the benefit of the person using the service – for example in Multi-Area Agreements, Commissioning Strategy Plans and City Regions.

162. DH has secured approximately £3.7 million per year for 2009/10 and 10/11 to support this planning across both PSA 16 mental health and learning disability client groups and both employment and accommodation outcomes. In addition, DH has distributed approximately £500K to each SHA to strengthen delivery through the health system, primarily to encourage the public sector including the NHS, to lead by example in the recruitment and retention of PSA 16 groups. DRDs may want to consider how this money could be aligned with resources that have been sent to SHAs.

<sup>52</sup> <http://www.hmg.gov.uk/linkuplinkin.aspx>

163. GOs will be responsible for ensuring that there is adequate and appropriate representation from relevant stakeholders including JCP, employers, people using services, and third sector organisations, as well as statutory agencies, in the development and delivery of regional planning. They will also ensure that relevant organisations who could support this agenda, such as Regional Efficiency and Improvement Partnerships and Local Employment Partnerships are involved. There should also be appropriate involvement of people who use services through organisations such as Local Involvement Networks (LINKs), which replace Patients' Forums, and the Commission for Patient and Public Involvement in Health.
164. The Perkins review made a number of recommendations about JCP provision for those with mental health conditions. It recommended that Mental Health Co-ordinators (with the support of DEAs) should establish and maintain local networks between employment and health/social services workers. The Government strongly agrees with this recommendation, and will ensure that building these networks will be a key task for the Co-ordinators. The Co-ordinators may want to use the networks they build to help ensure consistency of message between work and health services and help drive consistent messages in action plans.

#### *The third sector*

165. The Government wants to acknowledge and work in partnership with third sector organisations that support people with mental health conditions to get back into work. Third sector organisations are contracted directly and sub-contracted for service delivery across all the organisations responsible for supporting people in contact with secondary mental health services into work - PCTs, JCP, Further and Higher Education.

#### **Box 21: Barry's Journey**

**Barry lives with his wife, is highly educated, has a good social network, enjoys composing music and playing in a band. He has been unwell for approximately 10 years with a diagnosis of Dysthymic Disorder, a form of depression. Barry's mental ill health has often had a negative impact on him being able to sustain employment.**

**Barry started working with a Jobs in Mind Support Advisor after being referred by his Consultant, who initially requested help to enable Barry to find paid employment and to gain structure in his life. Barry wished to take things at a slow pace initially, drafting a CV, looking for part time employment and a Web Design course. After identifying a vacancy at the local Garden Centre, Barry asked his Support Advisor to meet with the Garden Centre manager prior to interview and talk through his situation. Barry then attended the interview with the support of his worker and did extremely well; he was offered a job there and then given a start date.**

**Barry started work at the Garden Centre at the beginning of 2009 and is currently doing very well and enjoying the experience. His Support Advisor continues to offer support and guidance until such time as it is no longer needed, although Barry is able to draw on further support down the line if any difficulties arise and his employer can continue to stay in contact with Jobs in Mind for support. Barry has also started a Web Design course.**

## People who use services

166. People who use services have a valuable and important contribution to make to policy and service development. The only way to ensure inclusive and effective policy, is to fully engage people who use services. There are strong reasons for doing this.
- Decision making is more informed and services meet need
  - It will raise the skills and confidence of the people who use services and will help make people feel listened to and valued
  - Attitudes of those developing and delivering services are changed helping to reduce stigma and discrimination

## Monitoring of progress

167. *The Perkins review* recommends improving the monitoring of health and employment outcomes by health and social services and by DWP. Both DWP and DH keep all their information under review and are committed to monitoring by medical condition and/or employment status where practical to do so. Whilst the Government agrees and supports this recommendation, bringing about significant changes in the way information is recorded is an ongoing aspiration. As a first step, the Government commits to closer working across departments to explore the practicalities of implementing the recommendations made in *the Perkins review*.
168. DH has prioritised the collection of data on the employment status of people on the Care Programme Approach through the Mental Health Minimum Data Set<sup>53</sup> so that progress in achieving PSA16 aims can be measured. The first year's data for this was published recently and DH is working with SHAs to ensure that the quality of this data is improved. DH and the NHS

Information Centre are also working together to highlight the importance to providers of achieving good quality data recording and to support providers in addressing any technical issues with IT systems. Given that the Government are in the very early stages of measuring progress, the likely impact of policy on different groups and communities is not yet clear. In future we will look to build on good practice around equality monitoring in the NHS.

169. In the skills sector a common issue holding back the provision of effective support is the ability to share data between agencies. The Learning and Skills Council, from April 2010 the Skills Funding Agency, will monitor learning outcomes of all learners with a declared disability, including those who identify mental health conditions.

## National Actions

170. All relevant government departments to set up effective ongoing governance and monitoring arrangements for all commitments in *'Work, Recovery and Inclusion'*.
171. NMHDU to encourage the engagement of people who use mental health services within the delivery of *Work, Recovery and Inclusion*.
172. ODI will commission, develop, and disseminate a good practice resource for policy makers, delivery partners and practitioners on accessibility and involving disabled people in the development of policies and delivery strategies
173. DH to undertake further work with SHAs and the NHS Confederation to improve local data collection in support of PSA16 delivery.
174. DWP to ensure Mental Health Co-ordinators build networks between work and health services to spread best practice and ensure consistency of messages around employment.

<sup>53</sup> <http://www.mhmdsonline.ic.nhs.uk/>

## Regional and Local recommendations

175. GOs, DRDs and other partners to set up governance structures for PSA 16 activity and develop a regional action plan for PSA 16 delivery.
176. DRDs to ensure ongoing liaison with their respective representatives from SHAs to plan effective use of resources.
177. GOs and DRDs to ensure they engage with and involve people who use services and their carers in regional planning and delivery of PSA 16 activity.
178. Local Employment Partnership agreements to have a greater commitment towards tackling social exclusion through increased representation of PSA 16 groups within partnership agreements.
179. GOs to consider undertaking front line focused best practice workshops to be supported by NMH DU and 'Link Up, Link In'.
180. DRDs and SHAs to focus activity on improving PSA 16 data collection.

# ANNEX A:

## Table of Commitments

### CHAPTER 4: GAINING A JOB

National Actions	Lead Dept	Timing
NMHDU with DH and other partners will consider setting up a resource to support the development of evidence based vocational services within health.	NMHDU	By January 2010
NMHDU will work with the DH and commissioners to explore best practice on incorporating employment indicators in the contracts of providers of secondary mental health services.	NMHDU	By September 2010
NMHDU will work on behalf of the DH to ensure that future commissioning guidance on mental health and wellbeing makes appropriate reference to employment for adults in contact with secondary mental health services.	NMHDU	By April 2010
DH will commission NMHDU to scope the need to improve the evidence base for under researched models of vocational support in secondary care.	NMHDU	By March 2010
DWP will continue to improve the training which JCP personal advisors receive to ensure that they advisors are skilled in helping people to enter and remain in work	DWP	Ongoing
DWP will ensure that wherever possible that people who need more intensive help receive continuity of contact from the same adviser.	DWP	Ongoing
DWP will build on the flexibility already afforded to personal advisers to make sure people get the help they need as well as testing ways in which advisers might extend flexibility and discretion.	DWP	Ongoing
DWP will ensure privacy during interviews whenever possible, including taking advantage nearby community building, scheduling Work Focused Interviews at a less busy times, and offering home visits if appropriate.	DWP	Ongoing

Regional and local recommendations	Lead
DRDs and Strategic Health Authorities (SHAs) should consider working with mental health providers and commissioners to consider how best to increase access to vocational services in secondary care as part of their regional planning process.	DRDs and SHAs
JCP will want to ensure that there are agreements about referrals between their suppliers for Pathways to Work and Work Choice and vocational support services provided by the NHS.	JCP
Disability Employment Advisors will want to ensure they are aware of the vocational services being provided by the NHS in their area so that they are able to make appropriate recommendations to their customers. They should look to establish a named contact each separately commissioned service.	JCP



# CHAPTER 5: WORK, RECOVERY AND INCLUSION IN SECONDARY MENTAL HEALTH SERVICES

National Actions	Lead Dept	Timing
DH, is supporting its commitment to PSA 16, will ensure that work is integrated in the broader vision of recovery being developed in <i>New Horizons</i> .	DH	By December 2009
NMH DU and DRDs will work with SHAs to encourage Clinical Care Pathways Groups to incorporate employment outcomes within their work and highlight good practice on organisation wide approaches to recovery.	NMH DU	By September 2010
NMH DU and DRDs to explore how many people are using personal budgets for employment, this will include keeping updated on those Right to Control areas prioritising mental health and employment.	NMH DU	By September 2010
NMH DU will publish guidance on how to make personalisation a reality for people with mental health needs <sup>1</sup> . This will include specific reference to how personalisation can support employment.	NMH DU	By April 2010
DH to include employment outcome indicators for mental health in the World Class Commissioning assurance framework for Year 2	DH	Year 2 already launched
DH to include employment in the draft of the new performance framework for non foundation trust mental health providers.	DH	Applies April 2010
DH to encourage PCTs through the guidance to the standard mental health contract for 2010-11 to include employment and accommodation as indicators to be routinely supplied by providers	DH	Applies April 2010

<sup>1</sup> Paths to Personalisation: A whole system, whole life guide. London: National Mental Health Development Unit.

<b>Regional and local recommendations</b>	<b>Lead</b>
Mental Health providers, Trusts and commissioners should consider how they promote a focus on employment in their services and consider how best to include employment in relevant training course for their organisations.	MH Providers, PCTs and Commissioners
DRDs and SHAs to focus activity on improving regional baselines and engagement with PSA 16 data collection.	DRDs and SHAs

# CHAPTER 6: KEEPING A JOB

National Actions	Lead Dept	Timing
DWP will be adapting Access to Work to ensure that it is better targeted as people most disadvantaged from the labour market, including mental health conditions, and that its resources can be used in the most cost effective way.	DWP	2010
DWP will further reform Access to Work to trial funding cover to episodic absences for all fluctuating needs, including mental health.	DWP	2010
DWP will ensure that the Business Link website contain specific information about employing people with a mental health condition. incorporated into the site, including links to good practice guides and sources of information and support.	DWP	2010
DWP to ensure that the occupational health advice line for small business is meeting the needs of employers and people with mental health conditions	DWP	2010
NMH DU will consider commissioning further work on evaluating the added value of in-work interventions focused on mental health.	NMH DU	By March 2010

Regional and local recommendations	Lead
Deputy Regional Directors of Social Care to consider how best to develop and disseminate employer focused interventions, including anti-stigma initiatives.	DRDs

# CHAPTER 7: SKILLS FOR WORK

National Actions	Lead Dept	Timing
BIS and DWP will continue to promote a more integrated approach to employment, learning and skills especially for those with barriers to participation. IES will develop a framework for sharing data and measuring the impact of specialist support	BIS and DWP	2010
BIS will explore ways to secure more effective models of delivery aimed at supporting vulnerable learners into employment, including those with mental health conditions, by scoping out a short study to explore the current provisions for this groups.	BIS	Spring 2010
Rollout of the new adult advancement and careers services in 2010 will take account of the needs of people with mental health conditions.	BIS	By 2010
BIS will improve take up, and success, of work-based learning for people with mental health conditions through greater support within Train to Gain.	BIS	2010
BIS and DCSF will ensure that, where identified, mental health conditions are fully taken into account within transition arrangements between Connexions, and the Learning and Skills Council (and from April 2010, the Young Persons Learning Agency and Skills Funding Agency).	BIS and DCSF	By Autumn 2010

Regional and local recommendations	Lead
DRDs may consider how learning and skills are included in their regional plan for mental health and employment.	DRDs
Regions may consider how best to share and spread good practice in work preparation programmes.	NMHDU & DRDs
Higher Education and Further Education institutions should ensure that they have appropriate policies that support learners with mental health conditions to enter into, or stay in, learning, as they are expected to do under the duties in the Disability Discrimination Act 2005.	HE and FE institutions

# CHAPTER 8: THE PUBLIC SECTOR LEADING BY EXAMPLE

National Actions	Lead Dept	Timing
SETF will identify a champion of mental health and employment across government and the public sector.	Cabinet Office	March 2010
SETF will continue to work with Civil Service departments to develop best practice in employing people in contact with secondary mental health services and making progress towards the 'Mindful Employer' quality standards.	Cabinet Office	Ongoing
SETF and SHIFT will disseminate a package of support for line managers in the civil service – including newly commissioned guidance on reasonable adjustments for civil servants with mental health conditions (developed by Rethink)	Cabinet Office	Starting December 2009
The NHS Confederation and NHS Employers will work with organisations to highlight the gain to the NHS in ensuring it supports people with mental health conditions into employment. A key vehicle for these messages will be NHS Employers campaign "Mental Health - Open Your Mind" which will be launched in January 2010.	DH / NHS Employers / NHS Confed	By January 2010
NHS Employers and the NHS Confederation will develop a web site that includes online resources to support organisations to increase the employment rates of people in contact with secondary mental health services. The website will include examples of good policy, good practice, individual and organisational case studies and information on accessing training.	DH / NHS Employers / NHS Confed	By January 2010
NHS Employers and NHS Confederation will identify and work in partnership with 6 organisations (Acute, Mental Health, Ambulance, and Primary Care Trusts, plus SHAs) to develop and share models of good practice for delivering anti-stigma materials to NHS organisations.	DH / NHS Employers / NHS Confed	By January 2010
Through the Learning and Skills Council (Skills Funding Agency from April 2010), the Government will promote the take up of 'Mindful Employer' and other options to promote mental health awareness training.	BIS	2010

Regional and local recommendations	Lead
DRDs and Regional Employment Leads to consider how to encourage more organisations in their region to sign up to the 'Mindful Employer' initiative.	DRDs
DRDs to ensure that they have a jointly owned plan with the SHA on increasing the number of people engaged with secondary mental health services in employment.	DRDs
Jobcentre Plus and SETF to promote <i>Leading by Example</i> to all local authorities and encourage authorities to use this as an opportunity to directly employ more people who are in contact with secondary mental health services.	JCP

# CHAPTER 9: THE WELFARE STATE AS AN ENABLER TO WORK

National Actions	Lead Dept	Timing
DWP and DH will further consider how best to ensure that 'Better off in work' calculations are more broadly available beyond JCP, including where appropriate health settings and for third sector organisations.	DWP & DH	2010
DWP will ensure that personal advisers in both JCP and its partners are supported to work with people in contact with secondary mental health services, and will consider what additional support might be made available to support people moving from ESA to JSA.	DWP	Ongoing
JCP has made a commitment that suitably skilled and knowledgeable advisers undertake New Jobseeker interviews for people moving from ESA to JSA to a) ease their transition; and b) signpost people who are identified as having mental health conditions to health related support if appropriate	DWP	Ongoing
DWP will maintain a Personal Benefit Advice (PBA) application which is updated twice a year alongside the Better off Calculator (BOC). PBA is a stand alone application that produces estimates of current and potential entitlement to a range of benefits and tax credits. It continues to be used by some DWP staff, and by external organisations, for example Citizens Advice Bureau.	DWP	Ongoing, updated every 6 months

Regional and local recommendations	Lead
Regional and local Jobcentre Plus to consider advice and guidance, including where possible and appropriate, training for health and other professionals on the help and support available from Jobcentre Plus. This might be achieved through the mental health co-ordinators.	JCP



# CHAPTER 10: DELIVERING WORK, RECOVERY AND INCLUSION

National Actions	Lead Dept	Timing
All relevant government departments to set up effective ongoing governance and monitoring arrangements for all commitments in <i>Work, Recovery and Inclusion</i> .	Cabinet Office	January 2010
NMHDU to encourage the engagement of people who use mental health services within the delivery of <i>Work, Recovery and Inclusion</i> .	NMHDU	By April 2010
ODI will commission, develop, and disseminate a good practice resource for policy makers, delivery partners and practitioners on accessibility and involving disabled people in the development of policies and delivery strategies	ODI	Spring 2010
DH to undertake further work with SHAs and the NHS Confederation to improve local data collection in support of PSA16 delivery,	DH	To apply April 2010.
DWP to ensure Mental Health Co-ordinators build networks between work and health services to spread best practice and ensure consistency of messages around employment	DWP	2010

Regional and local recommendations	Lead
GOs, DRDs and other partners to set up governance structures for PSA 16 activity and develop a regional action plan for PSA 16 delivery.	GOs and DRDs
DRDs to ensure ongoing liaison with their respective representatives from SHAs to plan effective use of resources.	DRDs
GOs and DRDs to ensure they engage with and involve people who use services and their carers in regional planning and delivery of PSA 16 activity.	GOs and DRDs
Local Employment Partnership agreements to have a greater commitment towards tackling social exclusion through increased representation of PSA 16 groups within partnership agreements.	LEPs
GOs to consider undertaking front line focused best practice workshops to be supported by NMHDU and Link Up, Link In.	GOs and DRDs
DRDs and SHAs to focus activity on improving regional baselines and engagement with PSA 16 data collection.	DRDs and SHAs

# ANNEX B:

## Government response to the Perkins review

### RECOMMENDATIONS FOR INCREASING CAPACITY AND DISPELLING MYTHS

Recommendation	Government Response
<p>The review recommends that Government charges the new Mental Health Coordinators with responsibility for establishing and maintaining local networks between employment and health/social services workers. This should include Jobcentre Plus and provider-led services, workers leading on employment from primary care, secondary mental health and social services as well as local voluntary sector providers.</p>	<p>We strongly agree with this recommendation, and will ensure that building networks will be a key task for the Coordinators. The Coordinators will also enable us to meet a number of other recommendations from the Perkins review, including using the networks they build to help ensure consistency of message between work and health services and help drive consistent messages in action plans.</p>
<p>The review recommends that Disability Employment Advisors support Mental Health Coordinators in building local networks.</p>	
<p>The review recommends that Government ensures that, in addition to dispelling the myths surrounding mental health conditions, all advisors in Jobcentre Plus and other welfare to work providers receive skills-based training in areas such as solution focused approaches, motivational interviewing, coaching and related techniques.</p>	<p>In support of a number of recommendations in the Perkins review we will also increase the capacity of JCP to better help people with a mental health condition into work. To do this, and to support the Mental Health Coordinators we will:</p>
<p>The review recommends that Government ensures, wherever possible, continuity of advisor for customers in Jobcentre Plus and other welfare to work Provider areas with a mental health condition.</p>	<ul style="list-style-type: none"> <li>• Build on the work DWP Psychologists are undertaking to develop and continue to improve the training which JCP personal advisors receive. We will ensure that our advisors are skilled in assisting people to enter and remain in work by helping them to overcome whatever challenges they face rather than providing advice based on diagnostic categories</li> </ul>
<p>The review recommends that Government takes steps to ensure that advisors in Jobcentre Plus or other welfare to work providers make maximal use of the flexibilities open to them to tailor the support they offer to individual needs and circumstances. In doing this, advisors should be encouraged to make full use of the skills of Disability Employment Advisors and Work Psychologists.</p>	<ul style="list-style-type: none"> <li>• Introduce a national training programme from January 2010 for JSA advisors to increase their skills and confidence in helping customers with a mental health condition</li> <li>• Ensure wherever possible that customers who need more intensive help are put on an adviser caseload, which ensures they receive continuity of contact from the same adviser</li> </ul>
<p>The review recommends that Jobcentre Plus and Providers offer greater privacy for those who feel uncomfortable discussing personal issues in an open plan environment.</p>	

Recommendation	Government Response
<p>The review recommends that Government ensures that individuals are provided with clear information before the interview about what to expect, the sorts of questions asked and things they would be expected to do by Jobcentre plus or Providers.</p>	<ul style="list-style-type: none"> <li>• Build on the flexibility already afforded to personal advisers to make sure customers get the help they need as well as testing ways in which advisers might extend flexibility and discretion.</li> </ul>
	<ul style="list-style-type: none"> <li>• Ensure privacy during interviews whenever is possible, including taking advantages of flexibilities such as use of nearby civic buildings (e.g. libraries) or for those who require a more private setting, scheduling a work focused interview at a less busy time, and where appropriate offering home visits</li> <li>• Provide as much information as is possible ahead of interviews</li> </ul>
<p>The review recommends that Government investigates ways of ensuring the compatibility of welfare to work action plans (drawn up as part of pathways to work or flexible new deal process) and health/social care plans to contain consistent messages and complement each other. Where the individual wishes, the sharing of plans should also be encouraged. It is not recommended that adherence to treatment be a condition of benefits for people with a mental health condition.</p>	<p>Agree with this recommendation.</p> <p>To meet it we will ensure that:</p> <ul style="list-style-type: none"> <li>• Customers are given a copy of their action plan and are free to share it with partners if they wish</li> <li>• ESA/IB PAs receive training about Mental Health Conditions</li> <li>• In discussing and agreeing a welfare to work action plan with individual customers, we will take into account any health and social care plan/activity and with customer consent seek to share plans to ensure they are complementary, where conditionality allows</li> <li>• At a local level, the networks built by Mental Health Coordinators help ensure consistency of message between work and health services and help drive consistent messages in action plans.</li> </ul>
<p>Monitoring and drivers for change recommendations:</p> <p>The review recommends that Government should explore the sharing of limited information amongst health and work services about employment status, welfare benefits and mental health condition.</p> <p>The review recommends that Government ensures the routine collection of a basic set of data on service usage and outcomes:</p> <ul style="list-style-type: none"> <li>- DWP services should collect data on mental health conditions as part of their equal opportunities monitoring</li> <li>- health/social care should collect data on employment as part of their key performance indicators.</li> </ul>	<p>Both DWP and DH keep all their information under review and are committed to monitoring by medical condition and/or employment status where practical to do so.</p> <p>We very much agree with and support the thrust of these recommendations, and agree that more and improved monitoring would be extremely helpful. However, bringing about significant changes in the way we record information should be seen as a long-term aspiration. As a first step we will commit to working together to explore the practicalities of implementing the recommendations made in the Perkins review.</p>

Recommendation	Government Response
<p>The review recommends that the term ‘employment’ be restricted to competitive employment in a setting where disabled and non-disabled people are being employed on the same terms and conditions and where the person no longer receives out of work benefits. This would include</p> <ul style="list-style-type: none"> <li>• Those working in competitive settings but receiving additional support or adjustments to sustain their employment</li> <li>• Those working fewer than 16 hours whose earnings are sufficient to enable them to leave out of work benefits</li> <li>• Those who are self employed and no longer receive out of work benefits</li> </ul> <p>The review recommends that the term mental health condition exclude such conditions as learning disabilities, autistic spectrum disorders, primary addiction problems and dementia.</p> <p>The review recommends that Jobcentre Plus and employment service providers collect data from all customers on whether they consider themselves to have:</p> <ul style="list-style-type: none"> <li>• A current mental condition (anxiety, depression or other mental health issues)</li> <li>• Whether they have had such a condition in the last 5 years</li> </ul>	
<p>The review recommends that Government ensures the provision of a single hub for support and advice on good practice that is easily accessible and widely disseminated nationally and locally. This should also include information about other sources of support that are available, and rights and responsibilities under equalities legislation.</p>	<p>As part of wider website convergence plans, DWP are migrating all employer-focused web content to Businesslink.gov.uk including all disability specific information. The Business Link website would therefore be the best place to support this ‘hub’ as the key online information portal from government to businesses. We will therefore ensure that there is specific information about employing people with a mental health condition incorporated into the site, including links to good practice guides and sources of information and support. We hope to be in a position to have the new and refreshed content on the site early next year in line with the wider convergence plans.</p>

Recommendation	Government Response
<p>The review recommends that Government facilitates the sharing of good employment practice in relation to mental health among employers. This might involve including information about good practice on the central information hub and/or the production of local newsletters, articles in local papers etc.</p>	<p>For public sector employers we will develop and disseminate a good practice product for policymakers, delivery partners and practitioners on accessibility and involving disabled people in the development of policies and delivery strategies.</p>
<p>The review recommends that Government provides support to national anti-stigma campaigns (e.g. Time to Change and See Me) to assist them in addressing the concerns of employers and employees/potential employees with a mental health condition.</p>	<p>The Department of Health remains in a strategic partnership with Time to Change. We are committed to funding SHIFT until the end of 2010/11 and two further public attitude surveys. We will review further commitments to Stigma over the next 12 months.</p>
<p>The review recommends that Government ensures the principles and examples of good occupational health practice in recruiting and retaining people with mental health conditions are widely promulgated so that recruiting managers without access to occupational health staff can use it as a self-help resource.</p>	<p>We agree with this recommendation.</p> <p>We have already committed to helping small and micro businesses have better access to occupational health help and support through the provision of an occupational health advice line for small business which will be piloted in 9 areas from December 2009 until March 2011. These pilots will be evaluated in order to inform future funding of such support nationwide.</p> <p>In addition to this, we will communicate more widely about existing examples of good practice guidance.</p>
<p>The review recommends that Government requires public sector employers to review their occupational health arrangements in relation to the recruitment of people with mental health conditions to eradicate unjustified discrimination and encourages private sector employers to do the same.</p>	<p>Public sector employers are already required by the Disability Discrimination Act to have suitable arrangements in place, including occupational health support, to ensure that disabled people are supported in the workplace through reasonable adjustments.</p>
<p>The review recommends that for people of working age, Government ensures that vocational issues should form part of initial assessments and of treatment and support plans.</p>	<p>We agree with this recommendation, and will ensure that the refocused the Care Programme Approach (CPA) (2008) highlights the importance of exploring vocational issues in assessments and on-going plans.</p>

Recommendation	Government Response
<p>The review recommends that Government ensures that the importance of employment in promoting and maintaining health (physical and mental) and well-being and the deleterious impact of unemployment for part of the pre-qualification training of all health professionals, be included in post qualification training and be addressed in guidelines issued by professional bodies.</p>	<p>The role of healthcare professionals cannot be underplayed, and so they need access to training and information about the importance of employment to health.</p> <p>We are rolling out the National Education Programme for GPs in collaboration with the RCGP. This will improve GPs' knowledge, skills and confidence when dealing with health and work issues, and specifically includes a section on mental health.</p> <p>We will also carry out a project with several Royal Medical Colleges and allied professional bodies to develop advice and support for individuals, their employers and healthcare professionals about return to work following periods of absence. We have recently engaged with the Royal College of Psychiatrists with a view to developing guidance specifically relating to mental health.</p> <p>We are also working with the medical Royal Colleges, Faculties and Speciality Societies to explore the possibility of developing learning material(s) suitable for a secondary care audience to enhance the further education and CPD of secondary care doctors in health and work.</p>
<p>The review recommends that Government ensures Jobcentre Plus Disability Employment Advisors, supported by Work Psychologists, as well as provider-led Pathways to Work advisors and other relevant Jobcentre personnel focus increased attention to the needs and concerns of employers, especially to understand how they might facilitate an individual's (re)entry into employment.</p>	<p>We agree with this recommendation, and will ensure that DEAs can:</p> <ul style="list-style-type: none"> <li>• support employers and negotiate with employers on behalf of disabled customers to help them take up or retain work where appropriate.</li> <li>• encourages and support employers in developing and implementing good employment practices to recruit, retain and develop disabled people through their Disability Symbol work</li> </ul>
<p>The review recommends that Government promotes the use of peer support in supporting people with a mental health condition to gain and sustain employment.</p>	<p>WRI highlights the key role of peer support and we will continue to promote the importance of peer support throughout health services and investigate its applicability for Jobcentre Plus.</p>

Recommendation	Government Response
<p>The review recommends that the Government outlaws the inappropriate use of Pre-employment Health Checks. These should only be conducted:</p> <ul style="list-style-type: none"> <li>- after, and independently of, an evaluation of the persons capability to perform the job.</li> <li>- to ascertain any adjustments that the person might require.</li> <li>- to check that the person meets any essential health requirements of the job.</li> </ul>	<p>The Government agrees with this recommendation and is seeking to outlaw the inappropriate use of pre-employment health checks through an amendment to the Equalities Bill. This has been tabled by the Solicitor General and has support from the Minister for Disabled People.</p>
<p>The review recommends that Government ensures that guidance supporting the 'fit note' emphasises the more personalised nature of the process and that a person does not have to be 'fully recovered' to return to some work. It should signal a move away from an assessment of whether a person can or cannot work to what they can do to speed their recovery through, where necessary, a gradual return to work.</p>	<p>The role of healthcare professionals, especially GPs, cannot be underplayed and so they need access to good quality information about return to work issues.</p> <p>We are working with a range of medical, employer and employee representative groups to develop guidance to support the implementation of the 'fit note' next year. Evidence shows that a person does not have to be fully recovered to return to some work and in line with the policy intent of the 'fit note', the guidance will support both Doctors and employers to help people with health conditions return to work through practical solutions such as amended duties, altered hours, workplace adaptations or a phased return to work.</p> <p>In addition, from this month we will pilot an occupational health advice line for small businesses in nine locations throughout GB which will offer professional occupational health advice to managers on individual employee health issues that cause problems the line manager / owner manager is unsure how to address. This will have a focus on mental health and include advice prompted by 'fit note' enquiries. The pilot sites in England and Scotland will also make their service available to GPs to ensure that advice is consistent.</p>
<p>The review recommends that Government ensures the principles and examples of good occupational health practice in recruiting and retaining people with mental health conditions are widely promulgated so that recruiting managers without access to occupational health staff can use it as a self-help resource.</p>	<p>Between December 2009 and March 2011 we will pilot an occupational health advice line for small business to help small and micro businesses have better access to occupational health help and support. These pilots will be evaluated in order to inform future funding of such support nationwide.</p>



Recommendation	Government Response
<p>The review recommends that Government ensures that people with a mental health condition are provided with assistance to help them understand the pros and cons of disclosure (who to tell, when, how and what they might say), but leave the person to make up their own mind. Support to gain or sustain work should not be contingent on the person disclosing their condition to their employer.</p>	<p>We agree with this recommendation and will ensure that both Jobcentre Plus staff and customers are aware of our current guidance: Jobcentre Plus - Disabled People and Carers Frequently Asked Questions</p>
<p>The review recommends that Government encourages the commissioning of mental health first aid or related training for employers, especially small employers who do not have access to in-house expertise.</p>	<p>We agree with this recommendation.</p> <p>Where appropriate we will encourage employers to access training resources, including mental health first aid.</p> <p>Government's new network of Health, Work and Wellbeing coordinators will promote an understanding of health and well-being issues in small and medium businesses across their region or country through a sharing of good practice, including encouraging line managers to better understand and support to the development of good mental health and wellbeing at work and resolve problems as they arise.</p>

# RECOMMENDATIONS FOR IMPLEMENTING IPS IN A GB CONTEXT

Recommendation	Government Response
The review recommends the principles of an Individual Placement and Support approach be adopted as the cornerstone of the model of more support.	The Perkins review makes the case for a new emphasis on employment as an outcome and describes a potentially effective model for providing support that should inform local commissioning decisions, building on the 2006 Commissioning Guidance.
The review recommends that Government ensures the provision of at least one Employment Specialist within every secondary mental health team serving adults (including generic Community Mental Health Teams, Early Intervention, Assertive Outreach and more specialist teams).	
The review recommends that Government ensures providers and commissioners review priorities in the light of this new approach and assess how resources can best be rebalanced to implement the 'model of more support' for people with a mental health condition.	
The review recommends that Government ensures that commissioners require that the fidelity of the services they commission is regularly evaluated using the Individual Placement and Support fidelity scale.	
The review recommends that Government ensures that health/social services make support available to assist people to manage any ongoing or recurring symptoms of their mental health condition in a work context and encourages the use of WRAP or related tools in relation to work.	
The review recommends that Government ensures that, based on the individual's WRAP in relation to work, health/social services and advisors in welfare to work services help people who require it to negotiate, and draw up an agreement, about ways in which their employing manager (and/or colleagues) can assist them to remain on an even keel at work, help them to deal with difficulties that arise and assist them in the event of a crisis, and return to work after a crisis.	

Recommendation	Government Response
<p>The review recommends that Government reforms the Access to Work programme to enable it to better accommodate people with a mental health condition, in line with the findings of a recent Mind pilot.</p>	<p>We fully agree with these recommendations and as a result will be adapting Access to Work to ensure that it is better targeted at people most disadvantaged from the labour market, including people with mental health conditions, and that its resources can be used in the most cost effective way.</p>
<p>The review recommends that this reform of Access to Work incorporates the following principles:</p> <ul style="list-style-type: none"> <li>- An indicative decision about eligibility for Access to Work is made prior to job application.</li> <li>- Complete flexibility of support so it can be tailored around the person's needs, particularly around fluctuations in a condition.</li> <li>- Employee and/or employer can call on immediate support from a known local provider when it is necessary.</li> <li>- Jobcentre Plus should be responsible for determining eligibility for support with a role for Disability Employment Advisors in giving advice on approving and reviewing support plans in conjunction with the individual and others providing support</li> <li>- Individuals should be able to apply for support if needs emerge once in employment.</li> <li>- The possibility of a person being unwilling to disclose their mental health condition to an employer must be accommodated.</li> </ul>	<p>Based on the recommendations we will take forward a series of reforms to Access to Work. We will take forward these reforms in conjunction with Jobcentre Plus from April 2010. These will ensure:</p> <ul style="list-style-type: none"> <li>• complete flexibility of support that can be tailored around a person's needs</li> <li>• that an indicative level of support is agreed prior to job application</li> <li>• that the possibility of a person unwilling to disclose their mental health condition to their employer can be accommodated</li> <li>• complete confidentiality of customer information, and speedy decision making.</li> </ul> <p>We agree with the Perkins review recommendation that Access to Work should fund temporary cover for an employee of a small business who is off sick due to an episodic fluctuation of their needs.</p>
<p>The review recommends that Government investigates the possibility of further modifications to Access to Work to consider three further proposals.</p> <ul style="list-style-type: none"> <li>- that the initial offer of support should be reviewed at the six month point in light of the person's experience at work to determine whether ongoing support is required.</li> <li>- the use of Access to Work to fund temporary cover for an employee of a small business who is off sick for a longer period of time. Such funding should only be available for condition related absences that are likely to be prolonged and to smaller employers.</li> <li>- investigate the setting of a maximum budget for Access to Work awards.</li> </ul>	<p>So we will further reform Access to Work to trial funding cover for episodic absences for all fluctuating needs, including mental health.</p> <p>We will take forward the majority of these reforms from April 2010. We are committed to doubling the Access to Work budget by 2013/14. This, coupled with our reforms will ensure that many more people with mental health conditions can access support to help them sustain work.</p>

Recommendation	Government Response
The review recommends that Government provides time-limited internships for people with a mental health condition who are workless and investigates their wider applicability to other workless disadvantaged groups.	We support the aim of this recommendation, and are exploring the feasibility of offering internships to people with mental health conditions, people who have multiple disadvantage, or people who may have been away from the labour market for a considerable period of time.
The review recommends that Government should require the public sector (including local and national government) to offer the internships for free as part of its duty to promote the opportunities of disabled people. Other employers may be encouraged to offer internships to increase the pool of those available.	
The review further recommends that Government ensures that Jobcentre Plus co-ordinate the provision and monitor the quality of the internships.	
The review recommends that Government advertises the availability, and provides advice on the use, of better off in-work calculations to health (primary care and secondary mental health services) and social services and voluntary sector organisations serving people with a mental health condition.	As of October 2009, the better off in work calculations are available on Directgov. We agree that we must do more to make people aware of this availability. As a result we will use the local networks created by the new Mental Health Coordinators to ensure that other services, particularly local health services, are aware of and can use this helpful resource.
The review recommends that Government considers an extension of the higher level permitted work rules to all those who may benefit from it, particularly longer term claimants, irrespective of the welfare to work benefits they are receiving.	<p>An extension of the permitted work rules to all benefits claimants is not currently practical. However, DWP recognises the positive benefits that a gradual build up of hours through part time work can bring, particularly for those who have been out of work for a long period.</p> <p>For customers on Income Support, we intend to extend to them the permitted work higher limit as they are migrate across to ESA.</p> <p>For customers claiming Jobseekers Allowance, there is already provision for people to work part-time up to 16 hours a week and we will explore how best we can promote access to such work opportunities as part of the wider work experience and other employment support that we offer to all job seekers. The Mental Health Coordinator role within Jobcentre Plus districts is well placed to promote appropriate back to work initiatives and provides a link between our front line advisory services, local partners and employers.</p>

Recommendation	Government Response
<p>The review recommends that Government ensures claimants are fully aware of their entitlements and that entering employment does not trigger a review of Disability Living Allowance.</p>	<p>We agree with this recommendation.</p> <p>We recognise that some customers still believe that entering employment automatically triggers a review of their claim. We have already taken a number of steps to eliminate this misconception and promote the fact DLA can be paid in or out of work.</p> <p>Building on this, we will continue to identify and implement positive ways to assure customers that entering employment in itself will not affect their entitlement to DLA.</p>
<p>The review recommends that England follows the examples of Wales and Scotland and ensures all prescriptions are provided free for everyone with a with a longer term (more than six months) mental health condition.</p>	<p>There are no plans to review current policy on prescription charges in England.</p>
<p>The review recommends that Government examines ways of ensuring continuity of income for people who are self-employed when the fluctuating nature of their mental health means they are unable to work for a prolonged period.</p>	<p>We agree with this recommendation, and will explore ways in which we can ensure this is possible.</p>
<p>The review recommends that all Government training and continuing professional development initiatives (including apprenticeships, learning provision made through Train to Gain, internship programmes and the future jobs fund for younger people):</p> <ul style="list-style-type: none"> <li>• Offer the support and adjustments that some people with a mental health condition may need to engage in these opportunities (e.g. the possibilities of: reduced hours; additional time for assignments; breaks if their mental health condition fluctuates; a 'buddy' on the programme; and access to additional learning support funds)</li> <li>• Monitor the uptake and outcomes of all learning opportunities undertaken by people with a mental health condition to ensure equality.</li> </ul>	<p>The LSC's 'Learning for Living and Work' Strategy emphasised the need for a strong vocational element of training courses, and since then there has been a much stronger emphasis on employability. But we recognise that this increased emphasis on vocational outcomes needs to be maintained and improved, and as such BIS will continue to explore the possibility of both better support and adjustments for people who need them (including people with a mental health condition) and will explore the practicalities of monitoring uptake and outcomes of learning opportunities undertaken by those with a barrier to participation.</p>

# RECOMMENDATIONS FOR ESTABLISHING EFFECTIVE SYSTEMS FOR MONITORING OUTCOMES AND DRIVING CHANGE

Recommendation	Government Response
<p>The review recommends that Government should explore the sharing of limited information amongst health and work services about employment status, welfare benefits and mental health condition.</p> <p>The review recommends that Government ensures the routine collection of a basic set of data on service usage and outcomes:</p> <ul style="list-style-type: none"> <li>- DWP services should collect data on mental health conditions as part of their equal opportunities monitoring</li> <li>- health/social care should collect data on employment as part of their key performance indicators.</li> </ul> <p>The review recommends that the term 'employment' be restricted to competitive employment in a setting where disabled and non-disabled people are being employed on the same terms and conditions and where the person no longer receives out of work benefits. This would include</p> <ul style="list-style-type: none"> <li>• Those working in competitive settings but receiving additional support or adjustments to sustain their employment</li> <li>• Those working fewer than 16 hours whose earnings are sufficient to enable them to leave out of work benefits</li> <li>• Those who are self employed and no longer receive out of work benefits</li> </ul> <p>The review recommends that the term mental health condition exclude such conditions as learning disabilities, autistic spectrum disorders, primary addiction problems and dementia.</p>	<p>Both DWP and DH keep all their information under review and are committed to monitoring by medical condition and/or employment status where practical to do so.</p> <p>We very much agree with and support the thrust of these recommendations, and agree that more and improved monitoring would be extremely helpful. However, bringing about significant changes in the way we record information should be seen as a long-term aspiration. As a first step we will commit to working together to explore the practicalities of implementing the recommendations made in the Perkins review.</p>

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Recommendation	Government Response
<p>The review recommends that Jobcentre Plus and employment service providers collect data from all customers on whether they consider themselves to have:</p> <ul style="list-style-type: none"><li>• A current mental condition (anxiety, depression or other mental health issues)</li><li>• Whether they have had such a condition in the last 5 years</li></ul>	



# ANNEX C:

## Acronyms

aacs – adult advancement and careers service  
BIS – Department for Business, Innovation and Skills  
BOC – Better off Calculator  
CPA – Care Programme Approach  
CPD – Continuous Professional Development  
DCSF – Department for Children, Schools and Families  
DEA – Disability Employment Adviser  
DH – Department of Health  
DLA – Disability Living Allowance  
DRD – Deputy Regional Directors for Social Care and Partnerships  
DSA – Disabled Students Allowance  
DWP – Department for Work and Pensions  
ESA – Employment Support Allowance  
FE – Further Education  
HE – Higher Education  
GB – Great Britain  
GP – General Practitioner  
GO – Government Office  
IES - Integrated Employment and Skills  
IPS – Individual Placement and Support  
JCP – Jobcentre Plus  
JSA – Job Seekers Allowance  
LINKS – Local Involvement Networks  
LSC – Learning and Skills Council  
MHFA – Mental Health First Aid  
NHS – National Health Service  
NIACE – National Institute of Adult Continuing Education  
NMHDU – National Mental Health Development Unit  
NSIP – National Social Inclusion Programme  
ODI – Office of Disability Issues  
PBA – Personal Benefits Advise  
PCT – Primary Care Trust  
PHB – Personal Health Budget

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PSA – Public Service Agreement  
QIPP – Quality, Innovation, Productivity and Prevention programme  
RCGP – Royal College of General Practitioners  
REP – Regional Employment Partnership  
SEIF – Social Enterprise Investment Fund  
SETF – Social Exclusion Task Force  
SEU – Social Exclusion Unit  
SHA – Strategic Health Authority  
WCC – World Class Commissioning  
WFI – Work Focused Interviews  
WRAP – Wellness and Recovery Action Planning



