Vocational rehabilitation and employment

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The defining of self through work (paid or unpaid) is an essential part of how we see ourselves and is something that most of us take for granted. It is usually only through the shock of forced unemployment, redundancy, resignation through illness or a badly-planned retirement that many of us realise how vitally work, particularly paid work, affects our lives. For most of us, it is the main source of income, status, occupation, purpose and, particularly, social relations. Employment cannot therefore be considered as a discrete part of our lives since it bears on all other aspects of life: the range of our life chances; where and how we live; how we structure our day-to-day lives; what we can afford to do; experiences we can have; and even the range and nature of our friendships and other relationships. The value conferred on individuals through work, in terms of money, a clear role, relationships with others, self image, and a measure of control over life, cannot be over-estimated. Although much the same is true, to some extent, of leisure activities and informal support, they do not usually bring in an income, which is a prerequisite of undertaking many other activities in society. Thus, the recognition of the importance of occupation and employment to service users is becoming increasingly apparent.

Expanding on this theme, an American psychiatrist noted recently that:

> 'Most obviously work provides an income which permits mentally ill people autonomy in gaining goods and services; secondly, work provides these individuals with the kind of time and space structure that Lamb has described as being critical in the treatment of chronic mental illness; thirdly, work has the potential for broadening the social contacts of mentally ill people; fourthly, work provides the person with the readily recognisable societal role and work forces individuals to active and involved. Shepherd has written that work gives the individual patient a sense of personal achievement and mastery and that no other single activity is so rich and complex in its psychological, social and material significance' (Bachrach, 1992).

Furthermore, when asked, most users of mental health services specify that their needs include the needs to work and undertake meaningful activity, and to optimise income.

Shepherd (1997) summarised some of the key research findings:

- 'underactivity and lack of meaningful social role is associated with higher levels of symptoms;
- access to structured day care and occupation is associated with better short-term outcomes;
- longer-term outcomes are largely determined by broad social and economic conditions;
- problems for mentally ill people are not just obtaining work but keeping work;
- range of models for providing work and employment.'

It is tempting to launch into a taxonomy of these models, but there is a broader context to establish before giving in to that temptation. Nonetheless, at this early stage in the paper, it is important to make a distinction between 'conventional' employment and 'unconventional' employment. The term conventional employment is used to mean a job with a contract of employment, living wage, and work colleagues who come together at the workplace, rather than in another role relationship. In

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contrast, unconventional employment is used to denote sheltered workshops, local barter co-operatives, voluntary or therapeutic activity, where people who already share a common bond such as using mental health services decide to take up purposeful activity together. Whilst the distinction is somewhat artificial and in-between projects can be found, it serves to highlight some significant differences in the aspirations and objectives of projects.

The European context

Recognition of the importance of the role of work and occupation in the rehabilitation of people with mental illness and in sustaining their quality of life is confirmed by the creation of CEFEC, the Confederation of European Firms Employment initiatives and Co-operations for people with psychosocial handicaps. CEFEC is working with a number of partner organisations to press for the implementation of the International Labor Office Convention 159 of 1983 (Vocational Rehabilitation and Employment, [Disabled Persons] Convention) which calls for equal opportunities for people experiencing psychosocial problems in respect of access to, retention of and advancement in paid employment.

There are a number of other European initiatives which aim to ensure that disabled persons do not suffer discrimination in the acquisition and maintenance of work. A few examples will suffice to illustrate the range of activity: in 1995, the European Day of Disabled Persons was accompanied by the publication of *Invisible Citizens* (Autism-Europe/ERC-WFMH/ILSMH-European Association, 1995) which contained practical proposals for change including the concept of 'reasonable accommodation' which was defined as, 'providing or modifying devices, services or facilities, or changing practices or procedures, in order to match a particular person with a particular programme or activity (p58–59); the following year, a report (Autism-Europe/ERC-WFMH/ILSMH-European Association, 1996) published to mark the 1996 event, 'argues the need for disability policy to be channelled into mainstream programmes and identifies concrete measures needed in order to implement mainstreaming' (p9); the Council of Europe has initiated a study into 'the use of medical examinations for employment and insurance purposes…to ensure that medical examinations used as an instrument of selection for access to social goods do not give rise to social discrimination or encroachment upon individual rights'; and on December 20th 1996, the Council of Europe agreed a resolution on equality of opportunity for people with disabilities (*Official Journal of the European Communities*, 1997) which stated that, 'equality of opportunity for all, including people with disabilities, represents a core value shared by all Member States… access to mainstream education and training, where appropriate, can play an important role in successful integration in economic and social life' (Bachrach, 1992).

It is easy to ignore or dismiss these European dimensions, but they are certain to become increasingly important on approaches and models in the UK for at least two reasons, Firstly, they create the context within which policy and legislation are framed in the UK, for instance the concept of reasonable accommodation (adjustments) is central to the recent *Disability Discrimination Act* (see below), although it should be recognised that the concept originated in the Americas with the *Disabilities Act 1990*. Secondly, most of the large companies active in the UK operate across Europe, and good practice is likely to be implemented by these companies across national boundaries (the current chair of the Employers' Forum on Disability is the Chairman of McDonalds).

The European experience can put the British experience in context. For instance, across the European Union, 'between 50% and 70% of disabled people are unemployed (Autism-Europe/ERC-WFMH/ ILSMH-European Association, 1996, p33). It can provide examples of governmental and non-governmental practice which can inspire action in the UK. Examples of such practice will be discussed further below. Last but not least, it can be a source of funds to support projects and networks. The recent and valedictory report (European Commission, 1996) of the HELIOS Programme bears witness to these opportunities.

The position in the UK

From December 1996, the *Disability Discrimination Act* has imposed on employers of more than 20 employees the legal duty to make reasonable adjustments (accommodations) in the workplace to avoid discrimination against disabled job applicants or employees. The *Code of Practice* accompanying the Act cites examples of such reasonable adjustments, including allowing employees to be absent during working hours for rehabilitation, assessment or treatment. In its guidance to employers

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(*Employers Update*, 1996), the Employers Forum on Disability provides examples of adjustments to working hours which relate specifically to mental health, for example, 'an employee with a mental health problem takes medication with side effects which make it difficult for him to be alert in the morning. He is allowed to work flexi-time and to start later in the day' (*Employers Update*, 1996). The legislation has been criticised (for example, because it exempts the smaller firms who employ the majority of economically active people in the UK), and it will be necessary to await the outcome of test cases to judge the effectiveness of the Act, in particular the definition of a mental illness under that Act. Nonetheless, it marks a significant change in the legal framework around disability and employment. The signs are broadly positive, following as the Act does, albeit belatedly, in the wake of similar Acts addressing discrimination on grounds of race or sex, although it lacks the enforcement agencies which were a key part of earlier legislation. Further steps are likely, regardless of the Government in power, not least as a result of the support of major employers in the UK.

The extent to which mental illness should be viewed as a disability and the extent to which users should regard themselves as disabled, is contested in the user movement, most recently at the Annual Meeting of the European Network of Users, Ex-Users and Survivors of Psychiatry. However, as the bureaucratic system of support is currently based on the concept of disability, such semantic debates perhaps pale before the need to ensure that users optimise their opportunities and income.

There are a number of strategies which can provide additional support to people seeking conventional employment. Job coaching has a twenty-year history in learning disability services and offers skilled trainers to go into the workplace with a job seeker. They both stay all day and between them complete the work required for the salary. Pozner *et al.* (1996) found that an average of three to four weeks of on-site support was sufficient to establish many people with profound disabilities in waged open employment.

At a less intensive level, a package of vocational guidance, visits to industry, brief job tasters and work trials can assist service users to obtain a conventional job. Clubhouses use their Transitional Employment Programme as a job trial in which Clubhouse members do a maximum of six months in a paid job and then vacate it for another member. If at any time during the six months they are unable to attend the worksite, a prepared back-up member from the Clubhouse will stand in. As a result, the employer has no recruitment costs, induction, days lost to sickness or annual leave. The QEST team, managed by the Richmond Fellowship, have identified a number of critical success factors in providing vocational guidance and support to people who use mental health services:

- knowledge of mental illness
- career counselling
- welfare rights advice
- job preparation
- skills assessment
- marketing
- fund-finding, and
- building an extensive network of local contacts.

Many benefits seem to actively discourage, or discriminate against, long-term users with mental health problems. For instance, user research on the disability living allowance has found wide disparities in local approaches. This is evidence which would be of interest to the investigation initiated by the Council of Europe. Furthermore, the labyrinthine benefit system is difficult to negotiate and rarely allows individuals the flexibility they need in relation to work, in particular re-entering the workforce. The system assumes that people are fit to work and working or seeking work, or not fit to work and not working or seeking work. For many people, including mental health service users, the position is by no means that clear-cut or stable over time. Took (1996) lists the six benefits which might apply to a person identified as disabled:

- 'incapacity benefit
- income support
- rent allowance and rebate
- council tax benefit
- disability living allowance
- disability working allowance'.

Access to expert help and advice on benefits is essential to sort out the complex financial disincentives for many long-term users who wish to train or work. In the medium term, the system needs reform, and Took provides some ideas for such reform.

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A responsibility shared is a responsibility avoided...

Despite the importance of work and occupation to the individual user of mental health services, especially those with an enduring and serious disability, the provision of health and social services support and input to the creation and sustenance of opportunities for such work and occupation is often marginal and vulnerable to overall pressure on resources or disputes between funding agencies concerning the responsibility for funding any support and input that is available.

It is easy to parody this situation: health authorities may recognise the health gain of employment for long-term service users, but may view the finding of such employment as the responsibility of the local employment service; employment services consider most disabled job seekers as having needs which are too complex and intensive for them to deal with and see the issue as being one for social services; social services are often locked into traditional models such as sheltered workshops and suggest that broader approaches can be linked to NVQs and therefore further education; further education recognise the potential for health gain...

The cost and outcome of employment and vocational rehabilitation schemes

There is limited research on the comparative costs of these schemes (Schneider, 1996) and even less on comparative outcomes. As Pozner *et al.* (1996) note, 'we need to know which models are likely to produce which effects with what kinds of people.

The attitudes of staff

Crucial to the development of enhanced employment opportunities for long-term users is the recognition by key workers that they are dealing with workers as well as, or perhaps instead of, clients or patients. Such a recognition is linked to a strengths model of care management which recognises the aspirations for employment of such users (Bates, 1996). Recent American research has demonstrated that users have real and realistic views about their potential employment. Often, key workers can recall the diagnosis of users, but not their employment history. Such approaches have to change if vocational rehabilitation and employment are to take centre stage.

Users as employees in the mental health system

There are opportunities within health and social care to employ users, which are often ignored. Research on the American community mental health centre movement has demonstrated that non-professional staff (or 'para-professionals') were found to achieve clinical outcomes that are equal to or better than those achieved by professional staff (Huxley *et al.*, 1990). Similarly, studies of care management for older people have stressed the benefits of being able to employ neighbours and others known to service users as providers (Challis and Davies, 1986). A study of CMHTs in the UK concluded that 'with adequate training supervision and support [unqualified staff] could become possibly more reliable as providers of social and practical help than professionally-qualified staff' (Patmore and Weaver, 1991). These findings raise the potential for service users to become paid carers. Service users have themselves been reported as being employed to good effect as support staff (Sherman and Porter, 1991). Recent research (Manning and Squire, 1996) in the US has focused on removing the 'roadblocks' to employing users as employees in the mental health system.

The individual work plan

An individual work plan and work preparation, developed following a thorough assessment of individual need, is the linchpin of retaining people in or returning people to some form of work. Long-term users will probably need help to determine their interests and skills (careers guidance). Their work plan will need to consider:

- work-related skills such as job seeking, application forms, interviews
- inter-personal, self-care and personal safety skills
- medication review
- known sources of stress, anxiety management, assertiveness training
- practical sources of support to employers.

The plan should include details of what support/training is needed to achieve full work potential.

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Congregated work schemes

There are four economic and four cultural dimensions that interact to define the nature of a work scheme. They can be summarised as eight questions:

Economic factors

- How can we achieve ethical trading?
- Where do State benefits come in?
- Who are the workers?
- Who pays for overheads?

Cultural factors

- Is the environment segregated or integrated?
- Who makes the decisions?
- Is time spent on 'non-profitable' activities?
- What is it all for anyway?

Ethical trading is achieved if the product is intrinsically worthwhile, the pricing policy exploits neither the worker or the customer, and the market is appropriate (work schemes that merely undercut established local businesses do not fulfil this criteria). 'Benefits Plus' projects augment State income maintenance through an amenity fund, perks or token payments, whilst Benefits Replacement schemes aim to provide a wage equivalent to open employment. Whilst the notion of 100% productivity is obviously flawed, it is important to consider the productivity of the labour force, as this is the third major economic determinant of the work scheme. Finally, there is the matter of overheads. If building rental, fuel costs and supervisor salaries are provided without charge to the project and welfare benefits will be claimed, then more flexibility is available in labour productivity, market selection and pricing policy.

That takes us to the cultural questions. The first question relates to the barriers between groups of people within and outside the project. The pressure to target scarce resources on those in greatest need can result in service ghettos and work schemes have a real potential for drawing together people who have different support needs or those with and without apparent disability as equal co-workers. For example, a third of the workforce of one bakery co-operative have mental health problems. Considerable ingenuity and skills will be required to create a funding cocktail to support integrated projects. Staff/worker boundaries can be minimised by adopting the Clubhouse maxim of 'no staff-only meetings or rooms'.

Secondly, decision-making mechanisms, such as about capital investment, new members and product development, will affect the life and culture of the work scheme. The options vary from hierarchical structures through to the co-operative. Each decision can takes hours or weeks if every worker has to understand the issue, be willingly involved, and reach consensus before action is taken. However, there could be a creative dialogue between the leaders of the user involvement movement and the gurus of the international business community, since 'join in' is beginning to replace the maxim 'do as you are told' as the recipe for commercial success.

Thirdly, how much time can be spent on 'non-profitable' activities? Attending an educational class, going to the cinema or receiving counselling all add to the diversity of the project, but may reduce the per capita output of workers. On the other hand, to spend time together in a work scheme and fail to address problems of daily life can be seen as negligent. Finally, what is it all for anyway? Groups which have a common goal and are consciously working together to achieve it appear to acquire a spirit which stimulates and motivates the members. This factor is elusive and may be more visible to observers from outside the work scheme than it is to directly-involved members.

In summary, these eight questions spawn dozens of different kinds of work schemes, each targeted at different sectors of the business community and offering various kinds of support. Pozner *et al.* (1996) offer a gallery of projects which have addressed these questions and found their own balance between the competing issues and they helpfully summarise their findings by encouraging purchasing authorities and innovators to ensure that there is a comprehensive spectrum of both conventional and unconventional employment opportunities available in every community.

A brief description of the models

Industrial therapy/sheltered work

Industrial therapy in the 1990s offers high support or sheltered work experience that is not necessarily time-limited but helps users to re-establish work routines, increase social contact and earn a little extra money each week, within the limits of the social security benefit rules (therapeutic earnings). The work is intrinsically useful and income-generating, such as

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gardening, furniture renovation and printing. Training and supervision is often done by people with a background in the relevant skill area, although a number of mental health professionals will be also employed or involved with the project. Although, at their best, such schemes can play a constructive role in rehabilitation and ongoing support, often they provide repetitive tasks in a paternalistic atmosphere without enhancing the income of the individual user. The provision of such schemes may inhibit certain users from developing more independent work opportunities which raise greater income.

Work training opportunities in mental health schemes

Some mental health services have developed in-house work opportunities which focus on training in specific work skills, such as word processing, carpentry or painting and decorating. These services differ from industrial therapy in that they offer intensive training but not necessarily paid employment. Some users will access the open employment market, others may form a co-operative with some support from the service, others will seek to become self-employed or form small partnerships. Users are often expected to apply for a place in the service and tutors are selected for their skilled knowledge and are not mental health workers.

Voluntary work inside and outside mental health projects

Several projects encourage users to consider voluntary work as an alternative to paid employment. Some schemes pioneer contacts with organisations offering opportunities for voluntary workers. Others encourage users to contact the local volunteer bureau for interviews and suitable work offers. A small number of projects run as self-help groups and train existing or ex-service users to offer skilled support to new users to learn to cope with their mental health problems and to re-build their lives. These latter schemes are very similar to a user-run advocacy service.

Building links with local employers

Arrangements for liaison and ongoing support between mental health services and local employers are often poor. Employers may need educating about mental illness, help in identifying what support they would need to employ a long-term user and assurance of ongoing support to themselves and the employee once a job has been offered. This is essential if people with long-term and severe disabilities are to work in ordinary settings. Visiting and talking to local employers will ease access for users into the open market and enable an assessment of what sort of support individual employers need.

Therapeutic work schemes

This model is described in detail by Tony Roddis on page 16 of this ***Review***.

Transitional employment schemes

This idea was originally developed in the US in the Fountain House (Clubhouse) movement. Fountain House is essentially a user-run club for people with mental health problems with significant professional support. The Clubhouse model is described in more detail by Colin MacLean in this ***Review*** (see page 25). The Transitional Employment Programme (TEP) has been in operation for the last decade and has achieved notable successes in helping people with severe mental health problems to hold down proper jobs. In brief, the TEP applies for real jobs on the open market and guarantees to the employer that a properly qualified person will always be available to do the job. The TEP trains users to do the job and then supports them in taking up the post. This usually means a TEP worker accompanying the user and sitting beside them until they are comfortable doing the job on their own. The worker also helps the individual to use the social and other facilities of the organisation. If the user is unable to attend work, the worker will go in their place. Because of the severity of mental health problems, most users work part-time, thus two TEP users fill a full-time place. Users receive the proper pro-rata wage. Many of the jobs attained by TEP are in lower-paid areas where absenteeism and staff turnover are high. Thus, the TEP has been a great success with employers who are guaranteed that the post will always be filled and who are spared the cost of training new workers.

Supported employment

Although TEP may lead on to supported employment (SE) and may be co-ordinated through a clubhouse, it is important to differentiate the two approaches. SE aims

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to obtain users normal employment, at a regular rate and with support offered only as long as the user and the scheme co-ordinator deem necessary. Unlike TEP, in supported employment, the employer may not know all the details of the user and may not receive (or require) on-site support. Research has shown 30% success when linked to an integrated psychosocial rehabilitation programme and focused on individual (rather than group) placements.

Workers co-operatives

A co-operative approach is described by Paddy Cooney and Katy Malcolm in this issue of the ***Review*** (see page 22).

Social firms

These are described in more detail in the final section of this feature.

Policy and practice innovation – European inspiration

Finally, it is informative to return to Europe for pointers to the future in the areas of policy and practice in the UK.

With regard to policy, it is interesting to look at the concept of wage subsidy. In Sweden, for instance, employers are given subsidies by the State to provide work and support in undertaking that work, for people with disabilities, including people with significant mental health problems. It is claimed that such subsidies facilitate work opportunities that give a structure and purpose to the lives of users so that, over time, the demands on health care, social care and welfare agencies are reduced. This approach contrasts sharply with the position in the UK and raises the challenge of ways in which reform of policy, such as the Supervision Register, could help to integrate users into ordinary life rather than segregate them from it. This is not the place for detailed policy proposals, it is attractive to ponder a world, for instance, where entry on to the Supervision Register qualified users for entitlement to a wage subsidy, partially funded by the health authority and enough housing points to rise to the top of the waiting list. One of the problems highlighted in the reports into homicides by and suicides of users is the lack of co-ordination and communication between agencies, in particular where users move around frequently, and the response is to attempt to improve co-ordination and communication (for example, DoH, 1997). Important as such improvement is, it is also crucial to explore ways of providing users with enough connections with a community (a place to live, something meaningful to do) that they gain a sense of belonging and move around less frequently.

With regard to practice, it is appropriate to end with the social firm. If the Clubhouse was the model of the 1990s, then the social firm is going to be the model for the millennium and beyond. Much as this feature has tried to move thinking beyond models and their often over-enthusiastic advocates. It is important to recognise that any area of human endeavour has trends, both in principle and practice, which inspire action and investment. It is likely, therefore, that the *Social Firm Handbook* (Grove *et al.*, 1997) will become an important document, with its all encompassing sub-title: *New directions in the employment, rehabilitation, and integration of people with mental health problems; everything you wanted to know but didn't know who to ask.* In a presentation to a recent conference, Grove (1997) provided the CEFEC definition of a social firm:

- 'A social firm is a business created for the employment of people with a disability or other disadvantage in the labour market.
- It is a business which uses its market-oriented production of goods and services to pursue its social mission.
- A significant number of its employees will be people with a disability or other disadvantage in the labour market.
- Every worker is paid a market rate, wage or salary appropriate to the work — whatever their productive capacity.
- Work opportunities should be equal between disadvantaged and non-disadvantaged employees.
- All employees have the same employment rights and obligations.'

In Europe, the social firm is becoming a significant source of work for people with disabilities. For instance, in Italy, around 1,200 social firms employ around 10,000 people. In the UK, Ermis European Economic Interest Group is developing a network and support structure for social firms in the UK (see **Useful Contacts** list at the end of this ***Review***, page 34).

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Overall, then, there is a growing momentum behind the recognition of the importance of employment and vocational rehabilitation to quality of the lives of people with mental health problems. This momentum is going to make an increasing impact upon the priorities of purchasers of health and social care, the practice of providers of health and social care, and policy context within which purchasers and providers operate. One of the outcomes of its momentum should be the pursuance of mental health policy and practice, which integrates users with broader community networks, rather than traditional approaches which separate them from those networks, and it is on this aspect that the emphasis of employment and vocational rehabilitation may have the most profound effect yet upon those traditional approaches.

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