



***National Social
Inclusion
Programme***

First Annual Report

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National Social Inclusion Programme

First Annual Report

Foreword



This Annual Report demonstrates the progress made since the publication of the Social Exclusion Unit's vital report, *Mental Health and Social Exclusion*. When it was published last year, this report represented a landmark for mental health policy and practice in the UK. For the first time, it provided a clear manifesto for action to reduce and remove the barriers to employment, mainstream services and community participation for those with mental health problems.

Mental Health and Social Exclusion brought together the views of service users, carers and service providers, to look at the many ways in which exclusion affects the lives of people with mental health problems. In response, the report outlined a set of comprehensive actions and recommendations. In the last year, the National Social Inclusion Programme has been working to support integrated implementation of these recommendations across sectors and organisations, driving concerted action at local, regional and national levels.

Much has been achieved in this first year. We now have a strong platform for future progress, thanks to the impetus given by the Social Exclusion Unit and by the work of many individuals long associated with the challenge to exclusion in mental health. A number of practical tools and actions are being developed and delivered to support the work of people locally. These aim to promote inclusive outcomes for users of services within and, importantly, *beyond* mental health services, such as the commissioning guidance on transforming day services and vocational rehabilitation.

We now need to sustain this progress during the months and years ahead; there is still much to do. We must continue to raise the expectations, both of services and of individuals, particularly around the capabilities and potential of citizens with mental health problems at work. Though real, sustainable change on this scale is not easy, it is, as I said at the launch of *Mental Health and Social Exclusion*, a clear moral imperative and we need to maintain our commitment to meet this challenge.

A handwritten signature in black ink that reads "Rosie Winterton". The signature is fluid and cursive.

Rosie Winterton MP
Minister of State for Health Services

EXECUTIVE SUMMARY

1. For many people, the publication of the Social Exclusion Unit's (SEU) report *Mental Health and Social Exclusion* was a much awaited affirmation of the practices and ideals that they believed should pave the way forward for improving the life chances and opportunities for people with mental health problems.
2. The National Social Inclusion Programme has been coordinating the delivery of the SEU report's action points and has established a cross government national team with far-reaching partnerships to support its work. Increasingly, the social inclusion agenda is a thread that runs through the work of government departments, voluntary sector organisations, statutory bodies and the work of service user groups. This programme has worked with its partners to build on the good practice that exists, highlight developing evidence and where necessary drive and support the changes that will improve the opportunities and experiences of people with mental health problems.
3. The key outcomes and successes of the programme in its first year are set out below:

Key Progress

- Changes to the Incapacity Benefit Linking rules such that the return to work and claiming Benefit are is more flexible and supportive for people with mental health problems.
- The Learning and Skills Council have prioritised adult learners with mental health problems and funding has supported the nine National Institute for Adult Continuing Education/National Institute for Mental Health (England) regional networks.
- Forthcoming publication of *Commissioning Guidance for Vocational Services for people with severe mental health problems*, which provides a framework to commission evidence- based vocational services and the tools to monitor the effectiveness of such services.
- Publication of *Day Services Commissioning Guidance: From Segregation to Inclusion*, which is designed to assist commissioners in refocusing day services into community resources that promote social inclusion is imminent.
- Forthcoming publication of *Direct Payments Guide to Action* will set out good practice and guidance on increasing access to direct payments for people with mental health problems.
- The Schools Governance Regulations 2003 have been amended to revise and clarify the opportunities to hold the post of school governor.

- Publication of Rent Arrears Management and Choice Based Lettings guidance documents to prevent evictions and improve opportunities to achieve independent living.
- A Common Core of Skills and Knowledge for the Children's Workforce now references parental mental health.
- *Shift*, the anti-stigma and discrimination programme has been established.

4. While the programme aims to implement the action points of the SEU report (see key actions highlighted within project areas) its successes have reached beyond these and highlight the importance of a broad, cross-sectoral approach. The key outcomes and successes include:

Outcomes and Successes

- The downrating of benefits received in hospital will be abolished from April 2006, which will significantly improve the quality of life for people in long-term hospital care.
- Development of mental health specific documents in relation to housing management
- Development of service user and carer focused guidance on Direct Payments.
- Establishment of an Employer Engagement Network and service user/carers network to inform the Employment and Income and Benefits work areas.
- Working with the Disability Rights Commission to help to address the legal and ethical issues arising from inclusive practice.
- Launch of the Social Inclusion website to publicise the progress in the field to all stakeholders – www.socialinclusion.org.uk
- Establishment of an extensive Affiliates Network of organisations with an interest in social inclusion, with substantial contributions to the programme from those organisations.

5. The National Institute for Mental Health in England is now part of the Care Services Improvement Partnership (CSIP). This provides a wider opportunity to ensure that all organisations work together in a cohesive and collaborative way across different client groups to champion the cause of inclusion. Real partnership working can make a positive and sustained change to services, attitudes and the opportunities that people with mental health problems experience.

National Social Inclusion Programme

National Social Inclusion Programme Values

'It's about people who happen to use mental health services being treated as people'

- ***A future where people with mental health problems have the same opportunities to work and participate in their communities as any other citizen***
- ***Changing hearts and minds***
- ***Delivering a programme that has the organisational capacity to support sustainable change at a local level***
- ***Embedding relationships and creative practice in organisations not just individuals***

The Social Exclusion Unit (SEU) published its report 'Mental Health and Social Exclusion' www.socialexclusionunit.gov.uk/page.asp in June 2004. The report's immediate impact was directed at improving the lives of people with mental health problems by reducing or eliminating barriers to employment and wider social participation. However it has great potential also to impact significantly across service areas, client populations and on the health, engagement and economic position of wider communities.

The action plan in the SEU report falls into six categories:

1. Stigma and discrimination

- a sustained programme to challenge discrimination against people with mental health problems, across government and the voluntary sector;
- practical teaching resources to challenge stigma around mental health; and
- promoting best practice in the public sector through the Public Sector Duty to promote equality of opportunity for all disabled people.

2. The role of health and social care services in tackling social exclusion

- Evidence-based practice on employment, working towards an employment adviser for everyone with severe mental health problems;
- improved access in primary care to advise on employment and community activities;
- redesigning mental health day services to promote inclusion;
- strengthened training on social inclusion for health and social care staff; and
- closer working with the criminal justice system, including police training on mental health issues.

3. Employment

- clarifying Benefit rules for people wanting to return to work;
- support for those interested in enterprise and self-employment;
- improved training on mental health issues for Jobcentre Plus staff; and
- improved support for employers and job retention.

4. Supporting families and community participation

- targeted family support for parents with mental health problems and their children;
- improved support to access education and training opportunities; and
- removal of unnecessary barriers to community roles such as jury service.

5. Getting the basics right

- new guidance to housing authorities on lettings and stability; and
- improved access to financial and legal advice, and affordable transport.

6. Making it happen

- a cross-government team to drive implementation, overseen by Ministers;
- an independent advisory group to advise the government on progress;
- local implementation led jointly by Primary Care Trusts and local authorities; and
- better use of the expertise in the voluntary and community sector.

The National Social Inclusion Programme (NSIP) at the National Institute for Mental Health in England (NIMHE) has transformed the SEU's 27 point action plan into a programme requiring delivery, which is organised into 8 themes. Four of the 27 action points pertain specifically to challenging stigma and discrimination. These are being addressed by the *Shift* programme, a sustained programme of work within NIMHE to challenge the stigma and discrimination faced by people with mental health problems. The other action points have been grouped into seven areas of project work, each of which is being led by a NIMHE regional development centre, (or in the case of employment, by three centres in collaboration) through the RDC social inclusion lead in conjunction with the national team:

- | | |
|----------------------------------|---|
| • Employment | South West/South East/London |
| • Housing | North East, Yorkshire and Humber |
| • Income and Benefits | London |
| • Education | East Midlands |
| • Social Networks | West Midlands |
| • Community Participation | North West |
| • Direct Payments | Eastern |

In addition, the NSIP has initiated, as a key aspect of the programme, a number of cross-cutting work themes. These are areas of work whose content will impact on several, or in some cases all projects and in which there is already significant activity elsewhere to which the programme needs to link, in order to shape that work in support of sustained outcomes for the programme. These cross cutting themes are:

- **Research and evidence**
- **Workforce development**
- **Community engagement**
- **Criminal justice**
- **Tackling inequalities**

The NSIP has maintained the multi-agency and cross-government approach of the SEU, bringing together the work of government departments and other organisations in a concerted effort to challenge attitudes, to enable people with mental health problems to fulfil their aspirations, and to significantly improve their opportunities and the outcomes which they can achieve.

The Programme Structure

The NSIP sits within the National Institute for Mental Health in England (which is part of the Care Services Improvement Partnership www.csip.org). Details of the programme's structure and governance are set out in Appendix 1. At the heart of this programme is the focus on impact and gain through collaborative networking. A number of **partnerships with key organisations** have been established. These include:

- The Royal College of Psychiatrists
- The Council of the College of Occupational Therapists (COT) which has provided funding for a joint NSIP/COT post to support the programme

The **Affiliates Network** (see Appendix 2), comprises over 50 organisations with an interest in the programme, who have committed the equivalent of approximately ten 'person days' per week of additional skilled resource from a range of interests and perspectives. The members are drawn from voluntary and community sector groups, professional bodies, health and social care and mainstream agencies. This network enhances the programme's capacity for real

results and brings together necessary partnerships as major contributors, adding value and sustainability to the programme through diverse connection.

User engagement is important to the programme, with representation and involvement nationally and regionally through all the project areas. New roles are emerging within the programme for reforming policy implementation, such as Direct Payments, employment and Benefits changes and socially inclusive practice. Service users have a key role in explaining new policies to other service users and in helping professionals to understand service users' experiences and views on new ways of working.

Project Areas

This section of the report sets out the achievements of the programme by project area.

Employment

Achievements and Successes

- Roll out of Pathways to Work to a third of the country.
www.dwp.gov.uk/jad/index_2004.asp
- Small Business Services www.sbs.gov.uk/ have made available £1.5m to set up 13 pilots sites to promote enterprise and self employment. Network groups for the projects have been established.
- Health and Safety Executive have published guidance on sickness absence management.
www.hse.gov.uk/sicknessabsence
- Department for Work and Pensions (DWP) has published a Framework on Vocational Rehabilitation www.dwp.gov.uk/publications/vrframework.
- Stakeholder event on vocational advisors in primary care. NSIP is working closely with DWP to develop this agenda. DWP has secured funding from Her Majesty's Treasury (HMT) to progress this work.
- Imminent publication of commissioning guidance on vocational services for people with severe mental health problems www.dh.gov.uk.
- Employer engagement forum established.

Key Action Areas

The following key areas highlight the central work required, as detailed within SEU report's action points.

- Support on employment and social issues for people with severe mental health problems
- Advice on employment and social issues through primary care
- Improving access to employment programmes
- Supporting and engaging employers of all sizes and developing frameworks in relation to job retention and encouraging healthy workplaces
- Promoting enterprise and self employment

Background

People with long term mental health problems have the lowest rate of employment of any of the main groups of disabled people¹. Health and social care services have a key role in promoting employment through increased access and support to employment services.

Key issues include:

- Employment leads to improvements in people's mental and physical health; inactivity is associated with worsening mental health.
- Only 21 per cent of adults with long-term mental health problems are in work². Although work may not be the best solution for everyone, with the right support, many more would be able and would like to work.
- Barriers to employment include low confidence, low expectations among staff, employer attitudes, and difficulties moving from benefits to work. There can also be a lack of support to help people retain jobs.
- Jobcentre Plus has a number of initiatives to help disabled people to find work. In October 2003, Department for Work and Pensions (DWP) began piloting its flagship programme, Pathways to Work.

Areas for further action

- Improved partnership working with regional Jobcentre Plus to support the development of mental health training for front line staff to raise awareness of specific needs.
- Work with regional Commissioners networks to support implementation of the commissioning guidance's recommendations.
- Improved working with Mental Health Trusts to embed the principles of vocational rehabilitation into local services.
- Working with Department for Work and Pensions (DWP) to test the appropriate models for implementing vocational advisors within primary care.
- Promoting and assisting delivery of the joint strategy on Health, Work and Well-being with Department of Health (DH), DWP and the Health and Safety Executive (HSE).
- Working with key stakeholders to develop easier and better transitions between education and employment.

Income and Benefits

Achievements and Successes

- DWP have published an update to improve awareness of Disability Living Allowance.
- The Incapacity Benefit linking rules have been made more flexible. This will commence as of April 2006 www.hm-treasury.gov.uk/media/AA7/35/bud05_chap04_188.pdf.
- The downrating of benefits received in hospital will be abolished from April 2006 for people in long term inpatient care. NSIP is continuing to work with DWP on the related legislation to ensure all groups are fairly represented.
www.hm-treasury.gov.uk/media/AA7/40/bud05_chap05_209.pdf.
- Guidance on service user involvement and the Benefit system, paying people in work and joint DWP/DH guidelines on service user payments to be distributed through the regions, with National Minimum Wage guidance, in December 2005.

Key Action Areas

The following key areas highlight the central work required, as detailed within SEU report's action points.

- Easing the transition from Benefits to work
- Improved flexibility of linking rule
- Improved awareness of Disability Living Allowance
- Evaluation of permitted work rules
- Review of Housing Benefit and council tax rapid reclaim form
- Raising awareness of Benefit rules, programmes and access.

Background

One of the barriers of returning to employment is the difficulty of moving from Benefits into work. People often have concerns that either they would be worse off in work or that the job would not work out and they would need to reclaim Benefits.

Key issues include:

- Benefit issues were mentioned as a barrier to inclusion by 62% of respondents to the Social Exclusion Unit consultation that was held at the outset of its project on Mental Health and Social Exclusion³.
- The number of people claiming Incapacity Benefit for mental health reasons has almost doubled in the last ten years and is continuing to rise. In 2005, 676,300 people with a mental health problem as their main difficulty were claiming Incapacity Benefits, which represent 32% of all claimant groups⁴.
- Many people with mental health problems have said advice about claiming Benefits is lacking, and they find the current system confusing. This can lead to people running up debts, as they do not claim the benefits to which they are entitled.

Areas for further action

- Influencing national, regional and local strategies to ensure Welfare Benefits system is an enabler and not a barrier to progress.
- Develop a 'Can Do' pack to inform people of opportunities and to encourage more people to engage with inclusive opportunities.
- Ensure relevant mental health representation in the development of 'Pathways to Work'.
- Ongoing work to create better links between housing and benefits, and to work with DWP to explore potential easements to systems to enable more people to consider work.

Community Participation

Achievements and Successes

- Department for Transport (DfT) have published local transport plans with reference to the specific needs of people with mental health problems
www.dft.gov.uk/stellent/groups/dft_localtrans/documents/page/dft_localtrans_033615.hcsp.
- Imminent publication of commissioning guidance on day services - From Segregation to Inclusion www.dh.gov.uk.
- Models have been developed to enable people with mental health problems to participate in volunteering.
- Department for Culture Media and Sport (DCMS) and DH have commissioned research to establish the health benefits and social outcomes of participation in arts projects.

Key Action Areas

The following key areas highlight the central work required, as detailed within SEU report's action points.

- Transform day services into community resources
- Promote access to volunteering, leisure, sport, and arts opportunities
- Remove barriers to community roles
- Improve access to transport
- Improve access to financial and legal advice

Background

People face barriers to engaging in the community in areas such as advice, leisure, arts, sport and transport. Frequently, the only link which people have to mainstream services and the community is through day services but at present these opportunities can be limited in their connection to community services.

Key issues include:

- People with mental health problems said that day services should have a greater focus on providing access to mainstream services in the community rather than being 'building based'.

- Many people with mental health problems have said they would like to access mainstream services but do not know how, do not have anyone to go with them and are unsure of how they will be perceived.
- In 2002-03, health and social care spent £140 million on day and employment services for adults with severe mental health problems in England⁵, but it is not always invested in the types of services that best promote social inclusion.
- Nine out of ten people with mental health problems engaged in volunteering said it gave them a sense of purpose and achievement, and more than eight out of ten said it had a positive effect on their mental health⁶.
- Arts, leisure and sports activities can also have a positive impact on mental health⁷.
- One survey found a quarter of people with mental health problems had been refused insurance or other financial services⁸, and there is evidence that lacking a bank account is associated with depression⁹.

Areas for further action

- Developing benchmarks/standards for day services to assess their baseline and progress.
- Delivery of focused seminars including sessions addressing the needs of black and minority ethnic, women, young people and other hard to reach groups.
- Work with regional Commissioning networks to support implementation of the guidance's recommendations.
- Further work with Department for Transport (DfT) on improving access to transport for people with mental health problems.
- Link with the National Forum on arts and mental health to ensure consistency of national strategy.

Housing

Achievements and Successes

- Publication of *Improving the Effectiveness of Rent Arrears Management: Good Practice Guidance* (Office of the Deputy Prime Minister), which provides a framework for social landlords to draft strategies and implement policies/practice for arrears prevention and management. This includes early intervention, direct and personal contact with tenants, rent incentive schemes, and enhanced welfare benefits advice and referral to debt counselling services
www.odpm.gov.uk/stellent/groups/odpm_housing/documents/downloadable/odpm_house_038420.pdf.
- Publication of *Implementing and Developing Choice Based Lettings* which sets out the key issues to increase options and make more transparent the process of identifying appropriate accommodation.
- Commissioned joint DH/NIMHE/ODPM research to develop evidence-based, practical ways of identifying and overcoming the barriers to accessing mental health services for people who are homeless or living in temporary accommodation.

Key Action Areas

The following key areas highlight the central work required, as detailed within SEU report's action points.

- Homelessness Code of Guidance to reflect mental health and homelessness
- Research into overcoming barriers to accessing mental health services for homeless individuals and those in temporary accommodation
- Guidance on preventing and managing rent arrears
- Good practice on choice based lettings
- Education and training for housing professionals

Background

People with mental health problems frequently have housing problems, such as rent arrears or poorly maintained accommodation. Stable, appropriate housing is critical for people to work and take part in community life.

Key issues include:

- Over four out of five people with severe and enduring mental health problems live in mainstream housing, with the rest living in supported housing or other specialist accommodation. Half of those with their own home or tenancy live alone¹⁰.
- People with mental health problems are one and a half times more likely than the general population to live in rented housing, with higher uncertainty about how long they can remain in their current home¹¹.
- Many people with mental health needs feel that they are not offered the same choices as other people when seeking a new home and that they are frequently obliged to take hard to let properties.
- Latest statistics show that approximately 9% of those accepted as statutorily homeless are considered to have a priority need due to mental health problems¹². Studies have shown that mental health problems are much more common amongst certain groups of homeless people with 30 to 50% of rough sleepers having mental health problems¹³, and suicide accounting for 1 in 4 deaths of homeless people¹⁴.

Areas for further action

- Producing mental health specific briefings from the guidance documents on Rent Arrears and Choice Based Lettings.
- In collaboration with the Chartered Institute for Housing (CIH), developing improved mental health awareness training for housing practitioners.
- Publication of good practice guide from DH/ODPM research on homelessness.
- Develop a number of positive practice sites in partnership with social housing providers.
- Establish regional partnerships between mental health and housing agencies to increase collaborative working and encourage alignment of local strategies.
- Work with ODPM regarding consultation on national strategy for Supporting People Programme.

Education

Achievements and Successes

- Learning and Skills Councils (LSC) are taking action to better support adult learners with mental health problems.
- LSC national office has joined the NIMHE/National Institute for Adult Continuing Education (NIACE) Partnership Project to improve access to learning and skills for people with mental health problems.
- LSC has funded 9 part time Project Officers to support each Regional Network which work to highlight positive practice and identify gaps in provision for adults with mental health problems in each region.
- Universities UK/Standing Conference of Principals (SCOP) has developed their action plan to raise awareness of mental health issues.
- Continued growth of the 9 NIACE/NIMHE Regional Networks - each with 4 learning events per year and there are now 800+ members nationally.
- Funding from the Department of Health to improve access to learning for black and minority ethnic service users has been secured.
- Publications and resources have been developed to support positive practice in promoting access to learning and skills:
 - ‘Access to learning and skills for adults experiencing mental health difficulties’.
 - ‘Guide to adult education and mental health services and how they relate to each other’.
 - ‘Guide to supporting learners with mental health needs for ‘non-specialist’ teaching staff’.
 - ‘You Can Do It’ leaflet distributed to mental health service users.
- DfES funding to continue work to promote social inclusion through partnerships with Primary Care Trusts (PCTs).

Key Action Areas

The following key areas highlight the central work required, as detailed within SEU report’s action points

- Promote access to adult learning, further education (FE) and higher education (HE).
- Grant letter to steer the Learning and Skills Council (LSC) to address the needs of people with mental health problems.
- Inclusion of equality and diversity issues for people with mental health problems within the LSC’s annual statement of priorities.

- Ensuring that new learner support funding guidance addresses the needs of adults with mental health problems.
- Department for Education and Skills to support the newly formed Universities UK/SCOP Committee to raise awareness of mental health problems.
- Increased recognition and understanding of issues facing learners with mental health problems through the Disabled Students Allowance Scheme.
- Further Education and Higher Education institutions to review their systems for raising awareness of mental health issues among all staff.

Background

Involvement in learning can have a positive effect on an individual's mental health. In addition to acquiring new skills, learning can promote confidence and give people a greater sense of purpose. It allows people to meet other students and make new friends, and to access better jobs and housing.

Key issues:

- People with low levels of educational achievement are likely to have lower income and be less healthy overall¹⁵.
- Among all people with mental health problems, just over one in three have no qualifications and only one-seventh have qualifications at GCSE level or equivalent. The situation is worse for people with more severe mental health problems¹⁶.
- Only a small proportion of Higher Education students with mental health problems currently receive Disabled Students' Allowances (DSAs). The proportion of students in an institution receiving DSAs has varied from 0-14 per cent¹⁷.

Areas for further action

- To establish a National Advisory Group to steer and support the NIACE/NIMHE/LSC Partnership Project.
- To support the national LSC to produce an action plan to improve services for learners with mental health problems.
- To establish strategies and protocols for effective service user/learner participation and involvement in the Regional Networks.
- Ongoing pursuit of funding for areas such as access to Direct Payments and Skills for Life; promotion of 'healthy learning' for 16-19 year olds with mental health problems; inclusion of mental health as a theme in Adult Learners Week in 2006.

- Development of research methodology to investigate the number of service users achieving level 2 type qualifications and/or accessing mainstream education.
- Development of a strategy and links to promote access to learning for particular learner groups e.g. older people, families.
- Development of a more coherent strategy to promote access to HE and support for learners with mental health problems in HE.
- Develop more links with adult guidance services.

Direct Payments

Achievements and Successes

- Imminent publication of *Guide to Action* will set out good practice and guidance on increasing access to Direct Payments for people with mental health problems.
- Social Care Institute for Excellence (SCIE) dissemination of good practice which provides answers to frequently asked questions about making Direct Payments accessible to people with mental health problems.
- CSIP (NIMHE) Eastern regional development centre has contributed to the increasing take up of Direct Payments amongst people with mental health problems (127% nationally and 142% in the Eastern Region between September 2003 and September 2004; source CSCI). This has been achieved by supporting national and local training and awareness raising with service users and carers, commissioners and managers, community mental health workers, voluntary sector staff and direct payment schemes and support service workers.
- NE, Yorkshire and Humber have jointly funded with Association of Directors of Social Services (ADSS) a project to increase take up of Direct Payments and prepare for Individual Budgets in all 27 Local Authorities.

Key Action Areas

The following key areas highlight the central work required, as detailed within SEU report's action points.

- Promote greater uptake of Direct Payment to facilitate social participation
- Publication of a Guide to Action
- SCIE to identify and disseminate good practice examples
- DH to review the direct payment exclusion criteria

Background

Direct Payments offer people with mental health problems and carers greater flexibility around their support arrangements and the means by which their needs can be met, in particular to facilitate access to mainstream services. Direct Payments aim to promote independence and inclusion in local communities by offering greater choice and control in meeting assessed

needs for social support or activity, and can include support to access certain housing, employment, education and leisure activities as well as for personal assistance/support.

Key issues include:

- Direct Payments enable people to arrange and purchase their own care, based on an agreed needs-led assessment, and can be a way of facilitating social participation. However, take-up by people with mental health problems remains poor, with the lowest rate of take up compared to other eligible adult groups.
- Few people from ethnic minority groups are accessing Direct Payments despite their potential for facilitating individual and culturally sensitive support¹⁸.
- Inadequate leadership, lack of awareness about and promotion of Direct Payments, and staff concerns about people's ability to manage payments have hindered take up¹⁹.

Areas for further action

- National co-ordination and regional implementation of the Guide to Action involving user experts in each region, engaging voluntary and statutory sector organisations in promotion and support.
- Care Services Improvement Partnership alignment of Direct Payments policy and practice teams and activity.
- Review of Direct Payments exclusion criteria (Adult Social Care consultation).
- Assess and improve Local Authority support for Direct Payments in mental health services.
- Develop methods of measuring increase in community participation as a result of Direct Payments.

Social Networks

Achievements and Successes

- Common Core of Skills and Knowledge for the Children's Workforce www.everychildmatters.gov.uk/deliveringservices/commoncore/?asset=document&id=15510 now references parental mental health (Department of Education and Skills) includes specific reference to parental mental health issues.
- Ensuring that young carers are listened to – by supporting the work of organisations such as Barnardos and their Keeping the Family in Mind initiative.
- Ensuring that parents are listened to – by supporting the work of organisations such as the Family Welfare Association and their Building Bridges programme.

Key Action Areas

The following key areas highlight the central work required, as detailed within SEU report's action points.

- Better support for parents and their children
- SCIE to conduct a systematic review of evidence of existing practice in supporting parenting needs and publish new guidelines
- Liaise with key workforce development networks to influence common core of training for professionals working with children and families to address mental health issues
- Review of the quality of and access to family visiting facilities within hospitals

Background

There can often be a gap between the service provision for adults with mental health problems and services provided for children. As a result parenting and family issues are not always given the attention they deserve.

Key issues include:

- Parents can have difficulty accessing mental health services to plan for their own and their families' needs before crises occur. Mental health services do not always address the caring responsibilities of people with mental health problems.

- An estimated one-third to two-thirds of children whose parents have mental health problems will experience difficulties themselves²⁰.
- A high proportion of adults with mental health problems - 46% of women and 28% of men - feel that their parenting abilities have been unfairly questioned because of their mental health²¹.
- Carers can lack information about how best to help someone with mental health problems, and the support that is available to them. Carers who provide substantial care are twice as likely to develop mental health problems themselves²².
- An estimated 6,000 to 17,000 children and young people care for an adult with mental health problems²³.

Areas for further action

- Linking closely with SCIE to inform the review, with final guidance to be published early 2007.
- Establish a sub group of Action 16 network (the project group coordinating the implementation of the Social Networks action points) to influence the development and implementation of policy and practice in relation to Early Years settings.
- Establish a sub group of Action 16 working with relevant partners/organisations (e.g. Mental Health Act Commission) to co-ordinate a review of family visiting facilities.
- Ensuring that the need to consider a service user's social networks is included in Care Programme Approach (CPA) practice and measured through CPA performance management.

Shift Programme: Anti-stigma and Discrimination

The SEU identified 4 action areas (detailed below) that were specifically concerned with the stigma and discrimination experienced by people with mental health problems. The implementation of these is coordinated as part of the Shift programme which works closely with the National Social Inclusion Programme. The Shift programme was launched in October 2004 with the publication of the strategy document *'From Here to Equality'*. This five year strategy is based upon an international review of what works in successful anti-stigma and discrimination programmes. The work is built around four audience groups: the media; young people; public organisations; and private organisations.

1) Challenge stigma and discrimination

A strengthened and sustained programme will be led by NIMHE working closely with other Government Departments, people with experience of mental health problems, carers and the voluntary sector will be involved through a Board of Advisors.

The Shift Board of Advisors has been set-up and includes fourteen Experts by Experience (ten people who have used mental health services and four who are informal carers). These experts have all been contracted to work for 20 days a year on Shift business. The Board also includes representatives from the NIMHE regions, national programmes and Non-Governmental Organisations (NGOs). The programme has developed a set of nine guiding principles against which it will be evaluated.

The core staff team includes three expert advisors on a part-time basis who are leading on relationship development with the world of sport, business and international mental health organisations to challenge stigma and discrimination in the broadest contexts.

2) Action in schools

Provide resources to raise awareness about stigma and discrimination made available for use in schools.

Shift has funded a unique action research project in Liverpool called HELP. The team has worked in 26 schools across the city for two and a half years using a variety of interventions including community theatre, surveys and focus groups. It has also worked in partnership

with pupils, teachers, parents, Governors and local authorities. HELP has so far been targeted at children in the 11-14 year age group. A report on the first two years is due to be available to teachers via the world wide web in the autumn.

Shift is also working with a group of NGO's to share best practice in relation to interventions that reduce stigma and discrimination. This includes a mapping exercise to identify the projects that already exist.

Shift plans to work closely with the Healthy Schools programme and Ofsted to ensure that messages around stigma and discrimination are part of more general health and well-being programmes.

3) Raise awareness of people's rights

Raise awareness amongst individuals and employers of the rights of people with mental health problems under the Disability Discrimination Act (DDA).

People with mental health problems have frequently experienced discrimination in physical health care settings. Shift has set up a project that will pilot a service improvement methodology, working with eight Care Services Improvement Partnership regions to provide and evaluate non-stigmatising, non-discriminatory physical healthcare.

Shift has also supported World Mental Health Day by bringing together ideas and events on the Shift website. In addition, Shift has provided financial support to four national mental health charities in order that additional materials were available to the public to raise awareness of mental health issues. Over 300 mental health projects and services received boxes of the Shift wristband to support activity on the day publicising the anti-stigma/discrimination message. One of the outcomes from this promotion is to direct people to www.shift.org.uk enabling people to take part in the campaign.

Shift is planning an international conference on stigma and discrimination to take place in the Spring of 2006. The conference will include input from Professor Graham Thornicroft and Professor Norman Sartorius who are collaborating on a 25 country study of stigma and discrimination. This research project is also being supported by Shift.

4) Promote best practice in the public sector

The Disability Rights Commission (DRC) will issue a code of practice to promote equality of opportunity for people with a disability, which includes a focus on people with mental health problems.

The Disability Rights Commission's new Code of Practice will be launched in December 2005, providing for a year's run - in to implementation. In addition, the DRC has produced a new film which covers mental health issues. From 5 December 2005 there will be a change to the definition of disability whose effect will be to end the distinction between mental health and physical impairments, a change the DRC is publicising widely through Trade Unions, mental health voluntary sector organisations and other networks.

Cross Cutting Work

The following sets out the work and achievements of the crossing cutting themes work streams.

Criminal Justice

Within Criminal Justice developments include:

- A pathways approach created by NIMHE and Home Office that can be used at a local level to ensure that offenders with mental health problems are able to access suitable treatment at the earliest possible stage.
- Work has begun to produce a prison mental health BME strategy that will be implemented nationally via the NIMHE regional development centres.
- A Probation Service is currently developing the prison staff training package for suitability within their service.
- NIMHE is working closely with Centrex and Association of Chief Police Officers (ACPO) to review available post-foundation training and develop mental health awareness training for a number of officers.

Research and Evidence

A key focus of this work stream has been to identify reliable sources and gather national and regional data to establish a baseline against which progress can be assessed over time. However, as the SEU report identified, there are areas in which routine data are not readily available and areas in which the evidence base is weak.

Although research projects have been commissioned as part of the implementation programme to address some of the identified gaps, further efforts are needed to strengthen the evidence base on mental health and social inclusion and therefore a collaborative research and evidence coalition has been established as a mechanism for developing a strategic approach to strengthening the evidence base.

Tackling Inequalities

Work within this cross cutting area has focused on developing partnerships and joint working through links with organisations such as:

- A joint NSIP/DRC standing group has been established to deal with physical health inequalities and disability issues.

- NSIP has submitted evidence on behalf of NIMHE to the DRC's commission of enquiry into the physical health needs and requirements of people with mental health problems.
- The Disability Forum: a national network of disability organisations brought together and steered jointly by the DH Equalities and Human Rights Group and the DRC.
- Regionally linking with the BME programme through the involvement in the wider team of two regional race equality leads.

Community Engagement

This work stream focuses the involvement of NSIP in shaping, informing and learning from relevant community engagement (CE) approaches, particularly those relating to community participation and inclusion within communities. Developments include:

- Established a joint work programme and research programme with the Centre for Ethnicity and Health at the University of Central Lancashire to support the development of an evidence base on the application of CE methodologies in promoting inclusive outcomes for citizens with mental health problems at community level.
- Worked with the Civil Renewal Unit at the Home Office on 'Together We Can', the National Strategy on Community Engagement to ensure that the issues of community level mental health and social inclusion are taken fully into account in the strategy. This appears in the Action Plan launched by Ministers in 2005.

Workforce Development

NSIP is putting in place action at strategic and professional levels to ensure that workforce and professional skills development reflect the emerging demands of socially inclusive practice. As well as the workforce forum, comprising secondees from psychiatry and occupational therapy, the programme has worked closely with the National Workforce Programme to ensure that the development of workforce initiatives are in line with the skills base requirements of social inclusion practice and management. This is focused on appropriate adaptation and development of the 'Ten Essential Shared Capabilities' as a framework for inclusion. In this work, we have been supported by the Sainsbury Centre for Mental Health and its Joint Workforce Unit.

The programme has also participated in the work that resulted in the *New Ways of Working* for psychiatrists published in October 2005. The work with professional networks will support its implementation across professional groups by linking it with a new initiative on inclusion skill sets.

The Year Ahead

We have made significant progress in the first year of the National Social Inclusion Programme, including the establishment of a robust infrastructure to deliver the recommendations of the SEU report. The programme has emphasised the importance of real and authentic alliances and, where appropriate, partnership working to promote outcomes that will change the opportunities and choices of people with mental health problems in a way that is meaningful and lasting.

The publication of the three guidance publications on Direct Payments, day services and vocational services for people with severe mental health problems will provide a framework to support positive change in services, and in attitudes. They reinforce the importance of promoting independence and the opportunities for people with mental health problems to fulfil their aspirations and their potential.

This report demonstrates that much has been done. However, to meet the requirements of the SEU report and the needs of people with mental health problems who suffer the real and debilitating effects of exclusion, much more needs to be done. Over the next year, with the support of a range of partner organisations the National Social Inclusion Programme will seek to step up the pace of positive change. It will be looking to promote local change to achieve real and lasting benefits to people with mental health problems. In particular it will seek to make progress on the following key issues.

- Developing closer working arrangements with Mental Health Trusts to support them to deliver social inclusion for their service users, “across the board”.
- Supporting professional skills development for inclusive working.
- Sustaining the cross government and cross programme support for the programme that has been established.
- Developing more effective regional monitoring data to ensure that the programme is making a difference and share good practice and emerging evidence through developing a robust information base.

In addition more needs to be done to ensure that those who work with and for people with mental health problems are fully aware of and able to deal with the problems of exclusion.

Making sure that the workforce has both a good understanding about the pains of exclusion, and the skills and tools to do something about it, will be crucial.

While the position we now occupy is an improvement from where we were, the challenges ahead are formidable. Over the next year we need to accelerate the pace of change and development to ensure that the key messages of the SEU's report into social exclusion and mental health are not only better understood but also widely actioned.

Appendix 1

Governance

The projects within the programme are being managed by the regional social inclusion leads within arrangements that have been specified as part of each project's plan. Leads will be functionally accountable, through the relevant member of the National Team, to the National Social Inclusion Programme Board for delivering the aspect of the NSIP for which they have a national responsibility. As the group responsible for programme delivery, the Programme Board is responsible for ensuring the effectiveness of these arrangements and ensuring that they are providing the most effective means of delivering change in these functional areas across and between regions.

Corporately, the programme's governance requires accountability to:

- Ministers, through the Cross Government (officials) Network as well as progress updates directly to the Department of Health (DH), the Office of the Deputy Prime Minister (ODPM) and the Department of Work and Pensions (DWP) Ministers.
- The CSIP (NIMHE) Executive, which in turn reports to The Mental Health Delivery Board of DH
- Following agreement from the Department of Health, Social Exclusion Unit and the cross government network it has been proposed that the function of Independent Advisory Group will be fulfilled by a number of affiliated agencies based on the specific role and interests of these organisations. It will provide a measure of independent advice and additional expertise to the programme, supporting its effective direction.

In addition, oversight is provided by the Social Exclusion Unit (SEU) in regular meetings between the national implementation team and the SEU implementation team.

Appendix 2

Affiliated Organisations

Advance Housing and Support Ltd	National Housing Federation
Alzheimer's Society	National Mental Health Partnership
Association of Directors of Social Services (ADSS)	New Economics Foundation / Timebanks UK
Barnados	NIACE
British Psychological Society	Penumbra
CAST	Primhe
Chartered Institute of Housing	Prison Reform Trust
College of Occupational Therapists	Relate
Commission for Public and Patient Involvement in Health	Rethink
Crisis	Revolving Doors
Family Welfare Association	Richmond Fellowship
First Step Trust	Royal College of GPs, Inequalities Standing Group
HACT	Royal College of Nursing
Help The Aged	Royal College of Psychiatrists
HomelessLink	Sainsbury Centre for Mental Health
Housing Corporation	Samaritans
IDeA	Scottish Association for Mental Health
Institute of Psychiatry	Scottish Development Centre for Mental Health
Local Government Association	Shelter
Mainstream/Imagine	SITRA
Mental Health Foundation	Skill (National Bureau for Students with Disabilities)
Mental Health Nurses Association	Social Perspectives Network
Mind	Tulip
Motivational Systems	Turning Point
NACRO	Ultrasis
National Clubhouse Association	Volunteering England
National Development Team	
National Federation of Arms-Length Management Organisations (ALMOs)	

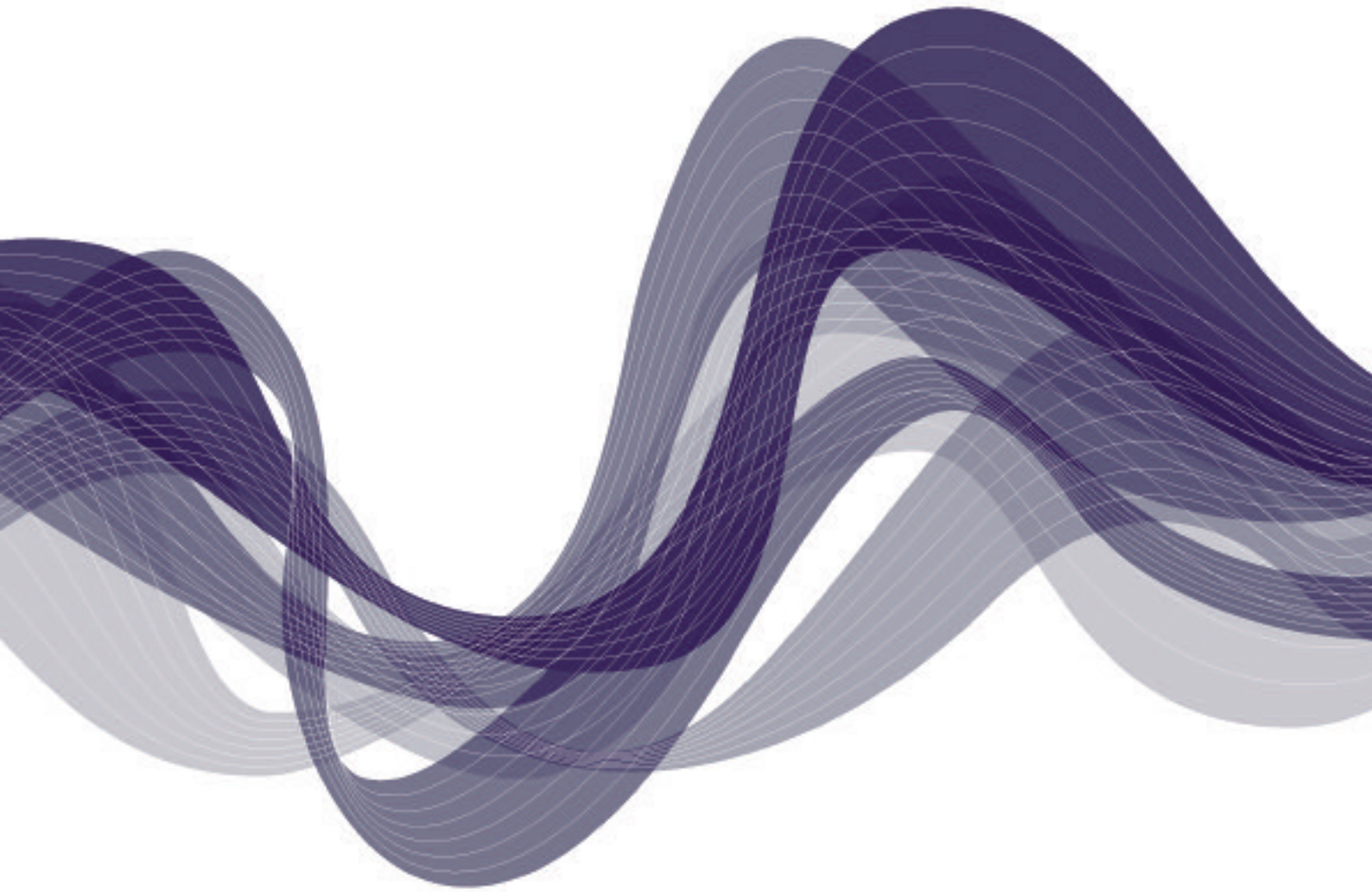
Appendix 3

Glossary

ACPO	Association of Chief Police Officers
ADSS	Association of Directors of Social Services
BME	Black and minority ethnic
CIH	Chartered Institute of Housing
COT	College of Occupational Therapy
CPA	Care Programme Approach
CSCI	Commission for Social Care Inspection
CSIP	Care Services Improvement Partnership
DCMS	Department of Culture, Media and Sport
DDA	Disability Discrimination Act
DfES	Department for Education and Skills
DfT	Department for Transport
DH	Department of Health
DRC	Disability Rights Commission
DRE	Delivering Race Equality
DTI	Department of Trade and Industry
DWP	Department for Work and Pensions
FIS	Focused Implementation Site
HMT	Her Majesty's Treasury
HO	Home Office
JCP	Jobcentre Plus
LA	Local Authority
LGA	Local Government Association
LSC	Learning Skills Council
MHT	Mental Health Trust
NIACE	National Institute for Adult Continuing Education
NIMHE	National Institute for Mental Health in England
NSIP	National Social Inclusion Programme
ODPM	Office of the Deputy Prime Minister
PCT	Primary Care Trust
RDC	Regional Development Centre
SBS	Small Business Services
SCIE	Social Care Institute for Excellence
SCOP	Standing Conference of Principles (Higher Education)
SEU	Social Exclusion Unit
Shift	Anti-Stigma and Discrimination Programme (NIMHE)
UUK	Universities United Kingdom

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