

Employment & Social Inclusion Project (ESIP)

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Maudsley Charity
Health in Mind

Highlights report
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“I never thought to be in the frame of mind that I’m in right now, looking forward to the rest of my life, with hope, with real expectation of being able to contribute, to give a little bit back to the world, and to make my way again as a paid employee.”

- Male service user



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Executive summary

87 forensic service users have been referred to the project

Over **65** forensic service users have received some degree of **1-1 support** ranging from a few weeks to over a year.



Four service users secured paid employment



8 are in supported employment and **12** undertook voluntary work

There is growing interest in supporting offenders with mental health problems into employment. This 3-year pilot project funded by South London and Maudsley Charitable Funds aims to support people with a history of forensic mental health care. This report highlights some of the key evaluation findings after two years, using a case study approach; providing valuable insights into a relatively uncharted area of supporting service users with a history of forensic mental health services.

The project is delivered by three services - South London and Maudsley (SLaM) Lambeth Vocational and Forensic Mental Health Services, Status Employment and User Voice (Peer Support). The project team includes an Occupational Therapist, Employment Consultant and a Peer Mentor (PM). The original aim was to implement an Individual Placement and Support (IPS) programme to support this service user group into paid employment in the open employment market. In practice, this proved very difficult to implement given the complexity of need and histories of service users participating in the project.

Therefore, a more flexible plan was adopted that included engagement with other opportunities such as voluntary work and supported employment. The project also used an inclusive approach to accepting any service users expressing an interest in work. A PM provided useful practical, emotional and preparatory support, as did the OT and EC. The project team invested considerable effort in supporting service users as part of their one-to-one support.

Generous and flexible preparation time was imperative. Many service users had long histories of secure care and/or prison and lacked vital employment and social skills for paid employment. Group work was used to explore the type of work or training service users might be interested in and whether they wished to receive one-to-one support into work.

To date a total of 87 forensic service users, mostly men, have been referred to the project and more than 65 have received some degree of one-to-one support from the team ranging from a few weeks to over a year. The project used very inclusive criteria, accepting service users who were still unclear about whether they wished to find paid work. Four service users secured paid employment in the open job market, 8 into supported employment and 12 undertook voluntary work. Twenty six service users were referred to a PM and ten currently receive regular peer support.

Many service users were not interested in obtaining paid work but were willing to receive one-to-one support and participate in other activities or training. Around 23 service users completely disengaged or dropped out of the project due various issues concerning mental health and difficulties with attending appointments.

During the project's first year, difficulties encountered in supporting service users find paid work in the open employment market led to a decision to include other activities, such as voluntary work and supported employment. This was an

important turning point for the project and offered a critical means for engaging service users not 'work ready' or keen to find paid work.

The creation of a paid work programme (run as a non-profit making business) within the project circumvented issues concerning disclosure and offered service users the opportunity to learn a new skill, gain confidence and work the hours that suited their needs and did not interfere with their benefits. This programme proved popular, even for some unwilling to work.

Social inclusion activities, such as exploring London trips, were also an important feature of the project which helped service users engage with the project and to develop their social skills, particularly those who were isolated.

The case studies reported provide examples of the varied project outcomes and the complexity in supporting this service user group into employment. It was not uncommon for service users to fall in and out of employment. Three of the four services users that gained paid employment in the open market left their positions after a few months. Post-employment support was also provided.

Just under a half of all service users referred were not readmitted to hospital or go back to prison. Service users were given the opportunity to re-engage with the project if they disengaged for whatever reason, which provided an important opportunity to again start the search for work.

In-work support was absolutely critical, so too was ensuring service users stayed well and acted responsibly while in work.

The key lessons learned from the project include acknowledging the difficulties with placing this service user group into paid work; the need for a flexible and personalised approach with achievable goals; understanding the risks associated with a project of this kind; ensuring the project is well organised with clearly defined roles for staff, flexible targets and outcomes; and an equal focus on social inclusion for supporting this service user group into employment.

The project's approach led to numerous benefits in providing practical and emotional support to engage forensic service users in a variety of work and social inclusion activities. The one-to-one support provided an important foundation to enable this group find employment and resettle into the community. Sustaining this innovative project is therefore an essential next step to ensuring this important service user group is able to secure employment.



3 of the **4** services users who gained paid employment left their positions after a few months



Under 1/2 of all service users referred were not readmitted to hospital or returned to prison



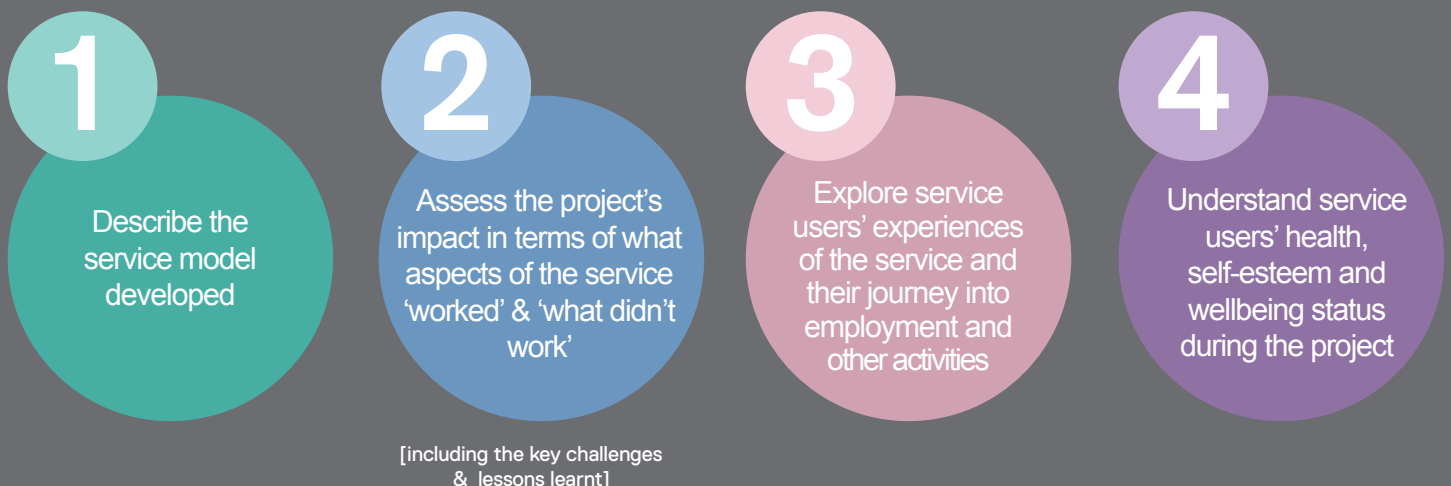
Many service users were not interested in obtaining paid work but were willing to receive 1-1 support and participate in other activities or training

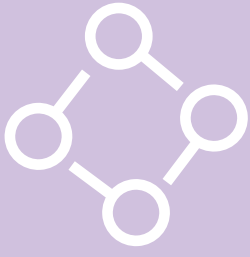
Introduction

Supporting people with serious mental health problems and a history of offending into employment is an important priority. Various models to achieve this have been developed for people with severe mental health problems such as Individual Placement and Support (IPS). IPS has been shown to be effective and there is growing interest in how this model can be used for people with severe mental health problems and a history of offending (Samele et al, 2009). There is little or no evidence for what works in supporting forensic service users into paid employment.

This three year pilot project funded by South London and Maudsley Charitable Funds, aims to support Forensic service users into paid employment. The project commenced with a full team in June 2012.

Evaluation of the project was commissioned by the project lead and aimed to:





The service model & its development

They [forensic service users] have a lot of disadvantages in terms of actually going into work, whether that's through their lack of education in the past or basically spending the last ten years or whatever either in hospital or prison, institutionalisation – that kind of thing...it's a scary thing for a lot of our guys to jump into. They say they're ready but in reality it's quite difficult to start competing with someone who hasn't had their history in the open employment job market.

- Social Worker

The project is delivered through a collaboration of three services - South London and Maudsley (SLaM) Lambeth Vocational and Forensic Mental Health Services, Status Employment and User Voice (Peer Support). The employment team comprise an Occupational Therapist (OT), Employment Consultant/specialist (EC) and User Advocacy/Mentoring Peer Support or PM.

The OT is employed by SLaM and provides a link between the NHS Trust and the project's other staff. All referrals have come from the Behavioural & Developmental Clinical Academic Group and are forensic service users whose mental health can be particularly challenging, often combined with substance misuse and restrictions from the Ministry of Justice.

The original intention, as set out in the project's implementation plan, aimed to:

- i) Develop an Individual Placement and Support (IPS) programme for service users wishing to access employment in the local community.
- ii) Provide Peer Mentoring to participants in the programme to enhance their chances of success.
- iii) Provide a bridging function to ensure appropriate referral from forensic services to the IPS programme.
- iv) Provide information and support to potential and actual employers to enhance their understanding of issues relating to working with people who have used forensic mental health services.

Team members also aimed work together, as described in the Samele et al (2009) review, to:

- Cultivate direct links with employers, to facilitate rapid job search and overcome prejudices among employers.
- Provide continuous support to participants as they approach discharge, 'through the gates' and into the community.

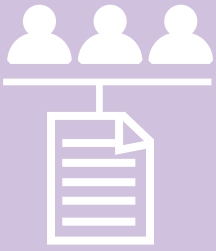
- Provide in-work support once a person starts employment.
- Harness input from ex-offenders who have successfully reintegrated into the community.
- Address the multiple needs of people facing multiple disadvantage including extremes of stigma and discrimination.
- Achieve paid employment and no longer be receiving benefits.

During the first six months of the project difficulties with recruiting staff due to clearing procedures at the NHS Trust (SLaM) were encountered; although the project was later extended make up for this delay. An Occupational Therapist (OT) was recruited (employed directly by the NHS Trust) and has been in post since

June 2012, and an Employment Consultant (EC) was employed via Status Employment just before this. A PM (through User Voice) was initially employed but left after a few months leaving a gap in the service for a while. Since this time at least one PM has been in post.

Referrals to the project came from all teams working in the Behavioural & Developmental Clinical Academic Group at SLaM either from the Medium Secure units or community forensic mental health services. Staff referring to the project were very positive about the project. One social worker based in the community, for example, referred up to 8 service users.

The OT meets with all service users referred and begins the engagement process.



Group work

During the first 18 months of the project a group programme was set up. Group sessions involved service users in various creative activities (creative writing and picture cards) to explore the type of work or training they might be interested in. The OT and EC explained what support is available and help motivate participants to seek work, training or volunteering opportunities, so as to maximise their social inclusion. A PM was also involved in some of the Group work. Discussions also included CV writing and seeking employment with a history of mental health issues and serious convictions.

Four groups were facilitated and took place once a week for approximately 6 weeks. Groups were led by the OT and EC. Groups were well attended and on the whole service users were very positive about this; they found the group enjoyable and helpful.

One service user described his thoughts on hearing about the employment project and his initial apprehension about joining the group:

“I travelled to Lambeth, the first time, with a healthy dose of ‘what’s the point?’ coursing through my veins. I met several other people, all patients like me, with varying backgrounds, and their own reasons to be sceptical about the course and the reasons for their presence there. We made a disparate bunch.”

- Male service user

By the end of the group session’s the same service user explained that:

“[The OT and EC]...persuaded me that I had skills and experience which could, which would, stand me in very good stead when it came to applying for jobs in the real world.

I never thought to be in the frame of mind that I’m in right now, looking forward to the rest of my life, with hope, with real expectation of being able to contribute, to give a little bit back to the world, and to make my way again as a paid employee.”

- Male service user

Group sessions allowed service users to decide whether they wished to continue with the project and receive regular one-to-one support.



One-to-one support

"[The PM] has helped me with even simple things that I should have done. He has prompted me to get a passport application, in view of getting a passport for myself, which I will need eventually. That will come in useful. I haven't got a bank account open, and that will be useful... Also for a provisional driving licence application; that is something I would like to do in the future, to drive, if and when I can. All these things were maybe in the back of my mind, but nothing was done about them. [The PM] is a good person to persuade you to do the things that need to be done."

- Male service user

OT support

The Occupational Therapist (OT) and Employment Consultant (EC) carry out profiles and assessments to gain a clearer understanding of service users and their employment needs. This allows support to be flexible and tailor made to the service users' requirements. Clients were accepted onto the project if it was felt they would benefit initially with regards to their interest in work and laterally if they would benefit from the broader service developed.

The one-to-one support provided by the OT involves getting to know what the participants' aspirations, skills and needs for work are. The OT assists with exploring what positions are available, accompanies service users on visits to supported schemes, and maintains morale. The OT also liaises with the service user's clinical team to help provide the right support and manage risk during the service user's journey towards finding work or training opportunities.

Employment Consultant support

The EC provides support with identifying job searches, CV preparation, completing job or other work/ training or education applications, interview preparation and disclosure. This has proved to be a long process - taking weeks and sometimes months.

In the first year the EC contacted a range of potential employers, such as the British Heart Foundation and Ground Works, as a way of building up links and relationships with employers, participants and the project. Approximately 19 employers and volunteer/ charity organisations were approached by the EC during the first four months of 2013. Just over half of those approached gave negative or no responses to email requests for further information or job opportunities.

For employers who responded, they openly admitted it was unlikely they would be able to take on this service user group. The EC felt that cold calling employers in this way did not work, especially if service users needed more preparation time for work.

Peer Mentors (PMs)

All participants to date have been offered a PM and currently 10 service users are seen by the PM.

PMs have provided practical support, sometimes on an outreach basis (e.g. going to service users' homes or taking them to various venues); although more recently the PM meets service users at a community centre at the Bethlem Royal Hospital in preparation for their discharge. Support in the community includes teaching life skills, such as how to cook and access family and social networks.

There have been some challenges in establishing the peer mentoring part of the project during the first year. Delays in recruiting the OT and EC meant that the first peer mentor employed was working alone and found the experience of visiting forensic wards difficult. Four other PMs were later recruited, three of whom left but one is now working full time on the project. There was some difficulty integrating some peer support into the project as this has never been done before. PMs mirrored some of the difficulties experienced by PMs as they themselves transitioned into paid work.

Team working

According to the OT and EC, it is easier to work with service users while on leave from hospital or in a supported hostel compared to those who are fully independent and living in their own accommodation. The forensic teams are very supportive of the project and encourage service users to engage, particularly in the ongoing community support provided.

The combination of an EC, OT and PM provides an important skill mix to support service users to learn skills and make initial steps to becoming re-integrated into the work environment. Staff take time to build a rapport, getting to know how motivated service users are and what work they may be able to find. PMs in particular serve as role models for service users; helping them to build their confidence and teach practical skills, such as budgeting, cooking, obtaining ID, bank accounts/debit card and provisional driving licence. Staff have also established and maintain close liaison with participants' keyworkers and members of their multidisciplinary team (MDT) and can attend service users' Care Programme Approach (CPA) or case reviews where appropriate.



Managing expectations of employment

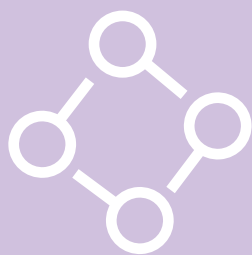
Many candidates even when they leave hospital need to focus on their own wellbeing and managing day to day and do not need the pressure of employment. For some work may not be obtainable for a long time.

- Employment Consultant

Interviews with staff highlight issues around managing service users' expectations of employment, the type of work they would like to do, and what work was suitable given service users' complex mental health needs and index offences. Staff were also aware that many service users about to leave hospital were not ready for employment.

One female service user living in a supported hostel was very keen to find work however she was applying for positions that were unsuitable (e.g. as a care worker or night cashier in a petrol station). She was put in touch with the Mosaic Clubhouse by the clinical team and supported by the project to apply for a paid position. She currently works for 12.5 hours a week.

A key part of the one-to-one support offered is to assist service users to set realistic and achievable goals for employment. It was also important to enable service users to continue to learn and undertake training, especially if they had been out of the labour market for a long period of time. Two service users required further training, taking CPC and Driving licence theory and practical tests, after which they were offered paid employment.



Service users engaged with the project

Trying to get some of our service users into paid work is a pretty tall order. None of my guys have been in paid work but some have been attending [the project] fairly regularly. [Service users] feel it's quite useful; it helps build their confidence, it gets them use to going somewhere, talking about employment, doing their CV...I think the project staff have been reasonably successful with that.

- Social Worker

To date more than 65 service users, mostly men, have received some degree of one-to-one support, following 87 referrals. Referrals were directly from ward staff or social workers based in community forensic mental health teams.

Table 1 shows lists the number of service users referred who attended group sessions and received one-to-one support.

Type of activity	Number
Service activity/support	
Referrals to the project	87
Group work	31
One-to-one support:	
EC	27
OT	26
PM	26 (referrals) 10 (currently seen)
Job searching (with EC) (CV, job searches, interview preparation)	10 - CV preparation 7 - Job search support 5 - Interview preparation

Table 1: Number of service users by service activity/support

Service users' aspirations, skills and motivation to find work varied enormously; and despite engaging well with the project just over half were not keen to commit to regular paid work. Sometimes this was linked to service users not wanting the pressure of having to turn up for work every day or felt too anxious to take up paid employment.

For others the risk of losing their benefits was too great. For these reasons voluntary work was perceived as a more flexible and less demanding option for service users and staff alike (see below).

Re-engaging with the project

Around seven service users re-engaged with the project having lost contact for a few months. This was often because of mental health issues or chaotic lifestyles where some service users found it difficult to make or attend appointments.

Disengaged

Twenty three service users who initially engaged with the project eventually disengaged/dropped out completely or were not suitable to continue with the project. Often this was related to poor mental health, continued substance misuse or simply no longer wished to receive one-to-one support.

Time to prepare

Time to build confidence and essential skills (including social skills) was hugely important for the majority of service users who had been in secure care for many years. Building trust and developing a good rapport with service users were critical to successful support. For some this took many months. Rapid job search beginning in one month - a key criteria for IPS - therefore was difficult to apply to participating service users. For example, one long-term service user expressed wanting to become a bus driver and although he could drive had not passed his driving test. The EC provided regular support for a year to help prepare for his theory test which he later passed. He then went on to pass his driving test which the service user and EC felt was a major achievement.

Finding paid work for this service user group was considered a very high expectation for one social worker who referred people to the project.

Peer Mentor support

Of the service users currently supported by the PM, several have been seen for up to a year. This includes weekly meetings with those in transition from hospital to the community. Aside from providing practical support and advice the PM encourages service users to do things for themselves and become more sociable. Sometimes the PM adopts a role as an 'older brother' which appears to work well for service users needing more guidance on how to think and act appropriately in the community; and take responsibility for their actions.

The PM describes his role and the approach he uses for one service user:

My role as a peer supporter and mentor was to engage with the client and understand what he felt; what needs he had and how he viewed the community he lived and worked in; what his triggers were and dislikes in everyday life. We had a mutual ground for bonding. I was an addict and was able to address my problem, and that gave us a common ground for understanding each other. I made suggestions to him and allowed him to let me know what he thought. Once we understood each other, a structure was put in place and achievable goals were set. With my confidence building skills and reliability, the client felt supported in making progress.

In the first nine months of supporting him, the client was able to [independently] find work at Barclays Bicycle Hire, becoming more independent, starting to rely less on benefits and being able to accept he has to take medication for the rest of his life; and provided this client with a different perspective of himself and what he was responsible for in his life.

- Peer Mentor

This service user left his job after two months and is currently unwell. He continues to receive support from the PM and the EC. Going back to education is a long-term goal for this service user.

The PM's supported one service user by assisting with opening a bank account, budgeting and to see whether he was still misusing substances. The PM provided support when the service user was due to appear in court which he was very anxious about. The case was dismissed and the service user is currently doing voluntary work at a local sports centre. He applied for a job recently but was turned down which was very disappointing as he is very keen to find work and earn some money.

A service user living in his own flat had been involved in the project from the outset but became unwell and was readmitted to hospital for some time. Taking medication is distressing for him as it is difficult to be 'up and mobile when on meds'. He has been seeing the PM for a few months and volunteers at the Mosaic Clubhouse and the British Military fitness. He has recently completed a Community Order.

The PM tries to help service users build structure into their day and help them think more seriously about finding work or other activities to do.

The PM has found that some service users try to 'play the system', using it to gain leave from hospital or only engage with the project if it 'ticks a box'.

Some service users are fearful of moving back into the community and will sabotage their discharge from hospital. The PM is well aware of this and although this service user is seen regularly the PM has stressed that they need to take responsibility.

The PM builds in some extra capacity to work with service users who do not want to find work. For those not due for discharge from hospital or on a lifelong licence, the PM's support is focused on how the service user can think and behave appropriately.

Some service users go straight to independent living after discharge from hospital. This requires slightly more preparation and the PM emphasises the importance of taking responsibility, helping service users understand what will happen in the community and how they need to manage their finances and accommodation. Support from the hospital is limited in this respect so the project fulfils an important role in the transition from hospital to independent living.



Securing paid employment & in-work support

Finding paid work for this service user group proved very difficult for project staff despite considerable efforts through one-to-one support. Fluctuating mood and the potential risk of reoffending meant careful consideration with placements had to be made.

The economic recession exacerbated efforts to find paid work for service users, where competition for paid work was very high. A key turning point in the second year of the project was the decision not to make paid employment the only outcome of interest, but also include 'softer outcomes' such as voluntary work and other meaningful activities.

Staff were also keen to note other successes such as service users gaining voluntary work, going into education/ training or working in supported employment and engaging in social inclusion activities. Success of the project was therefore redefined to include these other activities that service users participated in.

Despite these difficulties, four service users achieved some form of paid employment during the project, not including those who worked on the painting and decorating project (see below). One had secured their employment with direct support from the project and three by themselves, with support from the EC.

Outcomes

Table 2 lists the number of service users and their employment and social inclusion outcomes. Eight service users secured supported employment positions and 12 undertook voluntary work.

Employment and social inclusion outcomes

Job interviews attended (paid employment)	5 (4 clients had two or more interviews)	Groundwork (receptionist), SLaM (apprenticeship) SLaM (recovery college administrator), Face2Face (agency), Agency (driving), Domino's Pizza, All Seasons (Valeters/ cleaner), Barclays Cycle Hire
Paid employment secured	4	SLaM, Barclays Cycle Hire (Transport for London), Agency (Driving)
Supported employment	8 (2 clients receiving support for more than one position)	Painting and decorating programme (via SLaM), Mosaic Clubhouse
Interviews for voluntary work	3	Oxfam, Groundwork
Voluntary work secured	12 (2 clients receiving support for more than one position)	Oxfam, Croydon, conservation project (Croydon Council), Groundwork, community gardening projects
Exploring London - social inclusion group (OT)	8	

Table 2: Employment and social inclusion outcomes

In-work support is essential and staff found that continued support was important to help service users behave responsibly.

At least two clients who gained employment were unable to hold onto their positions. One secured a job with Transport for London, Barclays Cycle Hire which he worked for several months and then gave up the job when he became unwell.

The following case study provided by the EC illustrates the support provided and the complexity of issues for forensic service users even when in paid employment where readmission to hospital or recall back to prison is a possibility.



Case example - Len¹

Len has a long history of violent convictions. He was dismissed from his last employment for driving under the influence of drugs and misusing the company fuel card. In 2012, he was recalled to prison breaching his licence terms for drug use. Following this he was very motivated to secure a job driving a large lorry and started working with the EC on a one-to-one basis. While attending the group programme he worked as a voluntary van driver for Oxfam.

The EC secured funding for CPC (mandatory training for driver of heavy goods vehicles), which resulted in more positive responses and interviews. At a second job interview, Len disclosed he had a criminal conviction but omitted to mention his mental health problems. He was offered work via an agency for HGV driving. Initially agency work was not the preferred option, however a permanent position as an HGV driver was proving difficult as companies run DBS checks.

Len and the EC discussed his return to work which he agreed would be part time initially, but he soon undertook many more hours working, for example, four eleven hour days in a row. The EC and Len revisited the support strategy they had developed. This included not over doing hours, making sure he attended his meetings with his psychologist, probation officer and support worker. Len regularly attends Narcotics Anonymous (NA) - an important support network for him and encouraged not to stay out all night partying before work. Despite this support strategy, Len continued to party before work. On one occasion this resulted in him seeing double while driving a heavy goods vehicle on a motorway which appeared to scare him.

Since gaining employment Len set himself goals that include saving for a rental deposit and buying a newer car. In May 2014, Len called his EC to say he had signed off benefits, passed a theory test with flying colours with the job agency and been told by the company's driving instructor that he was the best driver he had tested that month. Employment appeared to be acting as a protective factor for Len - he sounded so proud. Soon after this he rang his EC to say "he had had enough of his job, that he wasn't getting to drive the vehicles that he wanted". It seems that something had happened at the weekend unrelated to work, but Len didn't want to discuss it.

Len returned to work and when discussing his job with his EC talked about all the positive aspects of his role. Len appeared to take his work responsibilities more seriously, however he continues to make irresponsible choices. He recently informed me that he had crashed his car at a roundabout because he was so tired. His car was written off but nobody was injured. The fluctuating impulsivity of this case demonstrates the need for continuous intensive support from multi-agencies. At this point he worked five days a week.

Len eventually informed the EC, after prompting from his Social Worker that he had had a relapse. He was drinking alcohol, smoking cocaine, cannabis and heroin through the period of July to September. Len was not being drug tested at this time at his hostel and was lying to his probation officer saying he had produced a drug tests. When eventually asked to provide a sample via his social worker he provided a positive one although he had a negative sample stored for this occasion.

Len was not recalled even though he had broken his licence conditions. At his CPA his psychiatrist decided not to contact DVLA. Though he did inform Len he would not hesitate to contact them in the future. Len's work was still deemed as his protective factor.

Len returned to work but was unable to maintain a drug free lifestyle. However, a while later he contacted his EC to tell her that he had received a call from his employers to inform him that he could not come back due to his drug taking, he requested that he come in to look for further employment. When asked if probation had cleared this he responded by saying yes it was fine. EC checked with Len's probation officer, she stated that he could no longer work with heavy goods vehicles due his drug use.

Shortly after this incident Len went out for an evening and took large quantities' of cocaine, heroin and cannabis, he informed his support staff. Later that day he was recalled to prison again.

This case study demonstrates the importance of intensive multi-agency support and the difficulty this service user had in refraining from drugs and keeping to his licence terms which ultimately led to his recall

to prison. Nevertheless, employment provided an important opportunity to gain financial independence and feel a great sense of achievement when things went well.

¹ Names in all case examples have been modified to maintain anonymity.



Supported employment

It's better to be engaged in work and working towards getting a full time job rather than living on benefits. It's easier for me to just stay on benefits. I could just say I'm not ready to work, but it gives me direction, it gets me out of the house, it gives me a bit of a social life otherwise I'll stagnate at home and that's no good at all. I'll be going backwards and become ill again.

- Male service user

Some services users benefited from accessing supported employment.

An apprenticeship at a Recovery College based at SLaM was advertised at the early part of the project. This was a part time business administration post which encouraged applications from people with mental health problems. The EC supported a service user to apply for the post which included interview preparation and accompanying the client to the interview. The client was successful in gaining this 1-year apprenticeship, having been selected out of 75 candidates. On completion of the apprenticeship the same client has been supported to apply for a post doing the same thing but as paid employment. If successful, the client is aware he may lose his Employment Support Allowance and some housing benefit.

While engaged in the apprenticeship this service user continued to see the EC once every fortnight. Support included help with writing letters to benefits agency and applying for other employment towards the end of the apprenticeship. This service user has become more confident and sociable since his apprenticeship.

Painting & decorating programme

Difficulties surrounding disclosure and the reluctance of employers to take on forensic service users led the OT to explore other avenues of employment and created a painting and decorating programme within the project; with input from the PM. This allowed service users interested in work but not quite ready for open market employment to receive training, engage in meaningful activity and earn some money in preparation for employment later on. Service users can earn up to £40 a day on the programme and so far at least seven people have participated. The main

I have observed people who are isolated on the ward becoming enthusiastic team members cutting down trees and clearing streams without their forensic or mental health label.

- Occupational Therapist

advantages of this programme are that service users do not have to disclose their histories, the hours are very flexible and service users work in a small team with supervision. The working hours are limited to two sessions of 2.5 hours a day and no more than two days work per week to ensure benefits are not affected. This also eased service users back into a work routine. Service users with recent histories of acquisitive crimes are not considered for this programme.

For one service user, not entitled to receive any benefits because of his immigration status the painting and decorating programme has been invaluable. With the money earned from painting offices he has been able to buy a bicycle, save up for his CSCS card and other things he needs. He previously worked on a construction site and so painting and decorating is a new skill he has acquired. On becoming homeless this service user lost his ID and other important paperwork. The EC has helped him track down his NVQ certificate and is looking at a CSCS card for health and safety to enable him to work on a construction site again. He also engages with other parts of the project, including the conservation project and exploring London group.

The painting and decorating programme has proved very popular even for those less motivated to seek full employment. The OT has looked at expanding this by seeking further contracts and advertising locally.

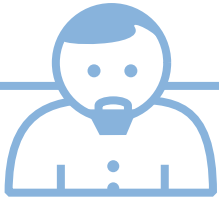
Voluntary work

Voluntary work is an important source of meaningful activity for many of the service users engaged in the project. For some service users this may lead to paid employment but for most it is likely to be beneficial in terms of social inclusion, capacity building and in providing structure to their week.

A conservation project in the Greater Croydon area is another voluntary scheme that has proved popular with service users involved in the project. So far, nine service

users have been introduced to this project and four attend regularly. As with the painting and decorating programme, the conservation project is very flexible and service users do not need to say when they are going but can just turn up at the pickup location.

The following case study highlights the importance of flexible support but also illustrates how voluntary work can be a useful way to engage service users in various activities prior to paid work:



Case Study - Darren

Darren, a solitary man in his mid-forties was in Medium Secure when referred to project. He spoke little but said he wanted to earn his own living. During group work he slowly became a little more communicative but addressed himself to the facilitators rather than the group.

He had no hobbies, friends or outside interests and focused exclusively on job searching. His CV was poor so he agreed to join two supported work training schemes. We received good reports of his work there but after a few months he gave up both without informing the project staff. He agreed to in future discuss decisions around employment with staff before acting.

A voluntary cleaning position in a furniture charity store was found. The Manager reported she liked having him as part of her team and although shy he was popular with the other volunteers there. Darren enjoyed moving furniture off the van with the other men. This was encouraging given his tendency towards a solitary existence.

After a couple of months, and living in Low Secure accommodation, Darren complained his volunteering position lacked variety. The OT went with Darren to discuss his tasks with the Manager who explained the wide variety of duties that he was carrying out and how this could be adapted further.

Throughout this time Darren was punctually attending one-to-one sessions. These were increased to twice weekly to look for paid work in a variety of ways. Darren relied exclusively on staff to initiate or proceed with this. He found the many rejections disheartening and returned to weekly one-to-one sessions.

After a year of support, the project found Darren a well-paid NHS cleaning supported employment position. Darren was not experienced at window cleaning which was a part of the work and did a poor job. He was very rigid in thinking around his contracted hours and sometimes left jobs unfinished. He rejected offers to improve his skills saying he would not look for work as a window cleaner.

Some months later, Darren gave up both jobs without notice. He told nursing staff he had done this as he had not liked the type of work. He also said he did not want to meet the project staff again so were unable to discuss this with him and has since withdrawn. Project staff had no indication of this change as their relationship with Darren appeared more relaxed and open. He currently only leaves his room for meals and has no timetabled activity.

His case notes indicate he still wishes to work but has not engaged in any further voluntary paid work or training. He has moved from Ward in the community to a hostel and seems to be happier there, but lives a solitary existence.

This case study also demonstrates the changing work needs this service user had and the difficulty in assessing these needs and desires. Also, how despite months of

support a service user may drop out of various activities including paid employment without any indication or notice of this.



Social inclusion activities

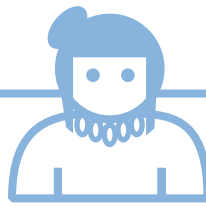
Exploring London & other activities

Social inclusion forms an important part of the support provided by the project team. It aims to help service users expand or develop their social skills and engage with other activities. Weekly visits are made to museums and art galleries across central London. These visits are attended regularly by a small group of service users who find this very enjoyable. It also remedies the isolation many service users experience even when in hospital.

Isolation for candidates when in hospital or when living in the community is a massive issue, so the opportunity to go out and socialise with others is vital for improving social skills that will be used in the work place.

- Employment Consultant

The OT has also provided all round support and mentoring for a female service user for more than a year.



Case example - Teresa

Teresa was supported on discharge from Medium Secure to a supported hostel. The OT became involved in everything from buying curtains, teaching healthy cooking, shopping and choosing meaningful activities. Teresa always engaged well and attended all appointments arranged. However, she rarely attends the gym or similar activities on her own, and usually goes with the OT. She regularly attends SRA and Mosaic Clubhouse.

Until now she has been applying for jobs which the OT felt was unsuitable or she wanted to do illegally, which the OT has not become involved in.

Recently she was interested in a supported job at Mosaic Clubhouse which the OT encouraged. Teresa she needed to show commitment, first by volunteering for a few months, which she did and was later successful in securing supported employment which she enjoys. She receives just under the permitted wage so as not to affect her benefits. The OT continues to meet with Teresa weekly, usually doing an activity such as cycling, visiting London or going to the gym.

This case example illustrates the relationship that has built up over time between the service user and the OT and the wide variety of activities engaged with and the support provided.

Key lessons learnt

Following a recent away day the team identified six areas crucial to the project's success, many of which have been detailed in this report.

Project organisation

Starting with a good project base and a well organised project throughout was fundamental to its success. Good organisation includes - clearly defined work roles for staff, flexible project targets, predefined outcomes of success which are re-evaluated at multiple points and allowing sufficient time for service users to bond with staff.

Project outcomes

Having a flexible project plan was critical because of the service users had such different needs and backgrounds. Setting rigid outcomes for service users could hamper those who progressed faster than expected or not provide sufficient time to help fulfil set goals. Social inclusion as well as paid employment should be given equal attention.

Employment

Paid employment was difficult to achieve. Many factors contributed to this, including resistance from employers, mood changes or challenging behaviour, having the right skills which many service users lacked, issues regards benefits, disclosure of both mental health problems and previous convictions and safe-guards.

Clients

Each service user has a unique skill set, stories and issues and so staff needed to adopt a personalised approach to help support them into employment or meaningful activities. Common issues that also prevented employment included long-term institutionalisation, fear of stigma and rejection and chaotic lifestyles. Gaining trust and building up good relationships with service users was essential to ensuring engagement with the project and preparation for work.

Risk

Many risks were associated with a project of this kind. The most obvious included the complex nature of service users' histories, their background and the risk of re-offending. Institutionalised behaviour meant service users expected many things to be done for them as they were used to this in hospital. Service users needed to learn to do things for themselves, making it sometimes difficult to get them engaged in the project. Medication often severely affected service users' ability to work. Not raising hopes when finding work was important- some jobs were not going to be appropriate.



Points of focus

Employment



- Extreme changes in mood
- Disclosure
- Benefit issues
- Resistance from employers
- Safeguards
- Stress loads
- Time limit
- Employers' issues
- Not enough paid employment
- Having candidates that you can sell to employees
- Seeing the unexpected develop

Project organisation



- Getting them to engage = build bonds and trust
- Personalised clear milestones/goals in a time frame
- Multiple partners



- Ethical complexities
- Lack of time on project
- Who are the decision makers
- Difficult to manage - complex
- How sustainable is it?
- Each person has been hard to place
 - user life challenges
- Strong internal structure needed for project

Staff



- Having a choice of staff to work with
- Good team working
- Staff connectedness and bonding
- Work flexibility
- Working closely with other staff
- Managing wellbeing of staff
- Appreciating the small outcomes
- Good team base
- Not being from a medical background
- Reassurance and not false hope



- Staff emotions
- Staff connections
- Support and emotional support for staff
- Lack of expertise/special expert advice

Project outcomes



- A good evidence base and learning
- Some employment outcomes and improved social network
- Space/secure ending to the project
- Staff willing to provide data
- Time and bonding are key
- More referrals



- Changing goal posts for outcomes
- Is it cost effective?
- Hospital/Independence = difficulty
- Difficulty measuring results
- More qualitative research needed
- Realistic outcomes
- Lack of data via clients

Clients



- Finding the right staff to support clients
- Relationships with candidates
- Enjoying and fulfilling working with most candidates
- Engagement/growth/life-change/honesty



- Hard to get/help clients to face reality while still retaining hope
- Changeability makes goals and planning difficult
- Clients own issues
- Chaotic lifestyles
- 360 chaos in the rest of their lives
- Candidates not wanting to work
- Good feed back from clients and staff on successful work
- Stigma/fear/rejection
- Institutionalisation
- Time wasted

Risk



- Risk vs opportunity
- Diagnosis/medication
- Risk is managed by meds - many of the candidates are heavily medicated
- Institutional behaviour - e.g. expecting everything to be done for them
- The sad reality of mental health, debilitating effects on employment opportunities

Conclusion

This small exploratory project provides extremely valuable insights into a relatively uncharted area of supporting services users with a history of forensic mental health services.

The evaluation was deliberately flexible, using mainly a case study approach to fully capture the nuances, challenges and successes of the project and its outcomes.

The project encountered enormous difficulties in placing service users with long history of secure care into paid employment. A flexible plan and setting realistic goals with participating service users to accommodate their complex needs and histories were essential. So too, was engaging this group in other meaningful activities such as voluntary or supported work initiatives. Considerable effort was invested in service users as part of their one-to-one support.

Social inclusion was another important feature of the project which also gave service users an added opportunity to build confidence and improve social skills.

Time to prepare for employment was imperative given this group's complex mental health needs and serious index offences. A key criteria of IPS - rapid job searching within one month - was very difficult to achieve for the project team. This was partly due to the project's inclusive approach by accepting service users who were still undecided about finding employment. The project allowed time to think more carefully about employment and decide if this was really what service users wanted. The existing job market and the reluctance of employers to take on this service user group posed a significant barrier to finding suitable paid work. Other key barriers included the effects of medication and institutionalisation, poor mental health and lack of social skills.

Project barriers:

1

The reluctance of employers to take on this service user group

2

The effects of medication and institutionalisation on the service users

3

The poor mental health of the services users

4

The service users lack of social skills

Being more selective about candidates at the referral stage - based on their motivation to work - would have been difficult as many referred would have been unfairly excluded and not given the opportunity to explore employment and decide whether they wanted one-to-one support from the project.

Several service users supported by the project were not interested in paid employment but were happy to engage with the one-to-one support, particularly during their transition from hospital to the community.

Allowing service users to 'come and go' was another important feature of the project. Many disengaged for various reasons (e.g. because of readmission to hospital), but allowing service users to be re-referred provided another opportunity to receive support into employment or social inclusion activities.

An important finding was that once service users secured employment in-work support was absolutely critical; so too was ensuring service users stayed well and acted responsibly while in work. Of those that gained paid employment in the open market most left either because of their mental health or breaching their licence terms. Offering support post-employment and starting the process again was absolutely key.

The creation of a non-profit programme within the project to create paid employment opportunities was an important development which overcame many of the challenges around disclosure and the demands/pressures of paid work in the open employment market. This is something that service users themselves could eventually manage and run. Projects such as this, need to create employment opportunities which reach out into the community and can continue to operate even after the project has come to a close. It is important that such a programme provides training, flexible hours, a fair wage and appropriate supervision. There are a number of examples to draw on, some of which are listed in the appendix.

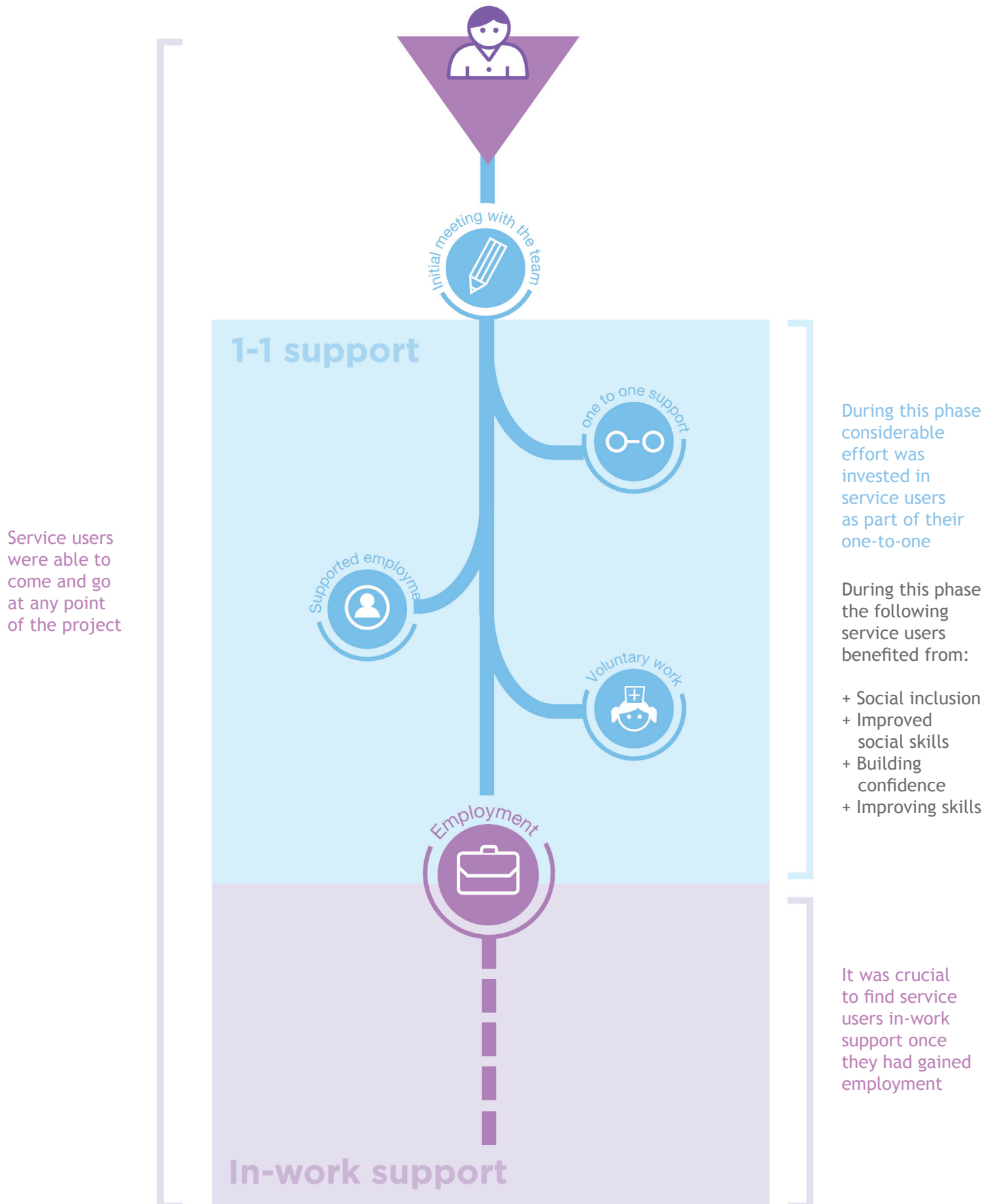
Many lessons were learned during the project so far, including acknowledging the difficulties with placing this service user group into paid work; the need for a flexible and personalised approach with achievable goals; understanding the risks associated with a project of this kind; ensuring the project is well organised with clearly defined roles for staff, flexible targets and outcomes; and an equal focus on social inclusion for supporting this important service user group into employment.

This report highlighted the key challenges and successes in working with service users with a history of forensic mental health services. The project's approach led to numerous benefits in providing practical and emotional support to engage service users in a variety of work and social inclusion activities. The one-to-one support provided an important foundation to enable this group find employment and resettle into the community. Sustaining this innovative project therefore is an essential next step to ensuring this important service user group is able to secure employment.

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- Samele, C., Keil, J., and Thomas, S. (2009) Securing employment for offenders with mental health problems. Sainsbury Centre for Mental Health. http://www.centreformentalhealth.org.uk/pdfs/securing_employment_for_offenders.pdf (Accessed 5 January, 2015)

Service user support model:



Appendices

1. Evaluation methods

Briefly, a mixed method approach of both qualitative and quantitative methods was used. Given the exploratory nature of the project an emphasis on qualitative techniques was adopted to understand the process of developing the service model and its outcomes for service users. The latter is described using a case study approach (Crowe et al, 2011).

Much of the data collection was focused therefore on:

- Information and data provided by staff on the number of referrals to the project, attendance at group and one-to-one sessions and service users' demographic and clinical characteristics;
- Written reflective diaries completed by the project lead and staff;
- Minutes from staff meetings;
- Face to face interviews with service users receiving support;
- Regular telephone interviews with all staff;
- Telephone interviews with staff referring to the project;
- Written and verbal narratives of service user journeys and outcomes during the project by service users and staff.
- Ethnographic observations of groups, peer mentoring sessions and staff meetings.

2. Reflections on evaluating the project

Initially, the evaluation planned carry out formal research interviews each year of the project to assess service users' well-being, self-esteem, mental health status and quality of life and conduct depth interviews to understand peoples' views about the project. It was clear following the first set of 10 interviews with service users (at year-1) that this was not going to capture the more subtle issues, challenges and successes in supporting this client group. During depth interviews these clients appeared reluctant to talk about their aspirations and what they hoped to gain from being involved in the project.

3. Scores for standardised measures

The structured questionnaires worked well initially but the results of these showed very high well-being and self-esteem scores which was unanticipated.

The majority of these service users (8/10) had relatively high well-being scores. The average score was 57.2, using the Warwick-Edinburgh Mental Well-being Scale (WEMWBS), which has a maximum score of 70. Two of the ten service users refused to complete this questionnaire.

The average score for self-esteem was also relatively high at 21.3; the normal range is between 15-25. None of the nine service users completing this questionnaire had a score below 15 which is suggestive of low self-esteem.

Service users' mental health status was also very positive, with only one service user living independently reporting some symptoms of mental illness at the time of interview.

Quality of life scores and satisfaction with several domains, such as friendships, employment status, income, leisure activities were also good. The average quality of life score, using the Manchester Short Assessment of Quality of Life (MANSA) scale, was 56.3 (min 33 to max 75) with a total possible score of 84.

Interviews with staff suggested that these service users had complex problems which were not being identified by these measures. Also, not all service users were available for interview during the course of the project, so interviews were conducted when service users agreed and when appropriate.

4. Examples of business initiatives to support service user employment

Name and Location	Description
Section 17 Restaurant, Wathwood Hospital, Nottingham	<p>Section 17 endeavours to equip patients with the necessary vocational experience and qualifications to maximise their future employability and ultimately their ongoing recovery.</p> <p>(http://www.nottinghamshirehealthcare.nhs.uk/aboutus/section-17-restaurant/)</p>
Carpet Cleaning Care (Lambeth Vocational Services, SLaM), London	<p>Carpet Cleaning Care provides employment opportunities for people who have severe and ongoing mental health problems. We pay staff wages with the income generated by the scheme. Through this experience of paid employment and training we offer support, guidance and assistance in coping with the demands of working life.</p> <p>(http://www.slam.nhs.uk/our-services/service-finder-details?CODE=SU0060)</p>

