



The Sainsbury Centre

for Mental Health

AKABA

Final Report and Evaluation

2003 - 2006

A partnership programme with

**Kush Supported Housing and Outreach Services
Mellow
Access Employment
Sainsbury Centre for Mental Health**

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Acknowledgements

We would like to thank the participants of AKABA who contributed over the past three years to our understanding of what kind of service they want and find responsive to their needs. We would particularly like to thank the six men who took part in the workshop at AKABA in March 2006, and to Philip, Mark W. and Mark T. who attended the final seminar, also in March 2006. Both the seminar and workshop made a major contribution to the recommendations for the future.

We would like to thank the agencies in Hackney whose staff contributed to the evaluation. Others who made important and useful contributions included the Kush Outreach team, the Access Employment staff, the AKABA staff, and the steering/advisory group members from Kush, Mellow and Access Employment. We thank them all.

The Sainsbury Centre for Mental Health would also like to give a special thanks to Eileen Philip, who played a major role in the evaluations. We would also like to thank Paul Grey, Robert Jones and Dominic Walker for their help and support.

Finally, on behalf of the four partner agencies of AKABA and its service users, we would like to thank the London Development Agency for funding the project.

Executive Summary

AKABA was set up in September 2003 to enable young Black men with mental health problems to access education, training and paid employment. It was a partnership of four agencies comprising:

- Kush Supported Housing and Outreach Services (the lead agency where the AKABA employment worker(s) were based,)
- Access Employment (with responsibility for providing job preparation training and for helping the men to find paid jobs)
- Mellow (responsible for delivering shared learning seminars twice a year and for providing links with the local community)
- Sainsbury Centre for Mental Health (SCMH) (responsible for the evaluation and contributing to the shared learning seminars).

Funding was provided until the end of March 2006 by the London Development Agency under their LDA² programme.

Young Black men experience high levels of unemployment and low levels of academic achievement, and those who have experience of mental health problems will be further disadvantaged. Black men experience disproportionate levels of detention under the Mental Health Act 1983, seclusion and restraint. Many make little use of mental health aftercare services. Research suggests that Black led community organisations can be more effective at meeting the needs of those unwilling to use mainstream services.

The project began in September 2003 by way of identifying potential clients and liaising with Access Employment to design the work preparation programme using existing Kush staff. A joint training event brought together staff from the four partner agencies to share learning on mental health, employment support and the operational activities of the four organisations. Delivery of the hard targets began in February 2004 with the appointment of the Employment worker. Concern over progress led to a review a year later and the restructuring of the service. The full time worker was replaced with two new part time workers (Employment Development worker in July 2005 and Employment Support worker in October 2005).

The target was to support 22 men to gain and retain paid employment and 110 men to complete 30 hours of learning at Basic skills level 1 over the three years. The outcomes were 19 men gained and retained paid employment and 82 men completed 30 hours of learning by March 2006. Performance significantly improved in the final year of the project following implementation of the internal review. In particular, the appointment of the two part time staff enabled the project to overcome the challenges caused by the earlier service disruption and many of the partnership issues outlined in this report.

AKABA continues to support men into work and learning after March with reduced funding sourced from re-allocating the core budget of Kush.

Evaluations were carried out by SCMH every six months of the project. These included

- interviews / workshop with 16 service users
- 4 interviews and a consultation event (23 participants) with local agencies
- 5 interviews / 1 workshop with steering group members
- 6 interviews / 1 shared learning event with staff from Kush and Access Employment

- final seminar with 12 people involved in different ways with AKABA.

Feedback from service users improved significantly in the second phase of the project (2005/6). It was not until the second phase of the project that constructive contact was made with local statutory and voluntary sector services, when feedback suggested AKABA was valued and potentially very useful to local service providers.

AKABA has been a very challenging project particularly for its employment staff and the lead agency, Kush Housing and Outreach Services. This was not unexpected as the project addressed a need which has not been met effectively elsewhere and there is no known model of good practice. Furthermore, the specialist employment agency and AKABA partner, Access Employment, experienced difficulties in delivering its anticipated job preparation and job finding role, for reasons discussed in the report. Consequently, Kush and its AKABA staff took lead responsibility for job preparation courses and finding work for their service users in addition to their planned support role.

The achievements of the project were affected by a number of factors related both to limitations within the partnership and internal staffing issues which caused a lack of progress in the first 18 months of funding. A review led to improved staffing capacity and management, a clearer leadership and ownership within Kush, bringing about a higher profile within the locality and improved outcomes for the project's service users. The value of the service to the men concerned has been acknowledged by the decision by Kush to re-allocate core funding from the Primary Care Trust to ensure a partial continuation of the project.

The project made an important contribution to national and local government objectives, in the mental health arena as well as in the reduction of re-offending, possibly within the reduction of suicide, and certainly within the wider social exclusion agenda. A much greater potential is anticipated by local professionals if the service continues. It has the potential to fit well within current Department of Health guidelines for vocational services for mental health service users, placed within the clinical teams of Kush Housing and Outreach services.

The AKABA staff in Phase 2 of the project both effectively demonstrated excellent skills in motivating and encouraging service users and are hugely valued by those who were previously in a position of hopelessness and despair. However, faced with challenging targets to meet in a short space of time, AKABA staff did not develop an understanding of how people with high support needs can be helped to get and keep a job. Staff maintained an inappropriate focus on clinical issues and failed to capitalise on the resources available to them within the Kush outreach team and through external mentoring from a mental health employment support service. This lack of understanding could perpetuate low expectations and outcomes for people with high levels of support needs if not addressed, and could result in the project succeeding only with those who are able to access employment without intervention on their behalf with the employer, excluding those with higher mental health support needs.

Although, due to resource constraints, it will be more appropriate that the work with employers is carried out by external agencies to support people with higher support needs into employment, the AKABA staff will need to understand the process so that they can ensure the service is delivered effectively and can retain high expectations of all service users who want to work, regardless of their support needs.

The learning gained from AKABA will, it is hoped, help to highlight the particular needs of young Black men with mental health problems and enable other localities, with a high proportion of young Black men, to identify ways of supporting them into work, training and study. Where, as is widely the case, there is no local employment support service responding effectively to their vocational aspirations, it is hoped the experience of AKABA will offer guidance to Black led community projects, their primary care trusts and mental health service providers on how to address this shortcoming. 'Specialist' but not 'separatist' employment and training projects can facilitate social inclusion and cohesion while also addressing cultural needs.

In the long term it is hoped that projects such as AKABA will help to bring about inclusive mainstream employment support services responsive to the needs of all people with mental health problems, at the same time also valuing the unique and complementary contribution of Black led community organisations.

Conclusions and recommendations

AKABA has been widely valued by service users and local organisations for its unique contribution in Hackney, motivating and encouraging young Black men who have found no other service able to help. The specialist skills and resources of the staff have turned around the lives of their service users from a position of isolation and hopelessness towards aspirations and achievement in education, training and employment.

During the course of the three year project, Kush demonstrated its commitment and ownership of the project. It allocated extra resources, in addition to the LDA funding, to enhance AKABA's performance, including funding the project base at the library and four additional computers. Kush allocated a higher level of management support than was first anticipated would be necessary to meet the specific needs of the AKABA staff. Kush has demonstrated a commitment, largely on its own, to ensuring that the project delivers in spite of the staffing and partnership limitations discussed in the report. AKABA remains with a sustainable future as a core service within Kush, demonstrating the organisation's continuing commitment to addressing aspirations for employment, training, education and a broader commitment to social inclusion.

It is suggested that:

- AKABA is re-focused to deliver an employment support service with responsibility for motivating Black men and women with mental health problems and delivering case management support with a specified caseload, not above the 25 recommended level in the Department of Health commissioning guidelines (CSIP, 2006)
- AKABA staff receive expert guidance on evidence based employment support through case supervision or regular mentoring (not less than monthly)
- Partners who can deliver job preparation, assistance with finding paid and unpaid work, education and training are identified with organisational partnerships which are supported by:
 - Management level agreements
 - Close liaison at operational level.

- Statutory services (primary care trust, mental health service and social care providers, Jobcentre Plus, probation, education and training bodies, authorities for regeneration and social cohesion, and the Local Strategic Partnership) are made aware of the contribution AKABA makes to their objectives for the purposes of promoting joint working and attracting additional funding.
- SCMH and Mellow support Kush in sharing the learning gained from AKABA and in promoting further learning and development in services to support Black men and women with mental health problems to achieve their ambitions.

I. Background

The project

AKABA was set up in September 2003 to enable young Black men with mental health problems to access education, training and paid employment. It was a partnership of four agencies comprising:

- Kush Supported Housing and Outreach Services (the lead agency where the AKABA employment worker(s) were based,)
- Access Employment (with responsibility for providing job preparation training and for helping the men to find paid jobs)
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- Sainsbury Centre for Mental Health (SCMH) (responsible for the evaluation and contributing to the shared learning seminars).

Funding was provided for three years by the London Development Agency under their LDA² programme.

Delivery of the project began in September 2003, followed by the appointment of the Employment worker in early 2004. Concern over progress led to a review a year later and the restructuring of the service. The full time worker was replaced with two new part time workers (Employment Development worker in July 2005 and Employment Support worker in October 2005). In this report, Phase 1 refers to the period September 2003/June 2005 with one full time worker, and Phase 2 refers to the period July 2005/ March 2006 with two part time workers.

Aims

The aims of the project were to:

- Motivate disengaged young men at risk to take up activities leading to paid work
- Provide an individually tailored career support & personal development service
- Develop work experience in desired industries (eg music, DJ, radio, web design)
- Overcome discrimination in the workplace, & help men into paid jobs thro' ACCESS
- Offer shared learning & leisure activities, to encourage peer support & sustainability
- Offer holistic mental health support from KUSH, with counselling and practical help
- Increase capacity in local agencies & produce a new model through reflective research.

The target was to support 22 men to gain and retain paid employment and 110 men to complete 30 hours of learning at Basic skills level 1 over the three years. The outcomes were 19 men gained and retained paid employment and 82 men completed 30 hours of learning by March 2006. Performance significantly improved in the final year of the project following implementation of the internal review. In particular, the appointment of the two part time staff enabled the project to overcome the challenges caused by the earlier service disruption and many of the partnership issues outlined in this report.

AKABA continues to support men into work and learning after March with reduced funding sourced from re-allocating the core budget of Kush.

The evidence of need

Young African & Caribbean men have one of the highest level of unemployment for all population groups – nearly one third of men aged 20 – 24 being unemployed (Matherson & Babb, 2002). Economic prospects are said to be ‘especially bleak’ for young Black men (Berthoud, 1999). Levels of educational achievement are low, with the highest levels of exclusions from school (Berthoud, 1999).

Young Black men are more seriously disadvantaged at work than Black women, who achieve better at school, in jobs and in business, reversing the usual gender inequalities (Cabinet Office, 2002). KUSH staff report that they find it more difficult to help male clients into learning and work than women and that the men are less likely to access alternative voluntary or statutory sector services. Male clients are more often lacking in motivation, without any hope of future employment, and can experience multiple difficulties including HIV & illicit drug use. Research indicates that a high proportion of young Black men who commit suicide are unemployed and live alone (Hunt et al, 2003).

For those who have mental health problems, the levels of unemployment are likely to be particularly high. Local studies suggest that in the wider service user population, 95% or more of those who are in regular contact with mental health services are unemployed (Secker et al. 2001). Young Black men, especially those with mental ill-health, are often characterized as ‘mad, bad and dangerous’ by professionals, the media and general public (SCMH, 2002), so discrimination in the workplace is likely to be especially high.

Services delivered through Black organizations can be more effective at reaching those unwilling to use other services, and can offer positive alternatives (SCMH, 2002). The pilot project, Unlocking Potential, which preceded AKABA showed that, with a combination of 1-1 & peer support, individually planned opportunities, and ongoing contact, the young men can be given hope & help to move on (SCMH, 2004).

2. Evaluation methods

Evaluation reports were produced by Sainsbury Centre for Mental Health (SCMH) at six monthly intervals to inform the funders of progress and to inform the future development of the project. Over the course of the three years, the reports drew on the perspective of those using AKABA, the staff delivering the project, the partner agencies involved in managing / advising on delivery and local organisations with an interest in the project.

In this report, the evaluation makes a distinction between the feedback provided in Phase 1 (2004/5) when there was one full time employment worker and Phase 2 (2005/6), after the service review, when the full time worker was replaced with two part time workers.

In order to draw out the service user perspective, a baseline study took place with 5 interviews of men who were involved with the pilot employment project at Kush, Unlocking Potential. This was followed by 2 interviews with AKABA service users in Phase 1 (2005) and a further 8 interviews and one workshop attended by 6 service users in Phase 2 (2005/6) All interviews of service users were carried out by Black researchers with personal experience of using mental health services. The interviews and workshop were taped with consent, and the tapes fully transcribed. The impact of AKABA from the service user perspective is reported in section 3.1.

To draw out the impact on local agencies in the mental health and employment arena, the SCMH research coordinator carried out 4 interviews with staff from partner agencies (Primary Care Graduate Worker, Probation Officer, Occupational Therapist (OT) in a community mental health team (CMHT), and the Head of Therapies, lead OT for Hackney). These interviews were taped and fully transcribed, and analysed within SCMH. In addition to the interviews, the AKABA Employment Development Worker provided reports on her current activities, including partnership working. The impact of AKABA on local services is reported in section 3.2.

To explore organisational and management issues, the SCMH research coordinator also carried out 3 interviews with Kush staff over the 3 years and an external researcher carried out 3 interviews with the AKABA staff in Phase 2. The organisational and management issues are reported in section 3.3.

To explore the issues within the partnership of Kush, Access Employment, Mellow and SCMH, the SCMH coordinator carried out 5 interviews with Steering Group members and during the review of Phase 1 a workshop was held for the Steering Group. Interviews took place with 3 staff from Access Employment. The partnership issues are reported in section 3.4.

Views on how to meet the vocational needs of young Black men in the future were sought from four sources: a consultation event attended by 23 people from local agencies in Hackney; interviews with four staff from local statutory agencies; a final service user workshop for six participants; and a final seminar attended by 12 people including the partner agencies (Mellow, Kush and SCMH: Access did not attend), the AKABA and Unlocking Potential researchers, AKABA service users and the two part time employment workers. The views on the future are reported in section 3.5.

3. Findings

3.1 The impact on participants

A number of themes were identified which indicated AKABA had a very positive impact on the men who used its services. These are:

- i. an escape from isolation, lack of hope, and undesirable activities
- ii. a source of motivation and learning
- iii. help to get work, study and training
- iv. opportunities to engage with peers in a Black led environment.

Feedback suggested that more could be done in some of these areas to improve the project further, both in Phase 1 and Phase 2 of the project. Each theme is explored below.

i. A place to go to escape from isolation and lack of hope

A recurring theme from the service users has been that the AKABA base at Stamford Hill library provided somewhere positive to go. They described their daily existence before AKABA as isolated, without hope or motivation, and in one case, suicidal. Three of the ten interviewees spoke of wanting to move on from criminal situations. The person who spoke of feeling suicidal before coming to the project said that he never thought that way after using the project for a few months. Those who came to AKABA without any plans to move into employment started to think about this as a real possibility.

It took me off the street, wandering around...It gave me something to do...I've been doing positive things. (Service user 2, Phase 2)

I walk around Hackney and I can see a lot of Black men sitting on the streets drinking Tenants or Special Brew and just wasting their life away....Without the support of AKABA and the Nile Centre, you know the whole sort of system, maybe I would be out there just like any one of them. (Service user 1, Phase 2)

It's to get rid of some of my time when I don't do nothing...I know when I go there I come back with something positive. (Service user 3, Phase 2)

Some aspects of the base at AKABA were not liked. This included its lack of accessibility (one service user had mobility problems) and lack of space: a larger base would be preferred.

ii. A source of inspiration and motivation

Once the service users started to come to AKABA, they found it 'inspirational' and encouraging. They spoke of beginning to hope in a better future and planning how they could work towards identifying and achieving their ambitions. This is credited largely to the approach of the two part time staff and the practical help they offered to begin this journey. The Black led nature of the project and connection with Kush was also said to contribute to the ease with which it was accessed. This inspiration and motivation appeared to be unique to AKABA; service users were asked about their use of other employment and training services and no interviewees reported getting this kind of help from other sources.

I started getting more motivated and more ambitious and saying: 'Yes, I know I can do this'.....It's changing my life. (Service user 1, Phase 2)

What I like most about AKABA is that AKABA is full of inspiration...they empower people with their potentials to realise their goals...they help black men with their goals. (Service user 4, Phase 2)

When I came out of prison I didn't know what I wanted to do and since I've come to AKABA it's got me really more feeling to do something....Setting my goals and how to do it, stage by stage. (Service user 5, Phase 2)

iii. Help to get and keep work, study and training

During the first phase of the project (2004-5), feedback on this aspect of AKABA was not very positive, with interviewees reporting that much more could be done to help them get work and training. Access to good advice on financial matters, individual support and liaison between project staff and employers were identified as key areas to address. During the second phase of AKABA (2005-2006), feedback was much more positive, and some interviewees spoke of the individual help they received to get work including assistance with financial concerns. Links with employers who could offer placements or jobs which matched individual aspirations remained an undeveloped area of work.

During phase two of AKABA, interviewees valued the help they received at a number of different levels. The one to one sessions helped them to reflect on the direction they wished to take and to draw up a plan identifying the steps needed to take to achieve their ambitions. Individuals were then supported to take the necessary action, and for some, this involved using the computers at the AKABA base to search for college and job opportunities. Many interviewees valued the help they got from staff to improve their computer skills. The staff also supported the search for college and job opportunities through their connections with other agencies, newspapers and other sources of information, and the active help with identifying job, college and voluntary work opportunities was valued by interviewees.

Staff held workshops at the base which helped the men to prepare for employment; feedback on these was very positive from all interviewees who had attended them. They were said to be useful and enjoyable. These workshops and one to one sessions helped individuals make job applications, prepare for interviews and then, when successful, supported them to maintain work and college.

Most interviewees made little use of other employment and training services, some mentioning that they had never been there or they did not find the services responsive to their needs. During Phase 2, two interviewees were using the Mind employment service as they were advised and supported by AKABA staff to do so, but the majority still only accessed AKABA.

Phase 1

Mentally ill people require more than just ordinary circumstances to work... more than job search... some kind of recommendation – referrals – to employers. We need to be given practical opportunity. (Service user 1, Phase 1)

[I want] something that will take people closer to that exact job point, instead of stopping half way. (Service user 3, Phase 1)

Phase 2

I found it very helpful because it helps me read, my writing, helps me to use the facilities, .. it helps me also to make sure I get the right contacts. It builds up my skills, also giving support...it professionally helps me. (Service user 4, Phase 2)

Five months ago I could end up in prison....I wouldn't say it's all down to AKABA, it's a lot to do with my mum as well, but they've helped me to get where I want me to be now.....Through AKABA I got into college. (Service user 3, Phase 2)

iv. Opportunities to engage with peers in a Black led environment.

The Black led nature of AKABA was welcomed and regarded as important by most of the men, although during the service user workshop it was also stressed that the expertise of the workers was equally important. Opportunities arose in Phase 2 to meet up with peers – other young Black men with mental health problems looking for work and training - primarily through the workshops and when working side by side on the computers at the base. Peer support was not a planned feature of AKABA, but staff did encourage it when they found it occurring spontaneously. The opportunities for peer contact were mentioned in the interviews as very important and highly valued.

Black people around for Black people....There has been in the past a lot of negative stereotyping about young Black men. I think AKABA stands on good grounds in the sense that they are encouraging and promoting a positive image about young Black men..... That is the only way you are going to motivate and prepare a lot of young Black men to do positive things.
(Service user 1, Phase 2)

What I like most is the support I get from the workshop and the meeting I normally have with the colleagues, meeting all the colleagues and their views.
(Service user 4, Phase 2)

We have good conversations and we debate about a lot of things important and have intellectual discussions and I like it. (Service user 3, Phase 2)

3.2 Impact on local services

During Phase 1 there was little constructive contact between AKABA and local statutory or voluntary sector organisations, but during Phase 2 the Employment Development worker actively and successfully sought partnerships with local services. Due to the part time nature of her job and the short period in the post (9 months) before the project funding came to an end, much of the feedback from partner agencies when interviewed in October 2005 referred to potential impact rather than joint work already done. However, all those interviewed had met with the Employment Development Worker and had gained a good understanding of the service. All reported they had very good impressions of the worker and of the service description. Although referrals had been made to AKABA, at the time of interviews there was limited feedback from clients on their progress. Comments included the following:

I thought it was a good resource. (Trainee Probation Officer)

Very responsive....we've had very good contact with them. (Head of Therapies)

The staff interviewed suggested that AKABA could help them to do their own job more effectively. For instance, the Probation Service referred a young man whose mental health problems made it difficult for the Probation Service Employment Worker to help him. The Probation officer felt that AKABA could help the young man address his emotional difficulties, which in turn could help him to address his offending behaviour. This would have a major impact on his life as a whole.

It might lead to a more law abiding life, but it might lead to a more contented life as well.

Trainee Probation Officer, Hackney

Verbal feedback reported to Mellow indicated that the CMHTs felt more able to discuss employment issues with young Black men, knowing that they could now help by making a referral to AKABA and had confidence that this would be a positive intervention.

In the last six months of the funding, the Employment Development Worker established AKABA surgeries at each of the four CMHTs in Hackney. Weekly meetings were held between the four mental health employment services in the borough (AKABA, Mind, Lee House and the OT service) to exchange information and develop better coordination. For a period of time, the Disability Employment Advisor from Jobcentre Plus held weekly surgeries at AKABA for service users, but reorganization within Jobcentre Plus interrupted this valued service. The ability of the Employment development worker to liaise effectively at operational level contrasted greatly with the lack of progress in this area during Phase I of the project.

This partnership working was clearly welcomed by the agencies concerned and potentially greatly enhanced the ability of AKABA to meet the needs of its clients. However, it presented a challenge to the project, as there was a difficulty balancing the development and partnership aspects of the service with the need to maintain the one to one and group support for service users.

The views of local services and other agencies on the future of AKABA are reported in section 3.5.

3.3 Organisational and management issues

A number of themes arose, some of which were recurrent throughout the three years of the project and others related to specific periods.

- i. The location, size and design of the project base
- ii. Team support and management supervision
- iii. Expert employment and training guidance
- iv. Administrative support.

These are reported below.

i. The location, size and design of the project base

The project base (a room on the first floor at Stamford Hill Library) was valued for the opportunity it offered to bring people together, provide access to computers and enable the one to one sessions to take place. Its location in the library offered the opportunity to introduce service users to library resources and to access information. In the final workshop, the service users felt that such a base was essential for AKABA.

Kush provided office space for AKABA staff within its offices at 98 Stoke Newington High Street, but the staff expressed a preference for the library. Kush management went along with staff preference as it was felt the systems in place were sufficient to effectively manage and support the staff. Private space and counselling rooms away from the library were also made available.

Negative feedback from staff included the poor accessibility for people with mobility problems, the 'fishbowl' design of the room with three glass walls offering no privacy, the small size, the reported lack of a separate office for one to one interviews and the lack of a 'lock up' facility for valuables. Some of these issues were being addressed by Kush management, but others had not, at the time of the staff interviews, been communicated to management.

Most of the week, the AKABA staff said they worked alone, with no colleagues or managers in touch with their movements. They felt this had implications for their health and safety and left them feeling very isolated. The systems in place for Kush outreach staff to report their movements and keep in touch with management were known to the AKABA staff, and it is not clear why the AKABA staff did not make use of these systems.

ii. Team support and management supervision

The Employment development worker held responsibility for supervising the Employment support worker. The development worker, in turn, was supervised by senior management within Kush. Team support was made available to both staff through weekly meetings with the Kush outreach team, where a range of issues could be discussed including individual clients and work pressures.

During the staff interviews it became clear that staff were, in Phase 2, highly committed to the project but finding it difficult to manage their workload and the pressures of the job. Both felt the systems for support and supervision were not meeting their needs. The reasons for this are not clear, but the following factors played a part.

Due to their part time working with only a brief handover period, there was little scope for staff supervision or team support within AKABA. The Employment development worker had no previous management experience, and may have found it difficult to share the difficulties she experienced with her line manager. The job descriptions for the project staff and salary level anticipated an ability to work independently, with limited management supervision. However, all three AKABA staff lacked experience of working at this level. At the same time, they lacked experience in the mental health employment support field, which is emotionally and intellectually demanding work. Although additional management input was provided when the need for this became apparent, the level of support provided was determined by the (perhaps limited) feedback from staff and the needs of other projects and staff within Kush. The pressures upon one worker may have been exacerbated by the demanding nature of her activities on the days when not employed by AKABA/Kush. Poor communications seem to have been a major factor.

iii. Expert employment and training guidance

As Kush does not include expert employment and training expertise, it was recognised by Kush management and the partnership that it was necessary to draw this in to guide the AKABA staff, none of whom were expert in the mental health and employment field. A good evidence base is available for this kind of work and is now ratified by government policy (CSIP, 2006). Mentoring from Richmond Fellowship, an expert in the mental health/employment and training field, was introduced to provide guidance, but the AKABA staff failed to make effective use of this and the lead worker became diverted towards an inappropriate clinical approach. It is not surprising, as a consequence, that the AKABA staff felt that people with high mental health support needs could not be supported into employment, being unaware of how this might be achieved.

iv. Administrative support.

Throughout the three year project, staff would have liked more administrative support. Kush sought to address this by allocating an administrative worker to cover the project, but her available capacity was limited. The LDA funding was not sufficient to appoint a dedicated administrative worker.

3.4 Partnership issues

The experience of AKABA was reported to be positive in several respects for the partners, Kush, Mellow, and Access, but overall, the partnership was clouded by its limitations and in particular, the failure of Access Employment to deliver its anticipated contribution.

This section concludes by describing how the problems caused by a lack of a driver at the start of the partnership were gradually addressed by the increasingly evident ownership and commitment of Kush, which now undertakes to maintain and develop the project with its core funding from the Primary Care Trust.

i. Benefits of the AKABA partnership

The partnership approach enabled the project to gain funding, led to some degree of shared learning across the organisations and raised the profile of the AKABA client group and their employment aspirations. Despite the challenges of the partnership, these benefits were said by the key partners to have made the project worthwhile.

ii. Lack of clarity about partner commitments

There was a recognition from each partner that there was a lack of clarity about what was to be done, by whom, for whom and how – the specific activities which were to enable AKABA to achieve its outputs. The Memorandum of Agreement signed at the start of the project was found to be too vague: it did not specify contributions sufficiently precisely for monitoring purposes and there was no agreement as to how to deal with a failure to meet commitments. This proved to be a serious omission.

The steering group meetings of the four partners took place during the first eighteen months at approximately quarterly intervals. They lacked the rigour to identify the shared concerns

about the progress of AKABA. The four partners had limited contact with each other (apart from Kush and Mellow) outside the quarterly meetings, and the effectiveness of the meetings may have been hampered by a lack of mutual trust and understanding. The situation was further complicated when the employment workers (Phase 1 and to a lesser extent in Phase 2) reported getting 'mixed messages' from different partner agencies.

Following the internal review in 2005, the 'steering group' was defined as more of an 'advisory group' with Kush taking a greater role in the management and guidance of the project. Meetings of the advisory group took place more frequently (monthly) which greatly improved communications between the partners. Ownership and leadership of the project became more clearly based within Kush.

Mellow was regularly represented at Advisory group meetings and offered additional support to both Access and AKABA staff. However, the Mellow contribution to AKABA remained limited due to a lack of response to these offers of support and other contact.

In contrast, specific requests were made frequently by all three AKABA staff and by members of the Steering/ Advisory Group to Access Employment, but as discussed below, the expected help was not forthcoming.

Pressure of work on Kush and partner agencies led to a lapse in the monthly meetings at the end of 2005. Kush and Mellow took part in the final evaluation and seminar, but Access did not.

iii. Disappointment with the role and contribution of Access Employment

It had always been anticipated that AKABA, with its limited resources, would not be able to work directly with employers or to place people with high support needs into employment without the specialist expertise of an employment agency. It was anticipated that Access would provide the specialist service of job finding and employer contact, together with some job preparation training.

Access staff frequently work with young Black men who, because of their situation and experiences, may be unsettled and anxious. During interviews with the SCMH research coordinator Access staff expressed confidence in working with this group, but also expressed serious concerns about working with people who had a diagnosis of mental ill health. These concerns stemmed from a fear for their own safety and a belief that people with a diagnosed mental health problem were unemployable.

Several attempts were made by Mellow, SCMH and Kush to provide mental health awareness training and support to Access staff. Access staff attended one shared learning seminar at the start of the project but no further meetings took place, and despite several assurances that Access would meet its commitments, on the whole these failed to materialise. Access did not take up the repeated offers of mental health awareness training, for reasons that were not clear.

iv. Lack of staff support for the partnership and early lack of a driver

The weakness of the partnership was exacerbated by the failure of the AKABA workers at any time to support the partnership. It was anticipated that the workers would maintain contact with the steering group members, keep them informed about progress and identify

ways in which the respective partners could support the project. The AKABA staff did not at any time help to build or develop the partnership. This may be due to some ambivalence on their part towards its usefulness and some confusion as to how they should respond to and make use of different partners. It has already been mentioned that they reported getting 'mixed messages' from different steering group/ advisory group members.

At the same time, there was a lack of clear or appropriate leadership during Phase I within the steering group itself. The project had been developed initially outside Kush and it may be that the partners failed to effectively support a transfer of ownership to Kush. During the internal review, Kush asserted ownership and leadership within the group.

In conclusion, AKABA becomes a project within Kush

However, during the course of the three year project, Kush appears to have demonstrated its commitment and ownership of the project initially behind the scenes of the steering/ advisory group. Kush allocated extra resources, in addition to the LDA funding, to enhance AKABA's performance, including funding the project base at the library and four additional computers. Kush allocated a higher level of management support than was first anticipated would be necessary to meet the specific needs of the AKABA staff. Kush has demonstrated a commitment, largely on its own, to ensuring that the project delivers in spite of the staffing and partnership limitations referred to above. AKABA remains with a sustainable future as a core service within Kush, demonstrating the organisation's continuing commitment to addressing aspirations for employment, training, education and a broader commitment to social inclusion.

3.5 Suggestions for the future

Suggestions for the future given from the four sources (see Evaluation Methods) were often similar, but the final seminar was different in that it took account of AKABA's resource limitations.

While there was a broadly shared agreement over the vocational issues to be addressed and on broadening the service to include women, there was some (but not a great deal of) difference over how this might be done. It was noted at the final seminar that resources within a community led mental health organisation will always be too limited to provide the full range of employment support activities needed to enable all service users get and keep a job. Therefore AKABA needs to focus on the role(s) that it does best and that is least likely to be available from other agencies. The following model was drawn up on the evidence of the feedback provided from the experience of AKABA.

- **AKABA makes a unique contribution:**

To inspire, motivate, encourage – 'unlock potential' amongst Black people with mental health problems

It was said by the service users that statutory and voluntary sector services all seemed 'remote'; the AKABA staff had made an impact where other services had failed. AKABA turned around peoples' lives, 'pushing and supporting' them.

The project's ability to inspire and motivate was enhanced by the fact that it was a Black led service - the shared experience and heritage helped make a connection with service users and demonstrate what can be achieved. The unique and expert contribution of a Black led mental health and employment service for young men particularly was valued by staff from Probation, Primary Care, CMHT and the OT service as well as by the Black men who use AKABA.

The value of a Black led service was qualified by the equal value attached to staff expertise in evidence based employment support for people with mental health problems. The service also needs to have 'worked out systems'. It was said that there is no advantage in a Black led service which lacks the relevant expertise and organizational competence.

- **AKABA needs to deliver an expert case management service:**

Case management modeled on the Individual Placement and Support (IPS) approach to employment support

AKABA staff should work with individuals – both men and women - to help them identify their aspirations, training and support needs with a vocational assessment followed by an action plan and continued support to address the particular barriers faced by the individual (on the IPS model as described in the Social Exclusion Unit report, 2004). Support should be provided indefinitely.

Expertise should support first steps into employment and education

AKABA should continue to provide expert information and advice about how to start moving towards work, training and education for those who are not yet motivated / confident enough to access other services. This part of the service has to remain small, due to limited resources and to ensure service users are supported into the mainstream as soon as possible.

- **AKABA needs to develop a supported pathway to local services**

Supported pathway to mainstream services, work, training and study

AKABA and similar community led mental health projects will not have the resources to work with employers, provide job preparation training, benefits and other advice services. At the same time, it is better if service users access mainstream (statutory and voluntary sector) services as soon as possible to overcome exclusion and reliance on specialist projects. However, this 'access' and the 'linking up' process has proved problematic over the 4 years due to mainstream services being unable to respond satisfactorily to the needs of AKABA service users.

It was suggested that this needs to be addressed at several levels:

- Partnership agreements and wider networking at organisational manager level (ie at Kush management level)
- Regular liaison (weekly) at operational level, building trust between AKABA and other staff, shared 'tools' for assessment and referral etc.

- Establish complementary services rather than competitive services
- Personal support, someone to go with, to external services (see below)
- 'Sprinkle the magic' through seminars etc to share learning locally.

Potential partners include voluntary and statutory sector employment, training services, colleges, CMHTs and the OT service, Probation, schools, housing associations, community arts and heritage projects, faith groups and others.

The services which other organizations will have to provide include:

- Early access to paid employment for people regardless of level of support needs, through active help with job finding and direct contact with employers.
- Expert financial and welfare benefits advice, including debt management
- Brief and focused job preparation training
- Work experience and voluntary work
- Help with other personal issues, such as housing, drug issues, legal and family concerns.

Peer support from trained service users to act as a 'guide' to alternative options

Feedback shows that AKABA service users value highly the opportunity to learn from and be supported by other people who have used mental health services. This has implications for the selection of AKABA staff, and also suggests that service users could be trained to support the process of linking up with mainstream services by accompanying men less confident than themselves and if necessary, acting as an advocate.

This emphasis on supported pathways into complementary services was said to potentially enable AKABA to deliver an evidence based (IPS) approach to employment support in line with Department of Health commissioning guidance. It complies with the suggestions from the consultation of local agencies to be 'specialist' but not 'separatist', fostering cohesion by facilitating social inclusion while also addressing social and cultural needs.

What difference would it make to statutory services if AKABA continued to develop?

The four interviewees from statutory services in 2005 felt that a continued service at AKABA would make a significant and positive difference to their work. It would increase the choice available to their clients, it would provide a unique specialist cultural expertise which is lacking in mainstream provision, and it would lead to better outcomes in terms of mental health, employment, and a reduction in offending behaviour. Mainstream resources, for instance the employment worker within Probation, are not able to cater adequately for the client group.

I think it would really help our jobs. Often it is hard to know...how to deal with cultural issues. ..It is a real partnership opportunity.

I think we need to really work on the race equality, it is a huge issue in the health service and we really need to make sure that those issues are addressed properly... I would welcome it definitely if it could be funded.

(Head of Therapies)

Having some expertise in that line would be useful...Many OTs are white, middle class women.... I hope it keeps going.
(OT)

It would help me in the sense that there is a place people can go...there is hope for a person to look for a job. I think it will be beneficial, I think it's valuable.
(Graduate worker, GP surgery)

It would make a massive difference...The reason why work is important is because if you are working, you are less likely to be out there offending...Less work for the service as a whole, less work for me, and less stress for this person. ...

It's the expertise with education and training and the fact that its targeted to Black males with emotional problems as well – its got three very strong, very specific things going for it..... It is specific to our needs as a local office.
(Trainee Probation Officer)

4. Discussion

AKABA has been a very challenging project particularly for its employment staff and the lead agency, Kush Housing and Outreach Services. This was not unexpected as the project addressed a need which has not been met effectively elsewhere and there is no known model of good practice. Furthermore, the specialist employment agency and AKABA partner, Access Employment, experienced difficulties in delivering its anticipated job preparation and job finding role, for reasons discussed in the report. Consequently, Kush and its AKABA staff took lead responsibility for job preparation courses and finding work for their service users in addition to their planned support role.

The achievements of the project were affected by a number of factors related both to limitations within the partnership and internal staffing issues which caused a lack of progress in the first 18 months of funding. A review led to improved staffing capacity and management, a clearer leadership and ownership within Kush, bringing about a higher profile within the locality and improved outcomes for the project's service users. The value of the service to the men concerned has been acknowledged by the decision by Kush to re-allocate core funding from the Primary Care Trust to ensure a partial continuation of the project.

The project made an important contribution to national and local government objectives, in the mental health arena as well as in the reduction of re-offending, possibly within the reduction of suicide, and certainly within the wider social exclusion agenda. A much greater potential is anticipated by local professionals if the service continues. It has the potential to fit well within current Department of Health guidelines for vocational services for mental health service users, placed within the clinical teams of Kush Housing and Outreach services.

The AKABA staff in Phase 2 of the project both effectively demonstrated excellent skills in motivating and encouraging service users and are hugely valued by those who were previously in a position of hopelessness and despair. However, faced with challenging targets to meet in a short space of time, AKABA staff did not develop an understanding of how people with high support needs can be helped to get and keep a job. Staff maintained an inappropriate focus on clinical issues and failed to capitalise on the resources available to them within the Kush outreach team and through external mentoring from a mental health employment support service. This lack of understanding could perpetuate low expectations and outcomes for people with high levels of support needs if not addressed, and could result in the project succeeding only with those who are able to access employment without intervention on their behalf with the employer, excluding those with higher mental health support needs.

Although, due to resource constraints, it will be more appropriate that the work with employers is carried out by external agencies to support people with higher support needs into employment, the AKABA staff will need to understand the process so that they can ensure the service is delivered effectively and can retain high expectations of service users regardless of their support needs.

The learning gained from AKABA will, it is hoped, help to highlight the particular needs of young Black men with mental health problems and enable other localities, with a high proportion of young Black men, to identify ways of supporting them into work, training and study. Where, as is widely the case, there is no local employment support service responding effectively to their vocational aspirations, it is hoped the experience of AKABA

will offer guidance to Black led community projects, their primary care trusts and mental health service providers on how to address this shortcoming. 'Specialist' but not 'separatist' employment and training projects can facilitate social inclusion and cohesion while also addressing cultural needs.

In the long term it is hoped that projects such as AKABA will help to bring about inclusive mainstream employment support services responsive to the needs of all people with mental health problems, at the same time also valuing the unique and complementary contribution of Black led community organisations.

5. Conclusions and recommendations

AKABA has been widely valued by service users and local organisations for its unique contribution in Hackney, motivating and encouraging young Black men who have found no other service able to help. The specialist skills and resources of the staff have turned around the lives of their service users from a position of isolation and hopelessness towards aspirations and achievement in education, training and employment.

During the course of the three year project, Kush quietly demonstrated its commitment and ownership of the project. It allocated extra resources, in addition to the LDA funding, to enhance AKABA's performance, including funding the project base at the library and four additional computers. Kush allocated a higher level of management support than was first anticipated would be necessary to meet the specific needs of the AKABA staff. Kush has demonstrated a commitment, largely on its own, to ensuring that the project delivers in spite of the staffing and partnership limitations referred to above. AKABA remains with a sustainable future as a core service within Kush, demonstrating the organisation's continuing commitment to addressing aspirations for employment, training, education and a broader commitment to social inclusion.

It is suggested that:

- AKABA is re-focused to deliver an employment support service with responsibility for motivating Black men and women with mental health problems and delivering case management support with a specified caseload not above the 25 recommended level in the Department of Health commissioning guidelines (CSIP, 2006).
- AKABA staff receive expert guidance on evidence based employment support through case supervision or regular mentoring (not less than monthly).
- Partners who can deliver job preparation, assistance with finding paid and unpaid work, education and training are identified with organisational partnerships which are supported by:
 - Management level agreements
 - Close liaison at operational level.
- Statutory services (primary care trust, mental health service and social care providers, Jobcentre Plus, probation, education and training bodies, authorities for regeneration and social cohesion, and the Local Strategic Partnership) are made aware of the contribution AKABA makes to their objectives for the purposes of promoting joint working and attracting additional funding.
- SCMH and Mellow support Kush in sharing the learning gained from AKABA and in promoting further learning and development in services to support Black men and women with mental health problems to achieve their ambitions.

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APPENDIX I

SERVICE USER STORY: MARK LAVILLE'S PRESENTATION (extract) NOVEMBER 2ND 2005

I was admitted to the psychiatric unit at Homerton Hospital then taken to Nile Centre. I then met Laura the Employment Worker at AKABA for the first time in August and I was excited in wanting to get involved in the project.

When I first talked to Laura, I felt very confident already after just having met her for the first session, ... We sat down and devised what my general goals are and what my learning goals are, which was very helpful. Someone telling me positive things was far more helpful compared to when I have approached the Job Centre,...When I met Laura from AKABA she gave me belief in myself, or that things were going to happen.

My goals I set are: doing an I.T. course, writing a business plan, and a voluntary work placement. When these goals were talked about I felt good because I was reassured and this made me feel confident that I could reach my goals step by step.

Laura assisted me with contacting various colleges ... It took two weeks before we found the right course for me, as I did not want a course that lasted too long, or that did not offer me a qualification at the end of it. ... I arranged a visit to the college and enrolled that very day. I have now started my training course in I.T. for one day a week and since then I have learnt a lot. I use the AKABA facilities to do my course homework, once a week for one hour and a half,...Laura is always there to support me if needed...I feel that I have gained strength in relation to my level of motivation increasing and just keeping busy and learning has made me feel better.

Regarding my second goal: Laura gave me the telephone number for 'Access To Business', ... There I received some good advice on what the next steps are to prepare my business plan. I was then invited to see an estate agent and when I went I registered with them, so that when properties come up I would be sent the information. For the first time I felt things were moving regarding my goal and that I have been taken seriously. I am now starting to devise a questionnaire to look at what residents in my area want from a Jerk Chicken Restaurant. I have gained knowledge that a business plan is not straightforward and the importance of going out and doing research.

At St.Thomas's Hospital I used to talk to people with alcohol problems and basically encourage them to seek help counselling or go into a rehab. When I told Laura this information about myself she asked me whether I have thought about doing this voluntarily I said yes but I never knew what I should do voluntary work in. I then thought it would be a good idea because from what I have learnt through my experience. After one week Laura told me she had contacted Homerton Hospital as they were looking for volunteer's to help in support group with people experiencing drug and alcohol problems.

I was quite surprised because I thought it did not take her that long to find a placement. I didn't expect it to be so quick.

My learning goals with AKABA are

Using a computer better
CV preparation and cover letter
Motivational building and interview skills.

All of which I have started working on with Laura throughout eight weeks of attending the AKABA project. I have gained a lot of confidence, Laura has motivated me a lot and the progress I have made with the help of AKABA has put me where I am now.

I have met a lot of interesting people. I felt I was listened too, empathised with, respected and always non – judgemental. That's why I feel relaxed and happy to be going to AKABA, they have met a lot of my practical, emotional, mental and cultural needs.

For Black men there are a lot of challenges that we face because of the society we live in, where we are looked upon as different from other races of men. Because of the way we are looked upon it has a detrimental effect on the way we think and behave.

From personal experience I have been looked upon as different. Society seems to lack support for black men because when I was at school I wanted to do electronics. The teacher said 'why don't you go for something less challenging like painting and decorating'. These negative thoughts can cause negative outcomes. Your self-esteem and the way you look at yourself, and other races doing better, you tend to think that 'where is the justice'. I wish I was given the opportunity of something like AKABA 20 years ago. Then a lot more young black men would have achieved a lot of things by the time they would reach my age.

The organisation like AKABA would encourage and motivate a lot of black men who are not doing much for themselves. Regarding employment there are racial barriers. Years back I found it quite difficult finding work and if projects like AKABA were around in that time I would have used the AKABA service.

The people I am dealing with in AKABA are Black; we all come from the same culture and roots. I feel really comfortable and at home around them.

I would like to see AKABA's service become more mainstream towards working with black people from other residential areas not only Hackney, and surrounding boroughs but all over the country. AKABA should cater for black women as well as men because young black people in general face discrimination, but young black women seem to cope with it a little bit better, but then you still have a lot of black women in psychiatric hospital, wrongly diagnosed and going through social problems which affect their mental health.

I think that AKABA's age limit should be from 18-55 because a lot of people above the age of 40 are looking for employment compared to younger people who are generally looking for more training prospects. I hope that a project like AKABA can continue to get more funding because it is surely needed.

Mark Laville, November 2005