

National Institute for Mental Health in England

Making Inclusion Work

Social Inclusion Resource Pack on Service Mapping and Outcome Measurement

By Peter Bates, David Morris and Dr Fabian A. Davis.

Introduction

Why are we publishing a resource pack on social inclusion now?

This is a unique moment for delivering the inclusion agenda. Concepts and ideas from the worlds of social capital, neighbourhood renewal and community regeneration are jostling for attention as ingredients in a new “joined-up” recipe for inclusion. At the same time, Standard one of the National Service Framework for mental health makes it a requirement of health and social services to promote mental health and reduce the discrimination and social exclusion associated with mental health problems.

Inclusion is now an issue for the mental health system in the same way as mental health has become an issue for mainstream inclusion agencies such as the Social Exclusion Unit on a national level as well as Local Strategic Partnerships involved in the process of Community Planning.

NIMHE’s task is to put in place the mechanisms that are needed to make the most of these unprecedented opportunities. Such an opportunity must be used effectively if we are to assist in realising improvement in the day to lives of people using mental health services. We need to navigate a course that will sustain this improvement by promoting inclusive values, working practices and approaches of professionals and communities alike.

How are we tackling this challenge?

There are two sides to this - building capacity in the communities and agencies to which we are seeking equitable access **and** promoting the inclusion of individuals. Both require careful and concerted action. This view stems from an approach to mental health that is based on social inclusion values and therefore concerned to work both with, and beyond clinical teams and methods. We need to work “inside-out”, from individuals to services and from services to mainstream community organisations. We must also find ways to engage with communities and mainstream organisations to work “outside-in” and assist them in promoting fair access and a new welcome for people with mental health problems in their own communities. These are the means by which participation in ordinary life opportunities can be assured for people using mental health services. The leading edge of social inclusion practice is working in this way.

Introducing the resource pack

Promoting a culture of recovery demands action at a systems level to challenge the structural barriers and processes that contribute to institutionalised exclusion. To do this we need to create new partnerships with the community sector. Sustaining this approach in the practice of services is likely to mean a significant shift in the values and culture of these organisations. The social inclusion programme at NIMHE seeks to support this shift.

Making Inclusion Work is a resource pack aimed primarily at mental health service personnel who are engaged in promoting change and who are doing this in partnerships with service users, their carers and partner agencies who share an interest in being systematic and broadly informed in their approach to service design.

The resource pack is formed of eight guides - each one designed to allow the identification of positive practice in social inclusion in one Life Domain - and one guide to the identification and use of outcome measures designed to assist in the evaluation of the effectiveness of social inclusion projects.

Eight Guides to Mapping – one for each segment of community life

The publication of the resource pack is designed to provide a shared set of reference points from which services may develop their understanding of social inclusion at a variety of levels and in a variety of contexts. Most importantly, and for the first time, the principles of social inclusion have been drawn together from a diverse range of theoretical positions and combined with descriptions of projects that realise these positions in practice. The principles are drawn from theory and the most up to date research knowledge now beginning to emerge from the considerable growth of inclusive service activity that has been taking place in this sphere in the last decade. These principles have then been applied to a range of Life Domains which we know are crucial elements in securing the possibility of a socially inclusive lifestyle. Each mapping guide is self-contained within the Life Domain to which it refers although in practice the domains inevitably overlap.

The mapping guides are aimed at enabling service communities, whether regional, Trust-wide or locality based, to map the “territory” in which they live and work in order to discover what projects are in place that support social inclusion and come to an understanding of their functioning and capacities.

Each guide includes a set of principles, a telephone questionnaire to gather information from specific projects on their practices in relation to the principles, six example projects rated according to the principles of social inclusion, and a wide ranging reference list.

How the mapping guides will be used in practice.

The mapping guides may be used in a variety of ways.

- Individual projects may wish to look at their practice against the principles that are identified at the start of each guide.
- Individual projects might like to complete the rating and compare themselves with similar projects elsewhere
- An individual project may choose to look in greater depth and apply one or more of the fuller questionnaires to their work.
- Anyone interested in finding out about other projects around the country may wish to use the guide to collect and order the information that they gather.
- A local team might decide to conduct a survey of social inclusion projects or practices in their area and use this to identify positive practice, gaps in provision and get a sense of just how inclusive, inclusive really is.

NIMHE's Development Centres are invited to engage in the service redesign approach explained in the *Making Inclusion Work: Service redesign for social inclusion implementation guide*.

We have aimed therefore to build a resource pack of information, references, instruments and practical tools, grounded and tested on a national sample of projects that promote social inclusion for their participants.

What exactly do we mean by *social inclusion*?

Definitions often help, and this resource pack has taken a specific definition of inclusion. We have focused on how mental health service users have been supported to take up valued social roles and relationships in the wider community alongside their fellow citizens. Two other activities, whilst vital to modernised services, are however not the focus of this work

- Services and projects that reach out primarily to under-represented segments of the population in order to provide mental health services to them.
- Services and projects that primarily engage mental health service users in decision-making within mental health services. This includes advocacy groups, user-led mental health services and other ways of including users in the day-to-day management of their own mental health care and mental health services for others.

What exactly do we mean by *life domains*?

With the focus on positive social roles in the wider community, the Social Inclusion workstream has agreed to focus on six Life Domains, as shown in the first column of the table below.

Information has been compiled for each life domain. In some circumstances, there will be more than one guide relating to each life domain – for example, a separate guide for arts and for sports within the 'leisure' domain. The information sheets relating to each life domain are listed in the second column of the table below. This

leaves out some aspects of community engagement, but provides a good starting point. It would be possible to add new sheets at a later date.

Life domain	Guides
• Employment	• Employment
• Education	• Education
• Housing	• Housing • Neighbourhood participation
• Leisure	• Arts • Sports and Exercise
• Community Activity	• Volunteering • Faith-based groups
• Personal Finance	• Welfare benefits, banks, credit, debt, insurance

While this way of dividing up the world is to some extent arbitrary, it has been influenced by the following factors:

1. Members of the general public can be expected to recognise these as discrete areas of activity. For example, 'sports and exercise' brings to mind a clear group of activities, while the more general 'community activity' is less well defined.
2. Each topic covered on the information sheets has, to a greater or lesser extent, its own infrastructure organisations working for improvement. These organisations are potential allies and may serve as a focal point for systemic change.
3. Surveys of mental health service users have identified these topics as contributing to their quality of life.
4. Each topic provides a place where enduring social roles and relationships can be established with citizens beyond the mental health service.
5. They sit well with the required categories under the Care Programme Approach
6. The final domain of 'personal finance' is of a rather different type than all the others, but it is so crucial to sustaining all the other aspects that we decided that it must be included.

Contents of each information pack

Each information pack follows the same outline as set out below.

1. What is an inclusion project? The introduction describes the characteristics of an inclusive project within this life domain.
2. Key strategies and processes are listed that will be employed by inclusive projects working in this life domain.
3. How to establish a local database of projects. This shows how to identify projects and the specific ways in which they operationalise inclusion, involve users as partners and publicise their activities.

4. How to assess and review inclusive projects. This section offers a format for tables that indicate which projects are actively using each strategy and a telephone questionnaire format that enables interviewers to glean key information about each project. The framework can also be used to assess and review the work of individual projects and the pattern of provision in a locality.
5. A reference list that provides background knowledge about inclusive projects and issues relevant to this life domain.

Each guide includes six examples of projects drawn from around England. These examples are given to illustrate how the pack can be used to collate information. It is expected that local surveys will replace this data with information about all the inclusive organisations in their region. Repeating the survey after a year would reveal the pace of development.

The resource pack concludes with a review of inclusion measures that might be used to find out whether these projects are achieving their goals.

National Institute for Mental Health in England**Mapping Inclusive Employment Projects****What are we talking about?**

- The NIMHE Social Inclusion workstream defines six life domains – employment, education, housing, leisure, community activity and personal finance. This information pack is about the life domain of employment.
- The NIMHE Social Inclusion agenda is focused upon supporting people who have used mental health service to obtain or retain positive social roles alongside other citizens. As such, this paper focuses upon *inclusive* employment projects – those that support people to obtain ordinary jobs with ordinary employers. The range of work preparation projects, sheltered workplaces, and meaningful daytime opportunities may be a valuable part of the total environment, but the spotlight here is on inclusive work opportunities.

What is an inclusive employment service?

A inclusive employment service will assist someone who needs additional support to obtain a job that passes the following five tests¹:

1. They are hired and paid by an employer. Supported employment is about ‘real jobs’ - not makeshift work designed simply to keep the person occupied.
2. They receive full employee entitlements. Supported employees are regarded as full employees. Wages should be the going rate for the job. Safe working conditions are essential.
3. The job meets the employee’s aspirations for employment. Supported employment responds to each individual’s existing and potential interests, talents and skills. It takes account of the wider social context of work, including all sorts of social interactions with co-workers and customers.
4. The work meets the employer’s requirements. The key to success is to enable disabled people to become good employees. This means responding to the needs of employers as well as workers.
5. The employer and employee receive just enough help from a support organisation to ensure success. Assistance is provided for just those aspects where the employee needs support. There is a long-term commitment to support for as long as necessary, but for no longer.’

What are the characteristics of a good project?

Successful projects are likely to utilise some or all of the following strategies:

¹ O’Bryan, A.; Simons, K.; Beyer, S. & Grove, B. for the Policy Consortium for Supported Employment (2000) A Framework For Supported Employment York: Joseph Rowntree Foundation.

- Awareness training for employers. This is often delivered prior to anyone with a particular support need starting the job. It may be delivered to senior and line managers, occupational health staff and co-workers. It may be delivered by support staff, direct experience trainers or other employers, and will use language and arguments suitable to the workplace. It may be evaluated for impact.
- Considerable work is done to get to know the jobseeker and find out about their aspirations. Strategies such as Person-centred planning, job profiling or other approaches will be used.
- Task analysis will ensure that the match is made with a clear understanding of the duties and expectations of the role.
- On-site support will enable the person to fulfil the duties of the job from day one and to enhance the natural supports provided informally from co-workers.
- Ongoing career development will ensure that people do not become trapped in unfulfilling jobs, but are supported to solve problems and progress as much as they want.

Who is doing what?

Appendix 1 offers a proforma for a telephone interview that will help to identify the projects that are utilising inclusive strategies. The following tables summarise the findings from a sample of six projects selected from around England. The contact details for each project can be found in the contact list at Appendix 2.

Who do you serve?

	Mental health issues	Learning disabilities	Offenders	Refugees or asylum seekers	Anyone
Employment Connections, Nottingham	•				
Enable, Shropshire County Council	•	•			
Making Space – Options	•				
Mind – Southampton & New Forest	•				
Pentreath Industries	•				
Supported Employment Bureau, Somerset	•				

Which other life domains do you work on?

	Voluntary work	Education	Faith-based groups	Arts & cultural activities	Physical exercise & sports	Community activity
Employment Connections, Nottingham						
Enable, Shropshire County Council	•	•				
Making Space – Options	•	•	•	•	•	•
Mind – Southampton & New Forest	•	•				
Pentreath Industries	•	•	•	•	•	•
Supported Employment Bureau, Somerset	•	•				

Referrals accepted from

	The person themselves	Social services	Probation	Primary care	Specialist health services	Connexions	Other
Employment Connections, Nottingham	•	•			•		
Enable, Shropshire County Council		•		•	•		
Making Space – Options	•	•	•	•	•	•	•
Mind – Southampton & New Forest		•			•		
Pentreath Industries					•		
Supported Employment Bureau, Somerset	•	•			•		

Inclusion

	Sheltered work	Work crews*	Real jobs in your agency	Real jobs with open employers
Employment Connections, Nottingham			•	•
Enable, Shropshire County Council				•
Making Space – Options			•	•
Mind – Southampton & New Forest		•		•
Pentreath Industries	•	•	•	•
Supported Employment Bureau, Somerset	•	•	•	•

* A work crew is a group of service users who undertake work for the general public but have only limited interaction with them (e.g. a mobile gardening team).

Types of employment that are supported

	Open full time (16 hours +) waged employment	Permitted earnings	Self employment	Unpaid work experience	Social firms
Employment Connections, Nottingham	•	•	•	•	
Enable, Shropshire County Council	•	•	•	•	•
Making Space – Options	•	•	•	•	•
Mind – Southampton & New Forest	•	•	•	•	•
Pentreath Industries	•	•	•	•	•
Supported Employment Bureau, Somerset	•	•	•	•	

Strategies used to support inclusive opportunities

	Training for employers	Innovative ways to get to know the person	Matching	Job coaching	Off-task support group	Career guidance	Job preparation
Employment Connections, Nottingham	•	•	•			•	•
Enable, Shropshire County Council		•	•	•		•	•
Making Space – Options	•	•	•	•		•	•
Mind – Southampton & New Forest	•	•	•	•	•	•	•
Pentreath Industries		•	•	•	•	•	•
Supported Employment Bureau, Somerset	•	•	•	•	•	•	•

Marketing of the Supported Employment project is done to

	Employers	Health and social services staff	Service users	Funders	Media	Are users involved?
Employment Connections, Nottingham	•	•			•	
Enable, Shropshire County Council	•	•	•	•	•	
Making Space – Options	•	•	•	•		•
Mind – Southampton & New Forest		•	•	•		•

Pentreath Industries		•		•	•	•
Supported Employment Bureau, Somerset	•	•	•	•	•	•

Supporting people in the workplace is done by

	Supported Employment Worker	Staff from health or SSD	Employer's HR, training or Occupational health service	Line manager or supervisor	Co-worker
Employment Connections, Nottingham	•				•
Enable, Shropshire County Council	•			•	•
Making Space – Options	•		•	•	
Mind – Southampton & New Forest	•			•	
Pentreath Industries	•	•		•	•
Supported Employment Bureau, Somerset	•	•	•	•	•

Are users involved in managing your project?

	Project design	Project management	Project review and evaluation
Employment Connections, Nottingham			
Enable, Shropshire County Council			•
Making Space – Options	•	•	•
Mind – Southampton & New Forest			
Pentreath Industries		•	•
Supported Employment Bureau, Somerset			

Published resources

Appendix 3 gives a reference list.

Appendix 1 Proforma for reviewing inclusive employment projects

1. Date of interview.
2. The name of the project.
3. Address of the project.
4. Contact's name, telephone number and email address.
5. Pen picture.
6. Who is your project designed to serve? (tick all that apply)

People with mental health problems		People with learning disabilities		Offenders	
Young people		Older people		Refugees or asylum seekers	
Black and minority ethnic groups		Other particular groups		Anyone	

7. In addition to employment opportunities, does your project also support people to take up other roles in the community?

- Tick as many of the following as are actually part of your project – exclude anything for which you would need to make a separate referral.
- Exclude anything that simply comes with the employment activity. For example, if you have supported one of your service users to visit the volunteer bureau and take up some voluntary work – then tick the 'voluntary work' box below. On the other hand if your employment support includes offering unpaid work experience as a job taster in the context of job finding, then do not tick the voluntary work box.

Support to take up voluntary work in the wider community alongside the general public		Education opportunities beyond those that are intrinsic to the exercise activity itself		Joining a faith-based group	
Taking up arts and cultural activities		Physical exercise or sports activities		Joining in with formal or informal community activities in the local neighbourhood	

8. Your employment project is part of

Education		Social services		Leisure services	
Stand alone		Health services		Day Centre	
Advocacy service		Voluntary sector organisation		Other	

9. From where are referrals accepted?

The person themselves		Social services		Probation	
Primary care (GP and team)		Specialist health services		Connexions	
Education professionals		Other			

10. Inclusion

Sheltered work opportunities are provided within the health or social services		Groups of people with mental health problems doing their own work activities in a place that is used by the general public (work crews)		People with mental health problems are assisted to take up individual opportunities in ordinary job activities in your organisation	
People are supported to take up waged open employment opportunities alongside the general public with 'High Street' employers.					

11. Types of employment that are supported

Open employment (over 16 hours) with full wages		Sheltered work with full wages		Permitted earnings	
Token payments below minimum wage		Self employment		Unpaid work experience with an open employer	
LETS or community timebank		Social firms			

12. Which of the following strategies do you use to support people with mental health difficulties joining in as individuals in mainstream employment.

Formal training events for mainstream employers		Innovative ways to get to know the talents and job aspirations of the service user		Help with choosing and locating a suitable job in the community	
On site job coaching		A support group is run for service users who have their own jobs in a variety of workplaces		Clear 'career guidance' which supports people to move on to the next thing in their lives.	
Job preparation activities – CV, interview rehearsal etc					

13. Marketing - do you make a specific effort to advertise your project to any of the following groups of people?

Employers		Health and social services staff		Service users	
Commissioners and funders (e.g. PCT, LSC)		Local and national media (newspapers, radio, TV, professional journals)		Tick here if your service users do some of the marketing presentations.	

14. When a person with mental health difficulties gets a mainstream paid job alongside the general public, who provides support to them?

Paid worker from the Supported Employment project		Staff from health or social services		Another person with support needs	
Personal assistant employed via Direct Payments		Worker from the employer's HR or training department		Worker from the employer's Occupational Health department	
Line manager at the work-site		Co-worker at the work-site		Other	

15. Service users are involved in... (tick as many as apply)

Project design		Project management		Project review and evaluation	
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16. Are there any similar projects in your area that you are aware of?

Name of project	Contact details

Additional Notes:

Interview conducted by:

Appendix 2: Project list

Employment Connections, Nottinghamshire Healthcare NHS Trust: Jackie Morley. 0115 969 1300. This project, along with SPAN (vocational training) and MHUES (employment opportunities for service users within the NHS Trust), form *Teamwork* and aim to coordinate their activities. In addition, non-vocational activities are supported by a service called *Community Connections* also run by the NHS Trust. The tables above provide information about the activities of Employment Connections only, which comprises only two staff at present. There is a strong focus on building long-term relationships with employers, rather than offering brief support to strangers.

Their Job Club is open to people who are currently working, so it supports employment retention in addition to job finding activity.

Enable, Shropshire County Council. Contact Jonathan Allen, Enable, Hartley's Business Centre, Monkmore Road, Shrewsbury SY2 5ST Tel 01746 769 531 or 01743 340035. fax 01746 768 516 email jonathan.allan@shropshire-cc.gov.uk This project is a partnership between *Enable* and Shropshire County Council. They provide a service to a number of distinct client groups but have not become a generic service – individual staff retain their expert focus on specific client groups. Eligibility for each aspect of the overall project depends on funding criteria and so can vary from area to area. For example, primary care may refer to the employment retention scheme but not to other parts of the service. There is a recognition that user involvement in the project needs to increase in the near future.

MIND in Southampton and New Forest, Debbie Roome, 35A Salisbury Road, Totton, Southampton SO40 3HX. Tel 023 8066 8501. droome@sotonmind.co.uk Whilst focusing on employment, they support people to access education and volunteering as these are considered to particularly develop employability. They signpost people to other activities but do not provide the support themselves. Funding is from Joint Finance, and this restricts the eligibility criteria and referral processes. Staff from the employment project have regularly dropped in to day centres in order to build relationships and support hesitant users begin thinking about employment.

Pentreath Industries. James Hawken, Employment Placement Advisers Manager, Louise Knox, Employment Placement Officer, Pentreath Industries Ltd, Cornish Wood, Units 13/14, Woods Browning Ind. Estate, Respryn Road, Bodmin PL31 1DQ. 01208 78663, fax 01208 79052, mobile 07980 712 664, email Plifecycel@pentreath.co.uk Penny Robertson, Pentreath Industries Ltd, Head office 01726 850 565, penny@pentreath.co.uk Pentreath employs some 80 staff and offer a wide range of employment related activity, from skills training through employment support to the generation of social firms. Employment Placement Advisers conduct a vocational profile with individuals, avoiding too rigorous application of the approach, and also have a self-completion computer programme to assist with career matching. For a fuller description see Robertson, Knox & Gilyead (2002). The tables above describe the work of the team of Employment Placement Advisers. Pentreath have also begun a 'Fit for Life' project that supports people to link into any activity in the community to which the person wishes to connect.

Stafford Options is the local part of *Making Space* and is based at 5A Eastgate Street, Stafford ST16 2NQ. They have developed a 'job book' that has been very successful in helping people make plans and move into employment. Contact Pete Fenwick on tel: 01785 228622. staffordoptions@btconnect.com See Fenwick (2003) A user representative is on the project steering group and the logbook includes a feedback sheet on every section, so there is a constant process of learning from service users.

Supported Employment Bureau, Somerset Partnership Health and Social Care NHS Trust, College House, Broadway Park, Barclay Street, Bridgwater, Somerset TA6 5YA. Contact Grahame Milroy 01278 431 635, fax 01278 431 692, mobile 07771 915674, email GRMilroy@somerset.gov.uk The Supported Employment Bureau has been established for some years and its role has gradually expanded so that in late 2002 it began to cover the whole of the county. See Bates (2002b) for an account of their role in supported volunteering. In addition to the supported employment work with open employers, they also run two cafés and a gardening project, as well as

linking people into educational opportunities. They have established a Pathfinder service to support users to obtain employment within the Trust and this part of the service will accept self referrals. Their workskills courses for service users include a presentation from an employer who explains what is required in that workplace. The Bureau has harnessed support from Community Access Workers who are employed within the Trust and these staff have provided support in the workplace.

Appendix 3: Employment Reference list

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National Institute for Mental Health in England**Mapping Inclusive Education Projects**

We have included this resource pack for completeness, but we are also working in partnership with the National Institute for Adult Continuing Education to develop a full and detailed national survey of education and mental health initiatives. The results from this work will be available later in 2003 – so you may wish to set aside this life domain for the moment.

What are we talking about?

- The NIMHE Social Inclusion workstream defines six life domains – employment, education, housing, leisure, community activity and personal finance. This paper addresses the education domain.
- This information pack therefore examines education projects and services as one aspect of community activity. While engagement with lifelong learning is of vital importance to some citizens, others will choose to connect via a range of other groups and associations and still others will have little or no use for these organisations.
- Education has many expressions, ranging from listening to the news or the solitary reading of a book through to undertaking demanding courses of accredited study with a well-known group of other students. This information sheet concentrates on groups that regularly meet each other for educational purposes – groups where a person with mental health issues might find a role and friendship.

An inclusive education project or service will strive to meet all of the following four requirements:

- It will work with people who have mental health problems and so are at risk of exclusion. The project or service may serve other citizens too.
- It will listen carefully to what people want to do and respond to their preferences in relation to educational activity. Ambitions and preferences will be taken seriously and staff will find a way to achieve these goals in a way that keeps the person safe (on their own terms) and others safe too.
- It will provide support to both individuals and mainstream learning providers so that the person can engage in ‘ordinary’ activities alongside ‘ordinary’ people in ‘ordinary’ places. This means the ordinary college rather than a class at the day centre and classmates from the general public rather than a ‘discrete’ special class for mental health service users. Discrete provision may be valuable, but it is not the focus of this database.
- It will promote the formation of natural, informal relationships and connections between the person who needs support and other citizens who happen to be participating in the educational activity. Wherever possible, staff will fall into the background and enable students to support each other in natural and informal ways.

What are the characteristics of a good project or service?

Successful projects and services are likely to utilise some or all of the following strategies:

- Training for tutors, students and other staff working in the educational setting to help them respond appropriately to people who need extra support and remove barriers that inhibit engagement.
- Marketing of the project or service within health and social care services.
- Finding out exactly what the person wants to do – perhaps via a particular interview or guidance technique, person-centred planning strategies or offering a range of taster sessions.
- Comprehensive knowledge of local opportunities for connecting with others via learning. This will include opportunities for informal social connections as well as formal education.
- A range of flexible and creative ways to introduce people to new activities and support them in carrying them out, so that intermittent or nervous attenders are not put off.
- Active promotion of social opportunities that surround the learning opportunity, so that participants build new social networks.

Who is doing what?

Appendix 1 offers a proforma for a telephone interview that will help to identify the projects and services that are utilising inclusive strategies. The following tables summarise the findings from a sample of six services from around England. A pen picture and contact details for each service can be found at Appendix 2.

	Serves MH users only	Run by health service	Run by education provider	Self referrals accepted	Activities in health or social service premises	Group activities in college premises	Support for individuals in education premises
Birkbeck College, London			•	•		•	•
South Kent College	•		•		•	•	•
Forward into Learning, Hull	•		•	•		•	•
InterAct (Bridges to Education), Chelmsford	•			•		•	•
St Anne's Befriending Scheme, Dewsbury	•			•	•		•
Stepping Stones, Lancashire	•		•	•	•	•	•
Wigan & Leigh College			•	•	•		•

Strategies used.

	Training for mainstream education staff/agencies	Taster sessions	Innovative ways to get to know service users	Matching with community opportunity	Buddy or mentor	Support group off the task
Birkbeck College, London	•		•	•		•
South Kent College	•	•	•	•		
Forward into Learning, Hull		•				
InterAct (Bridges to Education), Chelmsford	•	•	•	•		
St Anne's Befriending Scheme, Dewsbury		•	•	•	•	•
Stepping Stones, Lancashire	•	•	•	•		
Wigan & Leigh College	•	•	•	•		•

Marketing to

	Mainstream learning providers	Health & social services staff	Service users	Funders	Media	Users assist with presentations
Birkbeck College, London	•		•	•	•	•
South Kent College	•	•			•	
Forward into Learning, Hull		•	•			
InterAct (Bridges to Education), Chelmsford	•	•	•	•	•	
St Anne's Befriending Scheme, Dewsbury	•	•	•	•	•	•
Stepping Stones, Lancashire	•	•	•	•	•	•
Wigan & Leigh College	•	•	•	•		•

Who provides support in the mainstream setting?

	Paid worker from the inclusive project	Learning Support Assistant	Staff from health or social services	Another service user	Unpaid non-disabled buddy	Tutor	Non-disabled co-student
Birkbeck College, London	•	•				•	
South Kent College		•		•		•	
Forward into Learning, Hull	•	•	•			•	
InterAct (Bridges to Education), Chelmsford	•	•	•	•	•	•	
St Anne's Befriending Scheme, Dewsbury					•	•	
Stepping Stones, Lancashire	•	•	•	•		•	•
Wigan & Leigh College	•	•	•			•	

People with mental health problems are involved in

	Project design	Project management	Project review and evaluation
Birkbeck College, London	•		•
South Kent College	•		•
Forward into Learning, Hull		•	
InterAct (Bridges to Education), Chelmsford	•	•	•
St Anne's Befriending Scheme, Dewsbury			•
Stepping Stones, Lancashire			•
Wigan & Leigh College			•

Published resources

Appendix 3 gives a reference list.

Appendix 1 Proforma for reviewing inclusive education projects

We are collecting information about projects that promote **social inclusion**. While

many projects provide worthwhile and empowering activities for special groups in segregated buildings, they are not inclusive in the sense that we mean. A socially inclusive project will assist people with disabilities or other support needs to join in as individuals with activities that are open to everyone in the local community. Projects that work with people at risk of profound exclusion will have to do a lot of deliberate things to promote inclusion – it will not just happen. This questionnaire is an attempt to find out about those deliberate actions that promote inclusion.

1. Date of interview
2. Name of project:
3. Address of project:
4. Contact's name, address and email
5. Pen picture
6. Who is your project designed to serve? (tick all that apply)

People with mental health problems	<input type="checkbox"/>	People with learning disabilities	<input type="checkbox"/>	Offenders	<input type="checkbox"/>
Young people	<input type="checkbox"/>	Older people	<input type="checkbox"/>	Refugees or asylum seekers	<input type="checkbox"/>
Black and minority ethnic groups	<input type="checkbox"/>	Other particular groups	<input type="checkbox"/>	Anyone	<input type="checkbox"/>

7. In addition to education opportunities, does your project also support people to take up other roles in the community?

- Tick as many of the following as are actually part of your project – exclude anything for which you would need to make a separate referral.
- Exclude anything that simply comes with the education activity. For example, if you have supported one of your members to visit the volunteer bureau and take up voluntary work in the local soup kitchen – then tick the 'volunteer' box below. On the other hand if your education service supports people to obtain catering qualifications and the course includes work experience, time in the soup kitchen would NOT count in the table below.

Employment and training for work	<input type="checkbox"/>	Arts activities in the community	<input type="checkbox"/>	Contributing to the community as a volunteer	<input type="checkbox"/>
Taking up sports and exercise	<input type="checkbox"/>	Access to faith communities	<input type="checkbox"/>	Joining in with formal or informal community activities in the local neighbourhood	<input type="checkbox"/>

8. Your Supported Education project is part of

Education		Social services		Leisure services	
Stand alone		Health services		Day Centre	
Advocacy service		Voluntary sector organisation		Other	

9. Your project receives funds from (tick as many as apply)

Education or direct from the Learning & Skills Council)		Social Services		Health	
Charitable sources (including Lottery 'good causes')		European funds		Regeneration funds	
Voluntary organisation		Other			

10. From where are referrals accepted?

The person themselves		Social services		Probation	
Primary care (GP and team)		Specialist health services		Connexions	
Education professionals					

11. Inclusion

Segregated project in a health or social services building – perhaps with a guest tutor coming in to help the group.		Groups of service users doing educational activities in a venue that is used by the general public (e.g. discrete class at the Further Education College)		Service users are assisted to take up individual opportunities in ordinary education classes with members of the general public.	
--	--	---	--	--	--

12. Now we move on to examine the third option in the last question in some more detail. Which of the following strategies do you use to support people with mental health difficulties to join in as individuals with mainstream education classes?

Formal training events for mainstream education agencies		Innovative ways to get to know the talents and aspirations of the potential student		Help with choosing and locating an education activity in the community	
Taster sessions that allow potential students to try out the learning experience prior to making a longer		Special transport arrangements to help potential students get to the mainstream class.		A buddy, supporter or mentor is paired with the person to help them engage in the activity	

commitment.					
An 'off-course' support group or individual sessions are available for students who need support but participate as individuals in mainstream classes.		Clear 'career guidance' which supports people to move on to the next thing in their lives.			

13. Marketing - do you make a specific effort to advertise your project to any of the following groups of people?

Education providers run for the general public		Health and social services staff		Service users	
Commissioners and funders		Local and national media (newspapers, radio, TV, professional journals)		Tick here if your service users do some of the marketing presentations.	

14. When a person with extra support needs attends a mainstream community education opportunity alongside the general public, who provides support to them?

Paid worker from the Supported Education project		CSV or other full time volunteer		Staff from health or social services (whether statutory, voluntary or independent services)	
Personal assistant employed via Direct Payments		Another person with support needs		Unpaid non-disabled buddy	
Learning support assistant		The class tutor, pastoral group leader or similar		Other learners at the education activity on an informal basis	

15. Service users are involved in... (tick as many as apply)

Project design		Project management		Project review and evaluation	
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16. Are there any similar projects in your area that you are aware of?

Name of project	Contact details
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Additional notes:

Interview conducted by:

Appendix 2: Annotated Project list

Birkbeck University, London. Contact Jane Hoy, Widening Participation Coordinator, 26 Russell Square, Bloomsbury, London WC1B 5DQ. Tel: 020 7631 6672

j.hoy@bbk.ac.uk Ali works as the Development Officer for Mental Health, alongside a colleague working in a similar way with refugees and asylum seekers. There is a close partnership with a local mental health employment project and each agency refers people to the other from time to time. The mental health project is part of the college's 'widening participation' strategy and supports students with mental health difficulties to retain their place in higher education. Most people self refer to the project or are referred by their tutor. There are no discrete classes (for mental health service users only) and all the work is focused on supporting people to remain in mainstream settings in the college. Tutor training in mental health issues is built into the staff development programme for all college academic staff. The college runs a peer mentoring system for anyone who needs additional support in this way, and some people with mental health problems have been supported to utilise this. A regular support group offers opportunities for students with mental health issues to meet, hear a presentation and support each other. Events have been arranged for World Mental Health Day. The project has written some guidance on getting help with mental health issues for all staff and students. They also link with the Disability Liaison Officer in each academic school of the college. People who attend the Student Focus Group are paid for providing consultation expertise on mental health issues. For a fuller description, see Kemp (2002).

South Kent College. Contact Ian Morrison Programme Leader, Courses for Adults with Mental Ill Health, South Kent College, Shornecliffe Road, Folkestone, Kent CT20 2NA. Tel: 01303 858 262 ian.morrison@southkent.ac.uk This College of Further Education offers discrete classes for people with mental health issues and has a separate service for students with learning difficulties. Each Community Health Team has a nominated Occupational therapist who provides the link with the college and is often involved with referrals. Many students follow a common pathway that begins with one term in a class based in mental health premises, move on to three terms in a discrete class in the college premises and then enrol on a mainstream class. At first, students may have access to college transport to help them travel to their class, but they quickly transfer to public transport. The discrete classes include guidance tutorials to help students plan their future. Some students fast-track through these options and others repeat one or more sections of the pathway or pop back to the class for informal support after enrolling on mainstream classes. Many mainstream

courses offer taster sessions and the project has also requested that others are arranged from time to time to meet identified need. Some mainstream classes are popular with mental health service users and Ian often arranges for a Learning Support Assistant to be available to the group. However, if a student needs support in the mainstream class (such as a support worker from the health and social care service or an informal carer to attend with them), they are considered 'not ready' and encouraged to continue in the discrete provision. Work experience on mainstream courses and collaboration with the NHS and Shaw Trust provides work opportunities. The project began in 1995 and have approximately 100 students in college each year with around 60% accessing a mainstream course and the others preparing to do so. Ian contributes to the Certificate in Education and City & Guilds 7401 courses so that new teaching staff are inducted into their role with an awareness of mental health issues. An annual awards evening brings students together to celebrate their achievements and this provides a marketing opportunity and a chance for students to speak publicly about their successes.

Forward into Learning, Hull College. Contact Jill Laird, Occupational Therapist, 112 Marlborough Avenue, Hull HU5 3JX. Tel: 01482 574 555. laird@onetel.net.uk or Christopher Pawson tel 01482 329 943. This project offers a service to people with mental health difficulties. The majority of students attend a two year course in the Access Centre on the college campus that is run by the project and then it is hoped that they will enrol on to mainstream courses. A close link is maintained with the College Counsellor. Some students need support to travel to college, and the link with mental health services is utilised to arrange this. A students forum draws user views into the management process of the project.

InterAct (Bridges to Education), Chelmsford. Contact the Project Manager, Adrian Faiers, InterAct (Bridges to Education), Moulsham Mill, Parkway, Chelmsford CM2 7PX. Tel 01245 608 243 adrian.faiers@interact.org.uk InterAct is a voluntary sector organisation that runs services for people with learning disabilities as well as these mental health services. There is a special 'Bridges to Work' project for mental health service users and two sister projects for people with learning difficulties ("Circles of Support" which supports transition age young people in establishing informal friendships and connections and "Skillbase" which provides symbol based communication training). Bridges to Education takes a very wide view of education, so can work with people on arts and leisure activities, volunteering, exercise and access to faith communities as well as more formal learning. Anyone who feels that they have a mental health issue may use the service. They do not arrange activities within mental health premises, but support some discrete classes as well as their main aim of supporting people to access mainstream classes. They have tried buddying arrangements, but found that service users make little demand for this. However, a voluntary learning support assistant does help at one series of courses. After people move on from the project they keep in contact for a year from registration date to ensure that the person is progressing and to find out about outcomes. The project runs with a high level of user involvement in decision making.

St Anne's Befriending Scheme, Dewsbury. Dewsbury. Contact Paula Wood, St. Anne's Shelter and Housing Action The MIND Day Centre, Oates Street, Dewsbury WF13 1BB. Tel: 01924 468344. No email address. This is a befriending scheme for mental health service users that also provides short breaks for carers and aims to reduce social isolation and promote and help individuals to access recreational, leisure, community and educational activities. They have over 100 volunteer

befrienders and a number of these support individuals to access education. The supported educational opportunities are usually in mainstream settings, but befrienders also support people to attend classes on mental health premises. They use a distinct approach to getting to know and working with individuals, called 'Positive Focused Solutions'. Local learning providers offer one-off taster sessions, but the Befriending Service have noticed a lack of 'second step' opportunities that smooth the transition from single tasters to full course commitment. Volunteers are regularly supervised and use a wide range of approaches to support people. The service has a dedicated worker for the Asian community.

Stepping Stones, Lancashire. Contact Jeremy Braund, Director, Lancashire Stepping Stones Programme, the Adult College, PO Box 603, White Cross Education Centre, Quarry Road, Lancaster LA1 3SE Tel 01524 60141

Jeremy.braund@ed.lancscc.gov.uk All 10 colleges in the county have initiatives to support people with mental health problems to become students. At least one of these colleges also runs a 'jobquest' course that includes support for people moving into employment. Some classes are provided on mental health premises, and a few discrete classes are run, but staff must justify why they cannot provide this opportunity in a mainstream class. They try to maintain a focus on progression and lifelong learning, but feel that funding pressures and the working philosophy of many colleges gives scant attention to this. For example, it is possible for a member of the general public to enrol on the same course for ten years without anyone addressing this. One worker is joint funded by the mental health service and education to provide more intensive support to those individuals that need this, and this worker will support people in mainstream classes from time to time. For a fuller description, see Braund (1999)

Wigan & Leigh College. Contact Jill Mumford, Inclusive Learning Team, Wigan & Leigh College, PO Box 53, Parson's Walk, Wigan WN1 1RS. Tel:01942 761 813 or 07766 070 768 j.mumford@wigan-leigh.ac.uk The Inclusive Learning Team works with people with mental health difficulties, learning difficulties and others who need learning support. First line managers, known as mentors, supervise a staff team of 100 Inclusive Learning Officers, who have the task of providing learning support in mainstream classes. There are no discrete classes in the college, although tutors do provide discrete classes on mental health premises. They have worked with over 8,000 'hard to reach' learners, of whom perhaps 20% have mental health difficulties. Each student has a personal Support Plan that is reviewed every three months. Sometimes this includes the Advice & Guidance Officer. A regular meeting is held for students with mental health difficulties who wish to attend to support each other. Staff from the health and social care service are welcome to support the person in mainstream classes and may co-register and even co-complete the course with the person.

Appendix 3: Reference list

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National Institute for Mental Health in England
Mapping Inclusive Housing Projects

What are we talking about?

- The NIMHE Social Inclusion workstream defines six life domains – employment, education, housing, leisure, community activity and personal finance. This information pack is about the life domain of *housing*.
- The NIMHE Social Inclusion agenda is focused upon enabling people who have used mental health service to obtain or retain positive social roles alongside other citizens. As such, this paper focuses upon *inclusive* housing – those that support people to obtain ordinary housing with ordinary landlords (including local authorities and housing associations). Therefore for this purpose, we are considering general needs housing services, and floating support services in ordinary housing stock. We would also be very interested to hear of projects that have assisted service users into owner-occupation.
- We are aware that many highly valuable projects working with those most at risk of profound social exclusion will fall outside the scope of this initial mapping of services. Single-site clusters of accommodation reserved for a particular client group – such as warden-aided accommodation – are not included, nor are many other often very valuable forms of supported residence, such as hostels, care homes, and other such complexes. Such service would only come in this survey where they are used as a local resource base, to complement and back up floating support services.

Characteristics of socially inclusive housing practices

1. These are full tenancies, with the full rights and responsibilities of a tenant, including, for example, the right to refuse admission to visitors except on the terms agreed in the tenancy. The tenant will be responsible – all-be-it with any necessary support – for up-keep of the premises, payment of bills, and maintaining acceptable relations with neighbours.
2. The housing broadly reflects the aspirations and options of tenants – the housing stock is of averagely decent quality, and users can be offered a range of appropriate housing options without loss of support service. (We must recognise that housing stock options may be limited; but the principle is that the support service would follow the individual, should they choose to or need to move.)
3. The arrangements meet the landlord's requirements – the landlord (whether local authority, RSL, or private sector) has access to sufficient support, information, training and any other resources to enable them to carry out their normal role, though with sufficient sensitivity.
4. There is just enough help to ensure success. The support can be flexible in intensity over time, and between individuals; and also flexible in the range of support tasks, from relatively simple practical help such as arranging benefits and bill payments, through the teaching of lifeskills and dealing with neighbour disputes, through to active attempts to help the individual engage constructively within their local community and achieve a sense of belonging. Where the housing agency's service itself does not extend to cover all these aspects of successfully independent living, arrangements are in place to identify tenant's needs, and enlist the services of other agencies, whether contracted (ie: via Transitional Housing Benefit/Supporting People (THB/SP) funds or via direct payments) or "free at the point of use" (as with healthcare and social services input).

Successful social inclusion practices

Successful projects and services may adopt a variety of strategies, according to circumstances and the needs and wishes of particular service users. They might, for example, include:

- Mental health awareness training for landlords and housing agency staff. Where awareness training includes service users in the training, there is an additional benefit in de-mystifying mental health issues and adding authenticity.
- In addition to such training to help identify possible needs for support services for current tenants, some agencies now regularly raise issues of possible support needs with all tenants at interview, where the tenancy application is registered and processed.

-
- Established protocols agreed between the tenant, the housing service, and the statutory or voluntary support services, over issues such as risk factors and confidentiality can remove ambiguity and stress, and aid communication.
 - Floating support services vary enormously in their approach to encouraging social networking between tenants in the support scheme. Some aim to encourage tenants to socialise and otherwise engage outside of their client-group roles, and with the wider local community.
 - Others see combating the social isolation of tenants as crucial to their success, and actively encourage peer-support and befriending, with tenant/project networks where these networks can be more peer-group-led. Core-and-cluster models in particular will use a local specialist resource centre to underpin the efforts of floating support with further guarantees of support availability, particularly out-of-hours.
 - Floating support services have considerable flexibility in principle to meet a wide range of support needs. But to ensure that that flexibility of response continues, contractual, funding and monitoring arrangements need to be carefully framed in such a way as to cover this broad range of activities that might be suitable for each user.
 - Service users with multiple needs are often the most disadvantaged in terms of appropriate resources, and most at risk of social exclusion. Arrangements to accommodate and/or to enlist additional services for those with complex needs need to be agreed, and co-ordinated.

Who is doing what?

Appendix 1 offers a proforma for a telephone interview that will help to identify the services and projects that are utilising such inclusive strategies. The following tables summarise the findings from a sample of six projects selected from around England, ranging from general needs housing, floating support, and core-and-cluster models.

The contact details for each project can be found in the contact list at Appendix 2.

The questionnaire covers the following areas:

What is your primary client group?

What agency provides your service?

What housing and other services are offered?

What range of housing stock is available?

In what other areas of social inclusion will your service actively assist?

Who refers into your service?

Who initially identifies the need for support?

Who then regularly provides planned support?

Which THB/SP-eligible activities do you spend worker time on?

What strategies in social inclusive practice do you use?

What strategies of consultation are there?

Are users involved in promotion and consultations, and if so, how?

NB: "Housing-related support" services, and in particular floating support schemes, have been going through an era of exceptionally rapid development and innovation. The responses recorded below therefore represent a snap shot only of such services. In many cases the services are still evolving, unsure yet of their eventual scope, and the ultimate strengths and weaknesses of new models and new practices.

A survey and questionnaire at this juncture will need to recognise that fluidity, and assure respondents that a mapping such as this is not intended as a one-and-for-all statement of their service, but is a step towards establishing local practice-led forums, to explore and learn from good practice *as it is evolving*.

As far as possible, this questionnaire uses the terminology now current for housing and "housing-related support" services that has arisen with the new Supporting People programme. Some terms have been introduced, simply to make it possible to devise questionnaire categories at all. Where there is need for extra guidance, this is included within or below the actual questions.

The Questionnaire Responses Sample

[For details of the particular projects or services, see Appendix 1]

1: Specialism

Which client groups do you primarily serve?

	Mental health issues	Learning disabilities	Offenders	Any/ other vulnerable	Anyone/ general needs
Mansfield District Council, Move Ahead tenancy support					•
Tenancy Support service, South Yorkshire Housing Association				•	
Accommodation Plus, Re-think, Somerset	•				
Corporation Oaks outreach support, Turning Point, Nottingham	•		•		
Stonham Housing Association, Durham Core and Cluster	•			•	
Broomhill House outreach, Framework HA, Gedling, Notts	•				

2: Employer

What kind of agency manages your service?

	Housing department	Housing Association	Voluntary organisation	Other – please specify
Mansfield District Council, Move Ahead tenancy support	•			
Tenancy Support service, South Yorkshire Housing Association		•		
Accommodation Plus, Rethink, Somerset			•	
Corporation Oaks outreach support, Turning Point, Nottingham		•		
Stonham Housing Association, Durham Core and Cluster		•		
Broomhill House outreach, Framework HA, Gedling, Notts		•		

3: Breadth of service

What are the main areas of work of this agency locally?

	General needs housing	Supported accommodation	Crisis service	Floating support	General support	Other
Mansfield District Council, Move Ahead tenancy support	•	•	•			
Tenancy Support service, South Yorkshire Housing Association	•	•	•	•		
Accommodation Plus, Rethink, Somerset		•		•	•	•
Corporation Oaks outreach support, Turning Point, Nottingham		•		•		•
Stonham Housing Association, Durham Core and Cluster		•	•	•		
Broomhill House outreach, Framework HA, Gedling, Notts		•	•	•		

4: Housing options

What housing stock is available to tenants in the particular scheme described here?

	Self-contained housing units	Housing in a network	Single-site cluster	Shared houses	“Core house”
Mansfield District Council, Move Ahead tenancy support	•		•		
Tenancy Support service, South Yorkshire Housing Association	•	•	•		•
Accommodation Plus, Re-think, Somerset	•				
Corporation Oaks outreach support, Turning Point, Nottingham		•	•		•
Stonham Housing Association, Durham Core and Cluster		•		•	•
Broomhill House outreach, Framework HA, Gedling, Notts		•			•

NB: a “core house” here is a staffed unit for people with mental health needs, from where the staff team also support a cluster of nearby tenants.

5: Domains of social inclusion

Which other life domains do you expect your own staff to assist tenants in?

	Employment	Education	Personal finance	Leisure activities	Community activity including volunteering
Mansfield District Council, Move Ahead tenancy support			•		
Tenancy Support service, South Yorkshire Housing Association	•	•	•	•	•
Accommodation Plus, Re-think, Somerset					
Corporation Oaks outreach support, Turning Point, Nottingham	•	•	•	•	•
Stonham Housing Association, Durham Core and Cluster	•	•	•	•	•
Broomhill House outreach, Framework HA, Gedling, Notts	•	•	•	•	•

NB: Leisure activities will include pursuing sports or hobbies, inside or outside the home. Community activities specifically related to enabling tenants to take up roles or responsibilities as a citizen in the general community outside the home.

6: Referrals

Who would you normally accept direct referrals from?

	The person themselves	Social services	Other housing services	Specialist health services	Other support agencies	Other

Mansfield District Council, Move Ahead tenancy support	•	•	•	•	•	•
Tenancy Support service, South Yorkshire Housing Association	•	•	•	•	•	•
Accommodation Plus, Re-think, Somerset	•	•	•	•	•	•
Corporation Oaks outreach support, Turning Point, Nottingham		•		•		
Stonham Housing Association, Durham Core and Cluster	•	•	•	•	•	•
Broomhill House outreach, Framework HA, Gedling, Notts				•		

7: Identifying needs

At what point would you normally expect the support needs of individuals to be identified and the arrangements made for such support to be provided?

	General contacts	At interview	CPA/CMHT service review	Otherwise prior to referral	This project Assesses
Mansfield District Council, Move Ahead tenancy support	•	•			
Tenancy Support service, South Yorkshire Housing Association	•	•		•	•
Accommodation Plus, Re-think, Somerset		•		•	•
Corporation Oaks outreach support, Turning Point, Nottingham		•	•		
Stonham Housing Association, Durham Core and Cluster		•	•	•	•
Broomhill House outreach, Framework HA, Gedling, Notts			•		•

8: Staffing

Support with / in the accommodation is then regularly provided by....

	Landlord or their agents and staff	Support service Worker	Healthcare or social worker	Ready access project support (e.g. local drop in centre)	Support tenant or "able tenant"	Other
Mansfield District Council, Move Ahead tenancy support	•	•		•		
Tenancy Support service, South Yorkshire Housing Association	•	•		•		•
Accommodation Plus, Re-think, Somerset	•					•
Corporation Oaks outreach support, Turning Point, Nottingham		•	•	•		
Stonham Housing Association, Durham Core and Cluster		•		•		•
Broomhill House outreach, Framework HA, Gedling, Notts		•	•	•		

9: Eligible inclusion activity

Inclusive support activities range (NB: of THB/SP eligible activities)

	Establishing the initial tenancy	Assistance with welfare benefits	Managing the responsibilities of tenancy (eg: lifeskills)	Accessing other support services	Peer support & social networks	Assistance with employment & training	Community engagement incl faith community
Mansfield District Council, Move Ahead tenancy support	•	•		•			
Tenancy Support service, South Yorkshire Housing Association	•	•	•	•	•	•	•
Accommodation Plus, Re-think, Somerset	•	•		•			
Corporation Oaks outreach support, Turning Point, Nottingham	•	•	•	•		•	•
Stonham Housing Association, Durham Core and Cluster	•	•	•	•	•	•	•
Broomhill House outreach, Framework HA, Gedling, Notts	•	•	•	•	•	•	•

10: Social inclusion practice

Strategies used to support inclusive opportunities

	MH awareness training	Support to landlord	Clear co-working	Flexible contract	Peer support	Social events	Extended access
Mansfield District Council, Move Ahead tenancy support		•	•				
Tenancy Support service, South Yorkshire Housing Association			•	•	•	•	•
Accommodation Plus, Re-think, Somerset	•	•	•	•			
Corporation Oaks outreach support, Turning Point, Nottingham			•	•			•
Stonham Housing Association, Durham Core and Cluster			•	•	•	•	•
Broomhill House outreach, Framework HA, Gedling, Notts		•	•	•	•	•	•

11: User involvement

Are users involved in managing and promoting your service in these areas?

	Project design	Project management	Project review and evaluation	Promotion
Mansfield District Council, Move Ahead tenancy support scheme			•	
Tenancy Support service, South Yorkshire Housing Association			•	•
Accommodation Plus, Re-think, Somerset		•	•	•
Corporation Oaks outreach support, Turning Point, Nottingham				
Stonham Housing Association, Durham Core and Cluster		•		•
Broomhill House outreach, Framework HA, Gedling, Notts	•	•	•	

12: User satisfaction

How are users involved in user satisfaction questions?

	Tenant's meetings	Tenants' representatives	Individual reviews	Other
Mansfield District Council, Move Ahead tenancy support		•		•
Tenancy Support service, South Yorkshire Housing Association	•	•	•	•
Accommodation Plus, Re-think, Somerset			•	
Corporation Oaks outreach support, Turning Point, Nottingham			•	
Stonham Housing Association, Durham Core and Cluster	•	•	•	•
Broomhill House outreach, Framework HA, Gedling, Notts		•	•	•

Appendix 1 Proforma for reviewing actively inclusive housing services catering for those with mental health difficulties

1. Date of interview.
2. The name of the project.
3. Address of the project.
4. Contact's name, telephone number and email address.
5. Pen picture
6. Who is your project designed to serve? (tick all that apply)

People with mental health difficulties		All "vulnerable" adults (if specific, tick below)		Homeless persons	
People with learning disabilities		Black and minority ethnic groups		Refugees and/or asylum seekers	
Ex-offenders		Physically disabled people		Young persons	
Anyone with general housing requirements		Older people		Other particular groups (eg: women's refuge)	

Some services may need to tick two boxes where the service is specifically focused on those who meet two criteria, such as "mentally disordered offenders", or "African-Caribbean elders" etc. Use the pen picture to specify in more detail.

NB: The centre and right columns should be composited as "Any other vulnerable" in the summary tables.

7: Employer

What is the formal status of the agency that manages your service?

Housing department		Voluntary organisation	
Housing Association		Other – please specify below	

Other agency.....

8: Breadth of service

Besides this project, what are the main areas of work of this agency locally?

General needs housing		Floating support		Supported accommodation	
Crisis service (eg refuge, homelessness)		General support (eg: day care, counselling, advice)		Other	

“Locally” is perhaps best defined in terms of accessibility for service users (eg: one bus journey).

9: Housing options

What range of housing stock is available to the tenants within your support scheme?

Self-contained and dispersed units		Self-contained housing units in a locality or network		Self-contained housing units on a single site	
Small shared house		Core-and-cluster		Other	

The intention here is to identify continuity of support for individuals with different levels of need.

NB: “Core and cluster” schemes have the same staff support team operating both the floating/outreach support AND any supported accommodation or other out-of-hours accessible local resource.

10: Domains of social exclusion

Does your project also support people to take up other roles in the community?

Employment and training for work		Education opportunities	
Personal finance		Sports and leisure activities	
Community activity (incl voluntary work)		Taking part in cultural activities	
Financial advice		Access to faith communities	

11: Referrals

From where are referrals accepted

The persons themselves (" self-referral")		Housing services (incl. homeless persons' unit)		Connexions	
Social services		Specialist health services		Other	
Probation		Education professionals		Primary care (GP and team)	

Where initial enquiries would then be passed on to, vetted and prioritized by another agency, this would be an indirect referral.

12: Identifying needs

At what point would you normally expect the support needs of individuals to be identified, and arrangements made for the necessary support to be provided?

Frontline non-specialist staff of your agency will identify concerns in the course of their ordinary duties and attempt to identify services to enlist.		At interview, when tenancies are applied for, interview staff and tenants agree together on any additional support needs	
---	--	--	--

Housing-related support needs are identified in the course of regular CPA care plan reviews, and specific support plans are made then.		We expect all referred to us to have had their full range of needs, including housing support needs, assessed before referral	
We ourselves provide the in-depth on-going assessment of needs for all those we accommodate.		Other	

13: Staffing

Where a person with mental health difficulties takes a tenancy covered by your support service, who then provides their support? Tick as many as apply

Landlord and/or their agents and staff (including Local Authority and Registered Social Landlords)		Visiting paid tenancy support worker from a support agency		Local drop-in centre or "access point" for support from the project support staff	
Healthcare or social services employee		Support tenant (also known as "able tenant")		Other (eg: tenants advocate, befriender or volunteer)	

14: Eligible inclusion activity

Which of the following Transitional Housing Benefit/Supporting People eligible activities do you give significant priority and staff time to?

Establishing the tenancy		Assistance with welfare benefits claims	
Managing tenancy responsibilities/lifeskills		Accessing health and social care and other support	
Encouraging peer support & social networks		Employment training advice/encouragement	
Enabling access to community services and facilities (eg: sports, leisure)		Enabling access to culture-specific services eg: faith community, ethnicity or gender or other identity	

15: Social inclusion practice

Which of these strategies do you use to support with mental health difficulties to join in with mainstream community activities?

Mental health awareness training for general housing staff		Support to landlord (advice on management of problematic areas)	
--	--	---	--

Flexibility in contracts for support staff (to cover all support needs as individuals may need)		Clear co-working across agencies (incl cross-referral for complex needs)	
Social events		Peer support networking	
Extended accessibility eg: core-and-cluster or local drop-in service		Other	

16. Marketing

Do you make a specific effort to advertise your project to any of the following groups of people?

Local housing associations		Health and social services staff	
Service users		Commissioners and funders	
Local and national media (newspapers, radio, TV, professional journals)		Tick here if service users do some of the marketing presentations	

17: User involvement

Are tenants/service users involved in managing or promotion of your service in the following areas?

Original project design		Review and evaluation	
Project management (eg staff interviews)		Promotion & publicity	

18: User satisfaction

How do you find out whether service users are satisfied with the service they receive?"

Tenants representatives		Tenants meetings	
Individual service reviews		Other (eg: advocacy service)	

19. Other projects

Are there similar projects in your area of which you are aware?

Name of project	Contact details

Additional notes:

Interview conducted by:

Appendix 2: Housing projects list

Move Ahead

Contact details: Amanda Doyle, Move Ahead, Mansfield DC Housing Dept, 65 Westgate, Mansfield, Notts. Tel: 01623 463402. Move Ahead is a service provided by Mansfield Borough Council, one of several pilot projects throughout the country, part-funded by ODPM, assisting choice-based lettings as a one-stop-shop for both the council and approved local RSLs. The tenancy support service provides additional support to individuals registering for accommodation, both to identify suitable housing providers, and to identify any support needs, including referring on to specialist support provider services, who may then sub-contract with the partner landlords and the council for the additional support they provide.

South Yorkshire Housing Association

Contact details: Colin Draper, SYHA, c/o 43-47, Wellington St Sheffield S1 4HF. Tel 0114 2900100. SYHA is an innovative, locally based Housing Association working in South Yorkshire and North Derbyshire. They currently manage 4000 homes including 1600 supported housing bed spaces. SYHA provides the full range of residential accommodation, from nursing care to floating support, and all client groups from the elderly, the homeless, young persons, refugees and asylum seekers, and those with mental health problems.

Accommodation Plus

Contact: Jessica Henry, Rethink (07971 274 747) or Gerry Wadham 01823 365313 operation manger, 2, Green Dragon Ct, Penel Orliou, Bridgewater Somerset TA6 3PF. Rethink is one of the foremost charities operating in mental health in this country. The Somerset office operates a county-wide service, which enables the housing of individuals recovering from mental health problems with private sector landlords. The landlords are then paid to provide flexible, low level support, on a recovery model. The Rethink Somerset office provides training and other support to the landlords, but Rethink are not otherwise involved in on-going support to individual tenants, except in service and care plan reviews.

Corporation Oaks Outreach

Contact details: Stephen Lamb, Yvette Hyligar, Turning Point, c/o Alfred Minto House, Egypt Road, Nottingham. Tel 0115 978 3862 / 985 6683 (Outreach). Turning Point is the largest national charity providing services for people who have problems associated with mental health, learning disabilities, drugs and alcohol, and HIV/AIDS. Their Corporation Oaks project, linked to a nearby registered care unit for forensic psychiatry clients, runs as five independent flats of low-medium support move-on accommodation, and also from there provides up to 30 hrs p wk of outreach floating support, according to need, to an average of 6-10 service users

Durham Mental Health Services Core, Cluster and Outreach.

Contact: Jenny Lee-Warner, Stonham Housing Association, 13 Oak Terrace, W. Cornforth, Ferryhill, Cty Durham DL 17 9NN. Tel 01740 650 424. Stonham Housing Association is the largest single provider of “special needs” housing in England, with a strong commitment to social inclusion practice. The Supported Housing Service provides a supportive and rehabilitative environment for men and women with enduring mental health needs, which encourages and enables service users to develop self-determination, independence and to realise their full potential. It provides 17 bedspaces with 24hr support – of which 4 in the core house - in West Cornforth. The scheme offers accommodation for life. However in cases where moving on to more independent accommodation is part of the service users' own stated goals, or should health circumstances necessitate this, a planned move to appropriate accommodation can be facilitated. Residents have recently been asked how they want the service to change and a major reconstruction project has been planned to meet these requirements. Residents participate in the recruitment of staff and are represented on the management committee.

Broomhill House Outreach

Contact: Dave Smith, Framework Housing Association, Maville House, Beech Avenue, Nottingham NG7 7LS. Tel 0115 841 7711. Framework Housing Association provides housing and support services for vulnerable adults, with problems of homelessness, mental illness, learning difficulty, and/or substance abuse. In close conjunction with Broomhill House, a local mental health long-stay rehabilitation unit, they provide a layered support service to ex-patients of the unit, now living in their own, privately rented accommodation in the vicinity.

Appendix 3: Housing reference list

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National Institute for Mental Health in England**Mapping Inclusive Arts Projects****What are we talking about?**

- The NIMHE Social Inclusion workstream defines six life domains: employment, education, housing, leisure, community activity and personal finance. One component of the 'leisure' domain is artistic and creative activities.
- This information pack therefore examines arts projects as one aspect of community activity. While engagement with the arts is of vital importance to some citizens, others will choose to connect via a range of other groups and still others will have little or no use for these organisations.
- The arts have many expressions, ranging from a quiet appreciation of a building or the music in the lift, through spontaneous creativity in the karaoke session at the pub, to the solitary author in the garret. This information sheet concentrates on artistic activities that bring people into regular contact with others – groups where a person with a mental health difficulty might find friendship.

An inclusive arts project will strive to meet all of the following four requirements:

- It will work with people who have mental health problems and so are at risk of exclusion. The project may serve other citizens too.
- It will listen carefully to what people want to do and respond to their preferences in relation to artistic activity. Ambitions and preferences will be taken seriously and staff will find a way to achieve these goals in a way that keeps the person safe (on their own terms) and others safe too. The focus is on art for its own sake, rather than art as a therapeutic medium, and so people are perceived in the first instance as artists, rather than mental health service users.
- It will provide support to both individuals and mainstream arts groups so that the person can engage in 'ordinary' activities alongside 'ordinary' people in 'ordinary' places. This means the folk club at the local pub rather than the band at the day centre and the village photography group rather than the 'survivor arts' group. This is not meant to imply that specialist groups that are restricted to mental health service users are of less value, but that they are simply not *inclusive* in the sense that is meant within this information paper.
- It will promote the formation of natural, informal relationships and connections between the person who needs support and other citizens who happen to be participating in the arts activity. Wherever possible, staff will fall into the background and enable citizens to support each other in natural and informal ways.

What are the characteristics of a good project?

Successful projects are likely to utilise some or all of the following strategies:

- Training for mainstream arts organisations to help them respond appropriately to people who need extra support and remove barriers that inhibit engagement.
- Marketing of the project within health and social care services.
- Finding out exactly what the person wants to do – perhaps via a particular interview or guidance technique, person-centred planning or a range of taster sessions.
- Comprehensive knowledge of local opportunities for connecting with others via arts activities. This will include opportunities for informal social connections as well as creative endeavour.
- A range of flexible and creative ways to introduce people to new activities and support them in carrying them out, so that intermittent or nervous people are not put off.
- Active promotion of social opportunities that surround the artistic activity, so that participants build new social networks.

Who is doing what?

Appendix 1 offers a proforma for a telephone interview that will help to identify the projects that are utilising inclusive strategies. The following tables summarise the findings from a sample of six projects selected from around England. The contact details and a brief description of each project can be found in the contact list at Appendix 2.

Who is your project designed to serve?

	Serves MH users only	Run by a mental health service	Run by arts agency	Self referrals accepted	Activities in MH premises	Group activities in public premises	Support for individuals in public premises
Artlink, West Yorkshire	•		•			•	
Centrepieces, Bexley	•			•	•	•	•
Diva, Wakefield			•		•		•
Old Parcels Office, Bridlington		•		•		•	•
Mind Arts Project, Stockport	•	•		•	•		
Studio Upstairs, Bristol	•		•	•		•	•

Strategies used

	Training for mainstream arts agencies	Innovative ways to get to know service users	Matching with community opportunity	Buddy or mentor	Support group off the task	Clear guidance to move on
Artlink, West Yorkshire		•			•	
Centrepieces, Bexley		•	•			•
Diva, Wakefield	•	•		•		
Mind Arts Project, Stockport		•	•			
Old Parcels Office (Mind), Bridlington		•	•	•	•	•
Studio Upstairs, Bristol		•	•	•	•	•

Marketing to

	Mainstream arts projects	Health & social services staff	Service users	Funders	Media	Users assist with presentations
Artlink, West Yorkshire						
Centrepieces, Bexley	•	•				•
Diva, Wakefield	•	•				
Mind Arts Project, Stockport	•	•	•	•	•	•
Old Parcels Office (Mind), Bridlington		•	•	•	•	•
Studio Upstairs, Bristol	•	•	•	•	•	•

Who provides support in the mainstream setting?

	Paid worker from the inclusive project	Staff from health or social services	Another service user	Unpaid non-disabled buddy	Worker from the mainstream arts setting	Non-disabled co-participant from the arts activity
Artlink, West Yorkshire			•			
Centrepieces, Bexley	•	•	•			
Diva, Wakefield	•	•				•
Mind Arts Project, Stockport	•	•				
Old Parcels Office (Mind), Bridlington	•	•	•	•	•	
Studio Upstairs, Bristol			•			

 People with mental health problems are involved in

	Project design	Project management	Project review and evaluation
Artlink, West Yorkshire			
Centrepieces, Bexley	•	•	•
Diva, Wakefield	•	•	•
Mind Arts Project, Stockport	•	•	•
Old Parcels Office (Mind), Bridlington	•	•	•
Studio Upstairs, Bristol	•	•	•

Published resources

Appendix 3 gives a reference list.

Appendix 1 – Proforma for reviewing inclusive arts projects

1. Date of interview.
2. The name of the project.
3. Address of the project.
4. Contact's name, telephone number and email address.
5. Pen picture.
6. Who is your project designed to serve? (tick all that apply)

People with mental health problems		People with learning disabilities		Offenders	
Young people		Older people		Refugees or asylum seekers	
Black and minority ethnic groups		Other particular groups		Anyone	

7. Which arts activities do you support people to engage in?

Writing and reading		Music - Composing, performing, mixing, DJ.		Painting and drawing	
Acting		Arts appreciation – attending concerts, visiting galleries and museums		Sculpture – including pottery, ceramics etc	

Others					
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8. In addition to arts opportunities, does your project also support people to take up other roles in the community?

- Tick as many of the following as are actually part of your project – exclude anything for which you would need to make a separate referral.
- Exclude anything that simply comes with the arts activity. For example, if you have supported one of your members to visit the volunteer bureau and take up voluntary washing up in the local soup kitchen – then tick the ‘volunteer’ box below. On the other hand if your arts project makes free ‘welcome baby’ cards for the GP surgery to send out to new mums, then this might be classed as voluntary work, but would NOT count in the table below.

Employment and training for work		Education opportunities beyond those that are intrinsic to the arts activity itself		Contributing to the community as a volunteer	
Taking up sports and exercise		Access to faith communities		Joining in with formal or informal community activities in the local neighbourhood	

9. Your Supported Arts project is part of

Education		Social services		Leisure services	
Stand alone		Health services		Day Centre	
Advocacy service		Voluntary sector organisation		Other	

10. From where are referrals accepted?

The person themselves		Social services		Probation	
Primary care (GP and team)		Specialist health services		Connexions	
Education professionals		Other			

11. Inclusion

Segregated project in a health or social services building – perhaps with a guest tutor coming in to help the group and the public visiting to see user’s artwork		Individual opportunities for people who need support alongside non-disabled people at our project’s premises.		Groups of service users doing arts activities in a community arts venue that is used by the general public	
Service users are assisted to take up individual opportunities in ordinary community arts activities with members of the		Other			

general public.					
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12. Which of the following strategies do you use to support people with mental health difficulties to join in with mainstream arts activities alongside members of the general public?

Mental health awareness training for mainstream arts agencies		Innovative ways to get to know the talents and aspirations of the service user		Help with choosing and locating an arts activity in the community	
A buddy, supporter or mentor is paired with the person to help them engage in the activity		A support group is run for service users who participate as individuals in mainstream community activities		Clear 'career guidance' which supports people to move on to the next thing in their lives.	

13. Marketing - do you make a specific effort to advertise your project to any of the following groups of people?

Community arts projects run for the general public		Health and social services staff		Groups of people who need additional support – such as a local advocacy group	
Commissioners and funders		Local and national media (newspapers, radio, TV, professional journals)		Tick here if your service users do some of the marketing presentations.	

14. When a person with mental health difficulties needs support while attending a mainstream arts activity alongside the general public, who provides support to them?

Paid worker from the Supported Arts project		CSV or other full time volunteer		Staff from health or social services	
Personal assistant employed via Direct Payments		Another person with support needs		Unpaid non-disabled buddy	
The person in charge of the arts opportunity		Co-participants at the arts activity on an informal basis		Other	

15. Service users are involved in... (tick all that apply)

Project design		Project management		Project review and evaluation	
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16. 14. Are there any similar projects in your area that you are aware of?

Name of project	Contact details

Additional notes:

Interview conducted by:

Appendix 2: Annotated Project list

Artlink, West Yorkshire, Studio 3, 191 Belle Vue Road Leeds LS3 1HG. Tel: 0113 243 1005 artlink.westyorks@dial.pipex.com. Contact: Hayley Mason. Creates opportunities for people with mental health problems through involvement in visual arts. One professional artist has worked with mental health service users over time and built up a good relationship with them. People can work on individual arts projects or work together on community artwork. An 'assistant facilitator' role has been created and this offers an opportunity and some responsibility for a mental health service user to be employed. The building is used by mental health service users and also by some trainee community artists. The facility is popular and they always have an on-going waiting list. It is understood that some people will need to attend intermittently, due to fluctuations in their mental health. Studio 3 contributed to a citywide Arts and Health Day in 2002. As part of a larger organisation, the project has found fewer ways to involve service users in decision-making about the service than elsewhere.

Centrepieces, Bexley c/o Crayford Centre, 4-6 London Road, Crayford, Kent DA1 4BH. Tel 01322 521 162. crayfordcentre@hotmail.com Contact: Debbie Mayes, Art work Supervisor. Centrepieces began in 1999 with a Mind Millennium Award funded from the National Lottery. They are a group of artists who have all experienced mental health problems and live, work or study in the London Borough of Bexley. Their aim is to promote positive images of mental health through the quality and diversity of their artwork that is often exhibited in public places. They have also run workshops for school children and other groups in the community. In addition they encourage people to explore their creative side and express themselves through art as a way of promoting personal growth and positive mental health. Centrepieces is applying to become a charity and currently uses space in a mental health day centre. The bulk of their marketing activity is through exhibitions or leaflets about their work, rather than presentations to local audiences, although they often contribute to national conferences. The NHS trust employs an employment coordinator who will assist members in moving on to other activities in the community.

DIVA, Wakefield. PO Box 262, Wakefield WF1 1ZA. 01924 305 792. diva@pop3.poptel.org.uk Contact: Clare Conlan DIVA stands for Development Initiatives for Voluntary Arts and is established to promote the artistic and group life of arts groups in the voluntary sector. This includes a project called 'Inspire' that is funded by the local mental health NHS trust. Inspire has one artist in residence based at the psychiatric hospital and this will increase to two artists in 2003. The artist in residence provides a variety of group arts activities in various trust facilities, while

DIVA aims to enhance the capacity of voluntary arts groups to welcome people who have experienced mental distress. Health and social care staff are encouraged to participate in the arts activities alongside service users, as this helps them to 'discover their own artistic nature' and redefines the relationship between staff and client as fellow artists. Where a mental health service user needs support to engage in a community arts group, then DIVA would provide additional support, seek help from care staff, or work with the committee of the voluntary group to help them to respond appropriately to the need. Mental Health service users are on the project steering group.

Mind Arts Project, Stockport Unit 33M, Vauxhall Industrial Estate, Greg Street, Reddish, Stockport SK5 7BR. 0161 480 7731 or 0161 968 1800. Contact: Michael Anderson Michael@maps65.fsnet.co.uk This service is open to people who declare that they have a mental health difficulty, and so people self-refer or are referred by specialist mental health staff. Funding comes from a variety of sources, and fund-finding is a major aspect of the manager's task. Individuals may use unstructured studio space or assist with commissions or group projects. Activities include animation, visual art, theatre, creative writing, photography, creative computing, web design, publications and puppetry. The centre includes a gallery for member's artwork and items are sold to the public. The project also takes art activities into mental health premises, but does not regularly use other community arts facilities. People must be willing to attend unaccompanied, as the project considers that attendance by a care worker or supporter would damage the ambience of the setting. Newcomers begin with an induction programme of 3 sessions where they receive a full explanation about the way that the project operates. Anyone who is making the transition into activities beyond the project (for example an arts course at the college) may continue to attend the project for support. The project is often involved in community arts activities, such as the lantern procession through the town that engages many groups and individuals throughout the community. A specialist worker is employed by the local college to assist mental health service users access educational opportunities, so the project may look to this person to provide additional support for project members who are moving on to an educational setting. Four members are supported to facilitate members meetings and they join the five staff for all staff meetings.

Old Parcels Office Arts Centre (Mind), Bridlington. The Old Parcels Office Arts Centre, Bridlington Railway Station, Station Approach, Bridlington, East Yorkshire YO15 3EP. Tel/fax 01262 400 000 e-mail: oldparcelsoffice@lineone.net Contact: Perrie White, Hull and East Yorkshire MIND. This is a community arts project open to mental health service users and the whole community aiming to promote good mental health. It offers a wide range of arts activities, for all ages including performing arts, creative writing, music, arts appreciation, visual arts and three dimensional work, as well as celebratory and partnership events. They are funded by the National Lottery Community Fund, (until 2005) East Riding of Yorkshire Council and East Yorkshire Primary Care Trust. The Workers Educational Association has supported the project offering a wide range of courses. Project funding is raised according to need. Referrals mostly come from community mental health teams, and referrers are often asked to accompany the person for the first couple of visits. Whilst the staff do offer arts activities in mental health premises and support individuals to join in with arts activities in the wider community, most of their time is spent developing and delivering the broad program of activities at their own Arts Centre. One session is called Artspace and can be used for individual creative work, for

newcomers who are unsure what to do, and as a base for people who need a bit of support while moving on to other activities in the community. Some other sessions are open to mental health service users only, while others in the building are open to the general public and so service users simply mix in with other citizens. The fact that the Arts Centre is open to the public means that some people 'self-refer' and others attend with a friend. An annual Art & Craft Exhibition is very popular and people from the Arts Centre regularly contribute work and use the opportunity to network with other arts groups in the locality and publicise their activities. Hull & East Yorkshire Mind have commissioned a CD Rom about their activities that includes participant's personal accounts. Staff from the Arts Centre might accompany people on their first visit to an 'ordinary' community venue, but support is limited by their duties back at the Arts Centre. Service users sit on the Steering Group that supports the Arts Centre. The Arts Centre is overseen by the Hull and East Yorkshire Mind Executive Committee

Studio Upstairs, Spike Island, 133 Cumberland Road, Bristol BS1 6UX. 0117 909 9608, studioupstairs@supanet.com Contact: Douglas Gill (project manager), Nick Moore. This project is a registered charity for people whose interests, abilities and talents can be expressed through the arts, yet for various reasons are unable, or choose not to participate in established institutions. This project is particularly interested in encouraging those who suffer from mental/emotional distress or are in drug and alcohol recovery. Studio Upstairs is a large skylit studio housed within Spike Island which is an established collective of over 60 practicing artists with a public exhibition space. Artists using the studio make a commitment to producing their own work; painting drawing and mixed media, and are given opportunities to exhibit their work. Recently a writer's workshop has been formed. The studio is a therapeutic environment managed by a team of artists and registered art therapists, who are available to offer help, and advise on technical, aesthetic or personal problems. The membership also benefits from the support of other members in the studio. It is a place where individuals can make sense of their personal chaos through artwork in a non-institutional setting. The wide range of art practice and experimentation in the Studio provides a rich and inspiring atmosphere for all levels of ability. Individuals may simply wish to develop art that they have produced in another setting. Studio Upstairs has strong ties with City of Bristol College and the Education Dept. of Arnolfini art centre, co-leading workshops, exhibitions and gallery discussions. These partnerships enable the studio to create a public platform where stigmas associated with artists who suffer from mental health difficulties can be challenged and dismantled. Newcomers - potential members – are invited to bring some of their own work to an initial meeting and if interested are offered an introductory day prior to making a regular commitment to attending the Studio.

Appendix 3: Arts Reference list

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Vice, Sue & McFadyen, Jim (2000) Life at the Lee A Life in the Day Vol 4, issue 3 pp 8-13.

National Institute for Mental Health in England

Mapping Inclusive Exercise Projects

An inclusive physical exercise project will strive to meet all of the following four requirements:

- It will work with people who have mental health problems and so are at risk of exclusion. The project may serve other citizens too.
- It will listen carefully to what people want to do and respond to their preferences in terms of the activity and a myriad of other aspects that surround the exercise itself. Ambitions and preferences will be taken seriously and support staff will find a way to achieve these goals in a way that keeps the person safe (on their own terms) and others safe too.
- It will provide support to both individuals and mainstream leisure facilities so that the person can engage in ‘ordinary’ activities alongside ‘ordinary’ people in ‘ordinary’ places. This means the public swimming baths rather than the hydrotherapy pool and the David Lloyd running club rather than the Mental Health Runners group.
- It will promote the formation of natural, informal relationships and connections between the person who needs support and other citizens who happen to be participating in the physical exercise activity. Wherever possible, staff will fall into the background and enable citizens to support each other in natural and informal ways.

What are the characteristics of a good project?

Successful projects are likely to utilise some or all of the following strategies:

- Training for fitness instructors and other leisure centre staff to help them respond appropriately to people who need extra support and remove barriers that inhibit engagement.
- Marketing of the project within health and social care services.
- Finding out exactly what the person wants to do – perhaps via a particular interview or guidance technique, person-centred planning strategies or offering a range of taster sessions.
- Comprehensive knowledge of local opportunities for connecting with others via physical exercise. This would include supporters clubs or observation galleries as well as opportunities for exercise.
- A range of flexible and creative ways to introduce people to new activities and support them in carrying them out, so that intermittent or nervous attenders and those who achieve less than others are not put off.
- Active promotion of social opportunities that surround the physical exercise, so that participants build new social networks.

Who is doing what?

Appendix 1 offers a proforma for a telephone interview that will help to identify the projects that are utilising inclusive strategies. The following tables summarise the findings from a sample of six projects selected from around England. A pen picture and contact details for each project can be found at Appendix 2.

Who is your project designed to serve?

	Serves MH users only	Run by health service	Run by leisure service	Self referrals accepted	Activities in health or social services venues	Group activities in public venues	Support for individuals in public venues
Barrow Community Gym	•	•			•	•	•
Portslade Green Gym, Brighton				•		•	•
Portsmouth Interaction	•		•			•	•
Teesdale Sports Centre, Barnard Castle			•			•	•
Westgate Leisure Centre, Chichester	•		•				•
West London Mental Health Trust		•		•	•	•	•

Strategies used

	Training for mainstream leisure staff	Initiatives to ensure host community is welcoming	Innovative ways to get to know service users	Matching with community opportunity	Buddy or mentor	Support group off the task	Exit guidance and support
Barrow Community Gym			•		•		
Portslade Green Gym, Brighton		•			•		
Portsmouth Interaction	•		•	•	•	•	•
Teesdale Sports Centre, Barnard Castle	•	•				•	
Westgate Leisure Centre, Chichester	•		•			•	
West London Mental Health Trust	•		•	•	•	•	•

Marketing to

	Mainstream leisure providers	Health & social services staff	Service users	Funders	Media	Users assist with presentations
Barrow Community Gym	•	•	•		•	•
Portslade Green Gym, Brighton		•		•	•	•
Portsmouth Interaction	•	•	•	•		•
Teesdale Sports Centre, Barnard Castle		•		•	•	

Westgate Leisure Centre, Chichester		•				
West London Mental Health Trust	•	•	•			•

Who provides support in the mainstream setting?

	Paid worker from the inclusive project	CSV	Staff from health or social services	Another service user	Unpaid non-disabled buddy	Worker from the mainstream sports setting	Non-disabled co-participant from the exercise activity
Barrow Community Gym	•			•			
Portslade Green Gym, Brighton			•	•			•
Portsmouth Interaction	•		•	•	•	•	
Teesdale Sports Centre, Barnard Castle			•			•	
Westgate Leisure Centre, Chichester			•			•	
West London Mental Health Trust	•			•	•	•	

People with mental health problems are involved in

	Project design	Project management	Project review and evaluation
Barrow Community Gym	•	•	•
Portslade Green Gym, Brighton	•	•	•
Portsmouth Interaction	•		•
Teesdale Sports Centre, Barnard Castle	•	•	•
Westgate Leisure Centre, Chichester			
West London Mental Health Trust			

Published resources

Appendix 3 gives a reference list.

Appendix 1 Proforma for reviewing inclusive exercise projects

This questionnaire is not meant to be a rigid and limiting format, but rather to provide a series of prompts to interviewers. We hope that the questions will provide a series of launchpads to enable people to discuss what actually happens in each project. Moreover, this questionnaire is designed to find out about the range of different approaches to inclusion. It is not a quality standard demanding conformity in every aspect. The shape of a service in a particular location will depend on a range of factors and so local people should decide on what they need in that place.

1. Date of interview.
2. The name of the project.
3. Address of the project.
4. Contact's name, telephone number and email address.
5. Pen picture
6. Who is your project designed to serve? (tick all that apply)

People with mental health problems		People with learning disabilities		Offenders	
Young people		Older people		Refugees or asylum seekers	
Black and minority ethnic groups		Other particular groups		Anyone	

7. Which physical exercise activities do you support people to engage in?

Team activities e.g. five a-side football		Home-based exercise e.g. gardening or solo jogging around the streets		Individual activities at a leisure centre e.g. use of fitness suite equipment	
Spectator or supporter		Other			

8. In addition to physical exercise opportunities, does your project also support people to take up other roles in the community?

- Tick as many of the following as are actually part of your project – exclude anything for which you would need to make a separate referral.
- Exclude anything that simply comes with the exercise activity. For example, if you have supported one of your members to visit the volunteer bureau and take up voluntary washing up in the local soup kitchen – then tick the 'volunteer' box below. On the other hand if your exercise project is a green gym that offers exercise in the context of volunteer conservation work, then do not tick the volunteer box.

Employment and training for work		Education opportunities beyond those that are intrinsic to the exercise activity itself		Contributing to the community as a volunteer	
Taking up arts and cultural activities		Access to faith communities		Joining in with formal or informal community activities in the local neighbourhood	

9. Your Physical Exercise project is part of

Education		Social services		Leisure services	
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Stand alone		Health services		Day Centre	
Advocacy service		Voluntary sector organisation		Other	

10. From where are referrals accepted?

The person themselves		Social services		Probation	
Primary care (GP and team)		Specialist health services		Connexions	
Education professionals		Other			

11. Inclusion

Segregated project in a health or social services building – perhaps with a guest fitness instructor coming in to help the group		Groups of disabled people doing exercise activities in a community leisure venue that is used by the general public		Disabled people are assisted to take up individual opportunities in ordinary community sports venues with members of the general public.	
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12. Which of the following strategies do you use to support people with mental health difficulties to join in as individuals in mainstream exercise activities alongside members of the general public?

Formal training events for mainstream sports and exercise agencies		Innovative ways to get to know the talents and aspirations of the service user		Help with choosing and locating an exercise activity in the community	
A buddy, supporter or mentor is paired with the person to help them engage in the activity		A support group is run for service users who participate as individuals in mainstream community activities		Clear 'exit guidance' which supports people to move on to the next thing in their lives.	
Initiatives to ensure that the host community is welcoming					

13. Marketing - do you make a specific effort to advertise your project to any of the following groups of people?

Mainstream leisure providers		Health and social services staff		Service users	
Commissioners and funders		Local and national media (newspapers, radio, TV, professional journals)		Tick here if your service users do some of the marketing presentations.	

14. When a person with mental health difficulties needs support whilst attending a mainstream community exercise activity alongside the general public, who provides support to them?

Paid worker from the Inclusive Exercise project		CSV or other full time volunteer		Staff from health or social services	
Personal assistant employed via Direct Payments		Another person with support needs		Unpaid non-disabled buddy	
A worker employed at the sports opportunity		Co-participants at the exercise activity on an informal basis		Other	

15. Service users are involved in... (tick as many as apply)

Project design		Project management		Project review and evaluation	
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16. Are there any similar projects in your area that you are aware of?

Name of project	Contact details

Additional notes:

Interview conducted by:

Appendix 2: Annotated Project list

The following list itemises projects in alphabetical order of their title.

Barrow community gym – “lifting the weight from troubled minds”. Barrow Community Gym aims to help individuals with mental health problems make exercise therapy a part of their lifestyle, and improve their physical well-being. Located in the middle of Barrow-in-Furness, it offers a fully equipped gym with state-of-the-art equipment. The gym offers individually tailored and supported exercise programmes, management of high blood pressure with exercise and help with moving into mainstream leisure facilities. All programmes are free and can be accessed by people referred by specialist mental health services or those referred by their General Practitioner as at risk of developing mental ill-health. There is a support worker for those who have difficulties leaving their homes on their own and getting to the gym. The project started from very humble beginnings, based in the mental health unit at Furness General Hospital, and has now grown into a very successful gym. From the

start the project made a decision to involve service users in the development of the gym and this has been extremely fruitful. Clients have an opportunity to sit on interview panels whenever new staff are recruited and are also involved in general management meetings and service evaluation. Since the Community Gym opened in October 1998, many clients have expressed an interest in volunteering and "putting something back" into the project. This has led to a partnership initiative with Making Space Employment Link and local colleges to develop the 'Stepping Stones Project'. This provides individuals with one years employment within the gym, in order to gain hands-on experience and provides time to seek further employment when the contract finished. Before being offered this option, individuals will have been using the gym as a client for around one year. After this year, they can begin volunteering and training. The local college delivers a 'fitness buddies' course (2 hours a week over 6 weeks) that teaches students how to ensure the safe and effective use of gym equipment and how to provide support for other clients who are not yet comfortable with using the equipment on their own. For more information contact: Karen Oliver, Manager, Barrow Community Gym, Bay Community NHS Trust, Salvation Army Premises, Abbey Road, Barrow-in-Furness, Cumbria LA14 5UD. Tel: 01229 821616. Website: www.barrowcommunitygym.com

Teesdale Sports Centre, Barnard Castle. Manager is Gerry Hehir, tel 01833 690 400, Strathmore Road, Barnard Castle, Co Durham, DL12 8DS. Two local day centres make regular bookings and groups of people attend the sports centre, providing a starting point for some members to attend as individuals. There is also an exercise on referral scheme that includes people with mental health needs. Gerry sometimes suggests that GPs authorise additional courses for a person who needs extra time to establish an exercise regime. Graduates of the exercise referral scheme can also have cheap admission for a period and attend the gym at the same time as the group if they wish to, in order to stay in contact with supportive staff and the group. The mental health service can authorise cheap admission to the sports centre for a year at a time. Gerry and two colleagues have considerable experience of working in the sports centre with people who have mental health needs and Gerry arranges shift patterns to ensure that these staff are consistently on hand for the various groups and other times when people need support.

Portslade Green Gym, Brighton. This is one of over 30 green gyms established all over the country by the British Trust for Conservation Volunteers (BTCV). Green gyms combine exercise with conservation work and group membership, as local self-governing groups are established to take responsibility for a conservation area. Research commissioned by BTCV and undertaken by Oxford Centre for Health Care Research & Development (OCHRAD), Oxford Brookes University has demonstrated the physical and mental health benefits of participation. BTCV sometimes provide a project worker for 18 months in order to help the group become established, but it then needs to be self-managing. The gym at Portslade has had considerable success in recruiting people with common mental health problems (GPs encourage people who then self-refer). BTCV offers accreditation of the conservation skills and also help the groups to review their functioning to ensure that they are democratic and welcome newcomers. Funding comes a number of sources, including Healthy Living Initiatives, Community Fund (Fair Share strand), New Deal for Communities, SRB, Local Exercise Action Pilots (DH), Countryside Agency and Sports England. See www.btcv.org.uk and click on 'special projects', or contact the Regional Development Manager Yvonne Trchalik or her colleague Nigel Madge on tel: 01403

730 572 but do not contact Portslade direct as they are swamped with publicity. BTCV has a number of regional staff appointed to promote green gyms.

Portsmouth. Kay Dooler Co-ordinator or Kerry Morgan, Portsmouth Interaction, Portsmouth City Council Leisure Services, Civic Offices, Portsmouth PO1 2AD 023 9283 4659. Portsmouth interaction is a club for people experiencing long term mental ill health who wish to take part in recreational activities, but due to the effects of mental ill health often lack the confidence to join general public sessions. The club provides a range of activities which are offered in a safe, supported environment, and which provide stepping-stones toward integration within mainstream community provision. Referral to Portsmouth Interaction is made via a mental health care co-ordinator and individual progress is monitored through the care plan process. Members can make new friends, share similar interests, have fun, build self-esteem and confidence through a range of activities including swimming, walking, bowling, badminton, weight training, conservation, snooker, horse riding, ten bowling, allotments, tennis and others. These activities take place in a variety of settings – some are community mental health centres, others are ordinary community leisure facilities. All activities are free or low cost. A support worker is available to accompany individuals to these activities initially, and there also volunteers who provide support for individuals and group activities. The club has around two hundred members and is funded by Portsmouth City Council Leisure Service and Social Services.

Westgate Leisure Centre, via Ravenna, Chichester, West Sussex PO19 1RJ. Manager is Richard Minton on 01243 521 102, rminton@chichester.gov.uk The leisure centre has 3,000 members. Activities include a GP referral scheme, a mental health exercise referral scheme and they are part of the Inclusive Fitness Initiative (IFI). Staff are trained by IFI to respond to people with disabilities. Staff will meet anxious individuals and show them around on a one-to-one basis. All staff use a standard proforma to induct new customers at the leisure centre and this includes gathering some information about the person's exercise history and interests. They have a 'Disability Focus Group' that advises the centre on disability issues. They have plans to arrange some socials, as these help customers to get to know each other. The centre is also used by the West Sussex Learning Links project which provides buddies to people with learning disabilities.

West London. Matt Stone manages St Bernard's Gymnasium and two other gyms in the hospital grounds of West London Mental Health Care NHS Trust, Uxbridge Rd, Southall, Middlesex UB1 3EU, tel 0208 354 8166. Matt.Stone@wlmht.nhs.uk This is a specialist mental health service that provides exercise opportunities to a number of people in secure and acute settings as well as offering support to enable people to join in with activities in the wider community. The facilities are open to mental health staff and a service is shortly to start offering rehabilitation to cardiac patients. Matt often uses motivational interview techniques in working with individuals, and the team will often signpost people to other activities beyond the sport and exercise arena.

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National Institute for Mental Health in England**Mapping Inclusive Volunteering Projects****What is an inclusive project?**

An inclusive volunteering project will strive to meet all of the following four requirements:

- It will work with people who have mental health problems and so are at risk of exclusion. The project may serve other citizens also.
- It will listen carefully to what people want to do and respond to their preferences in relation to voluntary work. Ambitions and preferences will be taken seriously and staff will find a way to achieve these goals in a way that keeps the person safe (on their own terms) and others safe too.
- It will provide support to both individuals and mainstream volunteer-engaging organisations so that the person with mental health difficulties can engage in 'ordinary' activities alongside 'ordinary' people in 'ordinary' places. For example, this means helping at the lunch club on the High Street rather than the coffee bar at the mental health resource centre.
- It will promote the formation of natural, informal relationships and connections between the person who needs support and other citizens who happen to be volunteering at that setting. Wherever possible, staff will fall into the background and enable citizens to support each other in natural and informal ways.

What are the characteristics of a good project?

Successful projects are likely to utilise some or all of the following strategies:

- Training for volunteer-engaging organisations (VEOs) and their staff and volunteers to help them respond appropriately to people who need extra support and remove barriers that inhibit engagement.
- Marketing of the project within health and social care services.
- Finding out exactly what the person wants to do – perhaps via a particular interview or guidance technique, person-centred planning strategies or offering a range of taster sessions.
- Comprehensive knowledge of local opportunities for voluntary work. This will include opportunities for informal social connections as well as carrying out the voluntary work.
- A range of flexible and creative ways to introduce people to new activities and support them in carrying them out, so that intermittent or nervous attenders are not put off.
- Active promotion of social opportunities that surround the voluntary work, so that participants build new social networks.

Who is doing what?

Appendix 1 offers a proforma for a telephone interview that will help to identify the projects that are utilising inclusive strategies. The following tables summarise the findings from a sample of six projects selected from around England. A pen picture and contact details for each project can be found at Appendix 2.

Who is doing what?

The following tables show projects that have addressed each aspect of an inclusive project. The contact details for each project can be found in the contact list at Appendix 2.

Who do you serve?

	Mental health issues	Learning disabilities	Young people	Older people	Refugees or asylum seekers	Offenders	Anyone
Barnsley	•	•					
Inclusive Volunteering, Blackburn	•	•				•	
Breaking Barriers, Peterborough	•	•			•	•	
Salford Volunteer Bureau	•	•			•	•	•
Restart, Mid Sussex Volunteering	•	•					
Community Connections, Nottingham	•	•					

Referrals accepted from

	Person themselves	Social services	Specialist Health	GP	Probation	Connexions
Barnsley	•		•			
Inclusive Volunteering, Blackburn	•	•	•	•	•	
Breaking Barriers, Peterborough	•	•	•	•		
Salford Volunteer Bureau	•	•	•	•	•	•
Restart, Mid Sussex Volunteering	•				•	
Community Connections, Nottingham		•	•			

Strategies used

	Volunteer preparation course	Formal training events for VEOs	Innovative ways to get to know the volunteer	Matching with community opportunity	Buddies	Support group off the task	Exit guidance
Barnsley			•	•		•	
Inclusive Volunteering, Blackburn		•	•	•		•	
Breaking Barriers, Peterborough	•	•		•	•	•	
Salford Volunteer Bureau		•		•			
Restart, Mid Sussex Volunteering		•	•	•			
Community Connections, Nottingham			•	•		•	

Inclusion

	Segregated project in health or social services building	Individual opportunities alongside others in your service	Group volunteering in the community	Initiatives to ensure host community is welcoming	Supported individual opportunities in the community
Barnsley	•				•
Inclusive Volunteering, Blackburn					•
Breaking Barriers, Peterborough			•		•
Salford Volunteer Bureau					•
Restart, Mid Sussex Volunteering					•
Community Connections, Nottingham		•			•

Marketing

	To VEOs	Health and social services staff	Groups of people who need additional support	Commissioners and funders	Media	Supported volunteers do the training
Barnsley	•	•			•	
Inclusive Volunteering, Blackburn	•	•			•	
Breaking Barriers, Peterborough	•	•	•		•	•
Salford Volunteer Bureau	•	•	•		•	
Restart, Mid Sussex Volunteering		•	•		•	•
Community Connections, Nottingham	•	•	•	•	•	

Your SV scheme is part of

	Education	Supported employment service	Volunteer Bureau	Stand alone	Day centre	Day opportunity service	Mentoring or befriending project
Barnsley			•				
Inclusive Volunteering, Blackburn			•				
Breaking Barriers, Peterborough			•				
Salford Volunteer Bureau			•				
Restart, Mid Sussex Volunteering			•				
Community Connections, Nottingham						•	

Who provides support at the volunteering opportunity?

	Unpaid non-disabled buddy	CSV or other full time volunteer	Paid worker from the SV project	Staff from the health or social services	Personal assistant employed via Direct Payments	Another person with support needs	Worker from the VEO	Non-disabled co-volunteer
Barnsley			•	•			•	•
Inclusive Volunteering, Blackburn				•			•	•
Breaking Barriers, Peterborough	•		•	•			•	
Salford Volunteer Bureau			•	•			•	
Restart, Mid Sussex Volunteering			•				•	•
Community Connections, Nottingham			•	•			•	•

Service users are involved in

	Project design	Project management	Project review and evaluation
Barnsley			
Inclusive Volunteering, Blackburn			
Breaking Barriers, Peterborough			
Salford Volunteer Bureau			•
Restart, Mid Sussex Volunteering			
Community Connections, Nottingham			

Published resources

Appendix 3 gives a reference list.

Appendix 1 – Proforma for reviewing inclusive volunteering projects

1. Date of interview
2. Name of project
3. Address of project
4. Contact's name, telephone number and email
5. Pen picture
6. Who is your project designed to serve? (tick all that apply)

People with mental health problems		People with learning disabilities		Offenders	
Young people		Older people		Refugees or asylum seekers	
Black and minority ethnic groups		Other particular groups		Anyone	

7. In addition to voluntary work opportunities, does your project also support people to take up other roles in the community?

- Tick as many of the following as are actually part of your project – exclude anything for which you would need to make a separate referral.
- Exclude anything that simply comes with the voluntary work activity. For example, if you have supported one of your members to visit the sports centre and take up swimming – then tick the 'physical exercise' box below. On the other hand if your voluntary work project is a conservation project where volunteers routinely do hard physical work in the context of their volunteering, then do not tick the physical exercise box.

Employment and training for work		Education opportunities beyond those that are intrinsic to the exercise activity itself		Joining a faith-based group	
Taking up arts and cultural activities		Physical exercise or sports activities		Joining in with formal or informal community activities in the local neighbourhood	

8. Your volunteering project is part of

Education		Social services		Leisure services	
Stand alone		Health services		Day Centre	
Advocacy service		Voluntary sector organisation		Mentoring or befriending project	

Supported Employment service		Volunteer bureau		Other	
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9. From where are referrals accepted?

The person themselves		Social services		Probation	
Primary care (GP and team)		Specialist health services		Connexions	
Education professionals		Other			

10. Inclusion

Volunteering activities take place in a health or social services building or mental health premises		Groups of people with mental health problems doing their own voluntary work activities in a place that is used by the general public		People with mental health problems are assisted to take up individual opportunities in ordinary volunteer settings alongside members of the general public.	
Individual opportunities to volunteer within our own service – e.g. voluntary office work at the SV project					

11. Which of the following strategies do you use to support people with mental health difficulties to join in as individuals in mainstream volunteering opportunities alongside members of the general public?

Formal training events for mainstream VEOs		Innovative ways to get to know the history, talents and ambitions of the potential volunteer		Help with choosing and locating a volunteering opportunity in the community	
A buddy, supporter or mentor is paired with the person to help them engage in the activity		A support group is run for service users who participate as individuals in mainstream volunteering activities		Clear 'exit guidance' which supports people to move on to the next thing in their lives.	
Initiatives to ensure that the host volunteering setting is welcoming to all					

12. Marketing - do you make a specific effort to advertise your project to any of the following groups of people?

VEOs		Health and social services staff		Service users	
Commissioners and funders		Local and national media (newspapers, radio, TV, professional journals)		Tick here if your service users do some of the marketing presentations.	

13. When a person with mental health difficulties attends a mainstream volunteering opportunity alongside the general public, who provides support to them?

Paid worker from the Supported Volunteering project		CSV or other full time volunteer		Staff from health or social services	
Personal assistant employed via Direct Payments		Another person with support needs		Unpaid non-disabled buddy	
The Volunteer Manager from the volunteering opportunity		Co-volunteer at the volunteering site on an informal basis		Other	

14. Service users are involved in... (tick as many as apply)

Project design		Project management		Project review and evaluation	
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15. Are there any similar projects in your area that you are aware of?

Name of project	Contact details

Additional notes:

Interview conducted by:

Appendix 2: Annotated Project list

Barnsley. Carole Brooke, Supported Volunteering Services at Barnsley Volunteer Bureau, 33 Queens Road, Barnsley S71 1AN. Tel: 01226 771 796, barnsleyvb@talk21.com Carole runs the Supported Volunteer Service within the Volunteer Bureau and works with people who have mental health difficulties, people with learning disabilities and a number of people with physical disabilities. She is eager to locate high quality placements where the manager of the volunteer-engaging organisation will ensure that the volunteer receives good support – perhaps by identifying a co-volunteer who will look out for the new person. Consequently, she often has a shortage of appropriate placements. The project began in 2001 and it has been a slow process to build up a network of suitable placements. Carole is currently starting a badge-making group that will provide a service to local voluntary bodies, as well as provide a platform for a fuller assessment of potential volunteers, a supportive place for those who do not yet feel ready for community-based placements, and a source of references for future volunteering work. A volunteer with mental health problems is a member of the Bureau management committee.

Blackburn & Darwen. Kate Hodge, Inclusive Volunteering Project, Blackburn and Darwen Volunteer Bureau. Tel: 01254 694 113 blacburnvb@care4free.net The Inclusive Volunteering Project has funding from the 'Opps for Vols programme. They have produced a good practice guide for all volunteer-engaging organisations called 'Getting and Keeping Volunteers' and a publication for health and social services staff called 'Information for Agencies' and over 1,000 of the latter documents have been distributed. They use the regular Volunteer Coordinator's Forum and talk about support needs from time to time, and have also provided diversity training called 'volunteering for all'. A volunteer with a learning disability started a user-led group called 'Circle of Friendship' that provide mutual support to any volunteer who chooses to join and they have also contributed to a community arts forum. The Bureau see their task as capacity building with VEOs (largely through doing good practice training for volunteer coordinators), rather than seeking suitable volunteers. Some people who need additional support are offered taster sessions. When the project began they initially planned to establish a buddy scheme but have since decided this is not appropriate.

Community Connections, Nottinghamshire Healthcare NHS Trust. Pippa Charter, Volunteering Bridgebuilder, Westminster House, St Ann's Well Road, Nottingham. Office Nottingham. Tel 0115 969 1300 ext 40622 or 07944 711 090, Pippa.Charter@nottshc.nhs.uk Community Connections offers inclusive day opportunities to people with mental health difficulties. Most opportunities are individualised and community based, and there is also a group called 'Explorers' that offers taster experiences of a variety of social and recreational activities.

Peterborough. Mike Parsons and Nicky Hobbs, 'Breaking Barriers', Peterborough CVS, 3 Lincoln Court, Lincoln Rd, Peterborough PE1 2RP 01733 342 683 peterboroughv@care4free.net This project has 3 year funding from the National Lottery to serve vulnerable people who want to become volunteers. Mike runs a 5 session volunteer preparation course. They run an intermittent group at the Bureau that brings together 'Breaking Barriers' volunteers to do a group volunteering task. This group also gives staff a chance to check out volunteer satisfaction with the service that they are receiving.

Salford. Gary Carr and Paula Mawson, Salford Volunteer Bureau, The Old Town Hall, off Irwell Place, Eccles, Salford M30 0EJ Tel: 0161 707 7067, vb@salfordcvs.co.uk As Inclusive Volunteering Development Workers, Gary and Paula assist volunteers requiring extra support to get into volunteering. They are funded for 3 years and the work currently focuses upon people with learning disabilities, mental health problems, refugees and asylum seekers, and ex-offenders. The posts are part time but can accompany people initially to placements, completing application forms, in addition to initial interview and referral. They provide health and social services staff with a document that helps them to think about whether their clients would like to volunteer. Marketing to mental health service users has largely been through spending time around day centres and meeting people informally, rather than delivering formal presentations. A buddy scheme is planned which will find external and informal support to enable others to volunteer and a volunteer preparation course will run in 2003. Views of current volunteers have been sought via evaluation forms and volunteer engaging organisations are influenced via the local Volunteer Coordinator's Forum, as well as some general diversity training which will specifically address mental health in 2003.

Sussex. Anita Batten, Support Worker, Mid Sussex Volunteering, 38 Church Road, Burgess Hill, West Sussex 01444 244 490, midsussexburgessvb@care4free.net
Supports people with mental health issues, physical disabilities and learning disabilities across mid Sussex. Current bid will extend the project to provide employment support also.

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National Institute for Mental Health in England**Mapping Inclusive Faith Projects****What are we talking about?**

- The NIMHE Social Inclusion workstream defines six life domains – employment, education, housing, leisure, community activity and personal finance. One component of the ‘community activity’ domain is faith-based groups.
- This information pack therefore examines faith projects and services as one aspect of community activity. While engagement with faith-based groups is of vital importance to some citizens, others will choose to connect via a range of other groups and associations and still others will have little or no use for these organisations.
- Faith has many expressions, ranging from a background and almost unconscious worldview to a strongly held and active belief; from private spiritual exercises to regular face-to-face meetings with a well-known group of fellow believers. This information sheet concentrates on faith-based groups that regularly meet each other, for devotional or social purposes – groups where a person with mental health issues might find friendship.

An inclusive faith project or service will strive to meet all of the following four requirements:

- It will work with people who have mental health problems and so are at risk of exclusion. The project or service may serve other citizens too.
- It will listen carefully to what people want to do and respond to their preferences in relation to faith-based activity. Ambitions and preferences will be taken seriously and staff will find a way to achieve these goals in a way that keeps the person safe (on their own terms) and others safe too.
- It will provide support to both individuals and mainstream faith communities so that the person can engage in ‘ordinary’ activities alongside ‘ordinary’ people in ‘ordinary’ places. This might mean the local church rather than the hospital chapel and parish prayers rather than the Mental Health Spirituality Group. Such mental health-based provision can be of enormous value, but it is not the focus of this database.
- It will promote the formation of natural, informal relationships and connections between the person who needs support and other citizens who happen to be participating in the life of the faith community. Wherever possible, staff will fall into the background and enable citizens to support each other in natural and informal ways.

What are the characteristics of a good project or service?

Successful projects and services are likely to utilise some or all of the following strategies:

- Training for faith leaders and their congregations to help them respond appropriately to people who need extra support and remove barriers that inhibit engagement.
- Marketing of the project or service within health and social care services.

- Finding out exactly what the person wants to do – perhaps via a particular interview or guidance technique, person-centred planning strategies or offering a range of taster sessions.
- Comprehensive knowledge of local opportunities for connecting with others via faith communities. This will include opportunities for informal social connections as well as religious observance.
- A range of flexible and creative ways to introduce people to new activities and support them in carrying them out, so that intermittent or nervous attenders are not put off.
- Active promotion of social opportunities that surround the religious observance, so that participants build new social networks.

Who is doing what?

Appendix 1 offers a proforma for a telephone interview that will help to identify the projects and services that are utilising inclusive strategies. The following tables summarise the findings from a sample of six services from around England. A pen picture and contact details for each service can be found at Appendix 2.

Who is your project designed to serve?

	Serves MH users only	Run by health service	Run by faith community	Self referrals accepted	Activities in MH premises	Group activities in public premises	Support for individuals in public premises
Antenna Outreach Project		•		•		•	•
Lambeth Mental Health Promotion	•	•					
Mainstream, Liverpool	•	•		•			•
Spiritual and Pastoral Care Service, South London and Maudsley NHS Trust (SLAM)	•	•		•	•	•	•
Newcastle chaplaincy		•		•	•		•
Somerset Spirituality Project	•	•	•	•	•	•	•

Strategies used

	Training for mainstream faith leaders	Other ways to ensure host community is welcoming	Innovative ways to get to know service users	Matching with community opportunity	Buddy or mentor	Support group off the task
Antenna Outreach Project	•			•	•	•
Lambeth Mental Health Promotion	•					
Mainstream, Liverpool	•		•	•		
Spiritual and Pastoral Care Service, South London and Maudsley NHS Trust (SLAM)	•		•	•		
Newcastle chaplaincy	•		•		•	
Somerset Spirituality Project	•	•	•	•		•

Marketing to

	Mainstream faith communities	Health & social services staff	Service users	Funders	Media	Users assist with presentations
Antenna Outreach Project	•	•	•	•	•	
Lambeth Mental Health Promotion	•					
Mainstream, Liverpool	•	•	•	•	•	•
Spiritual and Pastoral Care Service, South London and Maudsley NHS Trust	•	•	•	•	•	•
Newcastle chaplaincy	•	•	•	•	•	•
Somerset Spirituality Project	•	•		•	•	•

Who provides support in the mainstream setting?

	Paid worker from the inclusive project	CSV	Staff from health or social services	Another service user	Unpaid non-disabled buddy	Leader/Worker from the mainstream faith setting	Non-disabled co-participant from the faith activity
Antenna Outreach Project	•		•	•		•	•
Lambeth Mental Health Promotion							
Mainstream, Liverpool	•		•			•	
Spiritual and Pastoral Care Service, South London and Maudsley NHS Trust (SLAM)	•		•	•	•	•	•

Newcastle chaplaincy	•		•	•		•	•
Somerset Spirituality Project	•		•			•	•

People with mental health problems are involved in

	Project design	Project management	Project review and evaluation
Antenna Outreach Project			•
Lambeth Mental Health Promotion			
Mainstream, Liverpool			
Spiritual and Pastoral Care Service, South London and Maudsley NHS Trust (SLAM)	•	•	•
Newcastle chaplaincy	•	•	•
Somerset Spirituality Project	•	•	•

Published resources

Appendix 3 gives a reference list.

Appendix 1 Proforma for reviewing inclusive faith projects

1. Date of interview
2. Name of project
3. Address of project
4. Contact's name, telephone number and email
5. Pen picture
6. Who is your project designed to serve? (tick all that apply)

People with mental health problems		People with learning disabilities		Offenders	
Young people		Older people		Refugees or asylum seekers	
Black and minority ethnic groups		Other particular groups		Anyone	

7. Which faith-based activities do you support mental health service users to engage in?

Services, worship, public prayer events		Social events for members of the faith		Private and individual religious observance	
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		community			
Faith based social action		Other			

8. In addition to faith-based opportunities, does your project also support people to take up other roles in the community?

- Tick as many of the following as are actually part of your project – exclude anything for which you would need to make a separate referral.
- Exclude anything that simply comes with the faith-based activity. For example, if you have supported one of your members to visit the volunteer bureau and take up voluntary washing up in the local soup kitchen – then tick the ‘volunteer’ box below. On the other hand if your faith project is a congregation where members routinely help in the soup kitchen in the context of their membership, then do not tick the volunteer box.

Employment and training for work		Education opportunities beyond those that are intrinsic to the faith activity itself		Contributing to the community as a volunteer	
Taking up arts and cultural activities		Physical exercise or sports activities		Joining in with formal or informal community activities in the local neighbourhood	

9. Your faith-based project is part of

Education		Social services		Leisure services	
Stand alone		Health services		Day Centre	
Advocacy service		Voluntary sector organisation		Other	

10. From where are referrals accepted?

The person themselves		Social services		Probation	
Primary care (GP and team)		Specialist health services		Connexions	
Education professionals		Other			

11. Inclusion

Activities take place in a health or social services building – perhaps with a guest faith leader coming in to help the group		Groups of people with mental health problems doing their own faith-based activities in a place of worship that is used by the general public		People with mental health problems are assisted to take up individual opportunities in ordinary faith activities alongside members of the general public.	
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12. Which of the following strategies do you use to support people with mental health difficulties join in in as individuals with mainstream faith community activities alongside members of the general public?

Formal training events for mainstream faith leaders		Innovative ways to get to know the beliefs and aspirations of the service user		Help with choosing and locating faith-based activity in the community	
A buddy, supporter or mentor is paired with the person to help them engage in the activity		A support group is run for service users who participate as individuals in mainstream faith-based activities		Clear 'exit guidance' which supports people to move on to the next thing in their lives.	
Initiatives to ensure that the host faith community is welcoming to all					

13. Marketing - do you make a specific effort to advertise your project to any of the following groups of people?

Faith communities run for the general public		Health and social services staff		Groups of people who need additional support – such as a local advocacy group	
Commissioners and funders		Local and national media (newspapers, radio, TV, professional journals)		Tick here if your service users do some of the marketing presentations.	

14. When a person with mental health difficulties attends a mainstream faith-based community activity, who provides support to them?

Paid worker from the Inclusive Faith project		CSV or other full time volunteer		Staff from health or social services	
Personal assistant employed via Direct Payments		Another person with support needs		Unpaid non-disabled buddy	
A faith leader/worker from the host community		Co-participants at the faith-based activity on an informal basis		Other	

15. Service users are involved in... (tick as many as apply)

Project design		Project management		Project review and evaluation	
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16. Are there similar projects in your area that you are aware of?

Name of project	Contact details

Additional notes:

Interview conducted by:

Appendix 2: Annotated Project list

Antenna Outreach Project, 9 Bruce Grove, Tottenham London N17 6RA. Started 1999. Psychiatrist Dr Kwame McKenzie. Contact Norma Johnson or Michelle Simmons 0208 365 9537. info@antennaoutreach.co.uk Antenna is a project targeted at African and African Caribbean people aged 16-25 who have had no more than two hospital admissions. The project is managed by Barnet, Enfield and Haringey Mental Health Trust. There are 10 staff (3 are part time) and an upper caseload limit of 50. Early intervention is a clear focus and partnerships in education, training and employment have been developed. An important element is improving partnerships between the black communities and local statutory health and social care agencies. This has supported people to access the full range of community opportunities, including access to faith communities. Among other things they use faith communities to offer work and training opportunities to aid rehabilitation, use them and their facilities to host community evaluations and discussion events such as Spiritual Minds and explorations of spirituality and mental health. These events have been attended by at least 300 people and a video of the events is available. Some users have also been supported to connect or re-connect with a faith community. They also run a sports group and have organised leisure passes for clients and set up, in partnership with local recreational services, three 12 week programmes per year of activities.

Lambeth Mental Health Promotion. Caroline Morris, Mental Health Promotion Coordinator, South London and Maudsley NHS Trust, Lambeth Hospital, Oak House, 108 Landor Road, Stockwell SW9 5NT. Tel: 020 7411 6396, caroline.morris@slam.nhs.uk Caroline and her colleague have given more than 45 presentations to faith groups over the past two and a half years. She wrote to everyone offering a presentation on mental health issues, and most responses have come from traditional Christian denominations. They have reflected a wide spectrum of views about mental distress. Caroline does not work with individual users. She has recently begun to do joint presentations with the mental health chaplaincy. In addition to providing mental health training to faith communities, they work elsewhere as well and have been particularly successful in reaching Lambeth College, where registration on to mainstream courses has increased 400% in two years. [text approved by Caroline] See Thorp 2002.

Mainstream, Liverpool. Contact Andrew Gibb, Imagine, Stoneycroft Resource Centre, 22 Tynwald Hill, Liverpool L13 7DP, Tel: 0151 280 0048, managersrc@imaginementalhealth.org.uk. Mainstream is a project run by the mental health charity *Imagine*, and provides day opportunities for mental health service users in inclusive settings. Two staff (Linda and Helen) are the nominated 'bridgebuilders' for faith communities with a clear brief to support people in connecting with and joining in their choice of ordinary community faith-based activities. Andrew organised a conference on inclusive churches for Christian faith leaders in Liverpool in 2001.

Spiritual and Pastoral Care Service, South London and Maudsley Trust (SLAM). Spiritual and Pastoral Care Service, Maudsley Hospital, Denmark Hill, London SE5 8AZ. 0207 919 2891, julia.head@slam.nhs.uk Contact: Julia Head, Bishop John Robinson Fellow in Pastoral Theology.

The Service covers the Maudsley Hospital, Bethlem Royal Hospital, mental health units at Lewisham University Hospital, St. Thomas's and Guys and Community Services in the boroughs of Lambeth, Southwark, Lewisham and Croydon. The Service offers multifaith spiritual and pastoral care across the whole range of mental health care issues. The development of the Service model pays special attention to elements that form the wider societal context for mental health care. Other aspects characterising the Service's approach to care are:

- Minimising traditional distinctions between lay and ordained and playing down the significance of boundary distinctions between faith communities in an attempt to offer truly inclusive spiritual and pastoral care.
- An integration of traditional theologies of spiritual experience with contemporary psychological understandings and counselling skills.
- A willingness to adapt the chaplain's role to follow the expectations of service users.
- A socially critical awareness concerning stigma in mental health.
- Spiritual and pastoral care of the organisation delivering mental health care built around individual service user needs.

The diverse work aspects of the Service includes the following:

1. The Service funds the Bishop John Robinson Fellowship to the tune of 35K/year. Established in 1994, this is an educational and research Fellowship, with the main aim being to foster good practice regarding religious and spiritual factors in mental health care, and to ensure maximum religious and spiritual support for people with mental health needs, their families and their carers. The Fellowship is established within SLAMs Spiritual and Pastoral Care Service. However, it has a national profile and services a national network among people interested in religion/spirituality and mental health, many of whom use the Fellowship as a consultancy service regarding these issues. These people come from a variety of interest and discipline area, primarily patient and user groups, clinical and community psychiatry and nursing, pastoral and spiritual care networks, faith communities, voluntary initiatives, mental health charities. The Fellowship publishes a Newsletter twice a year. Contact: Julia Head, Bishop John Robinson Fellow at the address below. Email: julia.head@slam.nhs.uk. Tel: 020 7919 2815.
2. The Service works closely with the Association for Pastoral Care in Mental Health (APCMH) developing spiritual and pastoral care in both hospital and community contexts. This includes training volunteers for varied projects and providing ongoing training and support. Many of the volunteers have been users of the mental health services themselves, and thus work with good understanding and respect.
3. The Service involves itself with and supports initiatives in the community to raise awareness of mental health issues amongst local faith communities, clergy,

voluntary bodies etc. It provides consultancy for various faith communities and offers placement opportunities for pastoral workers and people training for ministry.

4. The Service has developed an educational programme (Internship) to the tune of 35K/year. The programme aims to increase faith diversity profiles for spiritual and pastoral care working in mental health. The programme will train and develop two people every year from local faith communities for specific mental health work. It is envisaged that at the completion of the programme, the interns will become resource people for their respective communities.

For further details contact: Mark Sutherland, Presiding Chaplain, The Spiritual and Pastoral Care Department, c/o Maudsley Hospital, Denmark Hill, London SE5 8AZ. 020 7919 2815. Email: mark.sutherland@slam.nhs.uk.

Newcastle Chaplaincy, North Tyneside and Northumberland Mental Health NHS Trust, ecumenical chaplaincy team, led by Brian Allen, based at St Nicholas Hospital. Tel 0191 213 0151. brian_allen63@hotmail.com Work is mostly with people with mental health problems, both of working age and older adults, as well as some work with people with learning disabilities, neuro-rehabilitation, and some primary care services. The chaplaincy has included a multi-faith project to develop its work with the black and ethnic minority faith communities which has resulted in a network of contacts and volunteers from those communities, and ongoing training for NHS staff on spiritual needs in a multicultural setting. The team see their role as helping people in their learning about spirituality as well as religious observance. Has located existing church members to provide a welcome to newcomers with a mental health difficulty. Does marketing presentations and usually includes users' and carers' photos and stories (see item by Allen in the booklist below, and further materials on dementia are available from Brian Allen). Regularly seeks views of service users about the work of the chaplaincy, and they have been involved in the production of the chaplaincy strategy. The service is explicitly multi-faith in outlook.

Somerset Spirituality Project. Canon John Foskett used to be chaplain at Maudsley and now works on a community-based service for mental health service users in Somerset. He is on 01305 751 572, jfoskett@btinternet.com Victoria Cottage, 8 Cornwall Road, Dorchester DT1 1RT. The Spirituality Project involved service users interviewing 25 other users about their spiritual expression and needs (see below for references). John says that a clear focus on user views has reassured mental health staff that users are genuinely interested, rather than under pressure from faith groups. The research has highlighted what service users have said about faith, and users have given presentations to community audiences. Staff have access to a 'spirituality assessment' form but John says it only makes sense when staff using it have a good basic understanding. Over time, the topic has lost some of its taboo and there are now spirituality groups for staff as well. The Chaplain Coordinators have been appointed by the local *Churches Together* groups, so that they have a clear relationship with a range of congregations and denominations. A major part of their role has been to locate allies in the local churches – people who have an understanding of mental health issues and are supportive. These allies may not be the faith leader. John is eager to de-professionalise the work and show that ordinary people can offer friendship without a great deal of mental health training. The service is explicitly multi-faith in outlook.

Appendix 3: Reference list

Note that a few of these items relate to other kinds of disability rather than mental health difficulties.

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Anderson, Gould and Paul (?) We don't have any here: planning for ministries with people with disabilities in our communities Available from AAMR Religion and Spirituality Division, C/o The Boggs Center-UAP, PO Box 2688, 335 George Street, Third Floor. New Brunswick, NJ 08903, USA.

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<http://ici.umn.edu/products/newsletters.html> Has an outline policy statement on spiritual supports.

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Journal of Religion, Disability and Health. Edited by Rev Bill Gaventa, Boggs Centre – UAP, PO Box 2688, New Brunswick, NJ 08903. Four issues per year. Individual subscription £36. Published by the Haworth Press Inc, 10 Alice St, Binghamton, NY 13904-1580, USA. Email getinfo@haworthpressinc.com

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National Institute for Mental Health in England
Mapping Inclusive Finance Projects

What are we talking about?

6. The NIMHE Social Inclusion workstream defines six life domains – employment, education, housing, leisure, community activity and personal finance. This information pack is about the life domain of personal finance.
7. The NIMHE Social Inclusion agenda is focused upon supporting people who have used mental health service to obtain or retain positive social roles alongside other citizens. As such, this paper focuses upon financial services that support mental health service users to adopt positive roles in the wider community. Whilst mental health services have a long and honourable tradition of offering welfare rights advice and financial management services to users, there has sometimes been less attention to activities that explicitly promote roles and relationships in the wider community. This paper addresses the full range of financial services that support social inclusion.

What is an inclusive finance project?

An inclusive financial service will assist someone who needs additional support to achieve financial security in the following areas:

- Getting into paid work: ‘better-off calculations’, start-up payments for work, tax advice.
- Rights-based advice: welfare benefit maximisation, claims and appeals; disputes over housing rights; access to trading standards support.
- Access to financial services: obtaining a bank account and credit facilities, insurance for home and property.
- Responding to poverty: managing income, fuel and food poverty; debt advice; concessionary access to public transport and leisure facilities; start-up payments for homemaking and leisure activities; and crisis payments.
- Promoting the social economy: credit unions; LETS schemes and community timebanks; food cooperatives; expenses for volunteering; payments for consultation and occasional work.
- Specific responses to mental distress: arrangements for periods in hospital; increased need for crisis payments and start-up funds; access to Direct Payments.

What are the characteristics of a good project?

Successful projects are likely to utilise some or all of the following strategies:

- Mental health awareness training for finance agencies. This is often delivered in advance of specific contact with potential customers. It may be delivered to policy staff in order to establish collaborative projects or to front line staff to improve their customer care skills. It may be delivered by staff from mental health services, direct experience trainers or employees of other financial

agencies and will use language and arguments suitable to the context. The training may be evaluated for impact.

- Inventive ways of getting to know the mental health service user and finding out about their aspirations in relation to financial security and status. Strategies such as Person-centred planning, goal-orientated counselling or other approaches will be used.
- Provision of good quality information to the mental health service user to ensure that they make an informed choice about the financial options that they wish to pursue.
- Creative ways to minimise any detrimental effects of receiving financial support, such as stigmatisation by the finance agency or the restriction of future opportunities.
- Opportunities are found that enable mental health service users to adopt positive roles and identities in relation to financial matters, so the project has a focus on earnings as well as benefits, home ownership as well as tenancies, investment as well as debt counselling.

Who is doing what?

Appendix 1 offers a proforma for a telephone interview that will help to identify the projects that are utilising inclusive strategies. The following tables summarise some of the findings from a sample of six projects selected from around England. The contact details for each project can be found in the contact list at Appendix 2.

Who do you serve?

	Mental health issues	Learning disabilities	Offenders	Refugees or asylum seekers	Anyone
Independent Living Advisor, Flightways Resource Centre, Barnet	•	•			
Lancashire County Council Welfare Rights Service	•	•	•	•	•
Leicester - Employment Initiatives.	•	•			
London - South West London & St George's Mental Health NHS Trust	•				
Malvern Hills Citizens Advice Bureau Mental Health project	•				
Steel City LETS, Sheffield	•				•

Which other life domains do you work on?

	Employment	Education	Housing	Leisure, including arts and sports	Community activity, including volunteering
Independent Living Advisor, Flightways Resource Centre, Barnet	•	•	•	•	•
Lancashire County Council Welfare Rights Service					
Leicester – Employment Initiatives.	•	•		•	•
London - South West London & St George's Mental Health NHS Trust					
Malvern Hills Citizens Advice Bureau mental health project					
Steel City LETS, Sheffield					

Referrals accepted from

	The person themselves	Social services	Probation	Primary care	Specialist health services	Connexions	Other
Independent Living Advisor, Flightways Resource Centre, Barnet	•						
Lancashire County Council Welfare Rights Service	•	•	•	•	•	•	•
Leicester – Employment Initiatives.	•	•		•	•	•	
London - South West London & St George's Mental Health NHS Trust	•	•			•		
Malvern Hills Citizens Advice Bureau mental health project	•	•		•	•		
Steel City LETS, Sheffield	•						

Marketing of the Finance project is done to

	Finance agencies	Health and social services staff	Service users	Funders	Media	Are users involved?
Independent Living Advisor, Flightways Resource Centre, Barnet		•	•	•	•	•
Lancashire County Council Welfare Rights Service		•		•	•	
Leicester - Employment Initiatives.	•	•	•	•		•
London - South West London & St George's Mental Health NHS Trust	•	•	•			
Malvern Hills Citizens Advice Bureau mental health project		•	•			
Steel City LETS, Sheffield		•	•			•

What kind of financial help do you offer?

	Welfare rights work	Job related work – better off calculations, tax advice, start up payments	Budgeting and debt advice	LETS, credit unions, food cooperatives, etc.	Direct Payments
Independent Living Advisor, Flightways Resource Centre, Barnet	•		•		•
Lancashire County Council Welfare Rights Service	•	•			
Leicester - Employment Initiatives.	•	•	•		
London - South West London & St George's Mental Health NHS Trust	•	•			
Malvern Hills Citizens Advice Bureau mental health project	•	•	•		
Steel City LETS, Sheffield				•	

Where is support provided to people?

	On mental health premises	At community premises (including people's homes and premises belonging to the project)	On finance agency premises
Independent Living Advisor, Flightways Resource Centre, Barnet		•	
Lancashire County Council Welfare Rights Service	•	•	
Leicester - Employment Initiatives.	•	•	•
London - South West London & St George's Mental Health NHS Trust	•		
Malvern Hills Citizens Advice Bureau mental health project	•	•	•
Steel City LETS, Sheffield		•	

When a service user needs support while attending the finance agency, who provides that on-site support?

	Inclusive Finance project worker	Staff from health or SSD	Disability specialist at the finance agency	Another mental health service user	Non-disabled buddy or ,volunteer
Independent Living Advisor, Flightways Resource Centre, Barnet	•	•		•	
Lancashire County Council Welfare Rights Service					
Leicester - Employment Initiatives.	•	•		•	
London - South West London & St George's Mental Health NHS Trust	•	•			
Malvern Hills Citizens Advice Bureau mental health project	•	•			•
Steel City LETS, Sheffield					

 Are users involved in managing your project?

	Project design	Project management	Project review and evaluation
Independent Living Advisor, Flightways Resource Centre, Barnet			•
Lancashire County Council Welfare Rights Service			•
Leicester - Employment Initiatives.			
London - South West London & St George's Mental Health NHS Trust			
Malvern Hills Citizens Advice Bureau mental health project			
Steel City LETS, Sheffield			•

Published resources

Appendix 3 gives a reference list.

Appendix 1 Proforma for reviewing inclusive finance projects

1. Date of interview
2. Name of project
3. Address of project
4. Contact details of the project being reviewed, including email address.
5. Pen picture
6. Who is your project designed to serve? (tick all that apply)

People with mental health problems		People with learning disabilities		Offenders	
Young people		Older people		Refugees or asylum seekers	
Black and minority ethnic groups		Other particular groups		Anyone	

7. In addition to personal finance opportunities, does your project also support people to take up other roles in the community?

- Tick as many of the following as are actually part of your project – exclude anything for which you would need to make a separate referral.
- Exclude anything that simply comes with the finance activity. For example, if you have supported one of your service users to retain their home by assisting

with the management of rent debt, then do not tick the 'housing' box as the housing activity was simply a consequence of your focus on finance. But on the other hand, if you work on helping people to get work, whether or not this includes work on personal finances, then you should tick the employment box.

Support to take up voluntary work in the wider community alongside the general public		Education opportunities beyond those that are intrinsic to the personal finance activity itself		Joining a faith-based group	
Taking up arts and cultural activities		Physical exercise or sports activities		Joining in with formal or informal community activities in the local neighbourhood	
Employment		Housing			

8. What kind of organisation runs your finance project?

Education		Social services		Leisure services	
Stand alone		Health services		Day Centre	
Advocacy service		Voluntary sector organisation e.g. CAB		Other	

9. From where are referrals accepted?

The person themselves		Social services		Probation	
Primary care (GP and team)		Specialist health services		Connexions	
Education professionals		Other			

10. Types of financial support that are provided

Welfare benefits maximisation		Support for welfare benefits appeals or other procedural or legal advocacy		'Better off' calculations	
Local initiatives to obtain start-up payments for work		Tax advice		Disputes over housing rights	
Help obtaining trading standards support		Specific initiatives to help people obtain a bank account		Local initiatives to secure house and contents insurance	
Specific initiatives to offer budgeting advice (beyond the common sense things that everyone would do)		Local links to fuel poverty or food poverty programmes		Debt advice	

11. Are you aware of any of the following schemes in your area?

Concessionary access for people with mental health		Concessionary access for people with mental		Local initiatives to provide start up money	
--	--	---	--	---	--

problems to public transport in your area		health problems to leisure facilities		or furniture to people moving into independent accommodation	
Local initiatives to respond to crises, which may occur more frequently for people with mental distress		Links with credit unions		Links with LETS schemes or community timebanks	
Support for food cooperatives or similar projects		Local arrangements to ensure that users are promptly reimbursed when they offer voluntary help		Local arrangements to pay mental health service users for consultation or training activities	
Have local initiatives been taken to ensure that hospitalisation does not render people homeless?		A local initiative to promote Direct Payments for people with mental health problems that has resulted in 2 or more users receiving DPs?		Do service users handle cash at the mental health services? (e.g. user-held bank accounts, petty cash handling for sales of work, budget holding in user-led services)	

12. Which of the following strategies do you use to support people with mental health difficulties to join in as individuals in mainstream community activities?

Mental health awareness training for mainstream finance agencies		Innovative ways to get to know the talents and financial aspirations of the service user		Help with choosing and locating a financial agency in the community with whom to relate	
On site support to undertake transactions		Support for challenges, appeals and complaints		Local data collection, aggregation and analysis of the financial situation of service users	

13. Marketing - do you make a specific effort to advertise your project to any of the following groups of people?

Finance agencies		Health and social services staff		Service users	
High street advice agencies e.g. CAB, debt advice centres, legal advice centres		Local and national media (newspapers, radio, TV, professional journals)		Tick here if your service users do some of the marketing presentations.	
Commissioners and funders (e.g. PCT, LSC)					

14. When a person with mental health difficulties needs support while attending a mainstream finance agency (e.g. bank, benefits agency), who provides support to them?

Paid worker from your project		Staff from health or social services		Another person with support needs	
Personal assistant employed via Direct Payments		Worker from a 'High Street' advice agency		Nominated worker from the finance agency (e.g. Disability Officer at the Bank)	
Family member or informal carer		A buddy or other volunteer		Other	

15. Service users are involved in... (tick all that apply)

Project design		Project management		Project review and evaluation	
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16. Are there similar projects in your area that you are aware of?

Name of project	Contact details

Additional notes:

Interview conducted by:

Appendix 2: Project list

Independent Living Adviser, Flightways Resource Centre, Barnet The Concourse, Grahame Park, London NW9 5UX. Contact: Andy Lawrence barnetilas@hotmail.com Tel: 0208 205 9976. Barnet have been one of the study sites (along with Hampshire, Surrey, Thameside and Leicester) for the work on Direct Payments and mental health carried out by King's College. The service is open to all recipients of community care over the age of 16 years. They do become involved in all aspects of life in the community via their work on support independence and sometimes Direct Payments are used to fund support for daytime and leisure activities. Most interviews with service users are conducted in people's own homes. The independent living advice service is funded and run by the local council and this eases cross referral to the council's welfare benefits advice service, housing aid service, and home insurance facility. Regular links with one or two bank branches have meant that staff are welcoming and responsive to advisers when they attend the bank to support individuals. Staff run a peer support group from Direct Payments recipients and this provides a forum for gathering feedback on satisfaction with the service. In addition, people who get to know each other at the support group may then support each other in connecting with finance agencies.

Lancashire County Council Welfare Rights Service, 182 Marsh Lane, Preston PR1 8RR. Tel 01772 263 504. info@lancswelfarerights.com Service manager Jim Dickson, Head of Service Paul Burgess. Information provided by Howard Dazeley Howard.Dazeley@env.lancscc.gov.uk The service comprises a central office and six area teams. The service participates in the North West Mental Health and Welfare Rights Group that holds quarterly meetings at Prestwich Hospital. As part of the Council, it is easy for the service to refer to the Council's trading standards unit. Legal advice is provided through the legal advice arrangements or via the Citizen's Advice Bureau. One borough has a Money Adviser. The service also has links with the Greater Manchester Low Pay Unit. There are a number of consultative groups which try to influence the way in which the Welfare Rights Service is run, and while these are made up of service-users, there is no profiling to make sure a mental health-service-user is involved. There is an extensive range of leaflets available and the Service runs a lot of training events on welfare rights issues. The service offers money advice in only one borough out of six. There are no local initiatives on concessionary transport costs and concessionary access to leisure facilities is on a borough-by-borough basis (there are 12 boroughs in the county). Howard says, 'we very much tend to deal with people as we find them, so whatever support the service-user has in place, that's how we would work with them: but because of the flexibility of our approach I would expect any of our teams to make special arrangements according to the needs of the service-user: we offer telephone advice, drop-in sessions, specially arranged appointments, and home visits where necessary.'

Leicester Employment Initiatives, Suite 4, Bridge Park Plaza, Bridge Park Road, Thurmaston, Leicester LE4 8BL. Tel 0116 260 0004. Contact Tricia Wright, mental health specialist Twright@leics.gov.uk. This is an employment service with specialists working with people who have mental health issues, learning disabilities and physical and sensory impairment. They have a very broad view of employment and will support people to take up any meaningful daytime activity as it might eventually lead towards employment. All service users are registered with the Disability Employment Adviser and so can benefit from Access to Work provision. There are close links with the Citizens Advice Bureau.

Malvern Hills Citizen's Advice Bureau, The Grange, Grange Road, Malvern WR14 3HA. Tel 01684 563 611. Isabel Beale is the caseworker for the mental health welfare benefits project at the CAB and has ready access to other services at the Bureau. Funding for the mental health project comes from central government via the Social Services 'prevention grant'. All aspects of benefit work are undertaken up to representation at appeals. Clients can be referred to specialist and generalist colleagues in the bureau for advice on debt, employment, consumer or general matters although Isabel, within her time constraints, will try and answer queries herself and has access to all the information available in the bureau. A considerable amount of work is done in partnership with the Community Mental Health Team. The majority of the work focuses around welfare benefit maximisation, particularly disability benefits, and appeals. Successful applications to local charities for funds have been made. A satisfaction survey has been carried out with social workers who have referred their clients to the service, and a user satisfaction questionnaire has been designed.

South West London and St George's Mental Health NHS Trust []. Tel 0208 682 6469. Contact Jeremy Coutinho at the Welfare Rights Service Jeremy.Coutinho@swlstg-nhs.co.uk The Trust funds this welfare rights service for

patients of the trust who can self-refer or be referred by mental health staff. The service is very busy, and there is little time to obtain a thorough knowledge of the people referred to the service. The Welfare Rights Service is based in the hospital and a Law Centre is on the same corridor. There are also close links with the employment service based at the Trust and with the Citizens Advice Bureau, and applications can be made for concessionary public transport and crisis loans and other benefits. The trust employs independent advocates who sometimes support people in their negotiations with benefit agencies and represent them at tribunals.

Steel City LETS, 43 Southey Avenue, Sheffield S5 7NN. Tel 0114 249 6950 or 0114 249 6961. steelcitylets@local41.org.uk This is a project run by Mind in Sheffield with two paid workers – Helen Warburton and Carole West. It was originally based on the ‘LETS Make it Better’ project in Stirling, but is now more focused on a community development model. It was also established alongside a ‘Pathways to Employment’ project that offered support to mental health service users moving into employment, education or volunteering. A funding crisis has already closed the Pathways project and funding for Helen and Carole’s posts will expire at the end of June 2003. The workers are negotiating with the members with the aim of converting it to a membership-run scheme with service users involved in project design, management and review. There are links with the national umbrella organisation www.letslinkuk.org Steel City LETS has over 50 members, both individuals and organisations who offer over 75 services. Members trade services and resources with each other via a directory like Yellow Pages and pay for them in the local, time-based currency ‘spoons’. Many of the members have used mental health services, but the LETS is open to and used by other members of the community too. Mind runs an accommodation project and one worker there is funded through Supporting People to assist people to connect with their local communities. They also signpost people to the Mind information and advice line, the Mental Health Advice Bureau in Sheffield, and to a furniture recycling project.

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National Institute for Mental Health in England

Reviewing measures of social inclusion

Introduction

This paper begins by commenting briefly on measurement and social inclusion, and then considers the various aspects of social inclusion that might be measured, the different kinds of evidence available, proposes some benchmarks and points up a few of the potential weaknesses in this approach. It then goes on to discuss some of the factors to be borne in mind when moving from the reductionist approach needed to derive these benchmarks towards the rich picture needed for a research project. Finally, a number of tables introduce the topics covered by a selection of existing surveys and measurement instruments.

Why measure?

Local projects and services become involved in measurement for the following reasons:

- Planners who are designing a new project need to think about what they are aiming to achieve and how they will recognise success.
- Managers want an easy way to check whether the project is on course – an easy way to collect, summarise and analyse a small amount of data which provides a fairly accurate sense of whether goals are being met over time.
- Researchers want a rich source of data that reflects the complexity of people's lives and the impact that services might have on them.
- People interested in continuous service improvement want to know whether a different approach would be more effective than the current way of doing things. To do this they would compare two interventions with each other.
- People interested in equality of opportunity will want to know whether men and women receive fair treatment, people from Black and minority ethnic communities do as well as white people, and so on.

What do we mean by social inclusion?

A distinction may be drawn between the individual's sense of inclusion and Government definitions. An individual approach might ask people for their own priorities by asking a question like, 'What would most improve your life?' The respondent might say money, a job and friends, and these items can then become the goals against which that person's inclusion is measured. The Benchmarks section below offers some ways forward if the person happens to answer in this way. If they say 'not having to work' then the benchmarks only work as a set of Government definitions imposed on the individual. The following tripartite categorisation of the aspects of social inclusion suggests some specific areas that might be measured.

1. Access to specific services.
 - a) Empowerment (including self esteem, mastery, information and consultation)
 - b) Participation in design and review of services delivered to self and others
 - c) Users employed in services
2. Standard of living – a fair share of the benefits of modern society.
 - a) Income
 - b) Housing
 - c) Employment
 - d) Education
 - e) Healthcare
3. Relationships – diverse roles, relationships and connections.
 - a) Social networks
 - b) Social capital
 - c) Respect and positive attitudes of others (absence of stigma & discrimination)

Collecting data

There are a number of ways of collecting data about inclusion outcomes, including

- Diaries. The UK Time Use Survey asked members of the public to complete a diary of their activities for a sample time period. This may increase the accuracy of what is actually happening, but it is tedious and requires a substantial commitment from the person completing the record. As with the other approaches that give specific time intervals, the period covered by the diary may not be representative of the person's lifestyle or valued roles and relationships. For example, a diary covering the month of August will probably miss out college attendance. The Citizen Audit takes a simpler route by asking people to say how many hours in a typical weekday they spend on certain activities.
- Third party accounts and observation. In one study (Joyce et al 1989) comparing the results of diary keeping by care staff with simultaneous direct observation, substantial inaccuracies were found in the diaries. This may have been partly due to the fact that the diary also carried an account of staff effectiveness. Similarly, asking informal carers may lead to some distortions. Examples of this approach include a desk review of case files or a survey of care coordinator perceptions (for example, asking care coordinators how many of 'their' service users are in employment).
- Questionnaires. This relies on the person's ability to understand what is required and skills to record a written response, their willingness to disclose information, and their cooperation to make time to complete the return. People who do not read are likely to be excluded from this format.

- Interviews. Most interviews are structured or semi-structured and thus can restrict the range of issues discussed or the possible responses. On the other hand, the presence of a person can help with clarifying and interpreting, maintaining interest and drawing out relevant material. However, people who are uncomfortable with strangers or who use unconventional means of communication may find this format difficult.

Possible benchmarks for social inclusion

The aim of this section is to introduce a 10-question interview schedule that has been devised to offer mental health agencies a way to review their success in the effort to support the social inclusion of their service users. It is based on the assumption that people with mental health difficulties should be able to obtain sufficient support to enable them to achieve the same levels of access to these life opportunities as other citizens and therefore the scores achieved by a population of people using mental health services should approximate that found in the local population.

We would be pleased to hear from anyone interested in conducting further work with this interview schedule. The benchmarks attempt to meet the following criteria:

- They relate to the specific life domains that form key components of a socially included life. Most of these life domains form a context where people could become known and build social contacts and identity.
- They use the minimum number of questions to obtain a broad overview – ideally only one or two questions in each life domain.
- The questions are tightly defined so that people have no difficulty in understanding what behaviours are included and excluded from the count.
- The questions ensure that life domains are mutually exclusive, so that behaviours that score under one heading are not double-counted elsewhere.
- Most of them are precisely copied from established surveys or measuring instruments and therefore comparison data is available from the general population to help interpret the findings.
- They embrace the diverse lifestyles of people with long standing mental health difficulties.

The ten questions are set out below.

Question	National average who say 'yes'	Percentage of your service users who say 'yes'
1. Did you work for one hour or more last week? ²	63%	
2. Do you feel safe walking alone in your neighbourhood during the daytime? ³	93%	
3. Do you see your mother at least once a week, on average? (people without a living mother and those living with their mother are not counted in this figure) ⁴	49%	
4. Are you currently working towards a qualification? ⁵	15%	
5. In the past 12 months, have you given up time for charity or for local groups in an unpaid capacity? ⁶	26%	
6. In the past 12 months, have you been involved at least once in a religious group, club or organisation apart from attendance at events to mark births, marriages or deaths? ⁷	18%	
7. Are you an owner occupier? ⁸	68%	
8. Are you able to put aside £10 or more per month for rainy days or retirement? ⁹	75%	

² Question is from Census 2001. The Labour Force Survey counts those aged 16 or over who do at least one hour's paid work in the week prior to interview, or has a job that they are temporarily away from (e.g. on holiday) as in employment. Also included are people who do unpaid work in a family business and people on Government-supported employment training schemes. In the quarter May to July 2002 the employment rate for all persons aged 16 and over was 63%.

³ The question is from General Household Survey Social Capital Module Appendix B, question 16. The multiple choice answer offers 'very safe' (60%), 'fairly safe' (33%), 'a bit unsafe' (4%), 'very unsafe' (1%), and 'never go out in the daytime' (3%). The Northern Ireland Health and Social Well-being Survey found that twice as many people who felt unsafe reported feeling depressed. GHS distinguishes walking in the daytime from walking at night, unlike the NI study.

⁴ This question is from the British Social Attitudes Survey and asks, 'Do you see any of the following people at least once a week, on average, mother, father, sibling, adult child, other relative and best friend?' 'Best friend' is the respondent's own definition. This question excludes those without the relative or friend in question and those living with this relative. In 1995, BSA found these percentages to be 49%, 40%, 29%, 58%, 35% and 59% respectively. Every indicator had fallen since 1986.

⁵ This question comes from the Labour Force Survey and relates to 1997.

<http://www.dfes.gov.uk/statistics/DB/VOL/v0131/506t4-9.htm>

⁶ This question comes from the Scottish Household Survey 2000, summary version of the questionnaire, question RF11. <http://www.scotland.gov.uk/shs/tables/datatables/scotland/t052.htm>

⁷ This question comes from the 2001 Home Office Citizenship Survey – initial findings page 5 (Prime et al) with details checked with Meta Zimmeck who confirmed that this related to regular participation over the past 12 months rather than merely attendance at rites of passage.

⁸ The Census 2001 gives 68.7% of households (not individuals) as owner occupied.

<http://www.statistics.gov.uk/census2001/profiles/64-A.asp>

⁹ Poverty and Social Exclusion Survey 1999, Joseph Rowntree Foundation, reported by the Office for National Statistics in Social Trends 31 and at

<http://www.statistics.gov.uk/StatBase/ssdataset.asp?vlnk=3599&More=Y>

Question	National average who say 'yes'	Percentage of your service users who say 'yes'
9. Do you carry out physical activity of at least moderate intensity for 30 minutes or more, at least once a week? ¹⁰	31%	
10. Question for 15-24 year olds: Do you go to the cinema once a month or more ¹¹	50%	

Dangers of benchmarks

There are many hazards associated with numerical indicators, including:

- Undue preoccupation with these criteria can distort health and social care interventions. For example, including cinema attendance (rather than museums, libraries or the local pub) may result in service users being coerced into going to the pictures, rather than doing what they want to do.
- While national averages provide a reasonable starting point for comparison, they take no account of local variations. For example, a rural area might not have access to a cinema.
- Social inclusion is also about the personal meaning of activities to the participant, and these benchmarks take no account of this important fact. While the majority of people enjoy seeing their relatives from time to time, this does not mean that a particular person will do so.
- There is a temptation to add further quantitative data in order to enrich the picture. This is unwise. It is best to find out what is happening by looking at these service-centred benchmarks alongside person-centred approaches, such as personal accounts by service users. These eleven criteria are quite sufficient to give most agencies a substantial agenda for action for several years to come. Only when most of the criteria are showing that service users are included in these life domains should service seek to substitute more demanding questions for those that show success.

¹⁰ Moderate intensity activity includes brisk or fast walking, heavy housework, heavy gardening or DIY, and swimming or cycling. This comes from the Health Education Monitoring Survey reported by the Office for National Statistics at <http://www.statistics.gov.uk/StatBase/xsdataset.asp?More=Y> Data is from 1998.

¹¹ The Cinema Advertising Association/Cinema and Video Industry Audience Research reported by the Office for National Statistics found 50% of those aged 15-24 in 2001 said that they attend the cinema once a month or more. <http://www.statistics.gov.uk/StatBase/Expodata/Spreadsheets/D6484.xls>

Designing an evaluation strategy

While this paper has offered a set of benchmarks, this is not the same as designing a research project. The following items need to be borne in mind prior to establishing such a project:

- The Oxford Centre for Evidence-Based Medicine have developed a framework for reviewing levels of evidence¹² in research findings. However, they say that ‘other strategies... must be applied to the evidence in order to...incorporate vital patient-values into the ultimate decisions.’ This highlights the fact that their focus on systematic reviews and randomised controlled trials neglects the experiences of service users.
- ‘Nothing about me without me’ is the slogan of many user advocacy movements and this serves to question the value base that underpins many research projects. People who use mental health services can be partners, or even in the driving seat in deciding what should be studied and how, in piloting and collecting data, reviewing and interpreting findings and in dissemination. Stickley, CUES and the user version of the SNQ (Davis) are the only instruments that we found that approached this ideal and both focus on subjective perceptions and satisfaction.
- Equalities issues need to be borne in mind throughout the design phase. Myers et al (1998) note that many attempts to study social inclusion have failed to address issues of gender or ethnicity, despite the fact that the meagre evidence that is available suggest that these factors influence how people experience exclusion and inclusion. Age, sexual orientation and educational background may be important here also.
- Sampling. Few surveys and research methods work with everyone, and it is worthwhile to consider who might be left out by the chosen method, and to remedy this wherever possible, or at least record this. None of the surveys that are reviewed here have made extra efforts to glean data from people with major communication difficulties or those with restricted understanding of conceptual issues. The Census 2001 provided versions of the questionnaire in large print, Braille and most European languages.
- The Social Model of Disability suggests that disability is a feature of the social and architectural landscape, rather than a product of the individual. Thus a wheelchair user only becomes disabled when someone asks, ‘does he take sugar?’ or builds a staircase. An inclusion project may be focused upon changing attitudes towards people with disabilities and noting the ways in which host organisations adapt their premises or systems to include everyone, but most of the research studies and surveys described here measure the individual, rather than their environment. Exceptions include the Department of Health survey on opinions about mental illness and McDonald (2002).
- While ‘objective’ data may have the attraction of being unambiguous (for instance, a person is either in employment or not), it lacks the component of meaning to the individual. We might know if the person has a job or not, but we do not know what that job means to the person. In contrast, Ottenbacher

¹² http://www.cebm.net/levels_of_evidence.asp

and Cusack have developed 'goal attainment scaling' as a way of giving numerical value to the progress people make towards meeting their own goals.

- Some studies seek evidence of service user satisfaction with services or quality of life. However, there are a number of weaknesses of this approach¹³, including:
 - Satisfaction surveys are hardly pertinent to those people with disabilities who use services unwillingly.
 - Satisfaction is multi-dimensional.
 - Satisfaction is an inadequate measure of service quality if people with disabilities are cautious in expressing their opinions because of their vulnerability to the goodwill of service providers.
 - Satisfaction is an inadequate measure of service quality for people who have become accustomed to impoverished services and whose expectations of these have reduced.

¹³ Ward, Linda and Flynn, Margaret 'What matters most: disability, research and empowerment. In Rioux, Marcia H and Back, Michael (eds) (1994) Disability is not measles: New research paradigms in disability Ontario: L'Institut Roehar.

Introducing the catalogue of existing measures

The following tables show a selection of surveys and research studies that have covered each aspect of inclusion. The full reference for each study can be found in the bibliography. The tables only include those studies that have been reviewed using the pro-forma shown at Appendix 1.

Many studies have been carried out, covering a variety of aspects of social inclusion. Appendix 2 provides a list of many (but not all) of these measures. You may wish to

- Use one of the existing measures as it stands
- Draw out the findings from one of these studies in order to inform your project
- Reflect on specific questions used in these surveys to help you devise your own questions
- Compare the findings from your work with the findings of other researchers.

There are many comparisons that can be made, as shown in the diagram below

Compare your current sample of service users with ...

- The same group at another time, or
- A subgroup (e.g. the experience of Black people in the sample), or
- The general population, or
- A sample of similar people studied by another researcher.

The following tables summarise information about a sample of the instruments. They should help you to start the process of choosing which published items to look at in more detail.

- In table one you can find out which studies have used each of the evidence gathering strategies
- In table two you can find out which studies have collected data on social characteristics such as housing tenure or income
- In table three you can find out which studies have collected data on the extent to which people are currently participating in social roles
- In table four you can find out which studies have collected data on personal relationships and psychological aspects of inclusion.

Table one – method of collecting data

	Questionnaire	Interview	Third party observation	Diary	Focus group
Avon Working Group	•				
Barber & Hupp		•			
Bosc et al	•				
British Household Panel	•	•			
Census 2001	•				
Citizen Audit 2001	•	•			
Comdata					
Communal Establishment Survey					
CUES	•				
Davis et al	•	•			
Davis Smith		•			
DoH – Opinions about mental illness					
Emerson			•	•	
General Household Survey Social Capital Module	•	•			
Health Education Monitoring Survey	•				
Health Survey for England	•	•	•		
Home Office Citizenship	•				
Krishna & Shrader	•				
Meltzer et al – prevalence					
Narayan	•				
O'Driscoll & Leff		•			
Scottish Household Survey		•			
Sefton et al					
Shimitras et al		•		•	
Time Use Survey	•	•		•	
Webber	•		•		

The data on this table may be incomplete.

Table two - Demographics

	Sample size	Housing	Income	Education attainment	Age	Ethnicity	Disability
Avon Working Group		•	•	•			•
Barber & Hupp	27	•					•
Bosc et al							
British Household Panel	10,000	•	•	•	•	•	•
Census 2001	All	•		•	•	•	
Citizen Audit 2001	23,000		•	•	•	•	•
Comdata		•	•				
Communal Establishment	707	•	•	•	•		•
CUES		•	•				
Davis et al	82	•	•		•	•	•
Davis Smith	1500						
DoH – Opinions about mental illness	2,000						
Emerson	1,800						•
General Household Survey Social Capital Module	13,250	•	•		•	•	•
Health Education Monitoring Survey	5,800	•	•	•	•	•	•
Health Survey for England	8,452		•	•	•		
Home Office - Citizenship	15,475	•	•		•	•	
Krishna & Shrader							
Meltzer et al – prevalence	8,900	•		•			•
Narayan			•	•	•	•	
O'Driscoll & Leff	670	•			•	•	•
Priebe et al	55	•	•	•	•	•	•
Meltzer et al – prevalence	8,900	•		•			•
Scottish Household Survey		•	•	•	•		•
Sefton et al							
Shimitras et al	229	•			•		
Time Use Survey	11700		•		•		
Webber	300	•	•	•			

The data on this table may be incomplete.

Table three - Social Roles and participation

	Employment	Education	Volunteering	Exercise	Faith communities	Neighbours	Arts & culture
Avon Working Group	•	•	•	•	•		•
Barber & Hupp							
Bosc et al	•				•		•
British Household Panel	•	•			•		
Census 2001	•	•	•				
Citizen Audit 2001	•	•		•	•	•	
Comdata	•	•					
Communal Establishment	•					•	
CUES	•	•		•			•
Davis et al	•	•	•	•	•	•	•
Davis Smith			•				
DoH – Opinions about mental illness							
Emerson							
General Household Survey Social Capital Module	•						
Heath Education Monitoring Survey	•	•		•			•
Health Survey for England							
Home Office – Citizenship	•	•	•	•	•	•	•
Krishna & Shrader			•				
Meltzer et al - prevalence	•					•	
Narayan	•	•	•	•	•		•
O'Driscoll & Leff						•	
Priebe et al	•	•					
Scottish Household Survey	•	•				•	
Sefton et al			•				
Shimitras et al	•	•	•	•	•		•
Time Use Survey	•	•	•	•			•
Webber	•	•	•				

The data on this table may be incomplete.

Table four - Relationships and Psychological

	Family networks	Social Networks	Friends and acquaintances	Support and contribution	Self esteem	Sense of affiliation	Attitude toward excluded people
Avon Working Group	•	•	•				
Barber & Hupp	•	•	•	•		•	
Bosc et al	•	•	•			•	
British Household Panel	•				•		
Census 2001	•						
Citizen Audit 2001	•	•	•	•	•	•	•
Comdata							
Communal Establishment							
CUES	•	•	•		•	•	
Davis et al	•	•	•	•	•	•	
Davis Smith							
DoH – Opinions about mental illness							•
Emerson		•	•				
General Household Survey Social Capital Module	•	•	•	•			
Health Education Monitoring Survey					•	•	
Health Survey for England	•	•	•	•	•	•	
Home Office ‘Citizenship’	•	•	•			•	•
Krishna & Shrader							
Narayan	•		•	•	•	•	
O’Driscoll & Leff	•	•	•	•	•	•	
Priebe et al	•	•	•				
Meltzer et al – prevalence	•						
Scottish Household Survey	•	•	•				
Sefton et al					•	•	•
Shimitras et al							
Time Use Survey							
Webber							

The data on this table may be incomplete.

Appendix 1 – Proforma for reviewing surveys and research studies

1. Your name and contact details.
2. The name of the measure.
3. The measure is available from (contact details, publisher, journal or book where the complete measure is to be found)
4. Cost, if sold separately.
5. Guidance on how to use the measure can be found in...
6. Number of people (‘subjects’) who have provided data.
7. Number of separate studies where the measure has been used, with dates.
8. ‘Service users’ were involved in... (tick as many as apply)

The research design		Data provision (i.e. as ‘subjects’)		Data collection (e.g. as interviewers)	
Data analysis		Data interpretation		Dissemination	

9. Have materials been adapted so that data can be gathered from...

A visually impaired		A non-reader		A hearing impaired	
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person				person	
A person who doesn't use words to communicate		A person with limited reading skills		A person with severe learning disability	

10. What is the average time needed to provide data (e.g. how long would it take a 'subject' to complete the questionnaire, on average, or for how long would the person be observed?)

11. Focus of the measure (tick as many as apply)

The person themselves		The host organisation, its staff and arrangements that might support participation		Significant others – people in the background who might influence success	
People with power, such as education, health and social care staff.		The new community – 'non-disabled' co-participants in the setting			

12. Social inclusion themes covered by the measure (tick as many as apply and add any extra you want)

Demographics

a. Housing		b. Income		c. Educational attainment	
d. Age		e. Ethnicity		f. Disability	
g. Other support need					

Social Roles

h. Employment		i. Education		j. Volunteering	
k. Sports and exercise		l. Faith communities		m. Neighbours	
n. Arts and cultural activities					

Relationships

o. Family networks		p. Social networks		q. Friends & acquaintances	
r. Support & contribution					

Psychological

s. Self esteem		t. Sense of affiliation & belonging		u. Attitude towards excluded people	
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Organisations

v. Any action that supports people at risk of exclusion	
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13. What sort of data is gathered? (tick as many as apply)

Written questionnaire		Structured or semi-structured interview		Unstructured interview	
Observation		Diary		Focus group	

14. Data is interpreted with the help of...

Statistical analysis		Formal theme analysis		Impressions	
Other (specify)					

15. Have any of the findings from the measure been compared with other populations? Please explain.

16. The measure has been used with (tick as many as apply)

Children		People with learning difficulties		People with mental health problems	
Adults		People with communication difficulties		General populations	
Others at risk of exclusion (please explain)					

17. Additional comments.

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British Household Panel Survey <http://www.iser.essex.ac.uk/bhps/index.php> Follows all the members of 5,500 households since 1991 at annual intervals. Survey is found in Burdardi, J. Social exclusion: concepts and evidence *in* Gordon, D. & Townsend, P. (eds) (2000) *Breadline Europe* Bristol: Policy Press.

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<http://www.essex.ac.uk/democracy/Projects/Proj18.htm>. (Running from Jan 2000 to Dec 2002. 3,000 face-to-face interviews and 20,000 questionnaires. To review citizen participation, voluntary activity, trust, and expectations of the state. Comparable with other European countries.)

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Comdata. www.comdata.co.uk/cgi-bin/fbdataframe.pl offers access to a number of relevant data sources by local authority. Definitions are given and most data are presented as raw figures. Includes participation in further education and training

schemes, receipt of incapacity benefit, violence against the person, job counts for full time and part time work, and several measures of housing stock.

Communal Establishments Survey 2000. Office for National Statistics. No web ref for survey. One-off survey of 230 communal establishments – managed residential accommodation and 707 residents. Adults aged 16 and over in Great Britain. Rebecca Gatward on 020 7533 5416 can provide a copy of the report, along with an article from ‘Labour Market Trends’ March 2002, Vol 110, No 3, pp 141-147. The survey included a wide variety of communal establishments. It is not possible to identify any data about residences for people with learning disabilities or mental health problems. The classification of ‘health problems/disabilities’ offers two codes for mental illness and ‘severe or specific learning difficulties’ is the only available category for learning disability. ‘Community safety’ asks about feeling safe in the neighbourhood after dark.

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Department of Health *Opinions about mental illness*. Available from RSGB Consultants tel 020 8967 4224 pam.walker@tnsofres.com (Data from 2,000 adults. Questions asked at interview every year between 1993 and 1997 and then every third year. Interviews took an average of 30 minutes. Gathers attitudes to mental illness including perceptions of mental illness, views on what level of responsibility should be expected of people with mental health problems, attitudes towards coming into contact with people with mental health problems, attitudes towards services and words and phrases used to describe someone who is mentally ill. Asks hypothetical questions which often results in people expressing tolerant opinions. In the 2000 survey around 45% stated that people with mental health problems should be treated in the community, while 65% think they do have something to fear from people

coming into their neighbourhoods to obtain mental health services. Doesn't ask about respondent's own experiences.)

DSS (1999) *Opportunity for All: tackling poverty and social exclusion* Cm 4445. London: The Stationary Office. (Indicators used by government in its annual audit of social exclusion.)

English House Condition Survey is a dwelling based survey which has been carried out once every five years since 1967 and continuously since 2002.

<http://www.housing.odpm.gov.uk/statistics/publicat/surveys.htm>

Emerson, Eric *Extended Version of the Index of Community Involvement* Available from Professor Eric Emerson, Institute for Health Research, Alexandra Square, Lancaster University, Lancaster LA1 4YT, tel 01524 592 260, fax 01524 592 401, email, eric.emerson@lancaster.ac.uk website <http://www.lancaster.ac.uk/depts/ihr/ld>. (Used with 1800 adults with learning disabilities living in supported accommodation. It is an activity analysis with 30 questions covering a recent period that focuses upon the person with their activities and networks. Data is gathered from a diary or from questioning the person or their supporters. The measure distinguishes between relationships with other people with learning disabilities and people without learning disabilities.)

Families and Children Survey <http://www.dss.gov.uk/asd/asd5/rrep138html>. (Covers employment. 5397 respondents. Report 138 para 3.2.9 is on employment characteristics, 3.3.3 on housing tenure, 6.3.3 on overcrowding, 5.2 on measuring incomes, 6.2.3 on leisure and entertainment, 8.2.1 on current activity of non-working lone parents, 8.2.5 education and training, 13.2.2 attitudes towards work, 13.3.1 measures of morale.)

Families and Children Survey <http://www.dss.gov.uk/asd/asd5/rrep161.html>. (Covers employment. 5397 respondents. Para 2.6 is on modelling the move into work of 16+ hours, 3.10.2 is on hours of work.)

Fitzpatrick, Davey, Buxton and Jones (1998) *Evaluating Patient-based Outcome Measures for use in Clinical Trials. Health Technology Assessments Vol.2*. (Provides some principles for selecting outcome measures in clinical trials, and an interesting table on alternative perspectives underlying competing definitions of quality of life in health care.)

Forrester-Jones, Rachel and Cambridge, Paul (1998) *Social Network Guide*. Canterbury: University of Kent at Canterbury.

http://www.ukc.ac.uk/tizard/rachel_forrester-jones.htm

General Household Survey

http://www.statistics.gov.uk/ssd/surveys/general_household_survey.asp (Covers social networks. Questions 22 and 23 of GHS 2000/01 are used to form Indicator COM 9 of the Audit Commission set of Social Capital Indicators. Questions 35,26,38,39 are used to form COM 28 and COM 29. Survey has been run almost continuously since 1971, interviewing approximately 13,000 addresses each year. Collects data on all adults aged 16 and over in private households.)

Headline Indicators of Sustainable Development in the UK. <http://www.sustainable-development.gov.uk/indicators/headline/index.htm> (H3 is on employment, H4 on poverty and social exclusion, H5 on education, H6 on health, and H7 on housing.)

Health Education Monitoring Survey

http://www.statistics.gov.uk/ssd/surveys/health_education_monitoring_survey.asp

(1998 survey of one adult aged 16 or over in 5,800 households in England. Looked at a range of health promotion indicators and social inequality, social capital and health-related behaviours.)

Health Survey for England 2000 <http://www.doh.gov.uk/public/hthsurep.htm> (Email address suggested on website is cassqb@scpr.ac.uk which forwards email to m.bulger@soc.surrey.ac.uk which then fails). Looked after by Patrick Tucker on tel 0207 972 5718. Overall survey included 8,452 people aged 16 and over in England, of whom 6,840 completed the social capital module. The survey has been repeated annually since 1991 with a standard set of core questions and then each year has varying modules. The module for 2000 was on social capital. The overall survey includes tests of general and mental health by using a questionnaire about smoking and drinking, general health and such items but also objective measures such as analysis of blood samples, ecg readings, lung function tests.)

Henderson, S.; Duncan-Jones, P; Byrne, D.G. & Scott, R. (1980) Measuring social relationships: The Interview Schedule for Social Interaction *Psychological Medicine* 10, 723-734.

Henry, D., Keys, C., Jopp, D. & Balcazar, F. (1996) The Community Living Attitudes Scale, Mental Retardation Form: Development and Psychometric properties *Mental Retardation* 34, 149-158.

Home Office Citizenship Survey. London: Home Office. (No known web ref available. Led by Meta Zimmeck, Head, Voluntary and Community Research Section, Research Development Statistics, Immigration and Community Unit, Home Office meta.zimmeck@homeoffice.gsi.gov.uk tel 020 7273 2261. For information, contact chris.attwood@homeoffice.gsi.gov.uk or tahir.abbas@homeoffice.gsi.gov.uk Covered 15,475 individuals aged 16 and over in England and Wales, including an ethnic boost and strong methodology. Repeat survey planned for 2003 and every two years after that. Sections on family policy, active community, race, rights and responsibilities, regulations and demographics.)

Kennedy, C.H.; Horner, R.H. & Newton, J.S. (1990) The social networks and activity patterns of adults with severe disabilities: a correlational analysis *Journal of the Association for Persons with Severe Handicaps* 15, 2, 86-90. (Refers to the Social Network Analysis Form.)

Kishi, G.S. & Meyer, L.H. (1994) What children report and remember: A six year follow up of the effects of social contact between peers with and without severe disabilities *Journal of the Association for Persons with Severe Handicaps* 19,4, 277-289. (Refers to an Acceptance Scale and a Self Observation Scale.)

Krishna and Shrader (1999) *Social Capital Assessment Tool (SCAT HQ) Appendix D, Household Questionnaire*. Krishna, A. & Shrader, E. (1999) *Social capital assessment tool* <http://www.worldbank.org/>

Labour Force Survey for the United Kingdom 1998.

<http://www.dfes.gov.uk/statistics/DB/VOL/v0131/506t4-9.htm> (Mostly about employment status. Also provides data on the people currently working towards a qualification 1997. Further information from Barbara Louca on 0207 533 6179. The concept of employment is defined at http://www.nomisweb.co.uk/ref/howe02_1.htm

and the rate of employment is given at

<http://www.statistics.gov.uk/STATBASE/tsdataset.asp?vlnk=429&More=Y>

Leader, Alan (1995) *Direct Power* Brighton: Pavilion.

McDonald, V. & Olley, D. (2002) *Aspiring to Inclusion* Ipswich: Suffolk County Council. <http://www.suffolkcc.gov.uk> A self-audit resource that offers 34 aspirations for local council services and each aspiration is expanded into around a dozen questions to explore how stakeholders consider the council is performing.

Myers F., Ager, A., Kerr, P.; and Myles, S. (1998) Outside looking in? Studies of the community integration of people with learning disabilities *Disability and Society* Vol 13 pp 389-413. (This is an overview of studies, approaches and findings but does not include exact details of the measures themselves.)

Narayan, D. (1998) *Republic of Uganda Global Social Capital Survey* World Bank.

<http://www.worldbank.org/poverty/scapital/library/narayan2.htm>

National Adult Learning Survey

<http://www.dfes.gov.uk/research/data/uploadfiles/RB321.doc> 6,459 face to face interviews with adults aged 16 and over in England and Wales in 2001. Generates a composite concept of 'adult learning' which is helpful for absorbing the cultural shifts in the way in which people do their learning (e.g. the shift away from taught learning and towards self-directed learning), but this includes a catch-all 'anyone learning anything' that would achieve 100% coverage for anyone with a learning disability. This means that the report is helpful to reveal overall trends in the way in which the general population learns, but provides no help is developing a measure that can be used with a learning disabled group. I checked the point about the 'catch-all' with Jo Brierley at DFES and obtained the following response: "Perhaps surprisingly, only about 15% of people who have not done other types of learning respond positively to "deliberately trying to improve one's knowledge about anything". So, even if you are not happy with that question, it adds less than 5% to the percentage learners and doesn't invalidate applying the National Adult Learning Survey (NALS) definition of learning to people with learning disabilities. If you are still concerned, you could use taught learning instead which doesn't include this question. I will be able to give you figures for learning participation/ taught learning participation among people with learning difficulties from the English Local Labour Force Survey (which now includes the NALS learning questions) when it is published in November of this year. Please note that the results will not be too reliable as the sample size of people with learning difficulties is small (about 600). Furthermore, the survey only covered people who were not living in institutions and people who were willing and able to be interviewed; so they may not be representative of people with learning difficulties as a whole. (2) Learning participation figures quoted throughout the NALS 2001 report are for learning over the last 3 years, with the exception of section 2.2. (3) The proportion of people of working age working towards a qualification was 16.7% (UK) and 16.8% (England) (Labour Force Survey- Spring 2000 quarter). (4) I'm not aware of an equivalent survey question to the one you quote on adult education. However, Adult Education institutes collect data on enrolments which we publish. Please see the web-link below. <http://www.dfes.gov.uk/statistics/DB/SFR/s0343/index.html> In November 2001, there were 1.026 million enrolments in adult education institutes. The number of different people enrolled would have been less than this.
peter.vallely@dfes.gsi.gov.uk

National Schizophrenia Fellowship South West (1996) *User Agreement Pack*.

Northern Ireland Health and Social Wellbeing Survey 2001.

<http://www.nisra.gov.uk/whatsnew/wellbeing/index.html> (Covers sports. Sample of 4633 people aged 16 and over. A report is also available. Email is info.nisra@dfpni.gov.uk)

O'Driscoll, C. and Leff, J. (1993) The TAPS project. 8: Design of the Research Study on the Long-Stay Patients. *British Journal of Psychiatry* Vol 162 (Supp 19), Apr 1993, 18-24. TAPS – The Assessment of Psychiatric Services. Data from 670 mental health service users over a longitudinal study over 13 years. Users were involved as interviewers.

Office of National Statistics

<http://www.statistics.gov.uk/statbase/ssdataset.asp?vlnk=4012&More=Y> gives sheet AASL12.6 participation in leisure activities: Annual Abstract of Statistics.

Information on local neighbourhoods can be found at

<http://www.neighbourhood.statistics.gov.uk/>

Office of National Statistics *Psychiatric Morbidity among adults living in private households, 2000*. Carried out between March and September 2000 and interviewed 8,900 adults aged 16 to 74 in England, Scotland and Wales. It is a repeat of a survey done in 1993. Details at

<http://www.statistics.gov.uk/STATBASE/Product.asp?vlnk=9324> and

<http://www.statistics.gov.uk/STATBASE/Product.asp?vlnk=8258&More=N>

Oliver, J. P. J. (1991) 'The Social Care Directive: Development of a Quality of Life Profile for use in community services for the mentally ill', *Social Work and Social Sciences Review* 3(1): 5-45. (Known as the Lancashire Quality of Life Profile)

Ottenbacher, K.J. and Cusick, A. (1993) Discriminative versus evaluative assessment: Some observations on goal attainment scaling. *The American Journal of Occupational Therapy* 47, 349-354.

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Powell, J.L. & Bertram, M (2002) 'Participatory Action Research: Towards a Radical Methodology of Mental Health', *Journal of Social Sciences and Humanities*, 6, (2), ISSN 1562-384X

Power, M.J., Champion, L.A. and Aris, S.J. (1988) The development of a measure of social support: the significant others (SOS) scale. *British Journal of Clinical Psychology* 27, 349-358.

Priebe, S., Huxley, P., Knight, S. & Evans, S. (1999) Application and results of the Manchester Short Assessment of Quality of Life (MANSA) *International Journal of Social Psychiatry* 45, 7-12. A more complete explanation and some detailed background can be found in Priebe, S.; Oliver, J.P.J. & Kaiser, W. (1999) *Quality of Life and Mental Health Care* Wrightson Biomedical Publishing Ltd. Cost £30. The book describes a study that included 55 randomly selected adults aged 18-65 on the Care Programme Approach in mental health services. Uses a short interview –usually less than half an hour. The tool looks at personal satisfaction only.

Prime, Duncan; Zimmeck, Meta and Zurawan, Andrew (2002) *Active Communities: Initial Findings from the 2001 Home Office Citizenship Survey* London: Home Office.

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Sarason, I.G., Levine, H.M., Basham, H.M. and et.al. (1983) Assessing social support: the social support questionnaire. *Journal of Personality and Social Psychology* **44**, 127-139.

Schalock, R., Harper, R. & Genung, T. (1981) Community integration of mentally retarded adults: community placement and program success *American Journal of Mental Deficiency* 85, pp478-488.

Schalock, Keith, and Hoffman - see *American Journal of Mental Retardation* 1989 25-31 for earliest version of the Quality of Life scale.

Scottish Household Survey. <http://www.scotland.gov.uk/shs> (Data from 31,000 adults aged 16 and over in households since Feb 1999. Extensive set of web pages giving findings from the survey.)

Sefton, T.; Byford, S.; McDaid, D.; Hills, J. & Knapp, M. (?) *Making the most of it: economic evaluation in the social welfare field* York: Joseph Rowntree Foundation. ISBN 1 84263 070 9.

Shaping Our Lives National User Network

(<http://www.shapingourlives.org.uk/index.htm>) is an organisation run by service users. It started as a research and development project but has recently established itself as an independent organisation. The organisation works with a range of service users including disabled people, older people, people with learning difficulties, users and survivors of mental health services. Further details can be obtained from Shaping Our Lives National User Network, Unit 57, Eurolink Centre, 49 Effra Road, Brixton, London SW2 1BZ, tel 020 7095 1159, e-mail information@shapingourlives.org.uk

Shimitras, Leah; Fossey, Ellie & Harvey, Carol (2003) Time use of people living with schizophrenia in a north London catchment area *British Journal of Occupational Therapy* 66(2) 46-54.

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Social Focus on Men – Office for National Statistics.

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Office of National Statistics (annual publication) *Social Trends*.

Supporting People User Survey final questionnaire should be ready for use from December 2002. Further information from Kathleen.Kelly@odpm.gsi.gov.uk

Survey of English Housing. www.housing.odpm.gov.uk is a continuous survey which collects a wide range of information on households, their housing and their attitudes to housing and related issues through face-to-face interviews.

Davis Smith, Justin (1998) *The 1997 National Survey of Volunteering* London: Institute for Volunteering Research. The Survey of Volunteering questionnaire is within the *Technical Report of the National Survey of Volunteering*, available from the National Centre for Volunteering tel 020 7520 8900 at £5. Survey carried out in 1991 and 1997, and the 1997 survey covered 1,500 people. Guidance available in Dingle, A. (2001) *Measuring Volunteering: A practical toolkit*. Washington: Independent Sector and Bonn: United Nations Volunteers.

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Time Use Survey.

http://www.statistics.gov.uk/themes/social_finances/timeusesurvey/default.asp (Sport and culture included, as well as time spent alone. Report summary printed off but specific questions not given. Data stored at Data-Archive so fee charged for access. 11,700 adults aged 16 or over in households in the United Kingdom provided data via a self-completion diary and a questionnaire. ONS contact is tel 020 7533 5806, email tus@ons.gov.uk)

Webber, Martin (2001) Getting the measure of social exclusion *Politics included* Autumn 2001, pp4-5.

Whitaker, P.; Barratt, P.; Potter, M. & Thomas, G. (1998) Children with autism and peer group support: using 'circles of friends' *British Journal of Special Education* 25, 2, 60-64.

Wing, J.K., Curtis, R.H. & Beevor, A.S. (1996) *HoNOS: Health of the Nation Outcome Scales: Report on Research and Development July 1993-December 1995*. London: Royal College of Psychiatrists. See <http://www.rcpsych.ac.uk/cru/honoscales/index.htm>

Wykes, T. & Sturt, E. (1986) The measurement of social behaviour in psychiatric patients: an assessment of the reliability and validity of the SBS schedule *British Journal of Psychiatry* 148, 1-11.

Youth Lifestyles Survey. <http://www.homeoffice.gov.uk/rds/pdfs/hors209.pdf>