

**NATIONAL SOCIAL INCLUSION PROGRAMME**

# FOURTH ANNUAL REVIEW

JANUARY 2009



# TEN KEY MESSAGES

## **Social inclusion is about getting people back to work but it is also about more than that.**

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

## **Social inclusion is not just about access.**

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

## **The need to work across traditional boundaries.**

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

## **Social inclusion is supported through partnership working.**

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

## **Not just talking about serious mental illness.**

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

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

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

## **NSIP works in partnership with people with experience of mental health problems.**

NSIP takes a co-productive approach, working *with* people with experience of mental health problems at every level of development and delivery.

## **A sense of personal identity separate from illness or disability supports recovery and social inclusion.**

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

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

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

## **Healthy workplaces are necessary to mental health and wellbeing.**

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

# THE NATIONAL SOCIAL INCLUSION PROGRAMME

The National Social Inclusion Programme (NSIP) has always sought to ensure that the social inclusion agenda for people with mental health problems takes account of the many areas of life in which exclusion impacts. It is about employment; but it is also about the multiple ways in which people engage meaningfully in life and with their community.

We have brought together a breadth of skills and expertise in both mental health and social inclusion, as well as experience in political and strategic settings, within a team comprising secondees from several government departments, professional bodies and voluntary sector organisations. We have also enabled richly diverse partners

to come together through our extensive arrangements for joint programme work with over 50 affiliated voluntary, academic and professional body organisations.

In our final year, we review the programme's key achievements across the range of our activity, setting these in the context of an assessment both of future challenges and of sustainability for work to date. This will be set out in the NSIP document 'Social Inclusion and Mental Health: Vision and Progress' due for publication late February 2009.

## KEY ACHIEVEMENTS IN 2008

### HOUSING

The new Public Service Agreement (PSA) 16 is to increase the proportion of socially excluded adults in settled accommodation and employment. NSIP has provided expert advice to the Cabinet Office on both housing and mental health but also on wider social inclusion issues. We have since worked with the Cabinet Office, Communities and Local Government and the Department of Health to secure detailed agreement on the approach to PSA implementation and continue to input to the regional rollout of the PSA, raising awareness and securing engagement with regional Government Offices and the Cabinet Office.

### EMPLOYMENT

We have worked with Department of Health, Department for Work and Pensions and Cabinet Office colleagues on delivery plans for implementing PSA 16 employment outcomes and associated National Indicator 150 (adults in contact with secondary mental health services in employment).

We established Regional Employment Teams (RETs) in response to Reaching Out: An Action Plan on Social Exclusion<sup>1</sup>. Their prime activity is in promoting good practice in the delivery of more effective joined-up working between partners and in encouraging local activity to achieve the PSA 16 mental health employment target. RETs have connected organisations previously involved in aspects of this work but which may have not recognised the importance of joint working – Jobcentre Plus, Government Offices, Regional Development Agencies

and Learning and Skills Councils, Trade Unions, employer organisations, third and community sector organisations – as well as health and social care agencies.

NSIP has also worked closely with the Dame Carol Black Review team on the 'Working for a healthier tomorrow'<sup>2</sup> report and the subsequent government response<sup>3</sup>, leading to the development of the national mental health and employment strategy, due to be published spring 2009.

### EDUCATION

NSIP has made considerable progress since the publication of the Social Exclusion Unit's 2004 Mental Health and Social Exclusion report in improving the levels of support available to people with mental health problems who want to learn. This is delivered through a partnership programme with the National Institute of Adult Continuing Education (NIACE) and the Learning and Skills Council (LSC). This has allowed us to influence the Further Education system, to create a body of work that will positively impact on the social inclusion of people with mental health problems and leave an enduring legacy. The partnership has proved to be extremely successful in helping to increase skills levels and in addressing social inequalities.

NSIP has also led on the 2008 follow up to the LSC's 2006 strategy<sup>4</sup> providing a renewed vision to promote the social and economic inclusion of people with mental health problems through improved access to and success in learning and skills. The final strategy will be launched March 2009 following extensive consultation.

## DAY SERVICES

A review of services<sup>5</sup>, published January 2008, was carried out to understand the pattern of progress against the criteria in the commissioning guidance. The review identified where progress had been made, highlighted common issues and approaches to addressing them and provided examples of good practice. In October 2008 we published a leaflet 'How will my newly redesigned day service help me?'<sup>6</sup> This is specifically for people who are using mental health day services which are facing or going through a review or changes to how they run, contains information about the type and aim of local changes.

## SERVICE USER INVOLVEMENT

### EXPERT ADVISORS

We have been working with four Expert Advisors since 2006. Recruited from the existing Shift Board of Advisors, they provide advice and help to develop stronger links across the two programmes. They have contributed an enormous amount to NSIP's work through their presence on recruitment panels and involvement in the development of key resources – the development of the website, evaluation tenders and day service modernisation publications. The Expert Advisors have also been active in measuring good practice in a range of Trusts and services. They have been an integral part of NSIP hosted events, contributing in key ways to their planning and organisation, as well as presenting on a range of subjects. They have also supported the development and organisation of the Service User and Carer Reference Group.

### REFERENCE GROUP

The Service User and Carer Reference Group, with its 15 formally appointed members, started life in 2005 initially to work on the employment and benefits delivery issues within the programme. However, such is the collective contribution of the group that its perspective has been broadened to cover the entirety of the work undertaken within NSIP, offering the programme a practical means of integrating its strategic work with individual user experience. The Reference Group provides regional progress updates to the national team and feedback on national progress to the regional groups; a way of gathering local information and input into national policy and consultations to empower people to influence the services they receive. Group members reflect the national context of the work undertaken by NSIP both in terms of the rich variety of interests and geographic spread that they represent.

## TRUSTS

The 'Communities of Influence' programme seeks to enable Foundation Trusts to engage and lead their governors and members to build the external capacity required to strengthen socially inclusive outcomes, both within the trust and their home organisations. This involves governors and members enabling their local communities of interest and place (of which they are themselves members with a variety of useful and relevant connections) to become effective and supportive in securing the social inclusion of their fellow citizens with significant mental health problems. There are currently 14 Foundation Trusts in the Communities of Influence network.

## ARTS

'Open to All'<sup>7</sup> is a training package launched by the Health Secretary in September 2008. It is designed to encourage museums and galleries to involve people with experience of mental health problems thereby helping to build the bridges needed between people with mental health problems, museums and galleries and the wider community. Commissioned by a partnership of NSIP, the Museums, Libraries and Archives Council, the V&A, Tate Modern, The Wallace Collection and Portugal Prints, it was developed by the University of Nottingham, Nottinghamshire County Teaching PCT and the Lost Artists Club.

## COMMISSIONING

The Social Inclusion Outcomes Framework<sup>8</sup> aims to help commissioners and providers to monitor, evaluate and measure the effectiveness of services for working-age adults with mental health problems. The framework reflects the different life domains and functions of mental health services and those that support the range of needs a person may have in accessing socially inclusive opportunities.

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

2 Health, Work and Wellbeing, 2008, *Working for a healthier tomorrow: Dame Carol Black's Review of the health of Britain's working-age population* <http://www.workingforhealth.gov.uk/documents/working-for-a-healthier-tomorrow-tagged.pdf>

3 Health, Work and Wellbeing, 2008, *Improving health and work: changing lives: The Government's Response to Dame Carol Black's Review of the health of Britain's working-age population* <http://www.workingforhealth.gov.uk/documents/improving-health-and-work-changing-lives.pdf>

4 LSC, 2006 *Improving services for people with mental health difficulties*

5 NSIP/DH, 2008, *From segregation to inclusion: where are we now? A review of progress towards the implementation of the mental health day services commissioning guidance*

6 <http://www.socialinclusion.org.uk/publications/DayServicesLeaflet.pdf>

7 NSIP, 2008, 'Open to All' Mental health and Social Inclusion Awareness Training for Museums and Galleries [http://www.socialinclusion.org.uk/work\\_areas/index.php?subid=109](http://www.socialinclusion.org.uk/work_areas/index.php?subid=109)

8 <http://www.socialinclusion.org.uk/home/index.php>

# VISION AND PROGRESS REPORT

The Vision and Progress report, due to be published late February, sets out the achievements of the National Social Inclusion Programme (NSIP) since the Social Exclusion Unit's 2004 Mental Health and Social Exclusion report. It recognises the commitment and hard work of the team (both past and present), its expert advisors and service user and carer reference group, as well as all those partner organisations who have contributed to these achievements.

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

The report also provides an assessment of the remaining challenges, identifying the nature and level of necessary future activity for improving the inclusion opportunities for people with mental health problems. The report is intended to be a further resource for policy makers, regional agencies, services and people using services to ensure that this important work is sustained and developed into the future.

## ACKNOWLEDGEMENTS

We at NSIP strive to ensure that policy implementation and development is undertaken in a co-productive way, ensuring that our work is informed by people who use services themselves, and their carers.

We would like to take this opportunity to thank everyone who has been involved in our work for their commitment to the social inclusion of people with mental health problems.

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