

**Service User Consultation:
Meaningful Activity in the
London Borough of Redbridge**

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Introduction

The Employment and Training Opportunities Steering Group is in the process of developing a strategy for providing access to employment, training and purposeful occupation for people experiencing and recovering from mental health problems. In order, to build up a clear understanding of people's needs, an important part of the process is to consult with service users to ensure that their views are reflected and taken into account in the design of the new service.

Attendance

24 participants attended the consultation exercise. It was pointed out that there was a lack of attendees from a number of different groups, in particular: BME and refugee and asylum groups, younger people and women. It is important, therefore, that commissioners ensure that resources are allocated to allow hard to reach groups to express their views and opinions. It was felt that postal surveys and one off events were not necessarily adequate tools for ascertaining the different and varied needs of service users in Redbridge.

Setting the Scene

The opening session set out the purpose of the consultation exercise. It was explained to the group that a number of decisions regarding existing services, such as: Vocational Rehabilitation and Rethink Starfish Employment Service had been taken with little or no consultation. Nevertheless, today was an opportunity for service users to express their views and voice their opinions and influence the process and the design of the new service. It was also made clear that the current budget for a new service would be £120,000. However, a service run by a voluntary/independent provider would be in a position to draw on additional funding sources.

To focus discussion it was noted that whilst the term meaningful activity could legitimately be used to describe a wide range of activities for the purpose of the consultation exercise we would concentrate on: paid employment; part time work; education; training and voluntary work.

Rethink Starfish Employment Service and Vocational Rehabilitation made short presentations to the group.

Rethink Presentation

National and Local Picture -

- One of the largest UK mental health charities
- 400 UK Services
- 37 Employment & Training Services
- Supported Employment and Retention Services in Havering, Barking & Dagenham and Harrow.

- Befriending and Floating Support services in Barking & Dagenham
- Carers Support Services in Redbridge and Havering

Rethink Starfish Employment Service -

- CMHT referral
- Vocational Assessment
- User led process
- Regular Job Skills and Job Search services
- Assertion and Confidence Building sessions
- Access to education, training, voluntary work, self and paid employment
- Links with local employers and placement providers
- Achievement of all outcomes and targets for 2004/05

The consultation exercise focused on 4 questions:

1. What features of the current services, which provide access to meaningful activity, do service users want to keep?
2. What new features would help service users back into meaningful activity?
3. What parts of the current services have been unhelpful in getting service users back into meaningful activity?
4. Where do people think a new service should be located?

Aspects we want to keep

- Sense of community – belonging
- Continuity and consistency
- A service that ensures users maintain a sense of value in what they are doing i.e. meaningful activity
- Feel Good Factor
- Shared leadership and shared responsibility
- Permitted Earnings
- Variety of Projects - Internet and computer training, picture framing, flower arranging, horticulture
- Training for interviews, mock interviews
- Holistic approach – to recognise meaningful activity is one component of the recovery process and not to lose sight of other aspects and to genuinely address social exclusion
- On-going employment support (buddy system, mentor)
- Confidence building, Assertiveness and Communication Skills
- To continue to raise awareness of mental health issues amongst businesses, employers and so on which Rethink Starfish Employment Service have taken a key lead in.

New features that will help

- Breakdown of language barriers e.g. multi lingual staff and/or interpreters
- Improved publicity of services - GPs, CMHTs
- Better and improved support for people who are already in employment. It was suggested that a 'professional user group' could be set up to address this need
- Profit making activities - Social enterprise
- Proper Consultation on changes
- Good communication
- More integrated with the community
- Support, Time and Recover Workers
- Service users on interview panels
- PCT, NELMHT and LBR as major employers in the borough, to lead by example, by setting targets for meaningful work placements and employment posts
- There is a need for ongoing support for people who are either in employment and experiencing a mental health illness as well as for those returning to the work place after an absence due to illness. This could be offered through a variety of means, such as: telephone support or/and mentoring
- 'Believing in yourself'
- Open to people not on CPA (especially as refugees may not be on a CPA)
- Realistic targets
- Good information about options
- To look at good practice in other areas
- Better benefits advice and information about various options
- User involvement in running the service e.g. through a management steering group
- Access to service out of hours – in particular for people who work during the day and require on-going support
- More services provided in primary care, for example: the use of STR workers in GP surgeries

What doesn't work at the moment?

- 'Deciding one's own goals' – a number of participants expressed the view that in some cases a CMHT, psychiatrist or key worker decided that work (paid employment) would be beneficial for the service user. However, in some instances a service user would turn up to an employment service but not actually be motivated to return to work. Suggestion was, self-referral only, to avoid **inappropriate** referrals
- Avoid a service that creates dependency and complacency
- Current services are not good at targeting BME and Refugee and Asylum seekers, young people and women
- No follow up to CPA
- Some users felt that the shared leadership model had not been helpful

- It was felt that the medical model was unhelpful
- Unhelpful attitudes, for example: 'service users can only do low grade work'; 'what happens if someone goes mad at work'.

Where should new services be located?

A range of different views emerged:

- Some felt it should be based in Goodmayes as it provides support
- Others felt that there was a stigma attached to Goodmayes and it should be based in the community
- Based at more than one site to make it **accessible** to people who live in different parts of Ilford
- Flexible service - partly based in Goodmayes for those who felt most comfortable in a hospital setting and an alternative service off site for people who were anxious about attending an acute hospital.

Conclusion

It is clear that there are a range of different views and opinions amongst service users regarding what a new service should look like, what hasn't worked and what has been helpful. Nonetheless, some common themes and principals did emerge.

1. An important lesson to draw is that good communication and consultation is a high priority for service users.
2. The need for a strong model of user involvement in all aspects of the new service, for instance, through a management steering group.
3. Many of the themes that emerged touched upon the recovery framework and the important part meaningful activity plays in the recovery process. However, service users also expressed the view that implementation will require a big shift in culture and attitudes if it is not merely to be a 'smokescreen'. In other words, there will have to be changes in attitudes, processes, practices and behaviours and not just the language used.
4. A move towards a social enterprise as a model for the new service with real payments for work in line with benefits and permitted earnings.
5. NELMHT, LBR and the PCT have to lead by example and follow good practice in other parts of the country and set targets regarding creating meaningful work placements and employment opportunities within their own organisations for people experiencing and recovering from mental health problems.
6. There also needs to be ongoing support for people who are in employment experiencing mental health problems as well as for employees who have returned to the workplace after an absence due to illness - perhaps through mentoring and/or telephone support.
7. A range of different views emerged regarding where a new service should be located. One solution, therefore, is to try and ensure that there are a number of different points of access.

8. Extra resources are required to find out the views of difficult to reach groups, such as: young people, refugees and BME groups and how best a new service could address their needs. It was felt that postal surveys and one-off events were not appropriate and it would require a proactive approach visiting various clients. An option is to look at User Focused Monitoring. (www.scmh.org.uk)
9. Staff appointments should reflect the diverse local community and consequently, a new service should look to employ a worker who has specialist knowledge of BME and refugee and asylum groups to facilitate improved engagement with hard to reach groups.
10. Improved information about options for moving on into employment - ('Better Off Calculations' re benefits)