



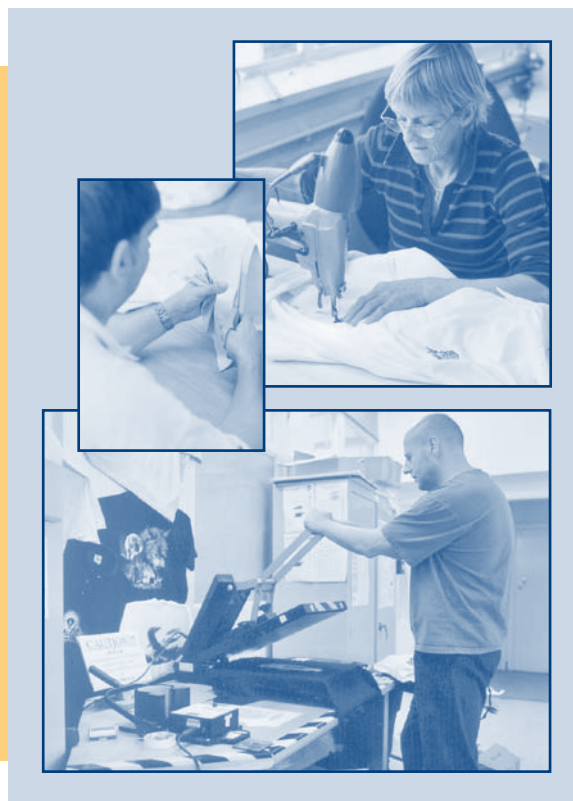
The Sainsbury Centre

for Mental Health

BRIEFING 30

An introduction to a topic of current importance or controversy, giving clear and independent comment and analysis of the issues that lie behind it.

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## BRIEFING 30

The Sainsbury Centre for Mental Health (SCMH) is a charity that works to improve the quality of life for people with severe mental health problems. We carry out research, development and training work to influence policy and practice in health and social care.

The Sainsbury Centre was founded in 1985 by the Gatsby Charitable Foundation, one of the Sainsbury Family Charitable Trusts, from which we receive core funding. We are affiliated to the Institute of Psychiatry at King's College, London.

Photographs show members of staff working at the First Step Trust Project in Broadmoor Hospital.

# First steps to work – a study at Broadmoor Hospital

## Introduction

Media coverage of high profile cases may make it hard for the general public to accept, but many patients in Broadmoor High Security Hospital no longer present a danger to the public or themselves. Preparation for their discharge should be a priority throughout their stay.

Only a tiny proportion of Broadmoor patients will be there for life. The average stay is 6.5 years and when they leave Broadmoor most patients will go to a medium secure unit.

The importance of work as an integral part of recovery from mental health problems is well documented, as are the barriers to securing it. Having a job and being valued for what we do is an important part of recovering a life as an ordinary, contributing citizen.

However, the barriers to employment for people in the secure psychiatric system are even higher. Discrimination, disempowerment, lack of up-to-date skills, lack of self-confidence, no recent track record of employment and a lack of skilled support to help overcome these barriers are the common experience of all too many people who have experienced mental ill health. Those in places like Broadmoor are likely to face even higher levels of stigma and discrimination.

The First Step Trust (FST), a limited liability company with charitable status, set up an innovative work rehabilitation project within Broadmoor, in partnership with the hospital, to address these barriers. It aims to improve people's confidence, motivation and self-esteem, to extend their ability to take individual and collective responsibility and to offer a rehabilitative regime which would be more like the labour market they would encounter on discharge. The project has been operating since 1999.

Patients work alongside staff, as work colleagues, running all aspects of a business and supporting the production of goods to sell. This includes textiles, t-shirt design and printing, carpentry, desktop publishing and hand-made card production. Patients may specialise in one particular area, but are expected to work flexibly with others in response to the demands of the customer. Patients are paid for their participation, in line with hospital regulations.

The project was evaluated by a team from the Sainsbury Centre for Mental Health (SCMH) in 2001, which showed that both patients and staff valued their work (Grove & Lockett, 2001). In 2004, SCMH and Anglia Polytechnic University carried out a small scale qualitative research project (Lockett *et al.*, 2005) as a follow on to this earlier evaluation, to explore patients' and clinicians' experiences of the project and to consider how it contributes to successful discharge via the medium secure system.

Patients from all over the hospital attend the FST project: it is not just aimed at those who are seen as ready for discharge. This meant that the researchers were able to interview a broad cross-section of patients.

This briefing summarises the key findings. The full report is available from the SCMH website [www.scmh.org.uk](http://www.scmh.org.uk).

At the time of the 2004 research over 100 people had participated in the FST project. Individuals had been participating for between three months and three years. Over one third had since been discharged from Broadmoor. The majority of patients in Broadmoor are discharged to a medium or regional secure unit. These are purpose built units which offer a secure therapeutic environment for patients to stay prior to discharge. The aim is to bring them gradually to the point where they can once again live in the community at no danger either to themselves or to the public. The length of this process depends on the individual patient and their circumstances.

## The First Step Trust (FST) model

The First Step Trust (FST) is a charitable company through which people who have been disadvantaged because of their mental health can do real work for real businesses. The company has 16 projects at the time of writing, that provide work for over 600 people and has a turnover of more than £2 million. (More information about FST is available at [www.firststeptrust.org.uk](http://www.firststeptrust.org.uk).)

The FST project in Broadmoor is based on a model it uses elsewhere in the country but is at present its only project in a high security setting. The model is designed to foster a culture of interdependence within which everyone has something to offer and something to learn. Two vital principles underpin it:

1. The provision of real work i.e. trading commercially with the general public, where the focus is on meeting the customer's need rather than providing traditional rehabilitation and training for its own sake. The emphasis is on tasks, skills and quality service and products.
2. People join the workforce not as patients, clients or service users, but as colleagues and equals, sharing the responsibility of making the project work, operating at all levels including management.

FST projects based in the community ensure that people with mental health problems and other disadvantages hold keys to buildings, run the accounts, drive the project's vans, have authority as managers to run their sections, carry out estimates for work and take on contracts. Within Broadmoor Hospital, FST have continued this ethos, as far as possible, within the security rules and regulations.

When the study was conducted, the FST project in Broadmoor consisted of six business units:

- ❖ Textiles (clothing alterations and soft furnishings)
- ❖ Carpentry/woodwork
- ❖ Office (including project finance and desktop publishing)
- ❖ T-shirt design and printing
- ❖ Card and craft
- ❖ Estates (litter picking, gardening and fence painting).

Patients – referred to in other contexts as either FST project participants or workers – work in the unit of their choice but must display the flexibility to work in other areas as per the business needs. Each unit has a patient appointed as a section manager who initially received a higher rate of pay than other workers. (Due to new regulations across

the hospital, from April 2005 all workers now receive the same hourly rate.)

The regulations of a high security environment have quite distinctive effects on the operation of work rehabilitation services. The complexities of the setting affect the length of time patients can actually work on FST business, the levels of empowerment possible and the staffing levels required to run the project efficiently and safely on a day-to-day basis.

## Research findings

The research project in 2004 involved in-depth interviews with three groups of patients (Box 1). Each participated in one in-depth interview with a member of the research team as did clinicians whom they nominated. The research team also examined clinical notes where permission was granted by the patient.

### Box 1: Study participants

1. People who were, at that time, participating in the FST project at Broadmoor (8)\*.
2. People no longer participating in FST who were still at Broadmoor (7).
3. People who had participated in FST at Broadmoor and who had since been discharged from the hospital to a medium secure unit (4).

### The benefits of participation

FST project participants identified a number of ways in which they had benefited through their participation in the FST project, in terms of increasing self-esteem, self-efficacy or feeling empowered through their involvement in the organisation and running of the project. Participants also talked about their increased social skills, both in terms of improved communication skills and the ability to take responsibility.

Although some participants, particularly those who had left the FST project, did describe similar personal development, they also talked about a lack of involvement and choice – either in terms of running the project and making decisions or in choosing the work that they did. For several in this group, this had become a frustration that had

contributed, directly or indirectly, to their leaving the project.

Participants in all three groups talked about an increase in their technical skills. Individuals who had left the project but were still in Broadmoor, however, focused on the skills that they felt had been under-utilised or that they had not been able to develop.

Participants also discussed the clinical benefits of participation, particularly anger management, learning coping mechanisms to deal with frustrations, a reduction in symptoms and changing their attitudes towards treatment.

Box 2 illustrates some of the benefits participants mentioned.

### Box 2: The benefits of participation

“At the end of the day, you look at the things you’ve done and say ‘well, I did that.’”

“[Prior to FST] I was very quiet, not saying much. I probably wouldn’t have seen you.”

“Prior to FST, I was an aggressive bloke; answer question with a question – getting on better with people now as well.”

“I learnt computer skills and desktop publishing... Learning about others – how to teach and how to train and how to show compassion... the effective management of others.”

“When you work at FST, you know it’s like actually working... it’s working at a job.”

“The fact that there were deadlines and stuff, that you actually had to do, *had* to do... It wasn’t ... a bunch of... [people] sitting round in a ring.”

“You’re not sat there thinking, feeling sorry for yourself, the situation you’re in, and how am I going to move on, you know, and how long are they going to keep me here, and these drugs and all this... this sort of rubbish. You’re not thinking about that.”

### The tensions inherent within the project

Any programme which emphasises choice and collective responsibility in an environment where the first priority is to minimise risk has inherent tensions. For a minority of participants these tensions were ultimately irresolvable, but for the majority the benefits clearly outweighed the restrictions.

\* denotes the number of patients interviewed in the group.

Participants from all three groups identified a number of tensions that they felt were inherent within the project and discussed these in relation to their participation.

One of the major tensions was whether the project was ‘real work’, ‘work experience’, ‘make work’ or ‘therapy.’ Only people who had left the project discussed FST as ‘make work’ or ‘therapy’.

The difference between Broadmoor regulations and FST culture was a tension highlighted particularly by participants who had left the project but were still in the hospital. The relationship between the project and the hospital’s clinical teams and care planning/assessment process was also discussed. People who were still participating in FST reported a stronger relationship than those who were not.

These tensions which project participants identified are acknowledged and recognised by FST; they are tensions which need to be managed on a day-to-day basis and are in part due to the constraints of operating the project within a high security hospital but also tensions which are inherent within any work rehabilitation project. What these findings highlight is the importance of being clear on the project’s objectives from the outset and managing people’s expectations in relation to this when they are first referred.

### Experiences of medium secure units

Some participants in the research study had been discharged from Broadmoor into medium secure units elsewhere in the country. The research team had difficulties, within the time constraints of the study and due to research governance regulations, in making contact and gaining consent to interview patients in medium secure settings. The units are run by different NHS trusts and therefore additional consent was required to involve them in the research. This slowed down the process of contacting individual patients and had an impact on acceptance rates. Among the people who were interviewed, the lack of meaningful work opportunities in medium secure units was striking – with only one person actively engaged in a work programme which they themselves had initiated.

Box 3 summarises the key findings from the research project.

### Box 3: Key findings

The First Step Trust, together with Broadmoor Hospital, is creating the beginnings of a route into employment from high security hospital; through the positive impact of the FST project on patient rehabilitation and preparation for discharge. The study showed that:

- ❖ work is as important a part of the recovery process from mental ill health within secure settings as it is in the community;
- ❖ there is a lack of specialist employment support available within the medium secure system;
- ❖ enabling the renewal of existing skills may be as important as facilitating new skills, both for maintaining engagement in the FST project and for increasing people’s potential to find work once discharged;
- ❖ for many, but not all, participants the experience of the FST programme remains positive.

### Recommendations and implications

It is clear from this study that work is as important a part of the recovery process from mental ill health within secure settings as it is in the community. Funding should be made available for a continuum of vocational opportunities which support an individual throughout their journey from high to medium and low security settings. Employment needs to be an integral part of an individual’s care and discharge plans. Adequate funding should also be made available for evaluating vocational services in medium secure settings.

In terms of further research, a larger scale prospective study is required to track individual changes over time through the discharge pathway from high security settings to the community. This study has recommended that such a study be prioritised for NHS research and development funding and be taken up as a topic of special interest by the Care Services Improvement Partnership (CSIP) Mental Health Research Network.

This study has shown that the key features of the FST model are:

- ❖ The production of a real product.
- ❖ Taking a teamwork approach: involving patients in the decision making and empowering them to take responsibility for running the business.

- ❖ Utilising and building on people’s existing skills as well as facilitating the development of new skills.

These key features should drive the development of new work rehabilitation projects, and the modernisation of existing ones, in high and medium secure settings.

The results of this study also have implications for the development of work rehabilitation services in prisons, because of the proportion of the prison population that has mental health problems. Some 90% of people entering prisons are estimated to have a mental health problem or a substance misuse problem (DH, HM Prison Service & Welsh Assembly Government, 2003). Employment is also a key factor in reducing re-offending: being in work reduces the risk of re-offending by between a third and a half (Social Exclusion Unit, 2002).

It is important that work rehabilitation projects function in partnership with clinical teams to ensure the benefits of participation are integrated into the way patients’ discharge planning, care planning and assessment are carried out.

It is also essential that work projects in secure settings develop strong partnerships with community-based supported employment services. This will ensure the person being discharged gets the vocational support they need once they are no longer in hospital.

Box 4 outlines the main implications of the research for policymakers and commissioners.

**Box 4: Key messages**

- ❖ Funding needs to be made available for a continuum of vocational opportunities that support an individual throughout their journey from high to low security settings.
- ❖ A larger scale prospective study should be a priority for NHS research and development funding and be taken up as a topic of special interest by the CSIP Mental Health Research Network.
- ❖ The key features of the FST project should drive the development of new (and the modernisation of existing) work rehabilitation projects in both secure hospitals and within prisons.
- ❖ People in the secure psychiatric system need to have individual care and discharge plans that include employment and are reviewed and acted on as they move through the system.

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This briefing paper was written by:

Helen Lockett, Associate Consultant, SCMH  
with contributions from:

Dr Bob Grove, Director, Employment Programme, SCMH.

Dr Jenny Secker, Professor of Mental Health, Anglia Ruskin University/South Essex Partnership NHS Trust.

Carole Furnivall, Joint Chief Executive, First Step Trust.



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The Sainsbury Centre for Mental Health, 134-138 Borough High Street, London SE1 1LB  
T 020 7827 8300 F 020 7403 9482 [www.scmh.org.uk](http://www.scmh.org.uk)

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