# The Future of Supported Employment - Response

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I'm terribly honoured to be invited to respond to Bob's talk and I'm not quite sure what I've done to deserve it, apart from desperately trying to put into practice in a UK context over the last decade or so some of the work that Bob and his colleagues have done. I suppose I had the privilege in the 1990's of actually going and seeing with my own eyes what could be done and thought, we can do that.

One of the things that continues to amaze, sadden me, is that we're all supposed to be into evidence based practice, but there are certain areas that we don't seem to believe the evidence in and employment seems to be one of them. Despite all the evidence we have, all that Bob's shown you, I continue to hear people saying things like, "ah, but the UK's very different from the USA, therefore it doesn't work here." or "Oh well, it's all very well if you do those fancy research studies, but what about a busy, overworked UK CMHT, it can't work there".

And then there's of course, "work's bad for you, all that stress", and then you get stressed and stress makes mental health problems. Think about the stress of employment; think about the stress of unemployment – diabolical. And then of course we've got the – "Ah well, it might work for people with a bit of anxiety and depression but not for people with really serious problems like schizophrenia", and I think Bob you've covered that, but there's still an awful lot of people believing that in certain places. "Oh, and they'll only get boring, low level jobs, so who'd want those anyway?"

And then of course there's the absolute belief we all have is that you've got to take it gently. You've got to develop your skills and your confidence in a nice sheltered setting before you can move on to open employment. Well I have to say that I think the work that we've done in South West London and increasingly all over the country, actually it says, it can work here. We're not the same as the USA, we have a love/hate relationship with the USA, but actually it can work here and there are thousands of people now working, thanks to a lot of my colleagues who are sitting back there and who are actually working because we know it works here. And all diagnosis just in bog standard community mental health teams and they're not stacking shelves. [Addressing colleague in audience] I think Ed, we didn't find anyone stacking shelves, did we, when we looked...? One! Oh, sorry, there was one person stacking shelves, I do apologise. But most of them certainly weren't.

But I guess we are really, really wedded to our sheltered workshops, we kind of love them in this country, you know? Just look at the sort of fuss that's happened about Remploy lately. I mean let's get it right about Remploy. Actually for those of us with mental health problems we're delighted about the changes, because actually in the old factories of Remploy less than 10% of the people they served had mental health problems, the supported employment programmes that are replacing them are actually serving I believe about 30%, that's what I was told. There are a hell of a lot more people with mental health problems actually benefiting now. So I guess I really would like us to start by putting the idea to bed that everyone's got to start in segregated sheltered workshops first.

Two things happen if you do that.

First of all a load of people get pissed off because they're not getting real jobs and drop out. We happen to be on the UK end of the European trial here and if you look at dropout rates, in a segregated training place the dropout rate was 45%; with IPS it was 13%. The other group of people actually come to believe that the only place they can possibly work is in this nice sheltered setting. I do have to say that in one of the sheltered workshops that we are in the process of running down considerably, you are more likely to escape by death than you were into employment. The year we looked at four people died and one went to get a job. And I guess it also has really perverse effects if you look at certainly the days I've worked in sheltered settings, you have to keep your good workers because they're the ones who help you to meet the contracts, and of course you can't take people who are really disabled because you can't meet your contracts if you take them on. You've got the picture.

I guess there's a number of things that really do resonate with what you were saying. I think first of all we do have to think a little bit about sort of joined up government and joined up services. We've got an increasing range of people, not only in the statutory health and employment services but also in the private and voluntary sectors now offering employment services, and given that we know how important it is to dovetail, put together clinical care and employment support, I think we've got a big challenge in this country about how we bring together all these organisations to actually deliver what we know we've got to deliver.

And then of course there's all the issue about disability policies, aren't there? Compulsory, Personal Capability Assessments for everyone on Incapacity Benefit, we were told in the budget last week. I suppose we've got this really big dilemma between support and compulsion, and I think it's actually having some quite perverse effects. Those of you who are old like me can remember when in the Thatcher years when we were talking about helping people to get jobs we were told, 'no, no, no, you've got to get them on to Incapacity Benefit because we've got to get the employment figures down', then whoopsy, we discover that actually we've overtaken the old musculo-skeletal disorders in the Incapacity Benefit league tables, so, oh my God, we've got to get them all off Incapacity Benefit! I think we've got a real challenge where now, instead of people campaigning for a right to work, you've got to campaign for a right to benefits, and I've a horrible feeling we're going to be making things worse, I think we've got a big challenge there.

I suppose it's also really struck a chord with new populations who can benefit from supporting employment. I've no doubts about early intervention, the first episode of schizophrenia the results are tremendous. A prescription of an employment specialist in every team is an absolute, absolute categorical must. But that's when you're changing jobs, see people who are old like me thought we were going to get a job and that was going to be our career, you know, we're into jobs for life in this country, aren't we? Actually, what we found with the early intervention team is that it's a bit like my nephews, they change jobs like they change their socks and you've got to be there to help them with the next one. So although we're getting splendid results you've got to actually be there helping them to move around to find the thing that they really want to do.

Community drug teams, we've had really great success with, but also, and I think this maybe something that we've done a bit more work on, is job retention. The idea of actually employment specialists being there at the start when someone first comes to a community mental health team, stopping them losing their job in the first place. An awful lot of people who come into mental health services and indeed primary care have a job but are off sick. We've actually had huge success in actually enabling people to stay in those jobs.

If we're talking about job development let's remember in this country just the enormous size of our public sector and when we think about employers just remember, you'll all have heard me say this,

remember that the NHS is the largest employer in Europe since they disbanded the Red Army. One in twenty of the population works for the NHS, God knows how many if you add local authorities and the voluntary sector. We actually have at our direct disposal a huge number of jobs and I think we really do have to be able to lead by example, as Bob [Grove] has often said.

But I just want to finish commenting on two issues that I see as inter-related. The dominance of our segregated workshops still in this day and age, and the whole issue of motivation, of expectations, because one of the things I've learned over the years is just how difficult it is to change segregated workshops and the opposition often comes from two quarters.

First of all there are our own staff. And it's not anything as crass as people being scared about their jobs, it's dead difficult to get rid of people in the NHS, it is sheltered employment. [Audience laughter] I'm sorry, I know it's not quite like that now, but you know what I mean. But I do think what we've got is a really serious difficulty and that actually, if you've been delivering a service for years and someone told you it's got to change because it actually hasn't been particularly good for people, you feel really bad.

You've been doing something, you like to be doing good. But I think we've also got a huge challenge that many people still come into our services wanting to do good and look after the 'poor unfortunates', protect the 'poor unfortunates' from failure, from that horrid, nasty world that's all prejudiced (we forget about the prejudice and discrimination that exists in our own services...), from the nasty stress of employment, even though we know that actually in the European version of the IPS trials actually there were significantly fewer relapses and hospitalisations in IPS than there were in the other conditions. What we've really got is this culture of looking after 'poor unfortunates', rather than supporting people to use their talents to have the opportunities that I think citizens should take for granted.

And I guess I find the low expectations of professionals really, really damaging because it actually is a vicious circle. If us, the experts are saying, 'we're not sure that people can really work', two sets of people believe us. One is people with mental health problems and they give up applying for jobs, the other is employers, because if experts are saying, 'oh, I'm not sure they can work', then for God's sake what's the point in employing people? And so that guarantees that very few people are going to be in work, which means we can all say I told you so, evidence base, you know, very few people are working, therefore most people can't work, and that cycle of low expectations I think is really problematic.

And when we talk about looking at sheltered workshops, looking at training workshops, whatever we're calling them these days, I think we've got to be clear that the second opposition comes from the people who are working in them, those people who have actually been told for years that, 'oh, I'm not sure you're going to be able to manage outside here', 'oh no, no, no, I should take it very carefully, don't put yourself under too much pressure'. Actually these sort of pessimistic prognostications of clinicians do have a really enormous effect on people. And that makes people terribly scared, very scared that they won't be able to manage, and I think we've got to bear a lot of the responsibility for people's low expectations. I think motivational interviewing is going to be a really useful thing, I think there's lots of other things we can do, but most of all I think we need to actually look at our own services.

And when we're looking at our sheltered workshops, let's not just ask the people who are going to them what they think, let's also ask the thousands of people who wouldn't be seen dead near them, particularly those younger people who are coming into our services who haven't learned to be patients for all their lives.

So I guess what I'm saying is that I think we need to look at our own expectations and I know that we've just been getting some rather interesting data that Miles is about to write up, I believe, from some surveys that I've been doing, looking at the impact of introducing IPS on expectations. If you look at the National Patients Survey in the UK, last year's National Patients Survey, 52% of people using secondary mental health services have written themselves off as unable to work. They'd said, 'I cannot work because of my mental health problems'. If we look at say the London Borough of Merton, or indeed the London Borough of Kingston where we've actually got IPS fully implemented, that figure had reduced to 28%. Only 28% had written themselves off as being unable to work, and that wasn't just the people who were getting support from the employment specialists, it was actually the whole team, because it changes a climate within a team. So the big plea I'd say is that we've got to start believing it, we've got to actually start going for it rather than starting to find all the number of reasons why we can't.

And I'm just going to read for you a card that I was sent, I was given by someone who actually has just got a job, this is a guy with dual diagnosis and he gave me this card on Friday, he said, 'I just wanted to say a huge thank you. Your support, encouragement, belief and trust in me has been enormous and such a great help in getting me to where I am now. Up until a short while ago I didn't believe I could get a job, let alone a decent one and here I am, restarting my life as a project manager. Thank you.'

I think actually those thanks are due to Bob, because if I hadn't seen what you'd done, I wouldn't have done what we've done. I think we've got a lot to be grateful for, we've also got a lot still to do. I'll shut up there.