

“

Work in Practice

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Best practice  
employment  
support services  
for people with  
mental illness



## **Foreword**

We know from what service users tell us and from what the literature says that having a job plays an important part in recovery. The facts paint a sobering picture. Unemployment levels are high for people with experience of mental illness, most want to work and many experience significant barriers to getting and keeping a job.

A number of things need to happen to change that - one of the most important being employment services that work.

This booklet on best practice employment support services is an invaluable resource and deserves to be widely read. The guidance in the booklet is supported by a substantial literature review which has been peer reviewed internationally. Not only does the booklet provide evidence from the literature as to what works it is also supported by extremely full accounts of good employment practice in New Zealand.

One area where New Zealand practice has deviated from what is considered best practice internationally is the integration of mental health and employment services. In New Zealand mental health and employment services have evolved quite separately. This is a practice many New Zealand employment providers suggest contributes to the best employment outcomes - certainly a point worthy of more discussion and an area for further research.

Platform are to be congratulated on a resource that will be an essential guide to best practice in employment services for New Zealand.

**Jan Dowland**

*Chair*

*Mental Health Commission*

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## **Introduction**

The purpose of this booklet is to provide a summary of the most up-to-date research, best practice examples and guidelines in respect of employment support services for people with experience of mental illness. More specifically, this includes:

- The main findings from a full review of relevant literature
- Examples of current New Zealand practice
- Commentary on some of the key issues, including Work and Income - barriers and opportunities
- Information on other useful resources, including books, articles, and web-sites
- A self-assessment tool

It is hoped that service providers will use the information provided in this booklet to reflect on their current practice and/or base further developments on models and principles of employment support service that are known to be most effective.

## **What the research says<sup>1</sup>**

### **Levels of unemployment are high for people with experience of mental illness**

Unemployment is a serious problem for people with experience of a mental illness, both in New Zealand and overseas. A person who has experienced mental illness is more likely to be unemployed than someone in the general population or someone with a physical disability, according to overseas research. People with both a mental and physical disability come off even worse, experiencing more unemployment than people who have one disability.

Rates of employment are particularly bad for people with experience of severe mental illness.

Not having paid work can have some quite serious consequences for people. Unemployment has the potential to lead to more distress and symptoms of mental illness. Suicidal acts and feelings, addiction and crime are factors often associated with unemployment. For people with experience of mental illness, being without work has the potential to make symptoms worse. It can create stresses which make it even harder to cope with mental health problems. The negative effects of unemployment are likely to be worst when people are out of work for a year or more. The longer someone is unemployed the more difficult it becomes to find a job.

### **People with experience of mental illness want real jobs for real pay**

Whether they are from New Zealand, the United Kingdom or America, many people with experience of mental illness want to work in 'real jobs for real pay'. In New Zealand 80% of people on a sickness or invalid benefit, due to mental illness, are estimated to want to work.

1 - To see the full review of research on which this summary is based (Making Employment Work for People with Experience of Mental Illness: A Review of Research on the Nature of Effective Employment Support Services), visit the Platform website at [www.platform.org.nz](http://www.platform.org.nz) or write for a copy to Platform, P O Box 6380, Marion Square, Wellington.

## **The right to work**

People often talk about ‘the right to work’. What does this mean exactly? The New Zealand Human Rights Commission defines ‘the right to work’ in the following way:

*Everyone has the right to work in employment that they have freely chosen or accepted. This includes the right to enter into employment... and the right not to be unjustly deprived of employment (e.g. not to be unfairly dismissed). Enjoying the right to work does not mean that everyone has to be provided with work of their own choosing.*

So the right to work is not about being guaranteed a job, it’s about being free to take up and keep a job without being discriminated against because you have a history of mental illness.

There are some other rights that go with this main right:

- a fair wage
- a safe working environment
- the freedom to join a trade union
- equality of opportunities, which may involve special measures to allow disadvantaged groups to have the same employment opportunities as other workers

These rights are stated in a number of declarations and treaties which New Zealand has signed. They are also reflected in New Zealand’s laws, such as the Employment Relations Act 2000, the Human Rights Act 1993 and the Parental Leave and Employment Protection Act 1987.

## **Many barriers to employment exist**

While many people want to work, it isn’t always that easy. Several barriers stand between people with experience of mental illness and employment. One of the barriers is people’s own doubts and fears about whether they are able to work, or beliefs that no one will ever hire them.

Other barriers include:

- Negative attitudes that some employers have about the ability of mental health consumers to cope with work and make good employees
- Fear of getting unwell due to the impact of work pressures
- Fear of experiencing difficulties re-accessing the benefit if necessary
- Fear of having a lower income working than on a benefit because of abatement rates
- Practical difficulties such as lack of transport and money
- Lack of employment support services
- Lack of workplace support and flexibility
- Negative attitudes of some mental health staff and inflexible hours of mental health services



*The major barrier to work is stigma and it's at its greatest in the mental health system. Many mental health workers still don't see work as a reality for people with mental illness - New Zealand supported employment consultant*

*I see incredibly intelligent, well qualified people doubt their ability to hold down a job - New Zealand mental health provider*

*We don't expect them to do one hundred percent for us - they don't have the mental aptitude to keep up the production rates - New Zealand employer*

## **Employment has positive consequences**

Despite the problems with finding work, there are many benefits to having a job. Having work leads to a greater sense of self esteem, security and control over one's own life and circumstances. Increased earnings, better chances of getting more work, feeling happier, calmer and being less likely to abuse substances or get involved in crime are positive consequences of being a member of the workforce. People who have work tend to experience fewer troubling symptoms of mental illness and less distress. Employed people are less likely to relapse into another episode of mental illness, and more likely to take needed medications. Quality of life is better overall for people in work, with a more active social life and better use of leisure time. These positive effects are likely to be most marked when work is satisfying, continuous, and permanent, and periods of unemployment are short, infrequent and preferably non-existent. Paid employment in the open labour market has been found to have particularly positive effects - on symptoms, finances, leisure and self-esteem.

*At one stage I didn't think I could do anything again... (Now) I think I'm a totally different person - I feel like I'm making a contribution, I'm doing my bit - Client of New Zealand supported employment service*

*If you're constantly involved in work you have to maintain your health or you can't go to work. You work to maintain your health, you're healthy to maintain your work - Client of New Zealand supported employment service*

## **Education increases employability**

For people who have more qualifications are more likely to be employed, have greater choice of jobs, better wages and conditions, and spend longer periods in work. These are good reasons to get a good education but mental illness symptoms and practical barriers can make continuing with - or going back to - education difficult. Supporting people in going back to school seems to make it easier to take part in post-secondary study. This support can take many forms - practical, moral, peer support or improving access to education.

*People who were once achievers have been overtaken by their illness and they believe they can't recapture their past glories any more - New Zealand mental health provider*

## **Prevocational training doesn't work**

The traditional approach to supporting people with experience of mental illness into employment has often been to provide work training until people are 'work ready'. The research shows that this approach does not work. Very few people seem to move from work training into competitive employment. However, not all training programmes are the same and some training programmes do appear to be more helpful. What seems to work best is time limited training with a focus on improving skills that are directly relevant to work. For example, a block training course that enables a person to get into a trades apprenticeship would be more likely to lead to work than a course in generic 'work skills'. Training which takes place once a person is in work seems more effective than training before starting a job, and more acceptable to service users. Training seems to work better when it is directly relevant to the job at hand and builds up skills that the person needs for that job.

*Consumers don't want to be given a bullshit assessment and told they need some training - Client of New Zealand supported employment service*

## **Supported employment is the most effective approach**

According to the best and latest research, the most effective way of assisting people with experience of mental illness into competitive work, is through supported employment services.

This involves:

- Services being available to everyone who has experience of mental illness with no exclusions
- A career planning process to identify the kind of work the person is most interested in
- Active involvement of staff in approaching potential employers
- Support of staff in applying for and retaining a job
- A focus on employment in the open market with competitive rates of pay
- Open-ended support in the job (or in finding a new job) with no cut-off point

The first step to finding work is staying with an employment support service long enough to apply for suitable jobs. Overseas research suggests that people are more likely to do this if they get enough information on what supported employment offers at the start. This can be through formal presentations on the service, booklets and pamphlets and one-to-one interviews. Some studies have also found that integrating clinical and employment services results in people staying longer with

job search services. Moving clients rapidly into the job search process, rather than requiring they take part in prior training or work experience, appears to make it less likely that they will get bored or impatient and leave the service before they have a job.

Once work has been found, staying in work is the next big issue, whether a specific job or in work generally. Making adjustments at work, which help the person do their best, has been reported as increasing the time people stay in jobs. Adjustments could involve arranging part-time hours, leave when unwell, or visits from employment support staff. Flexible work hours as an accommodation are often mentioned by service users as the adjustment that would help them stay in their jobs. Supporting people, particularly during the first three to six month period in a job, appears important for helping is indicated for those who are experiencing difficulties with staying in work. This is particularly true for those who have spent long periods out of work because of illness. Coaching in the skills to cope with the job, and on how to manage work and illness in general, appear particularly useful.

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*Starting a new job and dealing with interpersonal relationships can be a real problem* - New Zealand supported employment consultant

## **Other approaches**

The most common approaches other than supported employment are:

- Clubhouses
- Sheltered work
- Prevocational training
- Social firms

**Clubhouses** provide the ‘work ordered day’, where members of the club work to maintain the Clubhouse and the services it provides. They also provide transitional employment (TE) where the Clubhouse ‘owns’ several jobs in which members can work full or part time before moving into the open market employment. Research on Clubhouses is lacking, but does not show as great an impact on employment rates as supported employment.

**Sheltered** work is defined as work alongside largely staff and other people with experience of mental illness, for rates of pay below market rates, in environments outside the competitive work market. Reliable research strongly suggests that sheltered work does not lead to work in the open market at very high rates. Once in a job in a sheltered setting, most people seem to stay there.

**Prevocational** training involves training people until they are judged ‘ready’ for work. It has repeatedly been shown to be less effective in moving people into employment than supported employment.

**Social firms** are commercial firms owned and run by agencies where people with psychiatric disabilities work alongside people with other types of disability and/or people with no disabilities. They pay market rates and have fairly normal employment conditions (complaints, unions, insurance etc). Research on social firms suggests that people tend to stay in jobs there rather than moving on to competitive employment but more research is needed to make a more definitive assessment of this approach.

**Work crews/work cooperatives** involve groups of consumers working together at a type of work suited to group involvement, such as lawn mowing or catering. Little research was found on this approach so it is difficult to say how effective it is in increasing competitive employment.

## Many factors affect employment

**Job/marketplace characteristics:** Little research has been done on wider factors that affect employment rates for people with experience of mental illness. Some studies suggest that work which involves more change and variety leads to people staying longer in jobs, along with jobs where people can make more decisions for themselves. The benefits system has been found to affect the rate at which service users are willing to move into open employment, with 22% of individuals in one study reporting that fear of losing disability allowances was the reason they did not seek work. Lastly, there is not enough evidence currently to make it clear whether overall employment rates in wider society have any impact on employment rates among people with experience of mental illness, either positively or negatively.

*The stand-down period, it's no good - you wouldn't be able to pay your rent or anything* - Client of New Zealand supported employment service

**Employment support service characteristics:** The picture is clearer when it comes to what it is about employment services which make positive employment outcomes more likely. Being free to choose type of work and hours of work appears to be linked with higher work satisfaction and longer time in work, although findings are contradictory. A focus on competitive work and rapid entry into work appears to increase the numbers of people moving into work compared to prior involvement in training or work experience. Payment appears to increase participation in work and number of hours and weeks worked, as well as reducing symptoms. It may increase participation in training. People seem more likely to find work when supported employment staff travel to provide services (e.g. to job sites or the person's home), provide advice and support (e.g. in using transport, how to dress for work) and advocate in non-work situations, such as at the bank or health care service. Some psychological interventions (such as cognitive-behavioural training

and family therapy) appear to have the potential to aid employment outcomes. Extended support from vocational staff, going beyond the normal one to two year support period, appears to make it more likely that people will keep working. Lastly, integrated teams of clinical and vocational staff are associated with people staying longer in supported employment services and jobs.

**Consumer characteristics:** It may be that some people are more vulnerable to problems and failure in the workplace and need more support to succeed. Identifying the characteristics that have an impact on employment rates may help providers provide more resources to the people who most need them. However, this is not an argument for excluding particular service users from employment services. The opportunity to find work should be open to all, both as a matter of principle and because there is evidence that supported employment services can be effective for most people.

People who have more work experience and have coped better with work in the past tend to do better in work. So do those who have more qualifications, both secondary and vocational qualifications.

Better work-related skills also make success at work more likely. Symptoms of apathy, withdrawal and depression make it harder to cope with work and succeed, as do attention difficulties and information processing problems.

Chronic experience of mental illness with little experience of recovery (compared with less chronic experiences with good recovery) is associated with less continuous employment and less current employment. This suggests that early intervention may aid employment outcomes. Medication to manage specific symptoms might improve employment outcomes, although research on this is not conclusive.

## **Principles of effectiveness for employment support services**

Through the reviewed research the following factors have been identified as making services most effective in supporting people with experience of mental illness into work:<sup>2</sup>

- support from both employment and clinical staff is provided to clients for at least one to two years
- consumers actively participate in employment services and support
- vocational services are integrated with mental health services rather than clinical services brokering clients to separate employment services
- services accelerate individuals straight into competitive work rather than delaying employment to take part in training or work crews
- services aim to place people in competitive employment as a priority

2 - Refer to the full literature review on [www.platform.org.nz](http://www.platform.org.nz) for more details on criteria used to judge the quality and reliability of research.

The following factors are based on less rigorous research, contradictory research or need more research to become strong points:

- consumers choose the type of work/training/education they want to be involved in, and work the hours they choose
- people receive ongoing, time-unlimited support once they are placed in work
- people are matched with jobs that suit their preferences, symptoms and diagnosis
- employment does not make consumers financially worse off through loss of benefits that are not compensated for by employment
- removing disincentives to work from the benefits system
- providing complementary interventions (e.g. family therapy, cognitive-behaviour therapy) may aid employment outcomes
- assessment of clients is continuous throughout job search and placement
- increased support at the three to nine month point in a job can improve work retention, particularly for people with lower levels of work experience

*The best employment strategies don't come matching a job with an individual but through matching the individual's aspirations and skills to the job market - New Zealand mental health provider*

## **Principles of effectiveness for education support services**

There is little rigorous research in this area. Based on the Mowbray and Collins review the following factors are tentatively suggested as those which make education support services effective:

- Increasing educational involvement and qualifications has the potential to improve employability, work options and earnings
- Students take part in study out of personal preference rather than being coerced to do so
- Choosing courses and qualifications to embark on is done as part of the career planning process
- Students take part in courses that lead to academic or vocational qualifications that are recognised by themselves and employers
- Supported education is based on alliances between five key stakeholders: consumers and family members, mental health systems, academic institutions, and vocational rehabilitation agencies
- Staff involved in supported education have knowledge of supported education as a type of rehabilitation
- Supported education staff provide services relating to education issues, while mental health treatment is provided by clinical staff
- Staff (clinical, employment and education) have positive attitudes towards the

ability of people with experience of mental illness to study and take part in competitive work

- Assessment of students' mental health, educational and rehabilitation needs takes place
- Barriers to education are identified and addressed, including policy, resource and administrative barriers, as well as the challenges of people coping with mental illness
- Support is provided by staff and/or peers, on campus or off campus
- Support includes helping people cope with stress, providing information on courses, finances and assistance, giving practical help e.g. helping fill out forms, and helping people gain social acceptance in educational settings

## **Principles of effectiveness for training support services**

Research on both general training programmes and training specifically with people with experience of mental illness, identifies the following characteristics as those which make training support services effective:

- Training is linked to local employers and the skills they need in the local marketplace
- Include a high level of work-related content rather than 'generic' work training
- Emphasise consumer preference and choice in training and work choice (i.e. do not place an individual in training simply because there are vacancies for people with those skills)
- Train in social skills related to the work-place in particular
- Provide training once employment is underway, rather than prior to employment, wherever possible
- Make training time-limited whenever it occurs, not to the point of 'work readiness'
- Match training to the needs of the individual and the needs of the job, including difficulties that person is currently having in the workplace
- Use training staff who are committed to placing and keeping people with experience of mental illness in competitive work
- Pay people for their involvement in training
- Use motivational and cognitive-behavioural techniques where appropriate

## **Examples of best practice from New Zealand**

### **AMHS - at the leading EDGE of supported employment**

In the relatively new area of supported employment, EDGE Employment has an enviable 11 years experience. Jackie Hart, Manager, and Rob Warriner, Business and Community Development Manager, hold a lot of knowledge about how to do supported employment well. They are generous with their knowledge, developing resources and mentoring newer organisations while they learn the ropes.

EDGE uses the ASENZ<sup>3</sup> standards for supported employment. “We use these as a living document, so (for) every action we take and every intervention we use, our under-riding question is ‘how will this result in a person getting a job?’” Jackie says. “If we can’t answer that then we have to refocus what we’re doing”. Their motto is ‘whatever it takes’. One of the EDGE employment consultants spent Christmas eve filling bulk food bins in a supermarket until 2am when a job coach couldn’t be found, just so the job didn’t fall over. “I dread the day I actually have to go out and dig a ditch with someone” Jackie grins.

They use a supported employment manual as a self-directed learning tool for staff, as well as encouraging staff to do the Diploma in Supported Employment, an NZQA recognised qualification.

Over the last four to five years EDGE have been placing over 100 people in open employment per year. From a tiny office with one full-time and one part-time staff member, one computer and one car, they have grown to a staff of eight - most of them full-time - in their own suite of offices, with 150 clients. Their funding - largely from the Ministry of Social Development - has quadrupled.

### **Everyone is welcome**

EDGE does not exclude any potential clients, says Magdel, one of the employment consultants. Provided their lives have been affected by mental illness, they want to work and they are over 16 years of age, they can use the service. This includes people who have been diagnosed as having more than one disorder, or who have an additional disability, of whatever type.

Where do the clients come from? “From all over” says Emma, another employment consultant. The two richest sources of referrals are the person themselves or their family (40%) and community mental health services (38%). Other sources of referral are psychiatric inpatients (5%) and outpatients (9%), clinicians, the Department of Work and Income (3%), GPs, churches, private psychiatrists and psychologists and residential services (5%) (the percentages refer to figures at March 2003).

Unlike other services, the potential client does not necessarily have to make their referral in person - other people can refer them. Sean, for example, was referred by his clinician while he was in hospital, while Clifford referred himself after seeing an article about EDGE in the paper. “I figured ‘what the heck?’ I’ve got nothing to lose”, he says.

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*People don’t have to wait long to see a consultant - Magdel*

Magdel says she tries to schedule a new client within one week to ten days, and makes sure she keeps people waiting no longer than a month, and this is true across the whole service. When someone first comes to EDGE they are presented with a booklet about the service, which includes information about their rights and how to make complaints. They are also informed about the nature of supported employment.



## Planning

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*Clients don't just plan for a job, they plan for a career*

Over a number of initial meetings, consultants work with jobseekers to identify their experiences, interests, skills, strengths, weaknesses and the occupations that appeal to them. Magdel asks her clients 'what would your ideal future be? Three months from now or five years from now?' Based on this information a career plan is formulated. Kerry, who is now in work, says the process is very thorough. Another client, Pauline, comments that Magdel made her look a little bit further than over the back fence at her job choices, focusing on what type of job was going to suit her rather than simply on what was available.

The career plan includes not only the type of work people want to do, but the type of conditions they want. Magdel asks clients about things like the number of hours they want to work, how they feel about noisy or dirty workplaces, whether they want to be indoors or outdoors, and how many people they want to work with, among other things. "If somebody says to me 'I am claustrophobic' I'm not going to put them into a small little room with five people" she says. Here, as elsewhere, respect for the preferences of the client is paramount. These preferences drive the job search.

*EDGE try to fit the job for you instead of trying to fit you for the job - Kerry*

This focus on options and choice is a key part of supported employment. Cliff chose to stay in stores work because it was less stressful than learning something new. But he felt "no pressure at all" from staff to do any particular kind of work.

Out of the career plan fall any training and education that needs to be progressed in order for clients to find the work they want. Often caseload of around 22 to 28 people who they go through this process with. International research suggests that 16 is the ideal caseload size, although this appears small by New Zealand standards.

*Respect for the preferences of the client is paramount*

### **Straight into work**

Pauline, a client of EDGE, says that by the time she reached the employment service "I just wanted a job - I just wanted some extra money". She would have been open to training, but really she just wanted work. Luckily she came to a place that is dedicated to getting people into work as rapidly as possible. Magdel says that she refers clients to training and education when it is relevant to the work they want to do. Sometimes she will recommend work experience, as she did for the man who wanted to do web design but had no background in the area. But generally she tries to move people straight into work, as do the other employment consultants at EDGE.

Kerry had been with another employment agency before EDGE and had not found work. He was surprised at how quickly he got work once he started seeing Mark, his employment consultant. He had three sessions to find out what he was interested in and then, wham, he was in a job. “I don’t know how he did it” Kerry says. Mark must have “waved his magic wand”. Kerry finds it quite scary to consider what life would have been like if he hadn’t been referred to the service by his counsellor. “I wouldn’t be here (at work) if it wasn’t for EDGE” he reflects. “I’d probably still be running round in circles with WINZ. I was just in the right place at the right time”.

Not everyone gets into work quite as quickly. Sean, for example, did not go straight into work. Mark, his employment consultant, says that “Sean was a year and a half of extremely hard work” but it’s clear he was also one of the most rewarding clients he’s had. “For a year of that time I’d visit him and he wouldn’t leave his room or come to talk to me”, but through on-going contact, Sean gradually became more communicative. “I think the similar interests helped. He’s really into sailing - I’m a photographer for Seaspray magazine... so there was something we could talk about that wasn’t just full-on ‘whaddya wanna do for a job?’”.

*He was really able to come in and be a friend rather than just someone who tries to find you a job - Sean*

After a year Mark decided progress had stopped and told Sean to get in touch when he wanted a job. Two weeks later Sean rang up and said he was ready for work. He is now working in a job that he says “is perfect really because it doesn’t require any previous experience and I didn’t have any”. Meanwhile he’s busy studying at night towards a career he’s passionate about - sailing. How has Sean found working? At first it was hard, but “after a month or so I became familiar with all the faces and became part of the team. It was just great to get out of the house,” he says.

### **Finding work**

How hard is it to find jobs? “It’s so easy you’d be surprised,” says Jackie. Staff find jobs for clients by going to their local tennis club, out buying tiles, at dinner or lunch, although many of the jobs are found through calling employers cold. “The best way we can find jobs is to... go round, target specific companies, depending on what the person is looking for,” says Emma. This is because the job search is driven by what the person wants, not what jobs EDGE has ‘on the books’. Sometimes jobs come through personal contacts. Mark’s father-in-law recommended EDGE to one employer by saying “my son-in-law works with mad people and helps them get jobs - why don’t you go hire an axe murderer?!” Obviously this is not the way EDGE would promote their services, but despite this dubious reference the employer has since hired three of EDGE’s clients.

The career aspirations of clients are as varied as the people themselves. Jackie says one of the most challenging job descriptions they got was from a man who just loved to fold towels. That's all he wanted to do so they called around towel-hire companies until they found someone to hire him, and now he's happily folding towels for a living! This diversity of aspirations means that EDGE uses a diverse range of employers rather than having multiple jobs with just a few. Some employers have hired multiple EDGE jobseekers, but Mark says "I probably wouldn't want any more than two people working there because then it gets a little bit 'sheltered' and not really open employment".

The job search process doesn't stop with the first job, however. The career planning process looks at both long and short-term goals, and when the client wants to change jobs, EDGE continues to support them.

### **Whatever it takes**

*At EDGE staff will do 'whatever it takes' to get clients into work*

Providing support to help clients succeed at work is a key part of the agency's role, and it starts before people even get a job. Many clients find job interviews an anxiety provoking experience, so a common support is arranging work experience interviews. Emma, one of the employment consultants, had a client who would suddenly lose interest in jobs just when the interview had been set up, simply because he got so nervous. One potential employer said to her "why not tell him that you've cancelled the interview but bring him around anyway?". So Emma told her client "let's just see how the factory works". Once they reached the car park she said "oh, there's the supervisor - can I introduce you to him?" Before he knew it her client was being interviewed with no great chance for anxiety! After a day of work experience he got the job, where he's now been for three years. Before Emma took this unusual approach Cliff had been unemployed for ten years, largely because of his anxiety. He found that treatment with a psychologist and employment through EDGE made the critical difference.

Other types of support are taking people to work or driving them home, although this usually only happens in the first few days of the job to avoid creating dependence.

Where an employer knows that the client has had experience of mental illness it's possible for staff to visit them on the job. Theo finds this useful. "If I get a little bit worried or nervous, Emma comes," he says. Encouragement is what made the difference to Pauline. "Having had the mental health issue that kind of blew my sockets a bit. I lost trust in humanity and was afraid to step out there again". Magdel, her consultant, was very supportive. She would tell Pauline "we're going to make it happen, it is going to work". After a while Pauline started to tell herself "yeah, this is going to work - you're going to start over again".

The types of supports that are used are driven by the client, based on what their needs and preferences are. Someone with high anxiety levels may appreciate a work experience interview, while a person who regularly needs to go into hospital will want to arrange for periods of time off work. Consultants will help negotiate with WINZ to get benefits reinstated if time off work goes on long enough to necessitate that. Other supports include job coaching, where someone works alongside the client to demonstrate how to do the job, negotiating with employers any issues that clients feel they can't resolve on their own and helping buy appropriate work clothes. Each jobseeker develops a job support plan in the initial career planning stage, and these are reviewed at six monthly intervals to see whether those supports still meet their needs. All clients receive the supports they want for as long as they want them. Magdel says that clients decide when they want to exit the service, and it depends on the person. One of her clients has been with the organisation for five years. Most leave sooner than this - the average length of support is 18 months to two years. People usually stop getting support from EDGE when they and their employer feel the support needs are being met through the job.

### **What employers think**

People with experience of mental illness “deserve the same opportunities as anyone else,” says one employer. “Provided they fit in and do the job they have as much entitlement to it as anyone else. After all, we’ve all got good and bad points”.

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#### *We needed him as much as he needed us - NZ employer*

Another employer, recently named “Employer of the Year” by EDGE, says “I’ve found it very exciting. I’ve learned a lot myself about how people behave”. While he’s found the support from EDGE staff very good, especially the way they come in as soon as he calls them, these days he calls them less and less. He prefers the satisfaction of working out a way to deal with the situation himself. Emma says, “he’s actually like an employment consultant... he can deal with it himself”. Despite this, he doesn’t see himself as having had to make any special effort to employ people with experience of mental illness, and it’s been worth it. Now he has a steady labour force of people who are pleased to have work and turn up every day “which is much better than I had before”.

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#### *Initially I was a little bit scared - NZ employer*

Other employers also appreciate the support that comes with EDGE clients. Even an experience that could have been negative, with a jobseeker who left the job after several weeks, hasn’t dampened one employers enthusiasm for hiring EDGE clients. She finds the ease of locating staff without a time-consuming recruitment process a real plus. Reassurance and support from EDGE staff made a crucial difference.

To get the kind of support from employment consultants that is described above, jobseekers need to make a decision to disclose. This can be a scary prospect, although how it turns out greatly depends on the employer. But again choice is the key word. Clients might be encouraged to disclose so that more support can be provided, but the choice is left up to them. Usually the client is supported to disclose themselves, in terms they feel comfortable with, and employers are encouraged to speak directly to clients about their illness.

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*Support can be provided at the office or at home, in person or by phone*

After seeing Magdel at the office initially, Pauline then kept in touch with weekly phone calls. Now they have moved to monthly contact where Magdel goes to see Pauline at her home, or gives her a call. Workplace visits are also a possibility if the employer knows about the client's illness and agrees to them.

If clients don't keep appointments, Magdel leaves a note asking them to contact her when they feel they want to. After four to six weeks of not hearing from someone Magdel will write a letter saying that if she does not hear from them she will exit them from the service. After three months of no contact clients are considered to be no longer with the service.

Families can also provide support with finding and keeping a job. Sean says that his family "were keen for me to get a job but it was up to me to do it". While his parents could have come to appointments at EDGE with him, he chose not to bring them. "I don't think to would have been appropriate," he says now.

How does EDGE know what clients think of their service? There's day to day feedback, although people may be more likely to say the nice things than voice complaints. But EDGE also does an annual client satisfaction survey. Generally the feedback from this is that all the people who got jobs think they're excellent and all the people who didn't think they're not good enough, according to Jackie Hart. But EDGE would like to know even more about what their clients think of them. "As an organisation we're looking at developing a consumer advisor position within the organisation," Jackie says, "with one of the ideas being that they will run focus groups or hui to get feedback, rather than one of the staff handing the client a form and saying 'can you fill this in for us?'" They are also looking at a system for contacting employers to gather feedback on the service.

### **Working with other services**

Two sources of referral to EDGE are Work and Income staff (3%) and various clinical services (over 50%). EDGE staff need to liaise with staff from both in the course of supporting clients. As manager, Jackie meets with the local clinical teams (community support, supported accommodation and continuing care) every six weeks. The meetings are a forum for discussing any issues between clinical and employment line staff, as well

as high level policy issues and service changes that might impact on clients. Employment consultants meet with clinical staff as needed. For instance, when a client is not taking their medications. Jackie says the deal with employers is that they make sure that the clinical issues are taken care of so the employer gets a well worker. Consultants meet every six weeks with the nurse for each client for a catch up and to make sure they're both working in the same direction. "Demonstrated and traceable regular contact with clinicians" is one of the performance indicators for EDGE employment consultants. Sometimes consultants pass on valuable information that clients might not have shared with the nurse. Magdel explains this. "We're perceived in a more positive light than those clinical services because we're doing what people actually want to do... (so) they're likely to tell us different stuff than they are the nurse". But employment staff make sure they tell their clients what information they are sharing.

### *Clinical appointments can intrude on a person's work-day*

So what are the attitudes of clinical staff to employment? "It's changing," says Jackie. She thinks that people now training as mental health professionals will come out thinking of work as a legitimate goal for people with experience of mental illness. But then there's a more established group who see it as too much work and trouble to encourage employment. Jackie thinks some staff like clients to be at home during office hours so they can ring them and make appointments then. Clinical services still largely deliver services on a 9 to 5, Monday to Friday basis, although Mark has one client who can attend an evening clinic. Rob Warriner from EDGE notes that even when people work part-time clinical staff sometimes make appointments with them during work hours, and do not understand why this is an issue. "That is such a bummer when you try to market a service to employers," says Jackie.

As part of their overall service, EDGE staff will provide information about benefits and advocate for clients with Work and Income if required. Jackie has spent time at the local Work and Income office trying to get food parcels for clients who have left work and been stood down for a period before their benefits start again<sup>4</sup>. Jackie has a formal arrangement to have regular meetings with all the managers of the WINZ offices. "But I have to drive that", she says, because it doesn't come back the other way. For her, the biggest issues are the limit on the hours a person can work while on an invalids benefit, and the amount of money taken out of each dollar over \$80 earned on a sickness benefit. She says "the person gets work, the benefit gets slashed, and the person comes back and says 'blow this, I'm not going to work'".

Other employment consultants see WINZ staff on an 'as needed basis'. Usually they try to include the Work and Income case manager on the privacy release the client signs at the start so they have permission to talk to them if they need to. Emma says she has regular contact with WINZ staff whenever she is looking for something specifically from their job list, the list of vacancies that WINZ send out periodically. She finds this frustrating because

she has to leave contacting the employer to the WINZ staff member, and the employer directly contacts the client, bypassing EDGE. For Jackie the main issue is the lack of a good, robust process for making sure that people with experience of mental illness, who are on benefits, are put forward for WINZ jobs in ways that help them succeed. “There is no process we have been able to hammer out intersectorally to make it easier,” Jackie says.

The EDGE employment consultant will usually know the work ability of an individual better than the WINZ staff member. This may be because Work and Income caseloads are so much higher than supported employment caseloads (over 100 compared to a maximum of 25-28).

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*Staff have got to have a professional approach on a shoestring budget - Jackie*

Jackie says that EDGE is “operating in a corporate world but not on a corporate budget” and staff needn’t look to supported employment as a way of making their fortunes. “They’ve got to get their bliss out of other aspects of the job,” she says, because they won’t get it from the pay and the perks. Jackie believes that what attracts and holds staff is “making a difference to people’s lives”, as well as being part of the team. And not being bored!

So what does Jackie look for in staff? Tenacity. Resilience - they’ve got to be able to bounce back when things are difficult. Flexibility is also important in moving from one task to the next in the midst of changing priorities. The ability to think outside the square and solve problems is needed to find jobs for people with limited skills and specific needs. The ability to “whip up a CV that will stand muster” and write application letters is a must. Communicating well is also important, with a range of people including clients who may be unwell, human resources managers, and business CEOs. Research skills are needed for tracking down the kind of work that clients want. Staff with good existing networks and the ability to develop new networks are an asset. Jackie doesn’t see that previous experience with mental illness is that important. But optimism is vital, and consultants must see the potential in people - they must “see the person, not the mental illness”.

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*Staff have got to be willing to take risks and fail - Jackie*

**The impact of getting work**

Mark says of Sean, who took a year and a half to be ready to work, “to have a conversation with him now compared to a year and a half ago, it’s absolutely unbelievable. Even the employer says he’s really come out of his shell in just the first few weeks at work”. Sean feels equally positive about the experience. Before he met Mark he didn’t really see a future for himself. Now he’s working and studying for a career he’s passionate about. He says that EDGE has “given me a chance, really”.

Theo says being unemployed “makes the situation worse, doesn’t it?”. He finds work “gives me something to do in the day time” and he feels much better having to go into work. “It’s a normal routine,” he says. Work has given Kerry’s confidence a huge boost. “At one stage I didn’t think I could do anything again,” he says. Now that he’s back at work he says “I think I’m a totally different person - I feel like I’m making a contribution, I’m doing my bit”.

Cliff says “I never had anything new,” living for ten years on a benefit. Now he has bought a new TV. He says work has made him more assertive. He goes out more and it’s “easy for me to go places”. Going to work has broken his rigid routine and he’s been places that he hadn’t been for years. “I’ve gone into a Rip van Winkel situation and come out of it and everything’s changed,” he says, talking about new developments around Auckland that he’s now catching up on.

Pauline feels like work “challenges me a little bit more”. Previously her house was her refuge and it was scary to go outside. Work has given her a chance to move past this. “It’s kind of broken the cycle,” Pauline says, “I don’t dwell on my problems as much. Instead of me having to fight the day I’m actually able to conquer the day”. Magdel agrees. “If I look at the lady I met in March and I look at the lady who sat here today it’s just amazing how she has blossomed. It’s wonderful to see that happening”.

*Instead of me having to fight the day I’m actually able to conquer the day - Pauline*

## **Centre 401 Trust - psychiatric survivors for psychiatric survivors**

Kevin Macken, manager of Centre 401, is uncompromising in stating what his business is about: ‘psychiatric survivors for psychiatric survivors’. Kevin manages what may be the only mental health consumer-owned and run supported employment service in New Zealand. Here people who have experienced mental illness themselves - and know the way it can interfere with work - guide their peers through the process of planning careers and finding ‘real’ jobs, as well as supporting them once they find paid work.

### **How Centre 401 came about**

*The essence is that everyone... employed here must have used mental health services - Kevin*

Centre 401 do ‘classic’ supported employment, with the twist that all the employment consultants have been through the mental health system themselves. Centre 401 actually started life as a Clubhouse. Today it still provides a wide range of services to people with experience of mental illness, including a peer support service, a gym, meeting venue and ongoing education and support for recovery. In the beginning they had no intention of providing an employment service. As Kevin says, the Clubhouse philosophy is that “if you don’t provide it then the Clubhouse makes links with other parts of the community that do, we didn’t want



to replicate something that was already there”. But after three years spent “bashing our heads against the wall” with existing employment services, they got “fed up with that and got some money” to do it themselves.

*We were just going to do this thing - supported employment! It's real jobs for real pay! - Kevin*

At this point in time EDGE was the only other organisation providing supported employment purely for people with experience of mental illness. Kevin says, “it was quite challenging... we didn’t know anything about career planning”. As he talks Kevin displays some of the enthusiasm that he used to get the service off the ground. “We gathered up heaps of materials and we employed Maureen and we gave her a desk and truckloads of books about SE (and said) ‘Read that. We don’t expect you to actually try and get anyone into work for at least three months’”.

The next step was to learn from the people who had been doing it longer. So Maureen went up to EDGE in Auckland, and spent one day a week for six weeks doing tuition there with Rob Warriner. Centre 401 also bought the EDGE manual on supported employment and promptly started rewriting it! Then they sent it back to Rob, who luckily liked what they’d done. “That started this exchange of materials backwards and forwards between the two of us,” Kevin says. “In terms of developing procedures and policies... it was quite a healthy thing to do - to be two organisations that bounced things backwards and forwards... because (otherwise) you can start looking at things within a particular culture of the organisation... and no one can see the faults”.

### **Someone who has walked in the same shoes**

Does having experience of mental illness make a difference to the kind of service that 401 staff offer? Kevin says “Whilst it should be some kind of gold standard and it certainly gets you a hell of a lot more empathy, or it should do, I think that alone it is not enough... I’ve been to some consumer services that I cringe at because they... do what they say they don’t want done to them. They do “I know best”. So it can be just as tortuous for people”. Being a consumer can give you a head start with clients, but you need to have the basic elements of good practice in place, according to Kevin.

Maureen, who has worked as an employment consultant at Centre 401 from the start, has found being a mental health consumer herself to be an asset both in the job and in doing the Diploma of Supported Employment. Her experiences of trying to find work while a user of mental health services give her an idea of what her clients are going through. When Maureen told her GP that she wanted to go back to work he “threw his hands up in horror and said ‘you don’t know how stressful it is’”. Luckily for Maureen her son believed in her, encouraging her to find work and even paying for her computer classes.

*As long as you've got one person in the world who believes in you and your abilities... you're halfway there - Maureen*

Kevin points out an advantage of consumer-staff is that they are role models. What clients take from them is “if you can do it, I can do it”. This has a couple of impacts. One is that it helps people “keep their pecker up” and feel optimistic, even when they’re not getting jobs. The second advantage is that “you can be a little more honest with people that are pissing you around”. This is something Kevin does regularly. He sent one client home to have a shower and change into clean clothes, telling him he didn’t want him back at the Centre until he smelt better. Kevin thinks that kind of honesty is lacking from a lot of services, and is needed in order for people to lift their game.

Gerald, a client of 401, who has experienced Kevin’s honesty first-hand, says, “you need to know”. “If you don’t know, you’re just going to do it again”. He’s found it helpful to hear that he was acting obsessively at times and annoying his managers at work. “So I stopped it,” he says matter of factly. Part of the reason Gerald accepts this feedback at 401 is because “they’ve walked the line. If you’re dealing with someone who has walked the line then you can’t tell them they don’t know because they’ve been there and you know they’ve been there”.

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*Sometimes respect doesn’t always mean what you expect it to mean - Gerald*

But does he feel respected when staff do this? While it might not sound good to you when someone tells you something honestly “it’s still respect because it allows you to gain information that sends you in a new direction”. Otherwise he would carry on making mistakes and stagnate. “Sometimes what they say isn’t always nice but you know it’s respectful”. It may also make a difference that this honesty happens in the context of a process that is generally positive and supportive.

Maureen says it’s incredible the number of people who say ‘it was good talking to you because you know what I’ve gone through’. Meredith, a client of Maureen’s, agrees. “I didn’t feel the pressure of trying to cover everything up and be perfect - I felt I could be myself more,” she says about working with Maureen. “And I trusted that they knew what they were talking about when they said I’d be alright”.

But Sean, another client, doesn’t think it’s that important that staff have personal experience of mental illness. “It’s just like any other employment consultant,” he says, although he thinks he’d probably come to 401 before any other service. When he went to WINZ he was told that a job he was interested in there might be a bit much for him, being a mental health consumer. He found this “a bit degrading”. Since then he’s been coming to 401, mainly because he knows the people there.

Mike, the other employment consultant at 401, also knows from personal experience just how hard the transition back to work can be. He spent three years unemployed with a back problem as well as mental illness. He says that coming back to normal working hours after being so long out of work, and coming to terms with new

technology he hadn't worked with before, made for a difficult transition. This experience helps him empathise with clients who are in the same position. He sometimes talks to clients about his own experiences, especially when someone is going through a bad patch.

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*It's important to let people know you'll come out the other end - Mike*

### **Peer support from other clients**

One of the differences between Centre 401 clients and those at other services reviewed here is that they are much more positive about support from peers with experience of mental illness. This may be because 401 is a place where many people with experience of mental illness meet, and so that kind of informal support is easier to come by. Meredith finds it helpful to get support from other consumers "just because they know what I'm talking about - I could tell my flatmates at home but they'd just look at me like I'm weird". Talking to other people who've been there helps put things into perspective. If someone has had a similar experience to her they can tell her what happened next for them - and that it wasn't bad the whole time.

Gerald says what's important is "just having friends - coming to the Centre and talking to people that have been there and are there".

### **The ideal staff member**

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*Centre 401 is about peer support so there is no 'them' and 'us' - Kevin*

Kevin, Manager of 401, looks for two things when he interviews people for employment consultant positions. Firstly, he doesn't want to hear people talking about 'them' and 'us'. He finds that even after employing people he sometimes has to remind them of this. Recognising the 'we-ness' of staff and clients means that staff bring passion and fire to their work, and makes them powerful role models.

Secondly, he looks for people who have a sense of what the consumer movement is about. There's "no point in employing someone to be part of a political movement if they don't want to be part of it" in his opinion. He wants to know whether potential staff members believe that people with experience of mental illness can work - that's vital to the job. If they think that it has to be a stepped process, starting with training, and moving on to sheltered work etc, then he tells them to go away.

Carol-Anne, a 401 staff member and client, thinks that the ability to keep confidences, give support and provide a listening ear are important in staff. Someone who is understanding when she's unwell is also important.

Gerald thinks that patience is a key quality in staff. Humour is also important - especially when there's been a disagreement with a staff member, so they can end it on a good note.

Sean thinks that a good employment consultant has job finding skills and is good at looking for work for clients. As well as this, they will follow up to see how people are doing in work. A good consultant will help you with your CV and help write application letters. But that's as far as they can go. Their job is to find the position - it's the client's job to get it.

### Managing a consumer organisation

#### *Kevin uses sick leave to help staff through episodes of mental unwellness*

How does Kevin find managing staff who all experience mental illness? While he wants to support people, he is clear that he does not want to send a message that "I can be paid to be unwell". If one of his staff is not well he will ask how long they think the episode is likely to go on for, and what they are doing about getting themselves back on track as quickly as possible. "We don't really do anything different to other organisations," Kevin says. And he is quick to point out that every organisation has to cope with having staff off, whether for births, deaths, or illness.

Kevin uses sick leave to help staff through episodes of unwellness, and also tells them "you can have all the unpaid sick leave you want". He assures staff that their job is secure for a reasonable period (usually three to six months) and will sometimes advance sick leave. If the period of unwellness goes on longer than this, he will look at hiring someone on a short-term contract, depending what the position is. Or staff can go onto reduced hours until they feel able to work their standard hours again.

It's all done on a case-by-case basis. "I think you have to normalise it as you would in any other business," Kevin says. Most of all he encourages staff to be honest with themselves and with him because "you can't help if you don't know".

Mike is a staff member who has benefited from Kevin's approach. Before he came to 401 he found it difficult to find or stay in work because of a combination of physical and psychological symptoms, and was three years unemployed. He's finding it 'bloody marvellous' to be gainfully employed again. Previously he has had to leave work when he's had a relapse but with 401 his job was kept open until he could cope with it again. Other staff are supportive of him because they've all had mental health issues themselves. Every so often he's told by other staff just to 'take a day off'. "It's a pretty good environment to be working in," Mike says.

### The three month barrier

#### *It takes around three months to get used to work - Sean*

Sean, a client of 401, talks about getting through the 'three month barrier' in a job, finding the motivation to keep going and simply getting used to the daily grind. "Once you get past that you're away," he says. Kevin agrees. "People can be very enthusiastic about getting into work and... then hit the brick wall about three months out," he says. Suddenly they'll say, "I don't want to work any more" or "I'm getting unwell".

Kevin explains why this happens. “You’ve got someone who hasn’t been working for years. You get down to that three month period and their energy starts to flag a bit”. It doesn’t seem to matter whether they’re working part-time or full-time. “I think it just comes down to the daily grind”.

Kevin deals with it by pointing out to clients at this stage that they’re not getting unwell, they’re simply not used to working. “It’s about making them aware of it,” he says. He tells clients “This is normal. You’re getting a bit tired”. The ‘three month barrier’ is particularly evident during the winter months when there are fewer public holidays that give natural breaks. If there is a long weekend coming up, staff might help clients negotiate with their employer to take an extra day or two, so they get a good long break and come back to work refreshed.

Kevin thinks it’s a trap to attribute everything that happens with a client to mental illness. In summer he gets people coming in saying that they’re not well because they’re not sleeping. He points out that it’s humid in Hamilton in summer, and nobody’s sleeping well! Once clients realise that at least some of what they’re experiencing is absolutely to be expected they say something like “Oh, OK so this is what it’s like being in the working world. I’ll struggle through the next three months and then take my annual holiday”.

Support is obviously going to be particularly important at this stage, in order to keep people in jobs. Maureen says, “that’s where your contact comes in”. It’s a matter of being around and having a good rapport with clients.

Kevin Macken believes that Centre 401 runs a good service. “I would say that we are as good as any of the others. I wouldn’t say we are better than any of the others. We do things differently... we come from a slightly different philosophy of... peer support”. In every other respect Centre 401 runs a ‘classic’ supported employment service. They take referrals from only the client, and accept anyone who has a history of involvement in the mental health system. There is no waiting list - Maureen simply expands her work day to fit everyone in and spreads herself a bit thinner. The career planning process is based on choice, and driven by the client, as is the decision as to whether to disclose.

They take on 40 to 50 clients each year. Of these, around 40 usually stay the year with the service. An average of 30 to 35 people find work during the year through the service. 401 staff offer the full range of support to clients, for as long as they need it. Some, like Sean, need support only to get through the ‘three month barrier’. A few have been receiving support for three or four years. “It is time-unlimited,” says Kevin, “if you need support, you get it”. Maureen says, “if they’re going along quite nicely the amount of time you spend with them gradually decreases”, as natural supports build up. Kevin defines ‘natural supports’ as “workmates, neighbours, colleagues,

family... in a broader sense, your closest friends”. It’s extremely important to build up natural supports, starting as soon as someone gets a job. “I would personally get quite concerned if somebody was going to work and not developing any relationships at work and relying entirely on this service,” Kevin comments. Maureen usually gets quite a happy reaction when she starts to decrease support - “that proves to them that they’re successful,” she says.

When people want to change their job or career, 401 helps. Although Maureen advises clients to stay where they are until they find something else. But even after people leave the service that’s not necessarily the end of the story. “They can come back at any time,” says Kevin. “So there’s always the potential to have a hundred people on your doorstep”.

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*You’re allowed to decide that the job you’re in isn’t what you want to do for the next 20 years - Maureen*

Most support is provided off the work site. “The client doesn’t want you hanging round,” according to Maureen, who often works evenings and Saturdays to keep in touch with clients when they’re not at work. Gerald agrees. He doesn’t want staff to come to his workplace and doesn’t think bosses want to see them either. “If I’m not independent enough to deal with the on-job problems then why should they employ me?” he asks.

True to the supported employment model, staff encourage clients to go for the work they really want. If the client wants, staff will be a support person for them at the interview, or arrange some hours of work experience rather than a traditional interview.

401 also supports employers, although they sometimes have to wean them off this support. Kevin says that when employers ring him with issues he thinks they could deal with themselves, like an employee having BO (body odour), he asks them ‘what would you normally do in this situation?’

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*Work has been pivotal - for income, self-esteem, confidence - Carol-Anne*

Maureen sees huge changes in her clients once they find work. These range from intangibles such as increased confidence and self-esteem, to material things like overseas trips, a nice car and a house - things that have simply been out of reach for people on a benefit.

Gerald found the impact of work “positive and negative... working tires you out... and sometimes you just need a break... either a holiday or time off or place of non-employment”. On the plus side, he found his self-esteem increased, as did his self-respect. “If you can go to work and produce that product then you can come away... and say ‘hey, I did that’ and you can feel proud of that”.

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*It’s very stressful. Working is very stressful - Gerald*

And then there's money. Gerald has bought a car, motorbike and built a stereo system. "It makes life a little more comfortable". He's also found his health has improved. "If you're constantly involved in work you have to maintain your health or you can't go to work. You work to maintain your health, you're healthy to maintain your work," he concludes.

And what do clients think of the service at 401? Sean has found it pretty good. "They find the jobs for me and set up the interviews and type the application letter". It's up to him to go to the interview and get the job. Gerald thinks the service is "excellent - because I get support and I get to deal with my problems".

Meredith says that "all the things I thought I needed help with they gave me help with". What was the impact of using the 401 employment service for her? "It just got me more motivated having someone there," she says. Without Maureen's support she would have procrastinated about finding a job "because I was scared of going into another failure situation".

She also found the process at 401 relaxed. "I had all the time I wanted," to go through the career planning process. Meredith also appreciated the focus on actually getting a job rather than on training that didn't lead to anything.

## **Workwise Trust - supported employment and social firms in action**

Workwise runs social firms and a supported employment service. Social firms are agency-run businesses that employ a mix of people - people with experience of mental illness, sometimes people with other types of disability along with people with no disability. The Workwise firms carry out a range of manufacturing and retail work. As part of the supported employment service Workwise also hires a full-time specialist arts consultant.

When asked if a social firm is a form of sheltered work, Warren Elwin, National Manager of Workwise, says "Absolutely not, because they're companies that operate and foot it in a commercial environment. There are production deadlines to meet and commercial imperatives". Unlike sheltered work, where service users work exclusively with each other and staff for relatively low pay, Workwise's social firms pay market rates and employ a diverse workforce, of whom anywhere from 30% to 50% have experience of mental illness. Warren Elwin sees the social firms as standard commercial firms with an affirmative action policy of employing people with experience of mental illness who might find it hard to get work elsewhere.

### **How the firms came about**

*Workwise firms... have proved the 'hardest to employ' can succeed at work*

"Workwise has a very business oriented Board" according to Warren, and the businesses were selected by Board members on the basis of what would be profitable. But while

one bottom line of the businesses is profit, the other is about people. “In many ways they’re more akin to socially responsible businesses that are about people, planet and profit” Warren explains. “Many businesses are heading down that road. I think that the Workwise businesses have gone one step further. They’re businesses for the sake of social outcome. It’s kind of taking it to the next level”. The hard-headed business people on the Workwise Board set out with the intention of providing employment for the ‘hardest to employ’ group of job seekers, those who had been institutionalised, had a range of positive symptoms such as delusions and hallucinations, and had a criminal history. A soft-hearted mission, but they succeeded. Workwise firms focus on being commercially successful entities. Some of the employees have moved on to other work, but some have stayed in supervisory and expert roles that make them a very valuable part of the team. Warren stresses that this is not ‘some sort of soft option’ but that people have got these jobs competitively... within a business that’s footing it in a commercial market”.

### **The importance of choice**

*If that element of choice is not there... it will fall over in five minutes - Warren*

The first thing an employment consultant asks a client is what they are really interested in. “Working with peoples’ interests, aspirations, dreams - that’s really important, even it’s a fill-in or entry-level job. You can see it’s part of the grand plan”. Once they know what peoples’ interests are Workwise employment consultants set out to find work that suits these. They don’t push people into vacancies just because they’re there. “If people want to leave a hobby as a hobby, then Workwise don’t push it,” says employment consultant Tony Weitenberg. But if they want to make it a career, staff are behind them all the way.

This applies just as much to the social firms run by Workwise as to any other job. “The staff are selected like any other business”, says Warren. “We may advertise in the newspaper or we may choose to use a supported employment agency to access staff”. People put forward for jobs at social firms are those who have expressed an interest in the kind of work being carried out there. They may want a career in retail, or doing something with their hands. But they are not pushed towards a job in a social firm - or any other job - if they are not interested in it.

### **Real jobs for real artists**

One of the ways that Workwise helps people follow their dreams is by employing a specialist arts employment consultant. Anna Kitching coordinates an artist programme which was set up in August 2002, it aims to find ‘real jobs for real artists’. Her job involves meeting the people who are referred by Workwise employment consultants or WINZ staff and working out where they want their art to go. Either the person has said “I’m an artist” or a support worker has said “they like painting” or some other artistic pursuit.



A lot of people have become involved in art as therapy. Their attitude may be “I do this when I’m unwell”. Part of Anna’s job is to challenge this idea and say “Hey, you can sell your work and you can make a living out of it”. But the person must have the desire to create an identity as a working artist to take part in the programme. If they do, they are taken on.

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*‘Bread and Butter’ products include jewellery, possum skins and greeting cards*

In working with clients Anna has two aims. The first is to find a ‘bread and butter’ product they can earn money from while they develop as an artist. Workwise chose this approach after looking at peoples’ pathways to becoming working artists in the ‘real world’. Most artists work part-time or have a money-earning product that supports them while they create less immediately commercial work. This approach has been so successful that some of the people who’ve come on board have decided to completely focus on their bread and butter product. Workwise don’t see this as a failure - it’s a matter of showing people the options that are open to them and giving them permission to change.

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*The range of art that people produce is amazing - Anna*

The range of art that people produce is amazing - water colours, children’s portraits, fine arts, acrylics on enamels, pencil drawings, wood carvings, sculptures and pottery. The impact of being supported to become a working artist can be profound. One woman who had just had a sell-out exhibition of her paintings told Anna “I am over 55 years old and I haven’t felt like this since I was five years old”.

### **When people first come to Workwise**

People come to Workwise in different ways. Some, like Bernice, are referred through Pathways, a provider of supported accommodation and support services. Others come from Work and Income, via the Reach programme that Workwise is contracted to run. Self-referral is also an option. All actual applications to use the service must come from the jobseeker themselves, not “from well-meaning clinical or support staff who think it might be a good idea”. It’s OK for such staff to mention work to someone as an option and encourage people who are lacking in confidence, because work is such a critical path to recovery. But staff should not push people into work.

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*There’s got to be a want to work... not just a support worker saying he’s ready to work - Warren*

Very few people are excluded from Workwise services - only those experiencing an ‘acute moment’ of illness, or who are actively using alcohol and/or drugs in a way that would make work difficult. If a jobseeker is in this situation Workwise will put the application on hold and aid the jobseeker to seek assistance to overcome these crisis points so as to be able to engage again on the employment journey.

Once a person shows an interest in the employment service, they receive an info pack about what will happen. Within five days they will get a call to confirm that they are listed with the service and to arrange the first information sharing meeting. Tony says they try to actually see people for the first time within six weeks. Then staff “like to sit down with the client and discuss the process we’ll go through and explain how Workwise supports people”. Bernice saw someone within a week, a time period she was quite happy with. Workwise sometimes has waiting lists. “It fluctuates up and down,” says Warren.

### **Planning a career**

The next step is the career planning process. This is “not an official assessment - we find that is too clinical”, according to Tony. Instead he draws up an action map with clients of what they want to do, and what they need to do to get into employment. He tries to get through it in the first meeting, but may need a second meeting to complete it.

Workwise employment consultants want new clients to tell them what sort of situations they would most want to work in. Do they want to work outside or inside? With animals or people? Part-time or full-time? In a quiet place or a noisy place? They also ask about their interests and hobbies and whether the person wants to turn these into a career. Bernice said she wanted to work part-time and has been able to do that. This fits in with her schedule of attending a day course and working at an op shop.

Finding out what turns people on and what their ideal work situation looks like is the jumping off point for the job finding process. This is where supported employment deviates from a traditional employment service. Instead of having a bunch of pre-existing jobs that they try to squeeze their clients into, they go out and find jobs that are tailored to what the individual wants.

But the focus is not just on finding the ideal job. It is on where the person wants to be five years down the track. Lynne, an employment consultant, had a client who wanted to be an electrician. That meant looking at an apprenticeship. But before he could do this he needed to do a block training course. The career plan builds up these stepping stones, and is revisited regularly. Most people go straight into paid work, but where work experience, training or education is needed, that is built into the plan.

### **Finding the ideal job**

*Is it hard to find jobs? No, not really*

Here is where the job gets really challenging for the employment consultant. Out of thin air they must magically produce the ideal job. How do they do it? Tony often goes through the yellow pages and writes to organisations that fit the profile his client has chosen. He and Lynne also use their networks of contacts. People refer them on to other people. A few jobs come through Work and Income.

“The clients often don’t know where to go and what to do to find the jobs they want,” says Tony. It is up to the employment consultants to model this. Some clients do their own job searching, depending on their level of comfort and skill.

What happens when the ideal job stops being ideal? Three months down the track clients often say “I’m tired of this one - can I look for another one?” Tony tells them that’s no problem - it’s all part of finding the ideal job. But he advises them to stay put while they look for a job that fits the next step on the ladder of the action plan.

He gives the example of the man who started off as a security officer, a job which he had to train for first. Then he worked as a forklift driver and a repo man. These were all steps on the way to his ideal job of working in a prison, which he’s now doing.

As well as looking for the kind of work the client wants, Tony also looks for employers who are sympathetic or at the very least show a bit of understanding. He hates to put people into a stressful situation, and he’s found some employers can be quite offensive.

### **Putting the ‘support’ in supported employment**

In keeping with the ‘classic’ supported employment model Workwise offers time unlimited support. Warren says that “we know that 75% of the people we see have completed the entire process, have identified natural supports and exited Workwise services within a year”. The other 25% continue to be supported by Workwise for as long as they need it. How do they know what sort of support to offer? By asking the client what support they’d like, and giving them an idea of the kind of support that is available. That could be “anything that’s needed to keep them in the position they’re happy with” according to Tony.

Some of the supports Workwise offer clients are:

- helping with transport to and from work until individual transport plans are in place
- working alongside a person to help them learn the job (known as ‘job coaching’)
- ‘debriefing’ after work, by phone or in the car
- liaising with clinical staff about treatment where relevant
- setting up ‘on-the-job’ interviews of three to four hours work experience to avoid the anxiety of traditional job interviews
- talking with employers where necessary, providing legal information, or discussing how the client is going in the early stages
- helping the client get appropriate clothing for the job
- helping write CVs and job applications
- helping clients obtain the ‘Job Plus’ subsidy for long-term unemployed

Bernice, a client of Workwise, found that help with transport and just having someone to talk to about her days work was great support. She felt Lynne, her employment consultant, always had an 'ear open' for anything she wanted to talk about. Bernice believes that without Workwise's support she wouldn't have gone back to work because she was too shy and scared after years of illness and unemployment.

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*In essence, a good employment consultant works to make themselves redundant - Warren*

The aim of supported employment is to start bringing in 'natural supports', such as family, friends, partner and workmates, to replace the employment consultant as soon as possible. "The process of identifying natural supports begins from day one and the aim is for the employment consultant to exit the work situation in the most expedient and comfortable manner possible," says Warren.

Sometimes this doesn't happen quickly. Tony was cutting down support levels for one client when the employer contacted him to say there were problems at work. If there are ongoing problems, the client can get referred back into the service so he or she can keep receiving support.

### **What makes a good employment consultant?**

Bernice, a client for just on a year, believes that friendliness is one of the most important strengths in an employment consultant - someone who is chatty and puts you at ease. Being a good listener and having patience are also things she finds important in Workwise consultants. For her it doesn't matter that her employment consultant has not experienced mental illness herself - as long as she gets help finding work and support once she's in a job - that is what counts. But she doesn't want to chop and change consultants - she thinks that once you've built up a trusting relationship with a consultant it's preferable to stick with them.

Warren finds people with a background in mental health most attractive to the organisation. Personal experience of mental illness also helps - whether in their own lives, or in a family member or close friend. He thinks that this makes people more able to empathise with clients. "Empathy leads to understanding and understanding leads to effective support," he says.

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*The role of the employment consultant is one of the most complex... in mental health today - Warren*

Employment consultants need to know and do a lot of different things. The role involves:

- Issues of mental health
- The interface between employment and mental health
- Sales skills
- Community linkage and networking skills

- Management and communication skills
- Co-ordinating a number of services
- Being the cheerleader for the client, with the ability to instil hope and create momentum
- Relationship building, the ability to rapidly and truly engage with clients at the first meeting, which can be a scary experience for the client
- A strong understanding of the labour market
- Knowledge of the welfare system
- Relating to other employees at the supported employment service

Employment consultants also need to understand the concept of recovery and be ‘up with the play’ on rehabilitation techniques.

## **Mahitahi Trust- supported employment by Maori for Maori**

Mahitahi Trust runs a supported employment service called Te Ara Mahinga - the pathway to employment. Up to 80% of Te Ara Mahinga’s clients are Maori, and staff take an overtly cultural approach to delivering services. In practice this means not only that they welcome manuhiri with whaikorero, waiata and karakia, but also that they are organised and governed according to Maori principles.

Having begun as a vocational training organisation in 1997, Mahitahi started providing supported employment services in July 2003 when two staff completed the Diploma of Supported Employment. They also provide a range of other services to tangata whaiora<sup>5</sup>, including training, community support, iwi support, vocational training, social/recreation programmes and workforce development.

### **What makes a kaupapa Maori service?**

The whole Board of Trustees of Mahitahi is Maori. This means that Donny and other staff don’t have to continually argue the value of including Maori cultural components in the service. Like the rest of Mahitahi, the Board of Trustees is quite firmly focused on Maori development in line with hapu and iwi.

Donny draws a line between true kaupapa Maori organisations and those that have a Maori component but where approval for doing things in a Maori way has to be sought from people who don’t understand why it is important.

In a kaupapa Maori organisation doing things in a Maori way doesn’t have to be justified - it is simply understood and accepted

Maori values- such as wairua and tika - are integral to kaupapa Maori. An organisation must understand these concepts and weave them into the fabric of the service.

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*Staying true to supported employment principles in a kaupapa Maori environment*

5 - Advice from Te Taura Whiri i te Reo Maori is that tangata whaiora translates as ‘people in search of well-being’.

Phillip, one of the employment consultants, makes it clear that Mahitahi run a supported employment service that stays true to the principles of supported employment as taught in the Diploma. Of course, it's early days yet, and as with all new services some tweaking will be needed.

The employment service - known as Te Ara Mahinga, or Pathway to Employment - is contracted to work only with clients who are on the sickness or invalids benefit. "It's not like we take anybody who knocks on the front door," Philip says. Finding clients "wasn't a problem" says Donny. They came through other services that Mahitahi provides, such as vocational training, as well as through Philip speaking to staff who support tangata whaiora. Potential clients don't usually ring up themselves. "Someone else usually refers them," says Phillip.

Once someone asks to use Te Ara Mahinga, the employment consultants talk to them about what the service does and gives them a written brochure to look at. Maarama, with Mahitahi on work experience, has noticed the way Philip speaks to clients. It's just "making them feel more comfortable at first," she says, before they even meet face to face. While they will do home visits, most people prefer to come into the office.

At the initial appointment clients are encouraged to bring along a whanau member or someone else. "That's open to whoever they want to invite," says Phillip. Donny puts it more strongly. "We actually insist that they do," he says. The reason for this is the central importance of relationships to a kaupapa Maori way of working.

Staff from other agencies, who are working with the client, are asked to come along also. If the person has a community support worker or key worker they will usually have a risk assessment plan with them which tells the employment consultant the history of the client, where and when they were last ill, and what triggered off their illness. "It gives me a bit more insight on the individual," Phillip says. Donny adds that it also gives them an idea of how much support that person needs.

### **Next steps**

Once the initial appointments are over, they follow the 'classic' supported employment model and move straight into the career planning phase, where they map the goals and dreams of the client, strengths and weaknesses, and what their preferences are in work. "I need to draw out everything I know so when it comes to the job... it's appropriately matched," says Phillip. Sandi, a client of Te Ara Makinga, is positive about the process. "It was good," she says, "they were nice and helpful".

A first step in career planning is asking the client to fill out the forms about work history, desires and preferences. If needed, Phillip will fill in the forms for them. This can take up to one and a half hours. Phillip then goes through the whole manual with clients. In 90% of cases the client's support worker or whanau is involved in this

process. As with other services, Te Ara Mahinga finds jobs by approaching potential employers to see if they're interested. They look for jobs that match what the client wants, both in terms of type of work and work conditions. Once they've identified a potential employer they send a letter, then if they're interested they go in and meet them in person.

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*Part of our success is Phillip's easygoing manner, which employers warm to - Donny*

### **Supporting Mahitahi clients**

Like most other supported employment services, Mahitahi tries to reduce the anxiety of job interviews. "One of our strategies is that we don't formally get them in an interview process where the client may feel too uncomfortable," says Phillip. Instead they will arrange an unpaid job trial of one to two days. That way the client gets the chance to see whether they want the job, and the employer gets a chance to see whether the person can do the job. When they first started they did job trials for a week, both client and consultant working together, because that is how they had been advised to do it. After a while it became unworkable so they cut them down to one to two days - all part of the learning curve for a new service.

Staff will accompany the person to the interview and work experience if the client wants them there

On job trials staff will either work alongside the client, or simply observe them. If the client is not doing things the way they're meant to the employment support will move into job coaching, role modelling how to do it, drawing pictures if necessary. They might set up a buddy system for their client with someone else at the workplace, so that natural supports start to build up, without mentioning mental illness to the new colleagues.

"Getting the job is only the beginning," Phillip explains. Once people are in work, support is still needed. Like other services, transport to and from work (until people learn how to get to and from their job) is provided, although for somewhat longer than in most other agencies. "If it takes six months for them to learn how to catch a three stage bus" says Phillip, then that's how long the support will go on for. But they try to find jobs near to people's homes so transport doesn't become a big problem. Support lasts as long as people need it - there is no cut-off point.

Sandi has appreciated the support she's received since starting work, such as her employment consultant coming into work with her and helping her find work clothes. Sandi says she doesn't need support now that she's been in the job a while, she just needed it at the beginning.

Management at her new job were told right at the beginning that Sandi had a mental illness. How is it for Sandi having people at work know? "It's alright. They're good - I don't get any special treatment or anything," she says.

## The importance of relationships

“For us as Maori one of the most critical foundations of our culture is whanaungatanga,” says Donny. “Relationship is the foundation of our organisations, of our interactions, of our dialogue”. This means that any person who becomes a client of the employment service is seen not just as themselves, but as part of a wider group - whanau, hapu and iwi. “We’ve never been successful working in isolation,” Donny says. “We don’t work with just an individual - we work with the community to which that individual belongs”. This means that privacy issues need to be addressed before working in this way.

This is one reason that the powhiri - or welcome - becomes so important. Each client who comes to Te Ara Mahinga is formally welcomed by everyone at Mahitahi, along with the people they bring with them and the ancestors who went before them.

“It’s critical for us to have the powhiri process,” explains Donny. “It shifts our level of accountability... to a collective level”. This way of seeing things is quite different from other services. Donny explains that in welcoming a client they see their waka, the geographical location they come from.

*When we have a tangata whaiora, we don’t have a person... we have people, we have a community - Donny*

Maarama, with Mahitahi on work experience, describes the powhiri as “a big part really, because it’s breaking the barrier down” between the person and the organisation. “That first step... could be overwhelming for a client,” she notes. Simply feeling respected and being acknowledged by a formal welcome could be a very new experience. “Our ritual of encounter is what makes us different too,” says Donny. “Our response is to look at a person as a taonga”.

Not only do staff work to develop a relationship with people who come to the service, but they also try to hold on to that relationship for further development of the person, because of the energy that has already gone into it. “It’s not just about employment. It’s about the relationship with that person and incorporating employment as part of the whole picture,” explains Donny.

## Why is a kaupapa Maori service needed?

One of the reasons a kaupapa Maori service is seen as so important is that Maori service users face a double barrier - that of racism combined with stigmatisation. “We have an enormous task to try and secure positions for Maori with disabilities,” says Donny. “There are layers of racism that apply to Maori. There is a pecking order of preference and Maori are at the bottom scale of the pecking order... for getting anything, for progressing generally”.

*A kaupapa Maori organisation has an understanding of the double barrier that their clients face*



One of the difficulties with Maori using mainstream services is that Maori clients tend to assume that staff will make the right choice for them. This is not out of passivity but out of respect, based on their culture. “We don’t disrespectfully judge the person right away,” says Donny. A kaupapa Maori service is aware of this tendency and can tell the client that they must make the choice they want, not to do things just because others want them to. “It’s about empowering people by saying ‘I’m not the one that’s going to change your life.’” This perspective is very much in keeping with the philosophy of supported employment, which emphasises choice.

*For many Maori the experience of the mainstream mental health system may be one of alienation and segregation*

A lot of the people Maori deal with when they become ill will be pakeha, with pakeha ways of doing things. Accustomed to being part of a wider group, Maori clients may find the focus on them as an individual difficult to cope with. “Our culture holds the view that you are many and we are one,” says Donny. “What happens to you happens to me. It is not right for us to go through a system by ourselves”. So an organisation focused on relationships, and able to see the wider group surrounding their client, may reduce those feelings of alienation.

It’s also about knowing how to read between the lines. “Silence for Maori doesn’t mean agreement. Silence for Maori means ‘well, let me think about that’ ” Donny points out. Because it is not considered right in Maori culture for the individual to speak of their own value, it is necessary for other people to understand what is happening to them based on their circumstances, rather than their words.

When Sandi is asked about how she found the service she says very little. Donny steps in and puts some ideas forward, to which she enthusiastically nods agreement. In this situation a mainstream organisation might assume that Sandi had nothing to say, or see Donny as putting words in her mouth. But in a Maori context it is understood that Donny is interpreting what Sandi thinks from what he knows of her and she is free to agree or otherwise.

### **How clients respond to the cultural emphasis**

While the cultural emphasis is what makes Mahitahi unique, how do clients respond to this? “They respond according to whether or not the organisation has an ability to meet their needs,” says Donny. Part of that response will depend on how important it is to the client to be identified as Maori.

*At Mahitahi Maori clients don’t have to justify their Maori-ness - Donny*

One family that has contact with Mahitahi ‘absolutely appreciate the service’, according to Donny, because staff involve them. But what if clients don’t want their whanau and community involved? Mahitahi will still support them. And they might change their

minds. “As they become accustomed to our system, they realise the value of belonging,” Donny says. In fact, he believes that “you cannot belong to this organisation or one like it and not eventually desire the input of your whole whanau”.

### **Maori working with Maori**

While Mahitahi would not exclude anyone who has experienced mental illness, and is on the relevant benefit, from using their service, they are aware that the way they deliver services might not fit with non-Maori ways of doing things. So they are careful to specify at the initial interview exactly how their services work - they don't leave people to find out the hard way. “The way we pitch our services would clearly articulate a point of choice,” says Donny. While they have had pakeha clients Donny says that “at times we felt enormously inadequate” in terms of being able to provide services that met their needs. The concern is that pakeha clients will want services delivered in ways that feel comfortable to them, and will not feel supported by services that are delivered in ways that feel comfortable to Maori. “When we're working with our own culture we know how to provide that extra value without them having to ask for it,” he explains.

Donny feels strongly that Maori clients should be given the choice of a kaupapa Maori service. “There are sufficient mainstream services but not Maori services”. If a Maori client does not want to use a Maori service “that's fine” says Donny. But they need to be given the choice.

### **Wairua manaaki - the heart of a good employment consultant**

What Donny Rangiaho looks for in employment consultants, above and beyond anything else, is manaaki tangata (encouraging people) skills. This means that staff must have ‘wairua manaaki’ - a commitment to encouraging people's self-esteem and well-being. He believes you can't train a person to have empathy or to become people-oriented. “I can't train the wairua,” says Donny. “There's not a wairua school”. It's either there or it isn't.

He can see wairua in people by the way they respond to certain questions. In interviewing potential staff members he looks for why they want to belong to the service. The potential staff member may not have experience in mental health, but must have manaaki tangata, a very good view of people. “You can hear it in the way they respond, and their aspirations”. Donny also thinks it is important for staff to be of the same culture as their clients, so that clients feel comfortable.

Clients are involved in interviewing staff. “We have clients involved at every level of our organisation,” Donny says, including two on the Board.

### **Relationships with clinical services**

Mahitahi's relationships with local clinical services are pretty good. “I think it's

because I'm very clear about what we provide and for Pakeha that's critical," he adds. Being fluent in two cultures is very important here - on the one hand Donny appreciates that mainstream key workers like some certainty about what will happen, while he knows that Maori staff won't want quite as much detail. For them, it's more about manaaki, or encouraging and supporting people, and this value leads to accountability.

Donny has regular formal meetings with stakeholder groups from clinical services. These meetings are about wider organisational issues, not day to day operations or individual cases.

Te Ara Mahinga staff are not expected to deal with the clinical issues of clients seeking work. "Staff are employment officers," Donny says, "they are not expected to have clinical understanding. I expect my staff to concentrate on the employment component". He adds "it is important to remember that collaborative relationships help to eliminate service isolation so as to prevent Te Ara Mahinga being the 'be all' to their clientele". But when clients are unwell employment consultants may need to get in touch with the employer and let them know this, and get in touch with the key worker. "It's knowing the indicators, early warning signs... it goes back to knowing your risk assessment plan and knowing your client," Phillip says. Sometimes he will simply hand it over to the key worker, at other times he will get involved. But he doesn't usually have regular meetings with clinical staff.

## **ComCare Charitable Trust - supporting education and training as well**

ComCare is a supported employment agency with a difference, providing support for education as well as for work. Where most other services will refer their clients to training and education where relevant, they also usually refer their client to other services (such as disability support services at a tertiary institution). But ComCare supports clients throughout any courses they do, and beyond.

### **Why ComCare chose to go down this road**

Karen Beard, Manager of Work and Recreation Services for ComCare, says that they started providing support for education because it was a need for the people coming to see them. "I felt that it was a gap and no one else was filling it," she says. Another driver was the perception that "people are more likely to get work if they have qualifications", not to mention earn more. Some of ComCare's clients have missed out on education training because of the impact of their illnesses, so their employment options are limited if they don't get further skills and qualifications. In addition, some have been out of work for ten years or more, which means their work experience is limited and often out of date. Training in skills like computing becomes particularly relevant here.

## Supported education is not segregated training

*What supported education is definitely not is segregated education for groups of people with experience of mental illness - Karen*

Karen Beard says “I feel that philosophically we’ve moved away from providing segregated services”. While some services in New Zealand deliver NZQA courses to groups of mental health consumers, this is not an approach Karen agrees with. “Our clients are an incredibly varied bunch of people with incredibly varied aspirations and employment goals,” she says. They range from people wanting to work in highly skilled jobs such as engineering to individuals who simply want an entry level cleaning job. “We can’t possibly provide for everyone,” says Karen, “and we don’t want to add to the mountain of generic training skills out there”. What they do instead is what other services do - refer to mainstream education providers who are running the types of courses that clients want to do. “It’s... about choice,” Karen points out.

## Supported training is not prevocational training

Supported education is also not prevocational training, which has been found to be relatively ineffective in moving people into work. Traditionally prevocational training has been time unlimited and very general, rather than training people for specific types of work that they are interested in. Karen points out that in traditional prevocational training “people get stuck and comfortable and it has very little to do with them getting jobs... it was all preparation and no follow through”. Prevocational training was also something everyone had to go through if they wanted to get a job, and it didn’t result in a qualification that an employer would recognise.

In contrast, supported education is driven by what is needed to get into a specific job, and often accompanied by relevant paid work. The timing of training varies. People can go straight into work and do courses part-time while they are earning, through evening classes or correspondence. James, a ComCare client, says he likes the idea of correspondence because “I don’t have to go and sit in the classroom - I can do it at my own pace”.

In cases where training is needed before going into a job - such as a block training course to get into an apprenticeship - it is only for a limited time and it is directly relevant to the work the person is interested in.

*I’d prefer to go straight into work and do the training on the sidelines - James*

## Supported education

So what is supported education? Briefly, it is support to do courses and qualifications that individuals are interested in, or that are needed for them to achieve their career goals. The type of support provided depends on what people want, just as it does with supported employment.

Doing courses can be as anxiety provoking as employment, if not more so. Kate mentions stresses like coping with a strange environment, and numbers of new people. She had one client who found attending a course at a local education institute so stressful that “as it turned out he couldn’t manage the course - it was all too much for him”. So support is important if people want to complete courses or get a qualification.

### **Using disability support services**

Why doesn’t ComCare simply arrange for support through disability support at the place of education? Karen Beard says there are a couple of reasons. One is that she’s “not sure that people with psychiatric illness actually identify as people with a disability”. This is a point of contention generally, with both providers and consumers disagreeing amongst themselves as to whether mental illness is a disability or not. This is possibly because disabilities are traditionally seen as physical rather than psychological. Kate also thinks it may be because “sometimes if you’ve got an illness you don’t want to be reminded of it”. John, another consultant, says he will point out to his clients that disability support services exist and that they can use them if they want to.

Karen also doesn’t know how well people with experience of mental illness are catered for by disability support services, whereas ComCare are specialists in supporting people with experience of mental illness. “To us it’s quite important that we assist people in advocating for themselves and negotiating for what they need,” Karen says.

There’s also the matter of putting clients in the position of having to tell their story to yet another person. Dealing with both education and employment through the same agency means one less person for people to have to tell their story to - they talk to one staff member who supports them through the whole process.

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*The process may involve work and education, work then education, or education then work*

### **Does every ComCare client go into training or education?**

Not every client who comes to ComCare is referred to education and training. Like other services, ComCare only refers clients to training or education if that is necessary to meet their career goals, or they make it clear that that’s what they want to do. Kate has a caseload of 23 clients and of those, four have done some sort of training.

Every client who comes to ComCare goes through the ‘classic’ supported employment career planning process. Kate and John ask new clients to fill in a questionnaire on their goals, dreams, work experience, qualifications and what sort of work and support they want. They work through the answers with the client. James says that although he’d already given some thought to the question of “what am I going to do with my life?” the career planning process “gave me an idea... about what I can and can’t do and how long it would take me to do things”.

Both Kate and John specifically ask clients about what training and education they want to do. ComCare does not have an education and training specialist on their team, but expects all staff members to build up knowledge about education and training resources so they can advise clients.

Generally speaking any training and education goals come from career aspirations. For example, James identified an interest in library work after doing career planning at ComCare and Careers Services. He loves libraries and visits them four to five times a week, and is an avid reader. John, the employment consultant he saw, encouraged him to send away for information about library courses and bring it in to their meetings. “I had thought about doing the library course (before then) but I hadn’t actually done anything about it,” James explains. He found out that he couldn’t even get work experience in a library without a qualification, and is now thinking about applying for a student loan to do a one year Diploma in Library Studies. At the moment James says “I’m having a bit of second thoughts there about taking on too much at one time”. He’s been unemployed for four years and feels ‘scared - very scared’ about going back to work. “Part of my problem is I don’t know if I can do it - the old thoughts come back... will I stuff it up?” Another part of the reason is the cost. He would have to get a student loan of \$500 to \$600, a lot of money for someone on a benefit. So what will he do if he doesn’t do library work? “Big question - I don’t know” he says thoughtfully. But he’s sure ComCare will help him work that out.

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*Clients are individuals and so their goals and aspirations are varied* - Karen

John has a client who is doing a TOPS course in hairdressing which will give him an NZQA qualification. As part of this he will go out on work-based training, which could result in an apprenticeship. He has another who is doing a part-time woodworking course that Work and Income are paying for.

He’s found the woodwork course he’s been doing has been a big confidence builder. “At first it was real scary... in a way I’ve locked myself away from the world. I haven’t been out for five years at night,” he says. Despite this he says “I pulled my socks up and went along to the class. I was lucky I had a good teacher”. Doing the class was his own idea. “I just decided to go and do it”. He’d always had an interest in woodwork but had lacked confidence to go to a class, so it was a challenge. “A couple of times there I didn’t want to go, but my mum and brother... pushed me and said ‘No, you go’... it was the best thing I’ve ever done”.

There are pros and cons to up-skilling people. John says that “the downside is the cost of some of these courses”. He says “the free courses are good - if you don’t like it then it hasn’t cost you”. Kate has a client doing free self-paced computer courses at Polytech while he works part-time. John does his best to find out about free training for his clients. “If I can get people onto some free training then I’ll really use those,” he says.

But even free training has its downside. “Because they’re free some of the clients... tend to play around a bit,” according to John. “If you’re paying \$6000 for a course you tend to take it more seriously”.

John also uses TOPS courses. “The beauty is that some of these courses are a lot more flexible now than they ever used to be,” he says. A lot of the poorer courses have been weeded out, so that there are now fewer courses and providers, but the remaining ones are of a better quality.

ComCare doesn’t run any in-house training for clients. They do provide coaching in things like interview skills which is standard for supported employment.

### **Whatever support the client wants**

What sort of support does ComCare provide? Just like support with employment, it is driven by what the client wants and asks for. “It may be that they don’t want us to visit and just want a phone call,” says John. “I always say to people ‘I’m only a phone call away’ so if you need any assistance just call”. With James, his client who is thinking of doing the library course, he might just ring him up once every few weeks to see how he’s going and whether he’s having any problems. “Some people just like to know you’re there even if they don’t use you... for others it’s a lifeline,” Kate says.

The lowest levels of support are talking with people about what they’d like to do and exploring options. “Some people haven’t even thought about what they want to do,” says Kate. At the other end of the scale she might go to training with someone if they are particularly anxious about it.

Meeting a tutor to help sort out any difficulties is also an option, in just the same way a consultant would offer to attend a meeting with an employer. Other support includes helping talk to a case manager at Work and Income about training allowances, talking to someone about a student loan, or referring a client on to someone with more expertise. Consultants can help identify suitable courses, make enquiries and fill in forms. Visiting campuses to get more information about courses is also an option. “They may want to do it all themselves,” Kate says, “or they may want you to do all of it and they come along with you”. It’s up to the person concerned.

Meetings can take place at home, at the consultant’s office, or in the community.

Support is open ended, for “as long as it takes”. Kate says that clients “can stay once they’ve got work or education as long as they want to - they’re not pushed to leave once they’ve... got a job”. Kate will do her best to keep in touch with people by phone and letter if they start to lose contact. “You don’t want people to feel like they’re being encouraged to leave the service,” she says. But if a client wants to they can go on ‘hold’ for a while. Staff also support clients in their choices regardless of how realistic they appear to be. Kate says “I

would never say to a client ‘you can’t do that’ but sometimes people want to do something so desperately that all you can do is support them in it, and if they fail, you support them in that too”. Again, it’s about client choice and preference.

### **What staff and clients think of supported employment and education**

“It’s the best job I’ve ever had,” Kate enthuses. John enjoys the challenge. Like other employment consultants around the country he makes it clear that it’s not about the pay, which is very modest. “It’s more just seeing people have a change in their lives that you get a buzz from. Especially if somebody’s been out of work for years and years and then you can make some sort of difference”.

James is enthusiastic. He likes it that the staff member he has most to do with has “always got a nice smile... says hello, shakes my hand. He’s an excellent guy - didn’t look at me as if I was... y’know... strange”. He’s not fussed whether the staff have personal experience of mental illness or not. “Quite happy either way,” he says, “it doesn’t really bother me, as long as they treat me OK”.

### **An Emerging service - Emerge pan disability supported employment**

Emerge is a relatively new player in the field of supported employment, having been going for just less than three years. They are different from the other services reviewed here because they cater for people with a range of disabilities - not only mental illness, but also physical, intellectual and other disabilities.

One of the biggest problems that Emerge faces is the demand for their services. Cheryl, the manager, says that recently the waiting list “got up very high to 85 people... which I felt was very unfair because that kind of wait is possibly two years”. By that time information on new clients is old, and they have either found jobs themselves or given up hope of seeing someone at Emerge. “I know there is some frustration for people on our waiting list,” Cheryl says. At the moment the list is down to 38, and closed until it reaches a manageable number.

What makes Emerge so popular, and the waiting list so long? “I don’t think there is another service like ours in Wellington,” Cheryl says. “We’re working across the board with disabilities - we’re not segregating groups”. In addition to that “there is a huge need in Wellington”.

So are some people missing out on services? “Definitely,” says Cheryl. “That’s quite a concern to us”. Her challenge is maintaining a high quality of service while reaching out to as many people as possible. Caseloads at Emerge are 18 people max which is very close to the ideal as suggested through the research. Cheryl doesn’t want her staff to up their caseloads and lower the quality of their service.



## Defining a disability

Emerge works with people with all kinds of disabilities. “We haven’t excluded anybody from the service,” Cheryl says, except a client who physically threatened a staff member. People can refer themselves or be referred by others, whether a nurse or family member.

To use the service a person needs to:

- have a disability
- be motivated to work
- want to be part of the service

## Learning about disabilities

Robert, an Emerge client, thinks that it is important to work with “somebody who knows a little bit about the sort of disabilities you have... but they don’t know all the details and are not a mental health professional”. But where do consultants - and employers - get this information? Lesley says, “until I came here I hadn’t had a lot to do with mental health work... the training came from Emerge - they’re very big on training”. Cheryl thinks that “it’s really good for consultants to know some background information on disabilities”. To this end Emerge has developed some packs on specific disabilities that consultants - and employers - can use. Cheryl tries to make sure that training is “a key component of staff’s working weeks”. She arranges a great deal of in-house training, and encourages staff to go to relevant conferences.

Each new staff member receives an orientation folder which has information on processes of supported employment and readings on different disabilities. Staff can also suggest training that they are interested in. Cheryl follows up training sessions by creating resources for staff. “Reading time is quite difficult to put into your day,” she explains. “I try to encourage staff to fit it in during quiet periods”.

*Getting to know clients as individuals is just as important as finding out about their disabilities - Lesley*

Lesley says, “We have resource packs that we can look at... if it seems necessary we do research on that topic. But I actually like to know the client first before fitting them into a category”.

Consultants are not the only people who need to learn about disabilities - it can also be useful for employers to do so. As part of the Mainstream programme, a government initiative to place people into jobs in the public service, training is funded for supervisors for each placement. For example, Robert’s supervisors have been to a mental health awareness workshop, and are going to a Hearing Voices workshop, where they will experience what it is like to cope with everyday life while hearing auditory hallucinations. “They are really cool people who are really interested and want to do right,” Lesley

enthusies. She has also done a lot of groundwork with the supervisors so they will understand what Robert's illness means for him.

### **Mental illness as a disability**

Some people think that mental illness is a disability, while some people with experience of mental illness do not think of themselves as disabled. But at Emerge, mental illness is placed firmly in the disability category, along with blindness, epilepsy, multiple sclerosis and others.

Are there any differences in supporting people with experience of mental illness compared to other types of disability? "Not at all", says Lesley. She finds that there are difficulties involved with every type of disability. Justin has found that some people with experience of mental illness tend to be less confident than other clients. But "once they're back into working... and they know the support's there, the confidence grows quite quickly," he says. He has one client who came in quiet, unsure of himself and unwilling to disclose his experience of mental illness. "I've worked with this person for about 13 months now and it's just amazing the changes that have happened," Justin says.

Are clients with experience of mental illness more challenging to work with? It depends on the person, not the disability, Justin is quick to point out. Lesley adds, "I do find people with disabilities in general often have some form of depression or downness. It's actually part and package of being unemployed and disabled and wanting to make changes and not being able to".

Lesley sometimes finds that her clients with experience of mental illness are too unwell to cope with work. She referred one of her clients to mental health services for assessment because he was not coping. A year later he is working very well. "He got the job himself," Lesley says, "but I support him still". When a person who is unwell wants to go ahead with job seeking, Lesley finds they sometimes get a suspicious reaction from employers. "It's a long road," she says, "because it takes time to find work if a person isn't well. It makes it a bit tougher because it can be obvious to employers" even when the person doesn't disclose their illness. Cheryl points out that unwellness can occur for any disability.

In Lesley's experience wellness makes a difference. "Most of the people I've worked with (who have experienced) mental illness have come through it and been at the stage of being well and quite stable". Robert's experience is an illustration. It took five years for him to get his medications right. Amazingly, he is now on a medication that not only completely stops the voices he once heard, but also has no side effects. This has made it easier for him to look for and take on a job. Before this medication, Robert says, "I was still working my CV and sending it off to people... so I was still trying to get work. But I was also experiencing voices and... the effects of the illness up until then and also the side effects of the medication". All of these made the process of

looking for work much harder. Once he got on his current medication, his motivation to work took an upswing.

*I've seen people who experience mental illness... who have developed a lot of strengths on the road to wellness - Lesley*

### **Matching the support to the disability**

Cheryl makes it clear that the type of support needed comes from the individual and the type of disability. With a disability like epilepsy there could be safety issues involved, particularly if the person is working with machinery. Staff then develop an action plan, so that everyone concerned knows what to do during an episode at work. “There are ways of doing things differently and being a bit creative,” Cheryl says, “rather than being stuck in the box and saying ‘we can’t do anything about this’”. For example, one client had difficulty pushing a broom. Cheryl’s occupational therapy training helps her think outside the square and identify other possibilities. Could they pull the broom? Or use a vacuum cleaner instead?

Justin suggests the way to go is to pull out what the disability means to the person, and what supports they think they need. He doesn’t have a list of supports. “It’s just ‘how do you see (the disability) affecting yourself,’” he says. One of the supports he offers is job coaching to help the person learn the ropes in a new job. “At one stage last year I was job coaching for 12 hours a week,” he says - a significant part of his hours. He also has contract job coaches he can call on, one of them an Emerge client.

As with other agencies, the most common support is just being there. “I ask them what they want,” Lesley says. “Most people I’m going out to see... in their work or near their work. I meet in cafes at lunchtime quite a bit - that’s a lot of my support”. Nice work if you can get it! Not intruding on the job is important, as well as cutting down travel time for the client. “Coming all the way to Emerge in their coffee breaks is not going to work,” Lesley explains. So the simplest solution is for her to go to them.

Another support is to “come in and be a third person while there’s a discussion going on” between the employer and employee. With one of her clients Lesley “made sure that the employer knew that it wasn’t just between the employer and the employee,” by attending their meetings. “I think that really helped,” she says. This function is particularly important with clients who have been out of work for a while. “When a person hasn’t been in work for five years a lot has changed for them”. Lesley finds that relationships are frequently a source of problems at work. “It’s often that that’s the big crunch - dealing with people”. So building relationships between employers and employees can add an extra dimension to the support Emerge offers. Doing this has helped clients make a smooth transition back into work.

For Robert just knowing Lesley was there was an important support. “I’ve been able to ring her up and find out what’s going on,” he says. He already had a CV and didn’t need help with his application letters. “I don’t really need much, I think,” Robert says, just meeting with Lesley. “The fact that she handled all the initial contact with (my new employer) was good, so I didn’t even need to have an interview really”.

*I just had a meeting over coffee with both my bosses and Lesley came along as well. Just to get to know people and talk about what the job involved - Robert*

### **Supporting employers and building natural supports**

The client is not the only person that Emerge supports. Consultants do a lot of liaising with employers, providing information on disabilities and other things, suggesting training and career development for their client, and finding funding for modifications to the workplace. Justin agrees that consultants need to have a lot of information at their fingertips. With employers Lesley says “I would ring them every so often and say ‘how are things going?’ For some I’d be an information giver”.

One downside of supporting employers is that “sometimes employers will go through you rather than go through the person,” Justin explains. “That can be quite difficult”. Other agencies have found the same thing - that employers need to be weaned off support. Justin sees part of the problem as employers’ fears that the staff member won’t be able to handle their feedback. “Sometimes if employers were more upfront and honest you wouldn’t go down this track,” he says. “By being nice they’re not really helping that person”.

Peer support also plays a part, although Emerge doesn’t provide this service. Justin finds that the majority of his clients are already involved with a relevant support organisation, such as the MS Society, Blind Society or Schizophrenia Fellowship. If not, he can refer them to one that they prefer. He finds that people who have no problem with disclosing the nature of their disability are usually happy to attend support groups.

Like other agencies, Emerge keeps an eye out for possible natural supports that will help keep a person in work without consultant input. “You try to draw out some natural supports in the workplace,” Justin says. This might be suggesting that the client ask a colleague rather than calling the consultant, or setting up a buddy situation with a workmate to replace job coaching.

### **How long does support go on?**

Like most services, Emerge provides support “for as long as it’s needed”. “I would never say that we would not be there for that person. But we would definitely look at building up the natural supports,” says Cheryl. The need for support tends to ebb and flow.

*It is usually the client who suggests when support is not needed - Justin*

## The more the merrier

When doing career planning, Justin asks clients who they'd like to have involved in the process. This could be a relative, a partner, a Work and Income case manager, a friend of the family, tutor, or someone from Workbridge. Why is this important? "The more people you have, the wider range of contacts and ideas you can bring in," Justin explains. "These other people... can sometimes offer unique suggestions for supporting the person into employment". It's also about using networks. "Maybe they could provide some sort of network... of contacts with people," Justin suggests. Somebody might have a friend who works in the trucking industry, for instance, when a client is looking for a job driving trucks.

This is just what happened for Robert. While no one accompanied him to his appointments at Emerge, his father scouted round for possible jobs at the company he worked at. That eventually led to a position there which Lesley helped him apply for. In fact, Robert found Emerge much the same way - through his father. "He just told me it was into supported employment and perhaps they could do something for me," Robert says. He took it from there, writing to Emerge and setting up his first appointment.

"We don't have a policy (of family involvement) as such," says Cheryl. "Our policy is individual choice". The exception is the school to tertiary/work transition service that Emerge also runs with six local high schools and one tertiary institution. Here families tend to get more involved because of the age of the students. Justin has noticed that his older clients are less likely to bring in other people with them.

## Finding work

How does Emerge find jobs? Lesley is a firm believer in using networks. "Most of what I've done in the time I've been here is to encourage people to get their own jobs," she says. "And they have". She will also look for jobs for people as well as using personal networks. Justin also uses Emerge networks to find jobs but thinks that "it's always good to involve the other people nominated as well - it makes it a team process".

*Contacts are so important - actually getting to know what contacts families have - Lesley*

Emerge uses the Mainstream programme which provides two year work and training opportunities in the public sector at market rates for people with disabilities.

"The majority of people are offered a job at the end of the two year placement or find employment elsewhere," Justin has found. He also uses all the normal routes to getting a job - newspapers, internet.

Sometimes consultants get approached by employers they have a working relationship with for new staff. "With a couple of people... they've only ever got their staff through us... I think they've had a really good experience with all the people we've put there," Justin says. Not only do employers get good staff, but they also get good support - a consultant can be there within 20 minutes if the employer calls.

Lesley sounds a slightly different note. “We get out and look for (jobs) and we try hard but they actually are few and far between”. She agrees with Justin that “some people come to us and say ‘look, I’ve heard about you, I’d really like to be involved’”.

Unfortunately this doesn’t happen often. “We go and pace the streets sometimes and say ‘this is what we do - have you got any vacancies?’” They go out together, as a team, to keep their momentum up.

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*Cold calling is very hard* - Cheryl

In terms of finding jobs for clients she thinks that “a lot have come through cold calling (but) really it’s about networking”. It’s a matter of being somewhere and saying “oh, by the way, have you got any positions?” Despite the difficulties of finding work, Lesley only has four people on her caseload of 18 who don’t have a job. “So something’s working!” she concludes.

### **Changing jobs**

Getting the first job is just the start for many people. Emerge also helps people change jobs when they get bored, or want to develop their career further. Robert changed jobs fairly swiftly. After being unemployed for six years, he was happy to have any job at the start. “Lesley said there was a job cleaning,” he recalls. “I thought it was alright”. However, he found the pay low and the work a bit stressful. “I couldn’t see any future in it,” Robert says, which is not surprising given that he has a university education and had a successful professional career before his illness kicked in. Through his networks he found a new job in computers. “What I’m doing now is miles better,” he says. “I’m hopeful that this job will last for a while”.

Lesley finds that simply considering a change in job can have a marvellous effect on morale. She had a client who’d gone into a fairly undemanding job over a decade before in the early days of the Mainstream programme. Lesley was asked to work with this client because he was so bored and frustrated at work that his whole performance was slipping. Lesley has worked with her client to identify new career directions. “He wants to follow his dream and do what he wanted to do,” she explains. Now he is involved in training towards his career goals. As a result she’s seen a transformation. “His whole sense of achievement has changed,” she says. “When he came to us he was really frustrated, really angry... and now he’s not. He’s actually working really well”. What does she think has made the difference? “He’s got a feeling for a future, and that’s huge”.

“I totally believe in following your dream even though it’s sometimes unattainable,” Lesley says. “But if you actually follow it often you find something near”. So her client may not end up in his dream job but he may find something he likes more than his present job. Meanwhile, just being involved in working towards his dream has made a huge difference.

## Supporting education

Like other supported employment services, Emerge helps people identify any training or education that they need to fulfil their career goals but they do not support people to actually undertake such. “Some people might want to do training... which we cannot continue to support,” Cheryl explains. “Our focus is employment”.

What Emerge will do is advise on what courses are available, help with applications, and put people in touch with other sources of support, for example, disability liaison officers. “We would work alongside them to find the right course,” Justin says. They will also look at needs for mentoring or tutoring, and make applications to Workbridge for training and support funds.

“The majority of times we prefer the person to go straight into work and learn on the job,” Justin states. “However it is totally up to the individual,” Cheryl says. “That comes out of the career planning process”. Some people will attend a 10 hour course in computing to up skill while job searching - particularly useful for someone who has been out of the workforce for years and may not have used a computer. Robert did a course in HTML to prepare for his computing job. Regarding the timing of training, Robert says “I think I’d prefer to do it while I’m in the job... as part of the work day”.

Justin had one client who was working full-time while doing an accountancy degree. He obtained funding for the course and for a tutor, found a tutor, helped purchase the text book. His client didn’t require any support with the actual study, more with funding and equipment.

## Liaison with clinical services

Employment consultants have contact with their clients’ clinicians on an ‘as needed’ basis. There is a commitment to not going behind the client’s back with such contact. Lesley gets permission from the client before approaching clinical staff, and shows them whatever information she gets. “It’s all through the person and it’s not actually hidden”. Before a client starts work Lesley might tell them she’d like to ring their clinician or doctor, particularly if the employer wants a management plan. I’m not a clinician,” she explains.

What does she do if a client’s symptoms get worse? She might work through family members, who let her know if there’s a problem. With one client “I work a lot through his mother - she rings me if she thinks there’s a problem”. She hasn’t contacted the clinician yet. “I’m just watching it - I will talk to him if I’m going to (contact the clinician). I don’t want to cause alarm bells... it’s just such shaky ground”.

*We don’t have a lot of input with clinical services unless a person chooses for us to be involved - Cheryl*

Some people say they don't want their nurse to be involved in their job search. Emerge do not get involved in multi-disciplinary team meetings. "We're not clinically focussed at all," Cheryl says. But if someone threatens suicide staff make it clear that they can't keep that to themselves. Cheryl will say to a suicidal client "I'm not going to go home tonight with that on my shoulders," then ask who it is OK to tell.

### **Ideal staff**

What makes an ideal staff member? "I look for initiative as a key thing," says Cheryl. A belief in supported employment is also important. "Someone who respects what we do or has a belief that everyone has a right to work". Experience in the disability sector, or personal experience of disability, are also useful. Robert doesn't mind whether the staff member has personal experience of mental illness or not. "I don't think it matters as long as they're reasonably understanding and... have got good knowledge. Like with schizophrenia, knowing what it is actually about".

"Recently... I've started to focus on marketing" as an important staff skill, Cheryl reveals. Her latest staff member works 30 hours a week as an employment consultant, and the other ten hours solely on marketing. Cheryl also thinks that qualifications help - health related, or teaching.

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*Staff need to have skills that complement each other because they work in a team*

### **The value of Emerge**

Robert thinks he might have found work without Emerge - he was looking but not that hard. Emerge helped him focus his search although "I perhaps let them do the work," he admits. What was the main value of Emerge for him? "I think the fact that their job is to help is the best thing - they've just been available for me to phone up. The fact that they are... looking for jobs for you. It's quite good to have employment agents who also know your background and know you had a gap in your employment history".

Lesley agrees completely. She thinks the main part of support is "just having someone around, someone they can talk to, someone they can ring - it's encouraging, knowing there's someone there". She has one client with experience of mental illness who has "made a decision to do everything she can to be well... she actually put things in place really quickly to make sure she didn't get unwell" after a bereavement. "My job was really to work them through with her," Lesley says, "but also to support her in going through with them". The critical value of Emerge seems to be being there with information and above all support, to encourage people to pursue their dreams and not give up.



## **Commentary**

### **Working with clinical services**

From the preceding review, it seems that New Zealand has some world class supported employment services operating. One of the key findings that came through the literature review associated with the present project was that integrated clinical/employment service teams are the most effective. What reasoning is this key finding based upon?

There are two primary reasons put forward to support this type of approach:

1. Clinical input into employment support is valuable. In integrated teams employment plans tend to be more informed by clinical expertise. Given that managing symptoms and medication seems to help people stay longer in work and do better, clinical input has the potential to increase work success.
2. Separate services mean more running around for clients -when clinical services refer their clients to employment the burden of integrating the two approaches has been found to fall mainly on clients. Overseas research has identified that this leads to conflicting plans, miscommunication and dropouts from employment services. Clients have to go to two places for services, and may receive conflicting advice. In contrast, where clinical and employment services work in a team in the same office, clients have been found to be less likely to drop out of services before finding competitive work.

However, none of the New Zealand services reviewed through this booklet are operating in this manner. Is this a cause for concern?

### **Historical situation**

The reasons for this situation in New Zealand appears largely historical. Until quite recently, supported employment staff have experienced clinical services as uninterested in paid work for their clients, and also as lacking awareness of the importance of work to recovery. “We were the most dangerous people on the face of the earth, when we first started up,” Kevin Macken, Manager of Centre 401, recalls, because we were getting people with experience of mental illness into work. He found that many nurses, doctors and support workers did not support the idea of paid employment. “As quick as we could try to support people’s work efforts, they were there to undermine them - it was unbelievable,” he says. He remembers clinical staff placing seeds of doubt in their client’s minds by saying things like, “are you really ready to go back to work? You know what happened last time”. Maureen, an employment consultant, recalls her doctor advising her not to go into paid work because it was so stressful. Rob Warriner, one of the founding members of EDGE Employment in Auckland, has documented cases of finding work for clients only to have them talked out of their new jobs by concerned clinical staff.

The reasons for these attitudes are not well-documented - in some cases it was clearly a concern for the well-being of patients, although more negative reasons are suggested by some supported employment staff. There are suggestions that some clinical staff like patients to be at home during office hours so they can ring them to make appointments, and that others were motivated by professional jealousy. In some cases once an individual got work and showed they could cope with it, clinicians were supportive. Maureen remembers that when she told her doctor she'd found a job and was doing fine he said, "Good on you".

Those employment specialists who have tried to work within clinical services have not only felt frustrated by the lack of interest in employment, but also overwhelmed by a clinical model that they perceive as disempowering to their clients. In frustration at clinical attitudes, those interested in supported employment set up their own services based on models developed in the US. New Zealand supported employment services have generally concluded that integration with clinical services does not work in this country. Warren Elwin, National Manager of Workwise, believes that in the New Zealand context, employment and clinical services work best when independent of each other.

### **Changing attitudes to work**

So what are the attitudes of clinical staff to employment now? "It's changing," says Jackie Hart, manager of EDGE. She thinks that people, who are training as mental health professionals right now, will come out thinking of work as a legitimate goal for people with experience of mental illness. But in her view there's still an established group who see it as too much work and trouble to encourage employment. Despite this, many clients and staff interviewed through the present project reported supportive attitudes to work among clinical staff.

While there have been positive changes, there are still some difficulties with coordinating clinical services and employment. One frequently mentioned concern is the difficulty clients have in getting clinical appointments that fit with their work schedule. This is particularly difficult for people working full-time, given that most clinical services work business hours with no late nights. Mark, an Auckland employment consultant, mentioned that a local clinical service was open late on Wednesday night, which made it possible for one of his clients to attend appointments without missing work. Health Waikato has also made funds available for services for people who are working or studying more than 30 hours a week.

But even for people working part-time, problems are reported with clinicians making appointment times within work hours. While employers are understanding about the odd medical appointment, it is better to keep regular appointments out of work hours and save employer understanding for real crises.

## **Employment and clinical issues - separate or intertwined?**

Whatever the historical reasons, supported employment staff are now clearly focused on employment rather than clinical issues. “We’re not a clinical service,” Kevin Macken from Centre 401 states. “Our mission is to try and minimise your contact with mental health services and that includes this (employment) service. Donny Rangiaho, General Manager of Mahitahi, agrees. “Staff are employment officers,” Donny says. “They are not expected to have clinical understanding. I expect my staff to concentrate on the employment component”. Kevin doesn’t see a need to meet with clinical staff because those services are already in place. But he will advocate for Centre 401 clients when clinical concerns are interfering with work. Other services such as EDGE, see contact with clinical services as more integral to their work. Currently, the employment services contact with clinical staff is built into performance indicators for EDGE employment consultants. There must be “demonstrable and regular contact with clinicians” for each client.

Clients might not see the separation between employment and clinical concerns as being quite this sharp. Carol Anne, a Centre 401 staff member and client, says that while she would see a psychiatrist if she was unwell she would also talk to employment staff about it as well. In fact, clients may be more likely to confide mental health issues to employment staff. An EDGE consultant suggested that this was “because we’re perceived in a more positive light than those clinical services because we’re doing what people actually want to do... they’re likely to tell us different stuff than they are the nurse”. This may mean that employment staff hear about difficulties before clinical staff do.

## **Ways of working together**

On one issue that will mobilise even those employment services that are most emphatic about the division between employment and clinical issues is concerns over high levels of medication, and the effect they have on work. Kevin Macken reports that “in terms of the consumer movement we’ve had some big wins around this region... getting the meds reduced”. Kevin has also had experience of clients in the very opposite situation - where a psychiatrist is recommending that a client come off a drug and this sets off a relapse which makes it impossible for the person to work. These situations underline the importance of close working relationships between client, employment consultant and clinicians in order to ensure that the client has the best possible chance of success at work.

It is clear in talking to supported employment staff that there are deep reservations about working in integrated settings with clinicians. Services have evolved a variety of ways of getting around this while still addressing clinical concerns, from advocating in occasional situations to developing regular, ongoing communication with local clinical staff. In some cases this places the burden of integrating the two services on

clients, and in other cases, situations which can harm employment may not be addressed until they become near crises. What is more, communication seems largely driven by employment services, meaning that where they are not making the effort, communication may languish. In the final analysis, the important question is whether the client's needs are best served by the present arrangements.

## Funding

Many of the organisations that were involved in the development of this booklet communicated about the issues they face in relation to the funding of employment support services for people with experience of mental illness. Providers of these types of services are looking to encourage the Ministry of Social Development to move beyond a contributory funding regime towards purchasing and fully funding supported employment services.

## Work and Income New Zealand - barriers and opportunities

Many, if not most, of the people who use supported employment services are receiving a benefit. People with mental illness make up 26% of the total number of people on the invalids benefit and 34% of the total number of people on the sickness benefit. There has been a rise in numbers on these benefits from 1996 to 2003 and people with psychiatric and psychological illnesses have accounted for 20% of this growth. Hence, work and income policies and practices have a huge impact on a large proportion of people that are accessing the employment support services discussed through this booklet. Both supported employment staff and clients have mixed views on Work and Income processes. They see that some of the things that Work and Income staff do, and some of the rules that they are required to work to, make it more difficult for people on sickness and invalids benefits to move into work. They also acknowledge that there are some positive policies and practices that support opportunities for paid work.

### Work and Income opportunities

- Benefits can be suspended rather than ended completely if a job is going to last less than 8 weeks. This reduces client stress about losing their benefit should the job not work out. However, some Work and Income staff consider it better to cancel the benefit completely so that the person can apply for family assistance through IRD if that is required, and pay any debts they may have with Work and Income.

*If he crashes out from (the job) we need to know we can unsuspend the benefit and he can go straight back onto it - New Zealand supported employment consultant*

- The stand-down period before going back onto a benefit is waived if a person has been working for less than 26 weeks and has been earning a low enough salary to qualify for a stand down of less than three weeks. As people fear having a week or more without work, this reduces anxiety about accepting work and terminating a benefit. At current rates, a single, childless person who has earned an average of less than \$792.49 per week would have their stand-down waived. Rates differ for married couples and parents. A stand-down for a sickness benefit can also be waived for people who have a chronic, recurring illness and have previously been on a sickness benefit for the same illness, provided the initial stand-down is assessed as being less than three weeks.

*It's a security blanket for a lot of clients - it's been their income for a lot of years so they don't want to lose it - New Zealand supported employment consultant*

- Flexibility in some areas about the 15 hour limit for working while on an invalids benefit means that some people can work more than 15 hours and not be moved to a sickness benefit. This creates less stress and also allows more earnings, with the consequence being that working becomes a more attractive proposition.
- Some clients have found Work and Income very helpful, and report good relationships with their case managers. Transitions from benefits to work, or changes to benefits based on weekly earnings, have gone smoothly.

*It depends on the case manager you get... some are really good and go out of their way to help you and your client and others just stick to the rules - New Zealand supported employment consultant*

- The new system of case management has led to less problems with benefits according to Kevin Macken, manager of Centre 401. He says "I used to damn near live there" (at Work and Income) trying to sort out benefit problems before the individual case management system was introduced.
- Planned Ministry of Social Development research on why numbers on sickness and invalids benefits have gone up and what to do about it will help fill the information gap. This comprehensive research programme should provide information to inform how best to support more people with experience of mental illness to move into work.
- The Reach programme helps support people on invalids and sickness benefits into work. Until recently, people on an invalids benefit have been viewed as not able to work. Now they are being recognised as bona fide job seekers and helped into work via the Reach programme. This means a more relaxed attitude towards how many hours people on an invalids benefit can work.

### **Work and Income barriers**

- The stand down period when a person leaves a job can be difficult to cope with and can put people off taking work, especially when they fear they might lose their job

during a relapse of their illness. The length of the stand down depends on how long the person worked and how much they earned, with those with higher earnings (over \$722.49 per week) being more likely to experience a stand down.

*The stand-down period, it's no good - you wouldn't be able to pay your rent or anything - Client of New Zealand supported employment service*

*I lost four hours of service time yesterday through trying to get a guy a food parcel because they'd stood him down... and he had no food in the house - New Zealand supported employment service manager*

- Automatic transfer of people from invalids benefit to sickness benefit when they work 15 hours or more on a regular basis, with change in abatement rate and consequent loss of income, is seen as a major barrier to employment. On both benefits a person can earn up to \$80 per week before the benefit is abated, but on the sickness benefit more is taken out of each dollar earned over \$80 than on an invalids benefit (70 cents per dollar for a single person on a sickness benefit compared to 30 cents per dollar for a single person on an invalids benefit up to \$180 per week averaged over a year, then 70 cents from each dollar over \$180. Rates vary for married people and parents.) Thus, there are reports of people working part-time because they don't want to lose a good proportion of their earnings rather than because this is their preference. Some people who want to move into part-time work for 15 hours or more a week also end up earning less than they would if they had stayed on the invalids benefit. Others turn down jobs of 15 hours or more so that their benefits are not affected. Cheryl McFadyen of Emerge in Wellington has had clients say to her "No, I'm not going to work 17 hours. I'm going to cut it right back so I can get my benefit". One alternative is to keep people on an invalids benefit however many hours they work and gradually decrease it as their earnings increase. This recognises the fact that the person working still has a disability. As Jackie Hart puts it "the Government needs to realise that a disability is a disability and you can work in spite of, not instead of - your disability doesn't mysteriously disappear once you get a job".

*People don't want to work and be worse off than they are on the benefit - New Zealand supported employment consultant*

*If they said to me 'we're going to take this amount of money' and I'm only getting this amount of money and I was getting less I'd be worried... I'm OK with it as long as I don't lose much. That's what worries me... having enough to pay the rent and the power and having some food in the cupboard - Client of New Zealand supported employment service*

- A clear process is lacking for supported employment clients to access jobs from the Work and Income job list in a way that makes it more likely that they will succeed in getting and keeping the job. This particularly applies to enabling direct contact between the supported employment consultant with the potential employer. Such contact is

helpful in arranging workplace accommodations that will increase chances of success, such as work experience interviews and support on the job. Without this people may be put forward for jobs that do not suit them and without the appropriate support. Or they may not be put forward for jobs at all because of a perception, on the part of Work and Income staff, that the employer will not want to hire someone with experience of mental illness. Supported employment staff consider that robust processes are needed and supported... services to work collaboratively for the benefit of the client.

*There is no clear process we have been able to hammer out intersectorally to make it easier - New Zealand supported employment service manager*

Placement rates of people with experience of mental illness by WINZ seem low according to supported employment staff, although hard data is not available to confirm this. Supported employment services generally reported very low rates of employment from Work and Income advertised vacancies - most employment comes through their own efforts.

*We've never managed to get someone a job off the WINZ job list - we've been getting them for years - New Zealand supported employment service manager*

- Payment rates and service delivery through the Reach programme, have been perceived as difficult to manage and hindering employment. Under the Reach programme, a supported employment consultant works with the client to develop a career plan, then passes the plan on to Work and Income staff. The client's caseworker at Work and Income goes through the plan with them and makes appropriate referrals. The perception in some quarters is that no supported employment providers were getting referrals as a result of this process. In addition, the method of paying for a part of the supported employment process, rather than all of it, has caused some difficulty.
- There is a perception that Work and Income case managers are under pressure to put bodies in jobs whether or not the job is something the person is interested in or in line with their career goals. The resulting mismatches between person and job can lead to people leaving work after a relatively short time and going back on a benefit. This pressure seems to come in part from the process being job-driven rather than person-driven. That is, the emphasis is on finding jobs first, then looking for people to fill them, rather than working to identify a person's interest and looking for a job that will suit them and that they are likely to settle into. Pressure to meet Key Performance Indicators is another possible reason for the tendency to put people into jobs they are unsuited to.
- There is a lack of rigorous research on what mental health consumers see as barriers and opportunities with regard to Work and Income and benefits, leading to a reliance on anecdotal and overseas evidence. This hinders the development of policy aimed at supporting employment of people on sickness and invalids benefits. Research planned by the Ministry of Social Development does not appear to include a survey of beneficiaries to find out what aspects of benefits may put them off finding work, or encourage them to do so.

- There is some anecdotal evidence, from supported employment staff and clients, that people are sometimes put on an invalids benefit too readily without an attempt being made to refer them to treatment and help them find work.
- Supported employment staff perceive a lack of consistency, in the way that policies are administered, that makes it difficult to know what reaction they - or their client - will receive from Work and Income staff in a given situation. This can be made worse by the turnover of staff. New staff may not be familiar with supported employment and the particular needs of supported employment clients and a lot of work can go into building rapport and providing information.

*The over-riding problem with WINZ and the interface with supported employment is the lack of consistency. For a set of standard policies they can be interpreted so broadly - New Zealand supported employment service manager*

*We've gone in and presented to Work and Income... to really highlight what we're trying to do so we can get that extra support... and so that we can start working together and making everyone's job a little bit easier - New Zealand supported employment service manager*

### **Are people being put on invalids benefits unnecessarily?**

Suffering from depression and anxiety, John was put on a sickness benefit. His case manager at Work and Income then referred him to a mental health professional to assess whether he was eligible to go onto an invalids benefit. The first time John saw the clinician the decision was no. About a year later he was referred to the clinician again, and this time was approved for an invalids benefit. During this time he had not been referred for treatment for his illness. While he was on a benefit John went to see his GP because he was feeling sick and run down. His GP diagnosed depression and referred him to local mental health services, who arranged for John to see a counsellor. He has found the counselling helpful and through his counsellor was referred to supported employment when he expressed an interest in finding work. It may be that if Work and Income had a mechanism in place to refer John to mental health services as soon as he went on a sickness benefit, or to check whether he was seeing someone, he might have avoided going onto an invalids benefit and spent less time on a benefit overall.

While it is not clear how often this scenario plays out, some supported employment staff are concerned that people get placed on invalids benefits unnecessarily, sometimes for long periods. Jackie Hart, manager of EDGE, says “one of the things we need to do... is to stop putting people on permanent benefits and saying ‘well, you’re depressed, take six years and get over it?... It’s a complicated spiral that could be stopped at the beginning so easily”. This is particularly true with depression, which is reasonably common and very responsive to treatment. While it is clearly not the role of Work and Income to provide mental health services, ensuring that clients are in fact receiving treatment might have a payoff in terms of reduced time or numbers on sickness and invalids benefits.



## Training and education - where does it fit?

'Training' has become almost a dirty word in the context of supported employment. The reasons are largely historical. Up until comparatively recently training has been used to get people 'ready' for work. The problem was, very few of them ever seemed to get 'ready' enough to actually start work, and rates of movement from training to open employment were very low. Karen Beard, Service Manager of Work and Recreation Services at ComCare thinks that "historically vocational programmes have concentrated on the kind of vocational training that's open-ended, where people get stuck and comfortable and it has very little to do with getting them jobs". This has led to a concern about supporting training and education in general. Supported employment was in part a response to this phenomenon, with an emphasis on rapidly moving into work with any training coming later, rather than doing training first and possibly never starting work.

*I saw a consumer wear a badge once which said 'Pre Means Never' - meaning that people in pre-vocational services get stuck there and never get a proper job. How do drama classes and art classes get you a job? The people running them say it builds your self esteem, but hey, getting a job does too - New Zealand supported employment client*

Kevin Macken, Manager of Centre 401, confirms that his policy of not providing support for training and education through the 401 supported employment service comes in part from seeing people get stuck in training.

Despite this he says that "I certainly wouldn't dissuade somebody - if someone wants to do training it's important for where they want to go". Kevin has even taken clients up to the local university himself and walked them through the enrolment process. He will refer people to training, help with the enrolment process and help pull together training benefit applications. But this is not officially part of the supported employment service, and not what they are funded to do.

In fact, most supported employment services will refer people to training and education if that is identified as relevant through the career planning process. However, generally they will not support people to actually undertake the training or education.

ComCare in Christchurch differs from most other agencies in that it does offer supported education as part of its supported employment service. To manager Karen Beard "it's the type of service that you're offering that makes a difference". ComCare assesses training and education needs as part of the overall career planning process, and then tailors the career plan to the individual. "We're not about sending people to courses for the hell of it just so they're doing something" Karen says. Where training and education occurs it "has to have a purpose to it" and it is driven by "whatever the person wants". In this they're much like other supported employment services.

Why does ComCare provide a supported education service in the context of a supported employment service when other services see the two as quite separate? Karen says it is because they see “that people are more likely to get work if they have qualifications, that people are more likely to get better paid if they have qualifications” and that better skills make it easier to get work. For this reason she sees supported education as sitting squarely in the core business of supported employment.

Clients of ComCare choose all kinds of training scenarios, from working part-time and studying part-time, to training before starting a particular kind of job. One client who wanted to become a welder was told by an engineering shop that he needed to do a welding course before they could give him a job. ComCare supported the person through the training so he could get the job he wanted. This is very different to the bad old days of endless training that didn't lead to work. “This is what everybody does in the world”, Karen points out. If a person wants to work as a nurse, they have to train first. “We just do what it takes - it's as simple as that. It will inevitably involve training and sometimes some form of education” for people to reach their work and life goals.

But what about Kevin's point - that most educational institutions offer disability support services that service users can access. Isn't that enough? Karen responds that she's “not sure that people with psychiatric ‘stuff’ actually identify as people with a disability” and that we “don't know how well they're catered for in the institution”. Not only that, but clients end up telling their story to a lot of people and it can be desirable to limit this by providing a ‘one stop shop’ where they tell one agency their story and get the support they need from there for both education and employment. After all, says Karen “just because the institutions in our society are... compartmentalised into employment and education doesn't mean that's the way that people in society operate - it's an artificial division”. She gives the example of a ComCare client who through the career planning process decided he wanted to work in a library. To do this he needs to do a year-long course at Polytech. This client chose to have ComCare support him while he studies, then help him find a library job once the course is over, rather than trying to access separate education support services with people he didn't know. This is part of ‘that seamless service concept’ says Karen, where the client gets to know ComCare consultants and prefers to keep working with them.

There are strong reasons why service users will be even more likely to get involved in training and education than general jobseekers. As Karen Beard observes “most people get knocked out by mental illness in their late teens/early twenties, which is the time when the rest of the population are engaged in education and training”. So when service users go looking for work, training and education may be necessary in order to avoid working at unskilled, low paid work with few other options.

## To tell or not to tell

One of the big questions in supported employment is whether a person should tell a potential employer about their experience of mental illness. It is something that both staff and clients can agonise over. There are arguments both for and against disclosure. If the employer doesn't know an individual has experienced mental illness, it is harder for them to discriminate against them. As one client puts it "sometimes I would rather not even discuss that with a manager because they might not be able to cope with it". Employment consultants tell stories of clients who have insisted on disclosing and found it almost impossible to find work, particularly with an illness like schizophrenia. On the other hand, if the employer does know and still hires the person, it is easier to set up supports for difficult times, which makes success at work more likely.

Whether or not disclosure works has a lot to do with how responsive the employer is. As one service user puts it "sometimes it's an advantage, sometimes it's not - it depends largely on the personality of the manager". Employers who were interviewed made it clear that they preferred to know upfront. One says this is so she can show just a little more patience and understanding than she otherwise might.

The decision to disclose is also affected by how severe the person's symptoms are. Maureen, at Centre 401, says "it all depends on the person's mental illness... where they're at on their road to recovery". If it has been a long time since a person was in hospital, and they are stable, then disclosure is less of an issue. Good levels of 'natural' supports, such as friends, partner and family, also make disclosure less urgent. But for someone who is regularly experiencing relapses and has limited support, the support they can get from the employment service and the employer become much more important to their success at work, making disclosure a much more significant issue.

In practice, the New Zealand services interviewed for this booklet generally left the decision about whether to tell employers up to the client. This is in keeping with the emphasis on personal choice and preference that runs through the philosophy of supported employment. "We respect that they choose. They make the decision and that's how we work," says Maureen at Centre 401. Most services said that around 50% of their clients told potential employers about their illness, while 50% didn't.

James, a client at ComCare in Christchurch, was asked how he felt about disclosing his illness and said that was fine. He explains the reason for his decision, "The people will know that I have a mental illness - I'm quite happy about that, I'd rather be upfront than keep it closed".

Jackie from EDGE makes it clear that it is easier to provide support when a person discloses because then EDGE can be present in the relationship with the employer,

rather than hovering in the background. Part of the work of employment consultants is to support the employer as well as the client, by providing information and guidance, and this becomes impossible when employers don't know. As well, on-site support like actively coaching people in how to do the job, or checking on how things are going at the worksite, are also made possible when the employers knows all the facts. Anxiety-provoking job interviews can be avoided, and strategies like trying out for the job by working for a couple of hours or a day used instead. Jackie says that sometimes people can get so anxious about having a job interview or starting work on a Monday that they spend the weekend worrying and on Monday morning they are ringing the CATT team rather than turning up at the workplace. An employment consultant can help get round this but "if you don't disclose you can't do that" she says.

Kevin from Centre 401 agrees that non-disclosure makes supporting clients a bit difficult. He says, "Ideally, having a good relationship with the employer is extremely helpful. However, if you haven't got that relationship with the employer, find another way to do it. Because your relationship is with the person you're working with... It's great to have that whole triangular thing happening but in mental health is it entirely necessary?"

When clients choose not to disclose, services find creative ways to work round this so that they can still provide support. Maureen rings clients in the evening at home. Tony and Lynne, consultants at Workwise, take clients to work or pick them up so they can chat in the car about how things are going. Services also find creative ways to avoid disclosing to employers. Centre 401 Trust has two pamphlets - one for clients that makes it clear that the service is for people with experience of mental illness, and one for employers which does not mention this fact. Kevin, from Centre 401, says "you don't explain the non-work history. It actually doesn't matter". He thinks it is enough to emphasise what experience and skills people have that show they can do the job. Centre 401 staff tend to use words such as "we're a community based organisation funded by the Government for people who've been unemployed for a period of time". A Workwise consultant uses the same strategy, talking to the employer about seeking jobs for people who are long-term unemployed and need to break back into work. Services that deal with a range of disabilities simply do not specify what kind of disability their client has.

Kevin says that they tell clients "If you don't want to disclose, this is what we can do and this is how we can do it. If you want to disclose then we can go this little bit further". So supported employment can work whether the client discloses their illness or not.

Sometimes clients will start by not disclosing then change their minds. For example, Maureen at Centre 401, had a client who decided to tell the employer about their experience of mental illness only once they became unwell. The employer's reaction was "I wish you'd been upfront to start with". But that employer went on to be one of the most supportive the service had ever known. Other agencies have had similar experiences.

One argument for waiting to tell employers is that by the time such a situation occurs they know the value of the worker. Gerald, a client of Centre 401, says that he prefers to get into the job and give the employer a chance to get to know him before broaching the subject. Employers who know and value employees may be more likely to give support when it's needed. And in the end, most employees get sick in the course of work - in one way or another. As Kevin describes it, "We've had some people who've got into work, undisclosed, then a little bit of hoo-ha's gone down and then they go "Aw well yeah... can you come and talk to my boss and tell him I'm a nutter, sort of thing?" And that's actually worked! It's like they've got their foot in the door. We've not had a boss throw his hands up and say "take them out of here".

Kevin expresses concern that if employers know that the person has experience of mental illness, they may give clients jobs "because it's seen as their good works". Some employers spoken to through the present project did in fact express the view that they provided jobs as a service to their community. However, as one employer put it "It's not a soft option - it's an opportunity for someone to pick it up and run with it".

Telling employers about the client's experience of mental illness is an art in itself. Tony at Workwise says he tells employers a "reality story - something they can relate to" in their own terms. The language he uses with employers is basic because of their lack of mental health expertise, although they do understand the symptoms. So he "wouldn't go saying 'this guy's got schizophrenia' - that would freak them out".

Phillip at Mahitahi tells employers that he works with people who have mental disabilities. If a Mahitahi client decides to disclose their illness staff usually tell employer that they deal with "people who are undergoing or have had stress issues in their lives". Jackie at EDGE says she avoids telling employers actual diagnoses - she talks instead about how the illness manifests in the person's life, and how it might be managed.

However, one employer says that for him it isn't enough to know just that the person has experienced a mental illness. He wants to know what sort of mental illness it is so he knows what to expect. One of his employees was a very angry person, and he didn't expect the anger or know how to deal with it. In situations like this, telling employers all the facts can make a big difference.

So who does the disclosing when it happens? John Davison from ComCare says "It depends". Sometimes he will ask a client who has decided to disclose to tell the employer, while John is there, what their illness does for them, how they best handle it and what their needs are. This way the employer knows from the client how they are affected and what the employer needs to be aware of. For example, if the client

is working with heavy machinery, the employer needs to know whether an anxiety attack might lead to him or her walking away from the machine. Jackie at EDGE says they support clients to disclose in the way they are comfortable with, using their own words. They also encourage the employer to speak to the client directly about their illness.

In the end whether to disclose is generally an individual decision, with opportunities for support existing even when people don't disclose. The British mental health organisation, Mind, has prepared a list of the pros and cons that can be experienced as a result of telling an employer about personal experience of mental illness. Interviews with New Zealand supported employment services have revealed others. These are summarised below.

### Pros of disclosing to employers

- opens the way for involving an outside advisor who can provide support at the workplace for the client and the employer
- being 'out' at work can encourage others in the same situation
- keeping it secret may be too stressful, or against a person's beliefs
- makes it easier to plan with the employer for how to cope with periods of unwellness
- makes it easier for workmates to support the individual
- provides for full communication and openness between employer, consumer and supported employment consultant

*I don't mind anyone knowing. It empowers me... because they can see what I'm like now even though I have a mental illness - Client of New Zealand supported employment service*

### Cons of disclosing to employers

- not getting the job because the employer has concerns about hiring someone with experience of mental illness
- getting teased or harassed by workmates who find out
- being subject to negative assumptions about mental illness (e.g. that people are less productive because of their illness)
- fewer opportunities for career development
- being treated as more fragile and vulnerable than other employees
- having everything you do put down to mental illness
- coming under closer scrutiny than other employees, and having to work harder to gain the same respect
- experiencing patronising attitudes such as 'haven't you done well for someone with a mental illness' rather than just being seen as a successful worker like anyone else

*I didn't tell anyone at work about either my mental illness or physical illness. I wanted to succeed at work on the same terms as everyone else. Then I'd know I'd really succeeded - Client of New Zealand supported employment service*

## **Teasing and harassment by workmates**

“After I became unwell for the first time I went back to the same job reconditioning car engines. The attitudes of my workmates was a problem. I was six stone heavier from the medication and my work wasn’t of such a high standard. No-one wanted to get to know me in case I went funny. They called me names like ‘spaz’ and ‘retard’. They wrote ‘loop’ on my safety glasses. I didn’t get any support from anyone and I didn’t want to tittle-tattle to the boss about it. In the end I left. I ended up in hospital four days later because of the stress. (Client of New Zealand supported employment service)”.

## **Workplace accommodations**

Many people, at some point, require some adjustment to their conditions of work so that they can cope and do their best, whether it is a day off sick or extra time to finish a piece of work. It’s not that they don’t have the skills to do the job - it’s just that their circumstances may sometimes make this difficult. It’s much the same for people with experience of mental illness. Most have the skills to do the work, but certain adjustments in the workplace can make it easier for them to do their best work. These adjustments are usually called ‘accommodations’. One of the things that supported employment does is work with the client and the employer to make adjustments in the workplace that will help the client cope and succeed.

### **The range of possible accommodations**

Workplace accommodations, for people with mental illness mentioned on the Reasonable Accommodations website, include:

- restructuring jobs so that some tasks that a person may have difficulty with are swapped for tasks they are more comfortable with
- adjusting work schedules so that a person can take time off for therapy appointments, or start later because they are sleepy in the morning due to medications, or making hours part-time
- flexible sick leave provisions including extended leave without pay during periods of unwellness
- specialised equipment and aids such as using email to deliver daily instructions to people who find face-to-face communication difficult
- modifying work sites such as installing partitions around a work station to minimise distractions
- providing special transportation including assigning parking spaces closer to the workplace to help manage panic conditions, or employment consultants providing transport for the first days or weeks of the job
- modifying training by allowing extra time to learn tasks, allowing a coach or consultant to come in during orientation, or providing relevant training for supervisory staff

- providing human assistance such as job coaches and mentors, buddying from work colleagues, or providing extra supervision

### **Commonly used accommodations in New Zealand**

Jackie Hart, manager of EDGE, says they find the most commonly asked for accommodation is time off work when unwell. When this happens they negotiate for a benefit with Work and Income. They also use subsidies, but 'not as often as you'd think' she says.

Part-time work is a frequent request from people with experience of mental illness in New Zealand.

Kevin Macken, manager at Centre 401, uses unpaid sick leave when staff have a period of unwellness. If it goes on for some time he may get in a person on a short-term contract to cover for the staff member.

Another common accommodation is arranging work experience for some hours rather than having a formal interview for the job, which some clients find simply too anxiety provoking.

All of the services interviewed in this booklet have used job coaching to help people learn the ropes of a job where needed, and employers cooperated by allowing job coaches to come into the workplace.

Emerge have arranged special training for supervisors of people with mental illness as part of the Government-funded 'Mainstream' programme.

A source of information on workplace accommodations is [www.bu.edu/cpr/reasaccom/](http://www.bu.edu/cpr/reasaccom/). This website gives good, simple definitions of what an accommodation is and why they are worth using. It also gives some good examples of the type of accommodations that can be useful for people with experience of mental illness.

### **Useful resources**

*A Framework for Quality - Development of Quality Assurance for Supported Employment in New Zealand.* Standards for New Zealand supported employment services. Available from ASENZ, [www.asenz.org.nz](http://www.asenz.org.nz) Pamela Lockwood, P O Box 50 130, Porirua City; tel: 04 471 0933; or fax 04 237 5520.

*Work'n Progress: The Newsletter of the Association for Supported Employment in New Zealand.* A source of useful information and ideas on supported employment. To subscribe, contact ASENZ at the website or postal address above.

*SAMS Checklist for Evaluating Vocational and Employment Services: A Multi-Perspective Approach.* Available from Standards and Monitoring Service, P O Box 23229, Cable Car Lane, Wellington; tel: 04 384 7010; or email: [samsno@actrix.gen.nz](mailto:samsno@actrix.gen.nz)



*Supported Employment manual and CDROM* - \$100 from EDGE Employment, Unit 8 / 76 Paul Matthews Drive, Albany, North Shore City; tel: 09 410 0604; Fax: 09 410 0652; or email: [edge@amhs.org.nz](mailto:edge@amhs.org.nz)

*Diploma in Supported Employment* - NZQA certified course consisting of ten modules. Current cost: \$3465. Currently offered at Universal College of Learning. For more information, see [www.ucol.ac.nz/courses/](http://www.ucol.ac.nz/courses/)

## Websites

[www.platform.org.nz](http://www.platform.org.nz) - Has a copy of the full review of research, which was undertaken as part of the present project, on what is effective in supporting people with experience of mental illness into employment.

[www.asenz.org.nz](http://www.asenz.org.nz) - Website of the Association for Supported Employment of New Zealand. Some information on supported employment, as well as details of how to join ASENZ, conferences, seminars and recent articles. ASENZ is the professional body of supported employment services in New Zealand (for all types of disabilities) and a great source of information and support for people thinking of setting up a service, as well as those currently running a service.

[www.psych.iupui.edu/iprti/EducationalResource/Resources.htm](http://www.psych.iupui.edu/iprti/EducationalResource/Resources.htm) - A treasure trove of references and links to material on many aspects of supported employment and psychosocial rehabilitation. Includes resources on evidence-based approaches to supported employment, powerpoint lectures on psychosocial rehabilitation, information and links on consumer empowerment and hospital-community integration.

[www.bu.edu/cpr/reasaccom/](http://www.bu.edu/cpr/reasaccom/) - A useful website for those seeking information about workplace accommodations. Gives information on why adjustments in work conditions can be needed and useful, as well as examples of what kind of accommodations can be used. Useful for jobseekers, employers and employment consultants.

[www.likeminds.govt.nz](http://www.likeminds.govt.nz) - This site has some very useful resources on discrimination on the grounds of mental illness in various areas of life such as employment, housing, and education. In May 2004 results of a survey on discrimination against people with experience of mental illness undertaken will be posted on this website. Results will also be available from the Mental Health Foundation, P O Box 6563, Marion Square, Wellington. This survey made use of a written postal questionnaire and a website survey, asking people with experience of mental illness about their experience of discrimination. Discrimination has been illegal, for the most part, since the Human Rights Act was passed in 1993. Since 2001, this law has been extended to cover the government sector as well. Although discrimination is illegal, anecdotal evidence suggests that it is a major problem for people with experience of mental illness.

[www.omh.state.ny.us/omhweb/ebp/WebResources.htm#SUPEMP](http://www.omh.state.ny.us/omhweb/ebp/WebResources.htm#SUPEMP) - A very comprehensive guide to 12 websites related to supported employment research and practice, including evidence-based approaches to supported employment, consumer self-help and the address for the Association for Persons in Supported Employment. The last may be of interest to service users and families.

[www.nzvass.org.nz](http://www.nzvass.org.nz) - Website of the New Zealand Federation of Vocational and Support Services. VASS supports and represents non-governmental organisations providing vocational and support services to people with disabilities. The website includes details of newsletters, conferences and how to contact the organisation.

[www.sams.org.nz](http://www.sams.org.nz) - Website of the Standards and Monitoring Service. This organisation works to develop standards for services for people with disabilities, including mental illness. They do so in partnership with consumers, families/whanau, agencies and other stakeholders. SAMS aims to help services meet minimum standards for services while enhancing quality of life for their users.

[www.fountainhouse.org/pdfs](http://www.fountainhouse.org/pdfs) - Provides information on an experimental evaluation of PACT and clubhouses which shows similar outcomes for paid employment, although results for open market employment are not clear.

[www.maclub.org/sub/articles/html](http://www.maclub.org/sub/articles/html) - Gives results of the annual survey on employment by the Massachusetts Clubhouse Coalition.

[www.umassmed.edu/cmhsr/rehabilitation/projects.cfm](http://www.umassmed.edu/cmhsr/rehabilitation/projects.cfm) - This site outlines the Program for Clubhouse Research that started in 2000 and is a joint venture between the Umassmed Center for Mental Health Services Research and the International Center for Clubhouse Development. The site has an overview of the research, a list of major projects and a list of selected publications.

[www.bu.edu/cpr/research/recent/rtc1999/si\\_3.html](http://www.bu.edu/cpr/research/recent/rtc1999/si_3.html) - This is a link to an interesting paper on a survey of US professionals and managers with experience of mental illness who work. It outlines the supports they have, and use, to cope with work.

## Key books and articles

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## **List of supported employment services accredited by ASENZ**

This list is correct as at December 2003. Check the ASENZ website for an up-to-date list ([www.asenz.org.nz](http://www.asenz.org.nz)).

### **Auckland region**

#### **EDGE Employment**

Unit 8 / 76 Paul Matthews Drive  
Albany  
North Shore City  
AUCKLAND

Tel: 09 410 0604

Mob: 021 853 163

Fax: 09 410 0652

Email: [edge@amhs.org.nz](mailto:edge@amhs.org.nz)

#### **Framework Trust**

10 Kingsland Terrace  
AUCKLAND

Postal address:

P O Box 52164

AUCKLAND

Tel: 09 377 6013

Mob: 021 849 698

Fax: 09 377 3010

Email: [helma@framework.org.nz](mailto:helma@framework.org.nz)

**Mahitahi Trust**

10-14 Park Avenue  
Otahuhu  
AUCKLAND

Postal address:

P O Box 22324  
AUCKLAND

Tel: 09 273 5221

Fax: 09 276 5225

Email: donny@mahitahi.co.nz

**Poly-Emp Employment and Advisory Service**

Postal address:

P O Box 44288  
Point Chevalier  
AUCKLAND

Tel: 09 815 4321

Mob: 021 258 3713

Fax: 09 805 4383

Email: snuttall@unitec.ac.nz

**Te Wherehanga Employment Support - Te Korowai Aroha**

Postal address:

112 Russell Road  
Manurewa  
HENDERSON

Tel: 09 267 8194

Mob: 09 268 0962

**Work Foundations**

Postal address:

P O Box 93115  
HENDERSON

Tel: 09 839 0000

Mob: 09 839 0540

Email: brigetter.shutkowski@waitematadhb.govt.nz

**Workforce Personnel**

5 Porters Avenue  
Eden Terrace  
AUCKLAND

Postal address:

P O Box 8962  
Symonds Street  
AUCKLAND

Tel: 09 307 0077

Fax: 09 307 0088

Email: [enquiries@workforce.org.nz](mailto:enquiries@workforce.org.nz)

Waikato region

**Centre 401 Trust**

Postal address:

P O Box 1183  
HAMILTON

Tel: 07 838 0199

Fax: 838 3250

Email: [psych\\_survivors@xtra.co.nz](mailto:psych_survivors@xtra.co.nz)

**Career Moves**

Postal address:

London Business Centre  
55 London Street  
HAMILTON

Tel: 07 839 7367

Mob: 021 260 7328

Fax: 07 839 1668

Email: [careermoves@xtra.co.nz](mailto:careermoves@xtra.co.nz)

**Gracelands Employability Services**

48 Teasdale Street  
TE AWAMUTU

Postal address:

P O Box 413  
TE AWAMUTU

Tel: 07 870 1300

Mob: 025 298 1078

Fax: 07 870 1303

Email: [sally@gracelands.org.nz](mailto:sally@gracelands.org.nz)



**Supported Employment Agency (BOP)**

1199 Amohia Street  
ROTORUA

Tel: 07 347 2675

Fax: 07 346 8050

Email: sea.bop@xtra.co.nz

**Workwise Trust**

Postal address:

P O Box 24075

HAMILTON

Tel: 07 834 9305

Fax: 07 349 9306

Email: warren.elwin@workwisetrust.co.nz

**Central region**

**Hohepa Homes**

Postal address:

P O Box 3

Clive

HAWKES BAY

Tel: 06 870 0425

Mob: 025 203 3986

Fax: 06 870 0720

**Horowhenua Learning Centre**

152 Bath Street

LEVIN

Postal address:

P O Box 582

LEVIN

Tel: 06 368 1095

Mob: 027 251 4926

Fax: 06 368 2230

Email: nikki.se@hlc.ac.nz

**Network Personnel**

Postal address:

P O box 2348

Stortford Lodge

HASTINGS

Tel: 06 873 8200

Mob: 025 245 5987

Fax: 06 8212

Email: ceo@drchb.org.nz

**Phoenix Inc**

Postal address:

P O Box 1905

PALMERSTON NORTH

Tel: 06 354 7520

Fax: 06 354 7521

Email: phoenix.inc@xtra.co.nz

**SF Wairarapa**

Postal address:

P O Box 2110

Kuripui

MASTERTON

Tel: 06 377 3081

Mob: 06 377 5263

Email: clive@sfwai.org.nz

**Taranaki SE Network**

235 Frankley Road

New Plymouth

Tel: 06 753 4584

Fax: 06 753 4584

Email: cgill@netsource.co.nz

**The Paul Hunter Centre Inc**

River Terrace  
WAIPUKURAU

Postal address:  
P O Box 295  
WAIPUKURAU

Tel: 06 858 8912  
Mob: 021 169 6889  
Fax: 06 858 6012  
Email: paul.hunter@xtra.co.nz

**Whanganui Disability Resource Centre**

Community House  
53a Ridgway Street  
WHANGANUI

Postal address:  
P O Box 102  
WHANGANUI

Tel: 06 347 1176  
Fax: 06 347 6623  
Email: wdrc@nzol.net.nz

**Wellington region**

**Emerge Supported Employment Trust**

32-34 Kent Terrace  
WELLINGTON

Postal address:  
P O Box 27187  
WELLINGTON

Tel: 04 384 7456  
Fax: 04 384 7428  
Email: cheryl@emergetrust.org.nz

### **ACEmployment**

Postal address:

111 Brougham Street  
Mt Victoria  
WELLINGTON

Tel: 04 385 7302

Mob: 025 662 0938

Email: [acehouse@paradise.net.nz](mailto:acehouse@paradise.net.nz)

### **Mainstream Supported Employment**

100 Molesworth Street  
WELLINGTON

Postal address:

P O Box 329  
WELLINGTON

Tel: 04 495 6751

Fax: 04 495 6699

Email: [pam.crothall@ssc.govt.nz](mailto:pam.crothall@ssc.govt.nz)

### **WorkFirst/Early Intervention**

1st Floor Pipitea House  
61-63 Thorndon Quay  
WELLINGTON

Tel: 04 494 9161

Mob: 025 71 0904

Fax: 04 494 9163

Email: [nikki.porteous@ccdhb.org.nz](mailto:nikki.porteous@ccdhb.org.nz)

### **Worklink Wellington**

203-209 Willis Street  
WELLINGTON

Postal address:

P O Box 6516  
WELLINGTON

Tel: 04 801 8500

Mob: 025 244 2345

Fax: 04 801 8509

Email: [Edwina@wellink.org.nz](mailto:Edwina@wellink.org.nz)

Lower Hutt region

**Worklink Lower Hutt**

Level 2 ISP Centre  
14 Langs Road  
LOWER HUTT

Postal address:  
P O Box 31 048  
LOWER HUTT

Tel: 04 560 3164  
Mob: 025 317 066  
Fax: 04 560 3123  
Email: [worklink@xtra.co.nz](mailto:worklink@xtra.co.nz)

**Earthlink Inc**

Postal address:  
P O Box 30986  
LOWER HUTT

Tel: 04 527 9900  
Fax: 04 527 9944  
Email: [earthlink@xtra.co.nz](mailto:earthlink@xtra.co.nz)

**Xact Services**

20 Raroa Road  
LOWER HUTT

Postal address:  
P O Box 31187  
LOWER HUTT

Tel: 04 570 2320  
Mob: 025 246 6915  
Fax: 04 570 2321  
Email: [davidchapman@xactpersonnel.com](mailto:davidchapman@xactpersonnel.com)

## Porirua region

### **Workmates**

Level 4 Suite 404  
North City Shopping Centre  
PORIRUA

Postal address:

Level 4 Pember House  
16 Hagley Street  
PORIRUA

Tel: 04 237 7141

Mob: 021 267 3717

Fax: 04 237 5520

Email: [workmates@paradise.net.nz](mailto:workmates@paradise.net.nz)

## South Island

### **ComCare Trust - Job Connect**

310 Cashel Street  
CHRISTCHURCH

Postal address:

P O Box 22 004  
CHRISTCHURCH

Tel: 03 377 2903

Fax: 03 377 2903

Email: [comcarework@xtra.co.nz](mailto:comcarework@xtra.co.nz)

### **CreativeWORKS**

Postal address:  
224 Lichfield Street  
CHRISTCHURCH

Tel: 03 374 9847

Fax: 03 374 9846

Email: [creative.works@richmond.org.nz](mailto:creative.works@richmond.org.nz)

**EES - Enable Employment Service**

426 Tuam Street  
CHRISTCHURCH

Postal address:  
P O Box 32 107  
CHRISTCHURCH

Tel: 03 374 9830  
Fax: 03 374 9832  
Email: Jim-S@xtra.co.nz

**I.D.S.S Day Services**  
Nelson-Marlborough DHB  
NELSON

Postal address:  
Private Bag 18  
NELSON

Tel: 03 546 3763  
Fax: 03 546 3966  
Email: Colin.Carson@nmhs.govt.nz

**STEP Employment**

Postal address:  
167 Stanmore Road  
CHRISTCHURCH

Phone: 03 389 4787  
Fax: 03 389 4787  
Email: Kevin@stepahead.org.nz

**Worklink**

73 Willis Street  
ASHBURTON

Tel: 03 308 6991  
Fax: 03 308 6991  
Email: worlink@orcon.net.nz

## **Work Opportunities Trust**

103 Melbourne Street  
SOUTH DUNEDIN

Postal address:

P O Box 2375  
SOUTH DUNEDIN

Tel: 03 455 4357

Email: [workopp@e3.net.nz](mailto:workopp@e3.net.nz)

## **Glossary of terms**

**Accommodations** - also known as workplace accommodations, these are reasonable adjustments to work conditions and environment that aid a person with a disability in carrying out the work.

**Benefits** - welfare entitlements such as sickness benefit and invalids benefit. A sickness benefit is for someone considered temporarily unable to work due to illness, whereas an invalid's benefit is for someone considered unable to work on a long-term basis.

**Career development** - process in which consumers explore their interests and experiences to identify personal work and career preferences, and attempt to match these preferences with jobs and in some cases training and education.

**Clinical staff** - individuals involved in supporting consumers with medical and clinical issues (e.g. case manager, psychiatrist, nurse, psychologist, substance abuse counsellor).

**Clubhouse** - a service provided by an integrated group of staff and mental health consumers at an established venue where people with experience of mental illness meet for social activity, mutual support and a variety of work experience.

There are opportunities to take part in unpaid work ('work-ordered day') and to participate in temporary work in jobs owned by the Clubhouse ('transitional employment') as well as to take advantage of other services and training.

**Clubhouse work-ordered day** - members of the Clubhouse take part in unpaid work activities at the Clubhouse venue in a structured routine, on crews managing and maintaining the Clubhouse and its various activities (for example, some Clubhouses have run radio stations and newspapers). The aim is to prepare members for competitive employment and to help move people into Transitional Employment (TE), a more competitive form of work.

**Competitive employment** - paid work performed on a full or part-time basis in the general workforce, with standard employment conditions and market rates of payment.



**Employment benefits** - benefits received as part of an employment package, including paid annual and sick leave.

**Hapu** - sub-tribe.

**Iwi** - tribe, people.

**Job placement** - process of matching the consumer's chosen employment and career goals to an employment opportunity.

**Karakia** - prayer, service.

**Kaupapa** - rule, basic idea, topic, plan.

**Kaupapa Maori** - a Maori approach or way of doing things.

**Manaaki** - befriend.

**Manaaki tangata** - encouraging people.

**Manuhiri** - visitors, guests.

**Ongoing, or follow-along, support** - time unlimited services that are provided to a client once they find work, both on and off-site, to aid ongoing employment and career growth.

**Powhiri** - welcome.

**Pre-vocational training** - generic training intended to achieve 'work readiness' prior to searching for work..

**Sheltered work** - employment in a work-like setting that is in some way protected or sheltered. For example, only or mainly people with a disability may be employed and recruitment will not take place from the general workforce. Pay is usually below market rates.

**Social firm** - a business supporting the employment of people who are disadvantaged in the labour market, with at least 30% of employees fitting this description. Pay is usually at market rates and all staff receive equal opportunities in the workplace. Includes cooperatives and community businesses.

**Supported education (Sed)** - provision of support and advice to people with a disability who are undertaking education or training.

**Supported employment (SE)** - ongoing support to find and maintain paid, competitive employment (whether full-time or part-time).

**Tangata whaiora** - people in search of well-being.

**Taonga** - treasure.

**Tika** - correct, used in text in sense of 'tikanga' or custom, rule.

**Transitional employment** - temporary positions which 'belong' to an agency (often a Clubhouse), designed as a series of learning/developmental experiences for consumers to enhance work skills and experience.

**Vocational training** - clients are taught vocational skills and attain vocational qualifications. Projects are often located in colleges or training centres, or involve workplace training.

**Waiata** - song.

**Wairua** - spirit.

**Whai korero** - speech, to make a speech.

**Whanau** - family (including extended family).

**Whanaunatanga** - relationship.

**Work crews** - small groups of people with disabilities who undertake work such as building, decorating, gardening or furniture removal, sometimes as part of a wider mental health or employment service.

## **List of abbreviations**

**ASENZ** - Association for Supported Employment in New Zealand.

**GP** - General Practitioner, family doctor.

**HTML** - language used for developing websites on the internet.

**IB** - invalids benefit.

**MSD** - Ministry of Social Development, New Zealand. Work and Income is part of this ministry.

**NZQA** - New Zealand Qualifications Authority.

**SB** - sickness benefit.

**SE** - supported employment.

**Sed** - supported education.

**TOPS** - subsidised work training schemes.

**W&I** - Work and Income, New Zealand.

**WINZ** - Work and Income New Zealand.

## Appendices

### Appendix One - Best practice self-assessment tool

This quality of Supported Employment Implementation Scale (QSEIS) is useful for assessing the quality of a supported employment service. It is based on research on 'what works' in supported employment. Research shows modest support for internal consistency overall, good consistency for the subscales, and good support for concurrent validity. Predictive validity has not yet been tested.

A couple of other tools, for assessing quality of service, are available in New Zealand, namely the document called *A Framework for Quality - Development of Quality Assurance for Supported Employment in New Zealand* available from ASENZ and the *SAMS Checklist for Evaluating Vocational and Employment Services: A multi-perspective approach* (see the Resources section of this booklet for more detail on where to get these). These tools are useful for indicating areas of strength and those where development is needed. However, they do not completely accord with research on 'what works' and are not able to be scored. Using all three tools and finding areas of agreement is possibly the most reliable way of assessing service quality.

### Quality of Supported Employment Implementation Scale

To use this tool, work out how your agency performs on each item and where necessary score accordingly.

5 = Full and complete adherence to all components of the principle stated in the item.

4 = A close approximation to the principle, but falls short on 1 or more of the necessary components.

3 = A significant departure from the principle, but nonetheless partially embodies the necessary components.

2 = Almost complete absence from the principle, the area needs significant work.

1 = Absence of the principle

### Scoring:

Add up your scores for all items and divide by the total number of items in the scale. This will give you a score of 1 to 5. Interpret your score as follows:

Above 4.3 = the programme is fully implemented

Between 4 and 4.3 = the programme is moderately implemented

Below 4 = the programme has gaps in implementation.

To bring your score up, identify the 'gaps in implementation' from low scoring items and focus development efforts on these areas.

## Criterion

### VOCATIONAL STAFFING

**VS1 Agency focus on supported employment (SE):**

Ratio of vocational staff solely devoted to SE to all staff devoted to vocational services (including prevocational employment, clubhouse, agency-run employment, sheltered workshop, etc.). If staff time is split, then estimate % of time.

1	2	3	4	5
<25% of total staff devoted to SE	26-50%	51-70%	71-90%	91-100% of total staff devoted to SE

**VS2 Staff capacity:**

Vocational team currently operates at full staffing (i.e., no unfilled positions). Calculate percentage as # actual staff/ # staff positions funded. Give staff capacity \_\_\_\_\_

1	2	3	4	5
Team is operating at < 50% of staffing	50-64%	65-79%	80-94%	Team is operating at 95% or more of full staffing

**VS3 Caseload size:**

Employment specialists (ESs) manage vocational caseloads of up to 16 consumers. **Only include staff members who provide services/carry caseload.** Give exact client:staff ratio \_\_\_\_\_

1	2	3	4	5
61 or more consumers per ES	47-60	32-46	17-31	16 or less consumers per ES

**VS4 Vocational generalists:**

A single staff member is assigned to each client for the duration of SE services. Each ES carries out all components of vocational services.

Check all vocational components carried out by SE program:

- intake
- assessment
- job development
- career planning/development
- job coaching
- follow-along support
- placement

1	2	3	4	5
Different staff carry out specialized roles, e.g., one person does intake, another job development, etc.		2 components of the vocational services are specialized, including intake, job development or follow-along	For the most part, all staff provide all components of vocational services for their caseload, but 1 component is specialized, e.g., one person does all intakes	Each vocational staff member provides all components of vocational services for their caseload, from intake through follow-along.

**VS5 Exclusive vocational focus:**

ESs focus on vocational services only and they do not have case management responsibilities (Case management includes help in housing, meds, shopping, linkage to other agencies, etc.).

1	2	3	4	5
ESs provide nonvocational services such as case management >90% of time	61-89%	31-60%	11- 30%	ESs provide nonvocational services < 10% of time

**VS6 Vocational team:**

SE program has adequate staffing to function as a team, (e.g., at least 3 vocational staff members).

1	2	3	4	5
SE vocational team is composed of 1 staff member			SE vocational team is composed of 2 staff members	SE vocational team is composed of 3 or more staff members

## ORGANISATION

### O1 Co-location of rehabilitation with mental health treatment:

Single agency provides treatment and vocational (Voc) services at the same location. Ignore MH satellite offices.

1	2	3	4	5
Separate agencies provide treatment and vocational services		Voc and treatment services are affiliated but not part of same agency	Single agency provides treatment and voc services through different locations	Single agency provides treatment and vocational services through a centralised location

### O2 ES attendance at treatment team meetings:

ESs attend regular clinical treatment team meetings at least once per week.

1	2	3	4	5
ESs do not attend treatment team meetings	ESs attend treatment team meetings when problems arise	At least 1 member of the voc team attends treatment team meetings regularly but less than weekly	At least 1 member of the vocational team attends treatment team meetings weekly	On average, all ESs attend 1 or more treatment team meetings per week

### O3 ES contact with treatment team members:

ESs have frequent contact with consumers' treatment team.

1	2	3	4	5
ESs have virtually no contact with consumers' treatment team	ESs contact treatment team only when problems arise	ESs average about one contact with treatment team per month	ESs average 1-3 contacts with treatment team members each week	ESs average 1 or more consumer-related treatment team contacts per day

**O4 Vocational unit:**

ESs function as a unit or team rather than a group of individual practitioners. They share information and help each other with cases as needed.

1	2	3	4	5
ESs are physically separated from each other OR there is only 1 SE staff member	ESs not considered a distinct unit. They have little contact with each other although located in same office space	ESs are considered individual staff, have some contact but not daily	ESs are not formally a vocational unit, but share office space and informally share info, etc.	ESs form a distinct vocational unit. They meet regularly, provide services for each others' cases, job leads, backup, and support

**O5 Team meetings:**

Team members meet regularly (at least weekly) with their supervisor (if only 1 staff member, code as 1).

1	2	3	4	5
ESs do not meet as a group	ESs meet as a group, but no supervisor is present	ESs meet as a group with their supervisor, less than monthly	ESs meet as a group with their supervisor at least monthly	ESs meet as a group with their supervisor at least weekly

**O6 Information to clients on supported employment:**

A system is in place whereby all prospective clients are methodically exposed to information on SE in multiple ways (i.e. informational meetings, formal presentations, etc.).

1	2	3	4	5
No system is in place for informing consumers about SE options		Informal means of disseminating information about SE program		Presentations or informational meetings are held weekly OR information on SE is formally presented to all new prospective clients at intake

**O7 Screening policy:**

Program does not have exclusionary eligibility requirements relating to presumed job readiness, such as substance abuse, violent behaviour, minimal intellectual functioning, mild symptoms, or treatment compliance. (Note: requiring consumers to understand SE before admission is not an exclusion criteria).

1	2	3	4	5
Screening criteria are extensive and have clear intent of excluding poorer functioning individuals		2 or more exclusion criteria, but intent is still to include most clients with SMI		Consumers are not screened out because they are viewed as “not ready” or “lower functioning”

**O8 Waiting list:**

Consumers receive immediate vocational services at the time of their initial indication of interest in the program.

1	2	3	4	5
Consumers meet with ESs more than 4 weeks after initial indication of interest	3-4 weeks	2-3 weeks	1-2 weeks	Consumers meet with ESs within an average of 1 week of initial indication of interest

**O9 SE program control of admission – Role of Case Managers (CMs):**

Client does not require approval from CM for referral to SE program.

1	2	3	4	5
Client must go through CM and be referred to SE program		CM is required to complete referral form as a formality (consumers will always get approval)		Any client can directly approach the SE program for services without referral or approval from CM



**O10 Integration of vocational and treatment records:**

Vocational records are kept in same files as treatment records. Both vocational and treatment staff have access. OK if resumes and other voc materials not pertinent to treatment team, are kept in a separate voc file.

1	2	3	4	5
Voc and treatment records are kept separate; voc staff do not have access to treatment files OR have access but don't use them	Access is only restricted in one direction (i.e., either voc or treatment team does not have access to other's files)	Records are kept separate but both voc and treatment staff have access to and use the files	Voc and treatment records kept in same files, but voc staff use the files < 3 times per month	Voc records are kept in same files as treatment records. Both voc and treatment staff have access to and use the files.

**SERVICES**

**S1 Community-based services:**

Vocational services such as engagement, job development, and follow-along supports are provided in natural community settings.

1	2	3	4	5
Give percentage of time spent in community ESs spend <10% of time in the community	11-25%	26-40%	41-55%	ESs spend >55% of time in community

**S2 Length of vocational assessment:**

The initial vocational assessment period (including client preferences, work history, symptoms, strengths assessment) is completed within 1 week.

1	2	3	4	5
For 90% of clients, the initial vocational assessment phase is completed in > 3 months	For 90% of clients, the initial vocational assessment phase is completed in 5-11 weeks	For 90% of clients, the initial vocational assessment phase is completed in 3-4 weeks	For 90% of clients, the initial vocational assessment phase is completed in 2 weeks	For 90% of clients, the initial vocational assessment phase is completed within 1 week

**S3 Prevocational activities:**

Most clients do not receive prevocational work-readiness activities, such as TE, job trials, sheltered work crews, internships or classroom activities. (Note: activities of 2 weeks or less are not included).

1	2	3	4	5
Prevocational activities are used with 90% of clients	Prevocational activities are used with 61-89% of clients	Prevocational activities are used with 40-60% of clients	Prevocational activities are used with 10-39% of clients	Prevocational activities are used only rarely, with < 10% of clients

**S4 Benefits counselling:**

Program systematically provides individualised information to all consumers on entitlements and the impact of employment on benefits eligibility.

1	2	3	4	5
Program provides no benefits counselling		ESs discuss benefits issues with consumer if and when they arise		All consumers receive individualised information r.e. the impact of employment on their benefits

**IPS1 Permanence of jobs developed:**

Employment specialists provide competitive job options that have permanent status rather than temporary or time-limited status, e.g., TEPs.

1	2	3	4	5
Employment specialists usually do not provide options for permanent, competitive jobs	Employment specialists provide options for permanent competitive jobs 25% of time	Employment specialists provide options for permanent competitive jobs 50% of time	Employment specialists provide options for permanent competitive jobs 75% of time	Virtually all of the competitive jobs offered by employment specialists are permanent

**S5 Rapid search for competitive employment:**

The search for competitive jobs occurs rapidly after program entry.

1	2	3	4	5
First job application is typically > 1 year after program entry	Greater than 7 months and 1 year or less	Greater than 3 months 6 months or less	Greater than 1 month but 3 months or less	First job application is typically 1 month or less after program entry

**S6 Individualised job search:**

Employer contacts begin with a focus on consumer job preferences and needs (including experience, ability, symptomatology, and health) rather than the job market (i.e., what jobs are readily available) or a generic pool of jobs.

1	2	3	4	5
> 70% of job placements come from a pool of jobs based on a generic job development	51-70%	31-50%	11-30%	<10% of consumers are placed in jobs from a pool of jobs based on a generic job development

**S7 Diversity of jobs developed:**

ESs provide diverse job options in multiple settings.

1	2	3	4	5
>80% of jobs are with a limited number of employers	61-80%	41-60%	21-40%	<20% of jobs are with a limited number of employers

**S8 Career-focused employment:**

All consumers are invited to consider long-term career planning and job advancement. Job search includes consideration of advancement and discussion of possible future jobs. When requested, a long-term plan (including education and training needs) is developed.

1	2	3	4	5
Career planning is not part of the SE program	Career planning occurs only at the consumer's request	General career planning is discussed with all consumers in group or informal format	Individualised career planning occurs with all consumers but it is not explicitly included as part of the vocational plan	An explicit, documented, procedure is in place for including individualised career planning as a regular part of each consumer's vocational plan

**S9 Job support plan:**

An explicit support plan is designed for each consumer who is employed. This support plan is reviewed at regular meetings with consumers and revised as appropriate. Involvement of supervisor, co-workers, and others is considered, as is consistent with consumer’s preferences and with the feasibility in a particular work setting.

1	2	3	4	5
No written long-term job support plan.	Long-term job support is discussed but no formal plan is written	A generic plan is developed and written for all consumers	Individualised plans are developed and written, and updated annually	An individualised support plan is developed and written for each consumer. It is reviewed more than annually and revised as appropriate

**S10 Types of supports for working consumers:**

Individualised follow-along supports are available to consumer and employer. Employer supports may include education and guidance. Consumer supports may include crisis intervention, job coaching, and job counselling, etc.

1	2	3	4	5
Supports are nonexistent after job placement		Supports available but are limited in some fashion (e.g. employers rarely contacted)		A wide range of supports are available to all consumers and employers

**IPS2 % of clients receiving follow along supports:**

All employed clients receive individualised follow-along supports to maintain employment.

1	2	3	4	5
Clients do not receive follow-along supports to maintain employment or cannot rate due to no fit	About 25% of clients receive follow-along supports to maintain employment	About 50% of clients receive follow-along supports to maintain employment	About 75% of clients receive follow-along supports to maintain employment	Most clients receive follow-along supports to maintain employment

**S11 Duration of support:**

ESs provide all consumers with comprehensive support for > 1 year following job placement (do not count occasional phone calls).

1	2	3	4	5
No support after closure	Up to 6 months	7-9 months	Up to 1 year	Support is provided for > 1 year

**S12 Multiple jobs permitted:**

ESs help consumers end jobs when appropriate and then find new jobs. Assistance with job search continues until a good job match is obtained.

1	2	3	4	5
ESs prepare consumers for a single lasting job and if it ends will not necessarily help them to find another one	Almost all consumers must meet certain conditions before job search begins again	36-65% of clients must meet certain conditions, e.g., X # of job searches or complete a detox program, before job search begins again	10-35% of clients must meet certain conditions before job search begins again	The process is individualised for all clients, with no set preconditions nor specified wait times before starting the next job search

**S13 Assertive outreach:**

Assertive outreach (telephone, mail, community visits) is used to engage and/or re-engage consumers in services. All employed clients receive individualised follow-along supports to maintain employment Staff demonstrate tolerance of different levels of readiness.

1	2	3	4	5
ESs provide outreach via mail		ESs provide outreach via telephone		ESs provide outreach via community visits

**S14 Peer support:**

Job support groups are offered where consumers can talk about their jobs with other consumers.

1	2	3	4	5
No peer support groups offered		Peer support groups are scheduled at least monthly		Weekly peer support groups with a vocational focus are scheduled and consumers are encouraged to attend

**S15 Family involvement:**

Family members and/or significant others are invited and are involved in the employment process (e.g. locate jobs, attend meetings, provide transportation). ESs have at least monthly contact with family members/significant others.

1	2	3	4	5
Family members/significant others are not contacted	For <10% of clients, ESs have at least monthly contact with family or significant others	For 10-19% of clients, ESs have at least monthly contact with family or significant others	For 20-25% of clients, ESs have at least monthly contact with family or significant others	For >25% of clients, ESs have at least monthly contact with family or significant others

**S16 Assessing consumer satisfaction:**

Consumer satisfaction data specific to the SE program is obtained annually through surveys or some other formal means, and used to make changes to SE services at a programmatic level.

1	2	3	4	5
Consumer satisfaction is never formally assessed		Assessed formally on a regular basis, but data are not used to make programmatic changes		Assessed formally on an annual basis, and data are used to make programmatic changes



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