



Joined Up for Jobs Partnership Forum

STRATEGIC - Formal link for two way dialogue/influence between partner agencies and JUFJ Strategy Group

PRACTICAL - Promoting partnership working/developing new mechanisms to deliver JUFJ strategy

COORDINATION - Exchanging good practice and enhancing coordination of services

Meeting on Thursday 17th April 2008

Business Centre, City Chambers

9.30 – 12.30

AGENDA

MENTAL HEALTH AND EMPLOYMENT

Host Agency – Forth Sector

Present 38 attendees - see attached list

Jobs Strategy Update

Kate Kelman reported on Job Seeker Offer, and Employer Offer Workstreams - focus is on 'no wrong door' providing a core offer of a single referral gateway to signpost disadvantaged clients into the JUFJ network of services. Jobseekers to be offered Advice, Assessment, Action Planning, Aftercare. Employer reference group being established to improve dialogue between employers and provider network.

Jenny Ewing reported that JOINED UP FOR JOBS, EDINBURGH'S JOBS STRATEGY has now been accepted as the revamped 'brand' by the Jobs Strategy Group. The logo is to be updated and the website will be refreshed to reflect new strategic priorities and 'offers' on the homepage.

A 'recall' event (following on from the November launch) is to be hosted by the Jobs Strategy Partnership in late June with Stephen Timms Minister of State for Work and Pensions in attendance.

The Jobs Strategy Pathfinder 'Challenge Fund' of £250K has a closing date this Friday for bids.

The Community Planning Partnership led ESF/ERDF bid -was selected as one of the top 8 to be funded but detail of the offer still to be negotiated with ESEP at a meeting on 1st May.

Forth Bridge – The Journey to Work and Wellbeing

Mike Finlayson, Forth Sector - introduced the analogy of the Forth Bridge - for the supporting pathway between health services and employment.

He raised 3 questions

Does it need redesign? Is it cost effective? Is it fit for purpose?

Susan Prior of NHS Lothian/QMU (Knowledge Transfer Partnership) presented on the scale of Mental Health problems in the general population/workforce (3 in 10 employees per year, 1 in 6 at any time with most recovering without requiring NHS specialist help)

People with Mental Health issues are half as likely (21%) to be employed as the general 'disabled' group (47%)

Pippa Coutts of the Scottish Development Centre presented on recent baseline assessment of mental health services in Edinburgh. 30 agencies were interviewed, 18 generic (including MH support) 12 specialist. 4 stages of the 'pathway of support' were mapped

Engagement, Moving On, Support Into Employment, Support in the Workplace, with most resources concentrated at the 'engagement' stage. What was felt to 'work' for clients was 'supported employment' an area which is under resourced.

In Edinburgh there are 10,000 people registered for IB with Mental Health issues their primary 'incapacity', if an estimated 50% wish to work/return to work - then support for 5000 is needed.

Rona McBrierty of Penumbra gave a 'service user' perspective of her own 20 year journey from chronic illness and hospitalisation to a productive role in the workplace. She described how 'she became her illness' and was told she would 'never work again' by health professionals. Her turning point came when she was finally able to take personal responsibility for her own goals and make her own decisions. She also stressed the point that 'employment is not just about money'

Peter Purves outlined the shape of current service delivery in Edinburgh for High Support Needs jobseekers with mental health issues. He referred to the 2005

Intowork mapping study (PIMS) which showed that in Edinburgh 18 months was the average intervention needed to achieve a sustainable employment outcome for disabled adults. Most national (eg DWP) programmes do not fit this model targeting funds only on short term interventions which are suitable only for the most job ready clients.

Other key issues for those who suffer mental health issues is the fluctuating nature of conditions, and the dilemma of whether to 'disclose' illness to prospective employers (who are obliged by law to provide adjustments and additional support if needed - but may also be less likely to recruit on this basis)

Key 'employment support' skills in this area are to build independence, confidence and self esteem, self awareness and the realistic view of own abilities and limits needed to make appropriate choices. Job matching is also a key skill for support staff - to help select appropriate work for clients and liaise with employers to negotiate flexible work arrangements, and adjustments and ensure there is employer awareness of individual needs. The funding regime needs to support clients across a wide spectrum of ability and employability. This is not cheap as it requires long term investment and intensive support in some cases, but will save future costs by keeping more people 'in the jobs market' and reducing welfare dependency.

Alison Meiklejohn Head OT NHS - outlined the Towards a Mentally Flourishing Scotland recent Scottish Executive policy paper (2007) which aims to target the 1 in 4 of population likely to suffer mental illness, with a key role for community health services and local authorities to work together Promote, Prevent and Support mental health and wellbeing across the population.

This led into workshop discussions to try to find some 'Edinburgh solutions'

DISCUSSION NOTES

The Journey - from Ill Health to Employment -

What makes the Journey Uncomfortable

Workplace Issues

- 'toxic' unhealthy work environments
- Unsupportive work culture, managers
- Pressure to keep sickness rates down(inflexibility)
- Smaller orgs cannot afford extra support needs of disabled workers
- Legislation - increasing employer responsibilities (fear factor re health and safety)

Policy Issues

Multiple government policies- lack of central funding to implement and coordinate in practice

Public Sector should 'set example' as employer but little evidence of resources being targeted by CEC / NHS to achieve this - cost saving risks taking the 'Human' out of HR.

Current DWP policy targeting IB claimants- danger of funding large scale services which don't meet the greatest need at local level - (Pathways to Work)

Target driven culture/focus on job outcomes - widening funding gap at harder to help end of support pathway.

What about social economy/inclusion/voluntary work?

Health and social benefits of making people feel valued, purposeful, connected, with useful productive role.

Need to invest more in the 'process' not just the 'outcomes'.

Paid work as the 'elixir' to save public costs - but for how many on IB is it realistic/sustainable?

Greater focus on improving quality of life/health can also help reduce benefits uptake.

Need to involve employers more actively -highlight links between wellbeing and job retention.

Making the Journey Easier

More joined up services

Private sector, local authorities, NHS, voluntary sector

All above to practise what they preach as employers

Employers

- resource effective job retention
- tackle 'toxic' work environments
- share and learn from good practice examples

Service delivery

- joined up approach/collaboration
- effective case management
- flexible delivery
- staff training issues/skills exchange - health awareness for employment workers, employment awareness for health workers.
- resources for longer pathways of support
- 'shared outcomes' - to reduce trend towards cherry picking job ready clients

No 'one size fits all' solution- individual support needs vary and change over time.

- Policies need to be designed for people
- Help people to do things for themselves
- Resource peer support networks
- Early intervention /prevention
- Target specialist support on workplaces
- Support people to stay in work/voluntary work

Do service pathways need redesign - YES

Shared understanding/Communication

What is the message? Who is the target market?

Be clear who/how many we are working with/targeting.

Do we encourage aspiration to work for all NHS/community care users?

Need easy access to information on demand for both employment and health service users/workers.

Joined up for Jobs - good working model/provides foundation for further development.

Focus on pathways, tailoring services to level of need.

What is Health/ NHS able to input/offer here?

Need clarity on where Mental Health fits with other disability/health support services.

Still issues of 'silo' thinking and planning in NHS/govt.

Is MH 'biggest health issue' for IB/Unemployed? What do 'complex needs' mean.

Need to achieve shared language/understanding across health/employment.

Consolidated/integrated network needed.

Resourcing

Work linking health and employment needs targeted funds

To date most work done (particularly support once in work) is unfunded, and thus 'invisible' - not tracked and recorded

Provided by existing providers out of 'goodwill' to maintain clients in work

How do we target investment on 'employment pathway'

- lots at the generic 'job ready' end
- lots at the specialist 'hardest to help' end
- narrower in the middle of pathway

Joined up Consultation, Collaboration and Planning

Involve existing providers with expertise/track record

No 'quick fix' - extended support pathways normal (10 years not unusual)

Long term solutions need long term funding

Action needed- Next Steps

Group One

- Funders to pool resources and facilitate/prioritise collaborative bids

- Resource work with employers to target 'toxic' workplace culture. Public sector/big employers eg CEC/NHS to lead by example

- Long term funding for long term sustainable solutions

Group Two

- Raise aspiration /support desire to return to work(key role for Health services)
- Upskill front line workers - Employment awareness in health sector, Health awareness for employment sector

Group Three

- Raise awareness of rights /responsibilities in workplace
- Target resources on 'transitions' between services 'bridging points'
- Resource longer 'aftercare' - 13 weeks not enough, a year is better.
- Community Care/ H and SC - look at how people 'move' through system(or not)- need more choice and progression for service users(opportunity for proposed High Support Needs Consortium)

Strategic leadership (based on evidence) to join up different components of the 'bridge' between Health and Employment Support

A devolved issue- needs to be handled locally based on local needs

Identify 'what works' (or not) locally - to inform targeting of resources

Ongoing consultation with local stakeholders.