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Pathways to social and job inclusion for people with Disabilities

Mary Dunleavy: Social inclusion for people with
disabilities task force Co-ordinator

West Midlands Regional Development Centre



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My Job

I am on secondment from Jobcentreplus, which is part of the Department of Work & Pensions to the West Midlands Development Centre which is part of the Strategic Health Authority. (Strategic health authorities were created by the government in 2002 to manage the local NHS on behalf of the Department of Health.)

- My job is to work with both public, private and 3rd sector organisations to promote the employment and retention of people with mental ill health.
- To raise and encourage debate at a local & regional level on how to best tackle issues around social exclusion & mental ill health.



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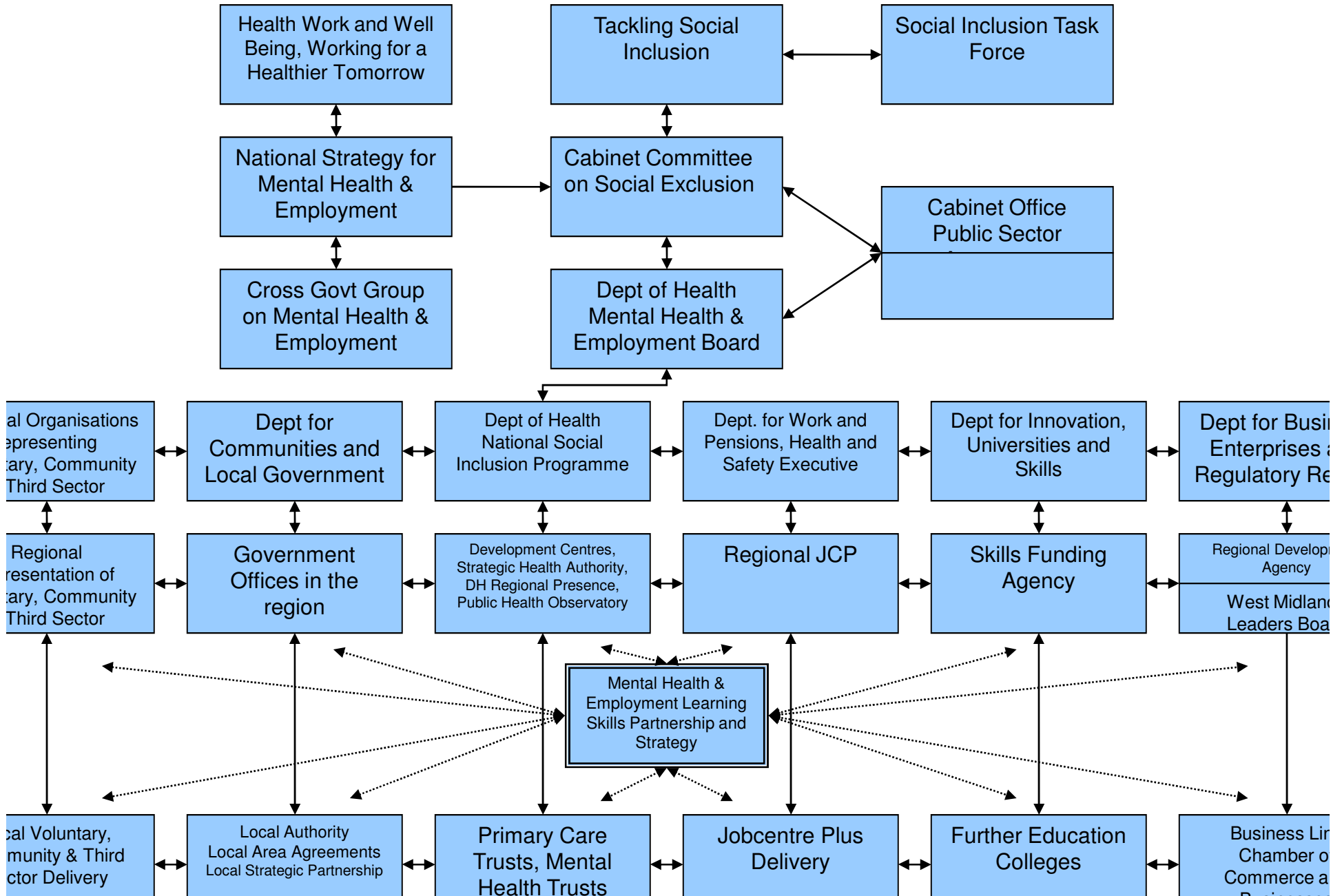
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A national perspective 10th December 2010

- New policy papers – holistic approach to employment
 - “New Horizons” (DoH) – improving quality of life and access to Mental Health services
 - “Working our way to better mental health” (DoH) – well being at work
 - “Realising ambitions” (DWP) – employment support
 - “Work recovery and inclusion” (NMH DU) – people in contact with secondary Mental Health (Hospitals) services who want to work
 - Public Sector Agreement 16

We envisage that there will be changes over the forthcoming months.

Delivering Social Inclusion





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Overview of the Inclusion for People with Disabilities

The purpose of this seminar, held on 20th January 2010, was to address the barriers that faced by people with disabilities when trying to access employment.

The seminar was chaired by Sarah Crawley (i'SE), with keynote speeches from Mary Dunleavy (NHS WM Regional Development Centre) and Marian Giles and Sarah Dillon (Shropshire Council)

The topics covered in the three seminar workshops were:

- The use of social enterprise/social firms in supporting those with disabilities
- Mental health and depression
- Myth busting and awareness raising



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Statistical précis – Mental Health in the West Midlands

- Low employment rates
- **24%** of people with mental health issues are in employment,
- **8%** of people with severe & enduring mental health problems are in employment.
- On average **40%** of people claiming sickness benefits are claiming for reasons associated with mental ill health.
- **60%** of line managers underestimate the percentage of the UK population that experiences mental ill-health.)



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Statistical précis -

- **1** in **4** people have a Mental Health problem at some time in their lives
- **1** in **6** people experience mental distress at any point in time.
- **3** in every **10** employees will experience stress, depression or some other form of mental health in any one year.
- Strong association between poverty, poor Mental Health and unemployment.
- Effects on families.
- Most people recover from mental illness
- Work provides hope and optimism for the future and hope is central to recovery.



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A national perspective – Has been known as Britain's biggest social problem

- One of the English regions have done some research which showed poor mental health costs each household **£2000** each year
- Annual cost to employers is around **£600** per employee. (Chartered Institute Personal Development and Confederation British Industry).
- Presenteeism, turning up to work and not working properly is likely to cost around one and a half times more than absenteeism, being off work sick. (Sainsbury Centre 2007)
- This has a large impact on individuals their families and communities.



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The Cost

- Employers estimate that time off work from depression, anxiety and stress costs the economy around **£4 billion** a year. (Sainsbury Centre for Mental Health)
- The current downturn is forecast to cause a further **26%** rise in mental health problems, affecting more than **1.5** million people in the UK.
- **76%** of line managers are aware that they have managed at least one person with mental ill-health.
- Only **13%** of managers have received training on mental health awareness.



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Pathways to Social and Job Inclusion for people with Disabilities

44 participants attended

13 evaluation forms completed.

100% the feedback confirmed that the event had achieved the event objectives.
1% was dissatisfied with the venue facilities – 2 people found temperature of the venue and the sound level too low.

Comments received on the evaluation forms:

- “Is there or could there be a register of positive disabled role models who could be involved in links to young people in schools”
- “Would have appreciated more speakers giving an overview of national policy context and discussion of specific good practice”
- “Discussions interesting and wide ranging”
- “Very useful, it bought out some good ideas which I hope will be implemented”
- “Thank you for such an interesting and well organised day”



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The key points identified in the workshop were as follows:

- There is a reluctance to for employees to admit that they are experiencing mental health issues, for fear that they will be stigmatised and their colleagues will treat them differently
- Irresponsible reporting of mental health problems in the media can often exacerbate this stigma and thus increase the incidence of bullying
- If work is the cause of mental health issues, employees may have time off to recover, but often become ill again once returning to work.
- The level of support employees receive from their employers and co-workers has a very significant bearing on their long term well being. Without support and flexibility from employers, there is a risk that those experiencing mental health problems will drop out of the workforce altogether
- Some people with a disability are reluctant to declare this situation when they apply for a job as they fear discrimination. However because they have not declared their disability at the application stage, the employer is not aware that the employee may require support. This can potentially lead to poor productivity, poor job retention and high levels of sickness.



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- There is a reluctance to for employees to admit that they are experiencing mental health issues, for fear that they will be stigmatised and their colleagues will treat them differently
- Irresponsible reporting of mental health problems in the media can often exacerbate this stigma and thus increase the incidence of bullying
- If work is the cause of mental health issues, employees may have time off to recover, but often become ill again once returning to work. This is a circular problem that can only be broken if the causes of illness are addressed and supportive tools are put in place



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Issues relating to those with mental health problems gaining employment

- Myths around Health and Safety are very common and employers may use this as a barrier. It is essential that this is not used as an excuse to cover up discrimination
- Disabled people fear they will lose their benefits if they take a job. More could be done to identify benefits open to them, particularly with young people
- People may be unaware of their rights under the Disability Discrimination Act
- Mental Ill Health issues are a 'hidden' disability, therefore making it potentially more difficult for people to exercise their rights.



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Recommendations and message to policy makers

- The message that maintaining the employment of someone with a mental health problem will result in much better outcomes for the individual and the wider community this should be promoted more widely and supported with incentives from public money with matching support from the employer who also stands to benefit.
- Build in social clauses in the Public Procurement Framework to ensure the issues raised in this workshop are incorporated where possible
- Make the benefits system simpler and more transparent to employers and make the transition into work easier for prospective employees



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Recommendations and message to policy makers

- There is a need to provide support to SME employers particularly Human Resources expertise so that they are better able to engage in a positive way with staff members who experience mental health problems, and develop supportive interventions
- Employers need to recognise that on-line recruitment will limit the pool of available candidates as this recruitment process can be very off putting to some groups



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What could 'we' do locally/ regionally with employers.

- Positive action across the region should be promoted – this could be done with awards for employers who are carrying out positive action programmes, highlighting case studies of good practice, and a theme week on mental health promoting a joined-up approach across the region
- Healthy lifestyles and good mental health needs to be promoted within the workplace – this could include posters, support groups, yoga classes, health evaluations, positive case studies, mental health champions to support peers and so on
- This should also include promoting healthy routines in the workplace, such as taking a full lunch break and not working excessive overtime hours
- Employers who have staff with mental health issues should be supported, so that they can then offer support to their staff – this can be in the form of training for employers, the provision of a range of user friendly information, and free advice services
- There is a need to develop the business case for employing someone with a disability and promote this to employers



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What could 'we' do locally/ regionally to raise awareness

- Offer seminars to employers to increase their understanding of issues. This needs to start at top of the company to create top-down awareness and commitment, and thus engage ALL of the workforce
- All training needs to be improved – this needs particular funding to be made available
- There should be easier access to information and advice – this could include training, awareness raising sessions within the workplace and the larger region, and a free counselling telephone service
- More peer support for those in recovery could be provided through initiatives to help set up support groups, and providing venues for groups to meet.
- Promote the messages to employers so that they realise they are losing money due to their lack of awareness and understanding around mental illness because they are not getting the best from their staff, and have higher staff turnover and recruitment and training costs
- Address it at employment seminars including proposing different types of contract with more flexible terms and hours



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Recommendations and messages to policy makers

- Investment in health promotion, this must be ongoing funding, with components addressing employers, employees, those experiencing mental health issues, and finally the general public
- Continue to provide policy and programme support for a wide range of volunteering programmes and peer support networks, including support for Time Banks.
- Provide compulsory in-house HR training to reach all of the workforce, rather than selective seminars that are already preaching to the educated, particularly for middle management roles
- Engage with employer organisations as well as Trade Unions and the Third Sector to develop integrated programmes that work. This includes the strategic alignment of existing funding and support
- Monitor recruitment practices to ensure customers/services are not being excluded and thereby breaking the law
- Challenge social attitudes/ the media in a positive way providing well prepared case studies of good practice that promote healthy living
- Educate employers about the importance of early intervention.



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Contact details

Mary Dunleavy :

Programme Specialist

West Midlands Regional Development Centre

Mobile : +4479 66 33 98 96

Email : mary.dunleavy@wmrdc.org.uk

Dally Panesar

Policy Officer

West Midlands Leaders Board

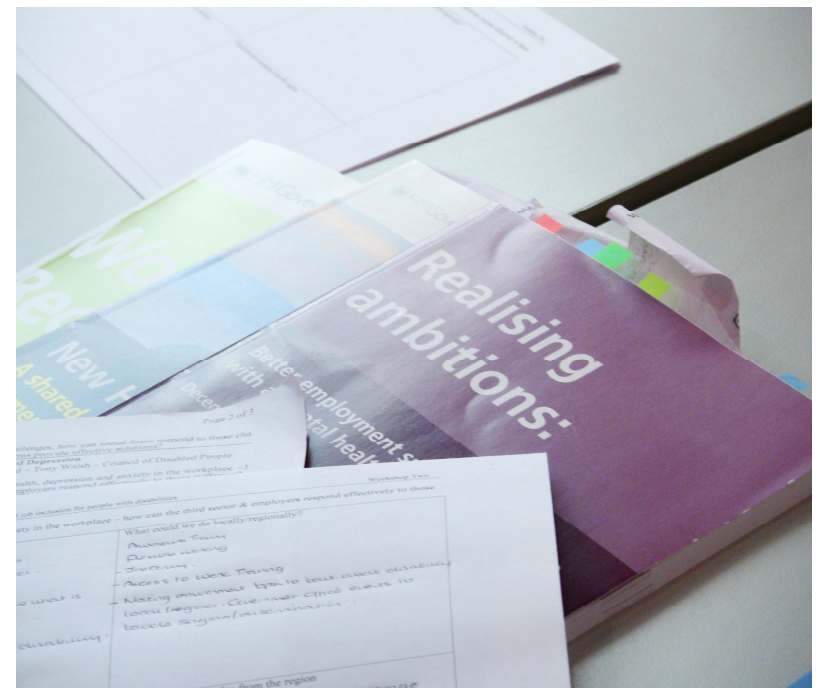
Albert House, Quay Place

92-93 Edward Street

Birmingham, B1 2RA

T: +44 121 245 0153

E: d.panesar@wmleadersboard.gov.uk



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Thank You for Listening!

