

SCIE/NSIP Mental Health Social Care Leadership Symposium

National Social Inclusion Programme

Dr David Morris
Programme Director

Care Services Improvement Partnership 

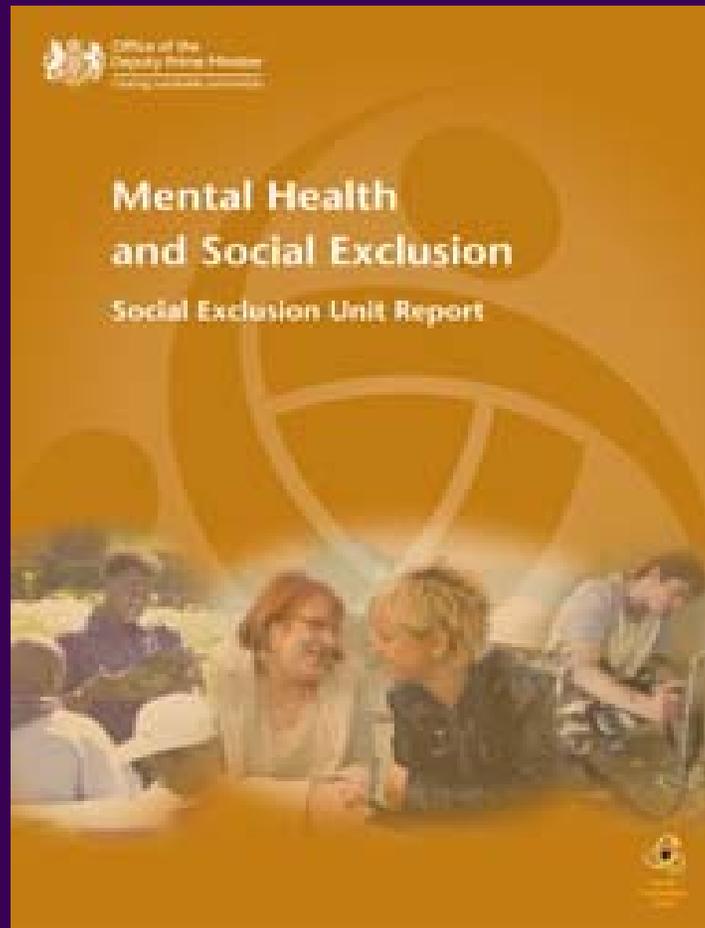
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Inclusion

policy context - health and social care

- SEU report puts DSS 's and Primary Care in lead role
- 'Our Health, Our Care, Our Say'
- Foundation Trusts: provider pluralism; community governance
- Local Government Bill
- Local Area Agreements and sustainable communities
- Outcomes – based commissioning from JSNA
- Health and wellbeing focus
- Individual budgets and self-directed care



Published June 2004
Office of the Deputy Prime Minister

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Challenging exclusion - the vision behind the SEU report

“Social Inclusion for people with mental health problems is a moral imperative”

(Minister for Health, launching SEU report June 04)

“Our vision is a future where people with mental health problems have the same opportunities to work and participate in their communities as any other citizen”

(SEU Report p94)

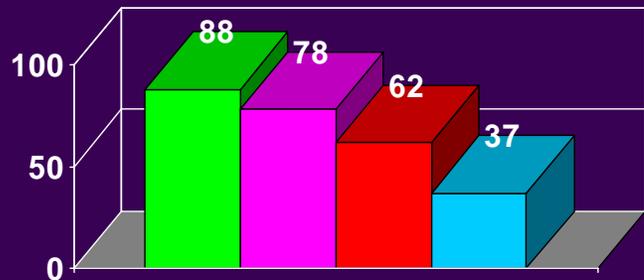
'Mental Health and Social Exclusion' remit and time scale

- How to enable more adults with mental health problems to enter and retain work?
- How to enable social participation and access to services?
- Feb 2003 to Mar 2004: consultation - users, organisations and Ministers
- Publication June 04; implementation from Sept 04

Exclusion – the evidence

- *Less than 40% of employers would recruit people with mental health problems*

% of employers who would recruit from different groups
ONE evaluation (DWP 2001)



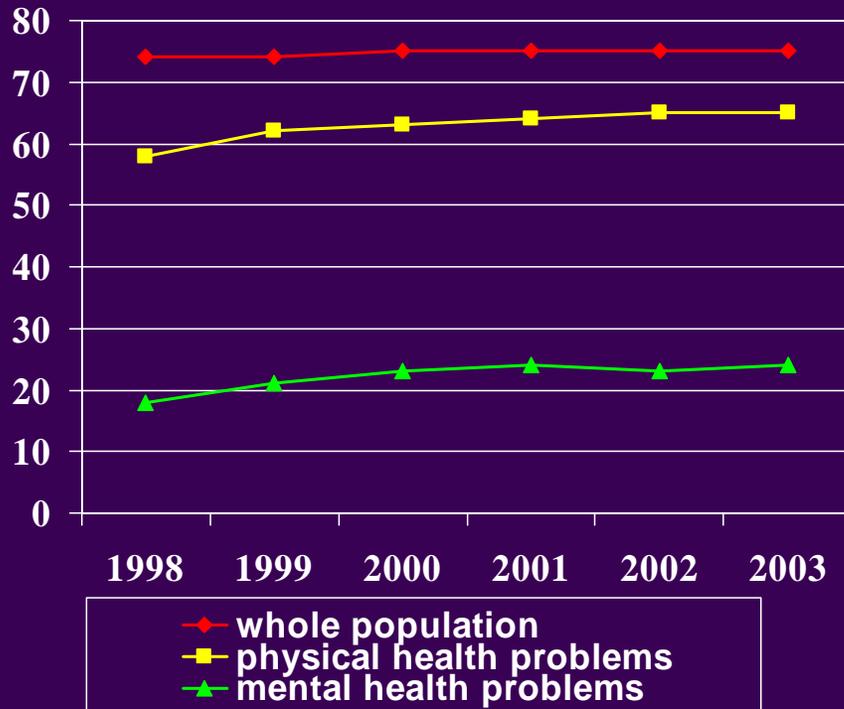
■ lone parents
■ long-term unemployed
■ physical health problems
■ mental health problems

Two thirds deterred from applying, for fear of unfair treatment but many:

- highly skilled
- relevant experience
- able to work with minimal adjustment

Less than a quarter of adults with mental health problems are in work

LFS data for England only



Main barriers

- fear of losing benefits
- employers' attitudes
- fluctuating nature of condition
- *low expectations of health professionals*

Social exclusion has multiple impacts

- What can happen when people or areas suffer from a combination of linked problems – unemployment, poor skills, low incomes, poor housing, high crime, bad health and family breakdown.
- Characterised by the inter - relatedness of problems that are mutually reinforcing; combined they create a fast moving, complex and vicious cycle.

(Social Exclusion Unit 2004)

People are excluded in many different ways

- low levels of participation in
- FE/leisure activities

physical illness
overlooked

not eligible to be
juror or school governor

harassment complaint
not taken seriously

financial services
hard to access

1/4 tenants with serious
arrears at risk of eviction

People can become very isolated

Outer circle:
places where
friendships
start.

Inner circle:
People who
matter



Sue attends the day centre and the clinic

She has 5 friends she sees at outpatients or the day centre

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SEU Report – findings and recommendations

Range broadly across six areas:

- Stigma and discrimination
- Role of health and social care services
- Employment
- Supporting families and community participation
- Getting the basics right
- Making it happen

National Social Inclusion Programme

Leading implementation of key actions from:

- 'Mental Health and Social Exclusion' - 2004 (*Social Exclusion Unit, ODPM*)
- 'Reaching Out': An Action Plan for Social Exclusion - 2006
(*Prime Minister's Strategy Unit / Cabinet Office*)

National Social Inclusion Programme

- 3 year programme from Sept 04 – 07, based at National Institute for Mental Health in England (NIMHE)
 - National and regional centres
- Cross - sectoral; cross - government
- National and regional activity in partnership
- Linked to public health, mental health promotion, equalities programmes

NATIONAL SOCIAL INCLUSION PROGRAMME

NATIONAL LEVEL

CENTRAL CROSS – GOVERNMENT TEAM



REGIONAL LEVEL

8 DEVELOPMENT CENTRES – Social Inclusion leads

SE

SW

LON

EM

NE,Y&H

NW

WM

E

STIGMA/
DISCRIM'
ION

EMPLOY-
MENT

INCOME/
BENEFITS

EDUC'N

HOUSING

CTT'Y
PARTIC'N

SOCIAL
NETW'KS

DIRECT
PAYM'TS

Cross cutting work streams:

Workforce Development - Research & Evidence - Community Engagement - Criminal Justice - Inequalities

AFFILIATES NETWORK: 50 organisations - users, voluntary, professional

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Cross - government accountability

- Cabinet Office
- Dept of Health
- Dept for Communities and Local Government – housing; community renewal and regeneration and cohesion
- Dept for Work and Pensions
- Dept for Trade – Small Business Unit
- Dept for Education and Skills
- Home Office – Civil Renewal Unit
- HM Treasury
- Dept Environment Food & Rural Affairs
- Ministry of Defence

NSIP influenced widely across sectors & engaging communities

‘Together we can improve our health and well-being ...

... What will be done:

Tackle the social exclusion experienced by people with mental health problems by bringing together local communities and citizens with mental health needs in partnership with the relevant public services

‘Together We Can’ (2005) Strategy for Community Engagement, Home Office, Civil Renewal Unit

NSIP progress at year 2

- Action in 8 project and 5 cross - cutting areas:
- Of SEU action points: 58% (n=45) completed; 39% (n=29) underway; 3% (n=3) not underway
- Commissioning guidance published:
 - day services
 - vocational services
 - Direct Payments (and users guide)
- Other guidance published: rent arrears management; choice-based lettings; preventing evictions; independent living
- Changes to Incapacity Benefit Linking rules providing flexibility and supportiveness on return to work

NSIP progress at year 2 (ii)

- Workforce strategies and capabilities for inclusion (with COT)
- School Governance Regulations amended, equalising opportunity to hold governor posts
- National employer engagement network established
- Education - commissioners of adult education now require College accessibility; 9 regional networks oversee progress
- Abolition of hospital benefits 'down-rating'

'Reaching Out'- Action Plan for Social Exclusion 2006

- *Renewed drive* to improve the life chances and opportunities of the most disadvantaged and hard-to-reach in society; reducing and preventing harm and cost of exclusion to individuals, their families and our communities.
- *Five guiding principles*: early intervention, systematically identifying what works, better co-ordination of the many separate agencies, personal rights and responsibilities and intolerance of poor performance.
- *Range of systemic reforms* to fundamentally change the way help and support is delivered to socially excluded, across key life stages: early years - school years - adulthood

NSIP priority areas 2006/7

- **Workforce development:** implementing inclusion capabilities with key professional groups including social care
- **Employment:** *external* change with employers / TUs; *internal* change in Trusts - models like IPS and regional action teams
- **Leadership and management development:** support MH Trusts with whole - system leadership approach
- **Monitoring:** develop more effective measures and monitoring data, to build evidence base nationally and locally
- **Local delivery:** of change in services on the ground
- **National delivery:** of policy commitments and sustainability

Inclusion – the challenges

- *The evidence base* – growing it realistically
- *Day services transformation* - a major challenge
- *Leadership and workforce* - integrating inclusion
- *Commissioning* – especially Practice based
- *Timeframe* – keeping it realistic; deliverables and sustainability
- *Social care* – using the opportunities:
 - Health and Local Government White Papers
 - choice and personalisation
- *Community engagement*
 - linking to regeneration through Local Strategic Partnerships
 - developing a social capital perspective; linking governance to social networks

Social Capital

‘Resources for collective action, such as contacts, friendships or the ability to ask favours of people, which citizens access through membership in particular types of social networks’

(Community Participation, Who benefits? (2006) Skidmore, P. Bound, K. Lownsborough, H. Joseph Rowntree Foundation)

- three types of social capital : bonding; bridging; linking

Linking community participation to social capital

'Rather than expect everyone to participate equally in formal governance, structures of governance in a way that taps into the informal spaces of community life that they routinely inhabit'

Community Participation, Who benefits? (2006) Skidmore, P. Bound, K. Lownsborough, H. Joseph Rowntree Foundation

Linking community participation to social capital

The places with which people are already familiar – the school gate, their place of worship or their local newsagent or post office – hold the key to engaging them in governance activity. These places and the organisations that occupy them act as the everyday bridge between ordinary people and more formal governance activities.

Community Participation, Who benefits? (2006) Skidmore, P. Bound, K. Lownsborough, H. Joseph Rowntree Foundation

'The places with which people are already familiar



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Community engagement and social networks

natural territory for social care

The engagement of the various communities of which individuals with mental health problems are members, in addressing, through the social resources of those communities, both the goals of individual recovery in social networks and the promotion of mental health at community level

Morris D (2005)

Thank you

www.socialinclusion.org.uk

david.morris@dh.gsi.gov.uk

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