Module 6

Developing socially inclusive practice

Welcome to Module 6

Module 6 explores the link between the 10 Essential Shared Capabilities and developing socially inclusive practice.

Learning outcomes

After completing the module, you will be able to:

- challenge the processes that lead to inequality and exclusion;
- adopt assessments and interventions that are inclusion focused and user centred;
- understand the importance of working in partnership with mainstream community organisations.

Contents

Estimated time to complete learning activities
4 hours

SCQF level 8

Module 6

1. What does inclusion look like?

Activity 6.1

Reflect on the things that enrich your own life – things that are so important to you personally and which give life a sense of meaning and value.

Now move on to consider your feelings and actions if:

one or more of these were missing (imagine losing your home or a close friend):

you had to face serious problems (such as major illness, a bereavement, redundancy) in the absence of these things:

ESC 4 *Challenging Inequality* expects staff to be actively involved (notice the action words) in challenging inequality, addressing discrimination and creating, developing and sustaining valued social roles for service users.

A catchphrase of the inclusion movement is 'separate cannot be equal' (Sayce, 2000). This challenges the historical practice of developing a 'parallel world' of segregated services for mental health service users – homes for the mentally ill, sheltered workshops, separate college classes and creative writing groups for survivors of the mental health system. Instead, mainstream community organisations should be redesigned for everyone, including people with mental health needs.

Mental health workers should deliver their support to people and communities in ways that assist them to get and stay connected with the wider community. On those few occasions when separate services are judged necessary, they should be transformed into 'stepping-stones to inclusion, not departure points for exclusion' (Dunn 1999).

2. Why is inclusion important in Scotland?

Social inclusion is about reducing inequalities between the least advantaged groups and communities and the rest of society by closing the opportunity gap and ensuring that support reaches those who need it most.

'**Closing the opportunity gap**' is the approach used to tackle poverty and disadvantage in Scotland. Six Closing the Opportunity Gap objectives were launched in 2004, several of which are relevant to people who experience or may be at higher risk of developing mental health problems because of the social and economic factors outlined.

Closing the Opportunity Gap objectives

- To increase the chances of sustained employment for disadvantaged groups – in order to lift them permanently out of poverty.
- To improve the confidence and skills of the most disadvantaged children and young people – in order to provide them with the greatest chance of avoiding poverty when they leave school.
- To reduce the vulnerability of low-income families to financial exclusion and multiple debts – in order to prevent them becoming over-indebted and/or to lift them out of poverty.
- To regenerate the most disadvantaged neighbourhoods – in order that people living there can take advantage of job opportunities and improve their quality of life.
- To increase the rate of improvement of the health status of people living in the most deprived communities – in order to improve their quality of life, including their employability prospects.
- To improve access to high-quality services for the most disadvantaged groups and individuals in rural communities – in order to improve their quality of life and enhance their access to opportunity.

Many of the principles of the Mental Health (Care and Treatment) (Scotland) Act 2003 underpin promoting social inclusion – non-discrimination, equality, respect for diversity and reciprocity (see Module 2). The Act also places a duty on local authorities to provide, or secure the provision of, services that are designed to promote the well-being and social development of people who have mental health problems.

The social inclusion agenda therefore requires mental health services to pay attention to all aspects of a person's life and to assist the person to engage in things that make life rewarding. These can include leisure, recreation and cultural activities as well as support with relationships, lifelong learning opportunities, training, voluntary activity and assistance in obtaining or retaining open employment. All these things appear to be helpful, if not *critical*, to people's recovery.

3. Your focus and approach to assessment

You will need a standard assessment form used in your service to complete Activity 6.2.

Activity 6.2

Take a few moments to review a blank assessment form in use in your local service against the following checklist.

Is there a clear space to record the person's own viewpoint, or is it hidden behind phrases like 'agreed action plan'? (See ESC 3 – *Practising Ethically* and ESC 7 – *Providing Service User-Centred Care*)

Does the form identify everyone who cares about the person? Notice that this question is about caring about – a freely given, emotional response to the person as a whole – rather than caring for, which is about meeting needs. (See ESC 4 – *Challenging Inequality*)

Does the form give space to explore what is working and what is not working about the person's home life, occupation, relationships and leisure? (See ESC 6 – *Identifying People's Needs and Strengths*)

Would a completed form give you insights into the person's history, long-term sense of what gives life meaning and his or her hopes for the future? (See ESC 5 – *Promoting Recovery*, and ESC 6 - *Identifying People's Needs and Strengths*)

Good organisations can help to keep us on the right track, but sometimes the culture of a mental health service highlights other priorities. Pressure of work, responding to crises and defensive practice can all narrow the focus. Developing a social inclusion focus (Bates, 2002) may demand action in all the following areas.

Narrowed focus	A social inclusion focus adds the following dimensions	Review this by examining your work with one service user…
State of the person's mental health as a user of mental health services.	The person's positive social roles, such as householder, employee, parent, son, daughter, friend.	Does the care plan include actions to support the person in these roles?
Responding to crisis and coping with today.	The person's ambitions and goals for the future.	Are therapeutic interventions designed to assist the person to identify and move towards his or her preferred lifestyle?
The person as a recipient of help.	The person as a contributor to society.	What opportunities does the person have to enrich the life of other people?
Community organisations that offer help.	Community organisations that offer positive status and roles outside the mental health service.	Do the people contacted by the care team represent helping or community organisations?

What were your answers to the questions in the right-hand column above?

Activity 6.3

Identify some ways you think you could be more socially inclusive in the work you do.

Before we leave this section, we need to think about two specific groups of people:

- people who choose to use segregated services at times where they meet with other mental health service users and staff – for example, a day centre;
- people who are considered to 'need' segregated services for their own or other people's safety or to give them the time and space to recover – in a therapeutic community, for instance.

Activity 6.4

How do people get into segregated services? Consider the influence of:

- the person;
- relatives and friends;
- schools and community organisations;
- health and social care services;
- police and criminal justice agencies;
- general public and the media.

Why might people choose to use segregated services at times?

What might help people choose to access less-segregated and more socially inclusive services?

4. The processes and power of exclusion

We need a good understanding of social exclusion, how it works in society and how it affects individuals (SEU, 2004; see also ESC 4 – *Challenging Inequality*). The following three definitions describe distinct but inter-related elements.

Inclusion as access. People using mental health services should have access to the decision-making places where their personal care is reviewed and planned, where services are designed, managed and audited, and where jobs and promotions are offered.

Inclusion as standard of living. People using mental health services should have the same opportunities as other citizens to enjoy employment and income, health care, housing and community safety, civic and legal rights.

Inclusion as relationships. People using mental health services should have the same opportunities to establish and maintain respectful connections and friendships with a diverse array of other citizens (Bates, 2002).

Consider the following case examples in turn and build up a detailed story of a 'typical' journey into an excluded life that might be experienced by a person from the first onset of mental distress.

Neeta, a single parent, became very depressed soon after the birth of her first child and spent four months as an in-patient in a mental health unit. Describe her potential journey into an excluded life.

While at university, Jason worked at Burger King until 3am three nights a week. After a few weeks, the doctor was called to his flat, as he seemed to be hearing voices. Describe his potential journey into an excluded life.

Activity 6.5

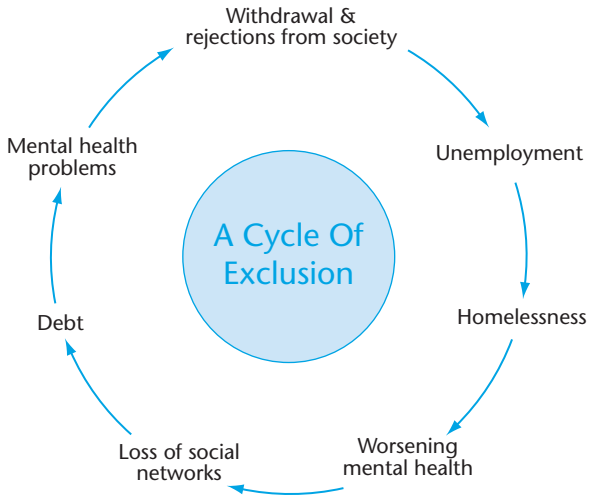
Consider how the three aspects of inclusion listed above impact on the person's life and become mutually reinforcing.

1. Do factors such as age, gender, sexuality, economic status or ethnicity affect the journey? (See ESC 2 – *Respecting Diversity*).

2. Do mental health services sometimes make exclusion worse?

3. What do these services do to help the return journey?

While each person's journey into an excluded life is unique, the themes of access, standard of living and relationships often appear. An alternative way to think about this journey was given by the Social Exclusion Unit (2004) in the following diagram. See how it works with the stories about Neeta and Jason you have just developed.



5. Working beyond the mental health service

There are many things that can be done to enable a person to get and keep his or her preferred lifestyle, and these will be explored in Section 5. First, we need to help communities to be more respectful and welcoming towards people who have experienced mental distress.

The 'viewing point' from which we look at the wider community may be similar to our view of people who use services. The Strengths Model (See ESC 6 – *Identifying People's Needs and Strengths*) acknowledges that people are a mixture – joy and despair, achievement and disappointment, love and selfishness – and then encourages us to pay extra attention to the person's positive talents and achievements.

Indeed, some people's so-called problems need to be recognised as strengths, especially when working with people who have had very lengthy contact with mental health services. While it would be naïve to think that people using mental health services (in common with most of us) have no problems, this deliberate focus on strengths is a way of restoring balance in a culture that can be preoccupied with symptoms, deficits and difficulties.

Activity 6.6

Think about a person you know who uses mental health services **(if you take notes or discuss this person with others, make sure you anonymise the name and any other personal details).**

Find all the person's strengths and use only positive words – don't say 'but…' or 'despite…'.

Think carefully about any 'difficult', 'challenging' or 'unattractive' behaviour you perceive this person to display – think carefully about the strengths that are hidden inside these aspects of the person.

This same 'viewing point' can be adopted when facing the community. There is a harsh reality out there, of discrimination, hate crime, negative stereotypes and fear that is directed towards people using mental health services. But this is only part of the story. Other citizens acknowledge their common humanity with people using services, promote equality of opportunity and offer respectful support.

The Strengths Model demands that we pay extra attention to the positive aptitudes and achievements of ordinary communities.

Activity 6.7

Consider your own experience and also find moments at work to collect positive stories from your colleagues and record an example of one of these here.

While there are already many allies in ordinary communities, a great deal can be done to create further improvements.

Activity 6.8

Select a specific community organisation (such as a local college, JobCentre office or a community centre) and work through the following questions.

Has your mental health organisation identified a worker to lead liaison with this organisation, and do you have regular contact with them? (See ESC 1 – *Working in Partnership*)

Have you located champions within the community organisation who will support your efforts to improve opportunities?

Do you understand the community organisation's targets, priorities, funding regimes and policies that may affect opportunities for people with mental health issues? Please say a little about this.

Have you delivered information, training or mentoring to people in the community organisation? Please say a little about this.

Have you seen increases in the numbers and satisfaction of people with mental health issues who are using the community organisation? Please say a little about this.

Finally in this section, there are three options for delivering support. These are the following.

- Using mental health buildings where people meet other mental health service users and staff. This is the option that offers sanctuary or promotes exclusion (depending on your point of view). Examples include hospitals and day centres.
- Using buildings that are also used by other members of the community, but where the people with mental health issues remain together in a group. This is the option that offers geographical integration but minimal social integration. Examples include separate college classes and group rooms hired in community centres.
- Offering 'community bridge-building' support to one person at a time to assist him or her to locate and join activities where he or she is shoulder to shoulder with the general public. Examples include Supported Employment and home treatment (ESC 5 – *Promoting Recovery*).

Since mainstream community agencies have watched mental health services deliver their support largely through the first or second options, some will repeat that pattern by offering to set up segregated services in their own facilities.

Staff at the college or the sports centre may assume that the best way to meet the needs of people with mental health problems is to create a 'special' group, rather than support people to join in alongside the general public. Building effective relationships with allies in these settings will help them to create inclusive opportunities.

6. Getting and keeping inclusion

A comprehensive, inclusion-focused assessment will identify the preferred lifestyle of the person, as reflected in ESCs 5-9. It will also go some way towards identifying the person's inclusion history – perhaps of unsuccessful attempts to engage in educational, work-related or leisure activities. Acknowledging the feelings that attach to these experiences and finding the courage to try again is a key part of the journey of recovery.

Sometimes it is helpful to draw out the lessons that can be learnt from unsatisfactory experiences with community organisations.

Activity 6.9

Think about the negative things you have heard, seen done, or perhaps have experienced yourself, that have formed barriers and made it more difficult for people to access community facilities.

Reflect on this and suggest practical changes that the community organisation might make.

It can sometimes be a gradual process with carefully thought-out steps to support people in their choices to reconnect with community roles and relationships (Repper and Perkins, 2003). It requires creativity and building helpful relationships with the person, along with careful listening to the person's preferences about the areas he or she wants to connect with and the nature of the support he or she requires to do this.

A range of approaches (Bates and Dowson, 2005) can be used, and these can be grouped under the following headings.

1. ***Getting to know the person.*** Good questions will help to find out more about how the person thinks of his or her own recovery and what elements need to be in place to support that personal journey.
2. ***Getting to know the community.*** A good local knowledge of the informal community is vital if we are to support people and avoid slotting them into unsuitable activities. Community development workers, voluntary sector agencies and health improvement workers can help with this.
3. ***Building capacity in mental health services.*** Helping mental health services expand their knowledge of mainstream community organisations, the mental health benefits of inclusion and awareness of which support strategies are effective (see ESC 8 – *Making a Difference*). This also demands replacement of the pessimistic predictions of the past (such as 'you will never work again') with recognition that people using mental health services can make a valuable contribution to their communities.
4. ***Building capacity in community organisations.*** We need to build alliances, deliver training, dismantle barriers and highlight the benefits of reaching the mental health community (SEU, 2004).
5. ***Support for the whole of life.*** An example of this would be making sure that medication is not altered the same day that the person returns to work. Family, friends, mental health services and colleagues in community settings all need to work together to help the person to get and keep his or her positive roles and connections (see ESC 1 – *Working in Partnership*).
6. ***Getting there and settling in.*** Assistance with choosing the right setting, getting ready to go, travelling and induction.
7. ***Sustaining participation.*** This involves supporting the person to move on from attendance to participation. It is important for any problems to be dealt with before they lead to the breakdown of the activity. Support needs to be transferred from the formal mental health system to the natural arrangements in the community setting (see ESC4 – *Challenging Inequality*, and ESC9 – *Promoting Safety and Positive Risk Taking*).

Activity 6.10

Think of a person you know who currently spends most of his or her life in a specialist mental health setting but who might, with appropriate support, choose to take up an inclusive activity. What arrangements might you put in place to address the seven areas above?

1.

2.

3.

4.

5.

6.

7.

If it's appropriate, arrange to meet with the person you have been thinking about. Build a plan, listening hard for suggestions that come from the person you are working with. Use the work you have just done as a resource rather than as a way to take over or control things. If you can't meet with the person, try to meet with someone who supports him or her – a support worker, a key worker or family member/carer.

7. Empowerment – unfinished business

Inclusion depends on a number of organisational factors. Consider the following and see if there is any action that needs to be taken with your team or line manager to create an environment where inclusive opportunities can flourish.

Activity 6.11

Supporting people to regain empowerment is best done by people who feel empowered themselves. If you are feeling particularly powerless or pessimistic, this needs to be addressed. Action needed: *It may be useful to discuss this with your supervisor.*

An inclusive lifestyle is unique to the person, resting on his or her own definition of recovery, but creative staff often support the journey. If staff are exhausted, creativity will never come to birth, and a blame culture will kill it. Action needed: *It may be useful to discuss this with your supervisor.*

Inclusion demands that the policies and procedures of some services be reviewed and possibly redrafted. In particular, risk management policies or their local interpretations can have the effect of denying opportunities and reinforcing exclusion (see ESC9 – *Promoting Safety and Positive Risk Taking).* Action needed: *It may be useful to discuss this with your supervisor, team or manager.*

Finally, working for inclusive opportunities is usually important but rarely urgent. This means that, without ring-fenced time and resources, it will be squeezed out. What priority does the local mental health service really give to the inclusion agenda? Action needed: *It may be useful to discuss this with your supervisor, team or manager.*

7. Resources for further learning

Bates, P (ed) (2002) **Working for Inclusion** London: The Sainsbury Centre for Mental Health.

Dunn, S (1999) **Creating Accepting Communities: Report of the Mind Inquiry into Social Exclusion** London: Mind.

Repper, J, Perkins, R (2003) Social Inclusion and Recovery: A model for mental health practice London: Balliere Tindall.

Sayce, L (2000) **From Psychiatric Patient to Citizen: Overcoming Discrimination and Social Exclusion** Basingstoke: MacMillan.

Social Exclusion Unit (2004) **Mental Health and Social Exclusion.** London: Office of the Deputy Prime Minister.

Bates, P, Dowson S (2005) **Social Inclusion Planner.** Ipswich: National Development Team.

To put the Scottish situation in the context of an international viewpoint on mental health and recovery, see **http://www.bu.edu/cpr/**

To place mental health work in an international and historical context of the development of human services, see **http://soeweb.syr.edu/thechp/**

For information on closing the opportunity gap in Scotland, see **http://www.scotland.gov.uk/Topics/People/Social-Inclusion**

References

Bates, P (ed) (2002) **Working for Inclusion** London: The Sainsbury Centre for Mental Health.

Dunn, S (1999) **Creating Accepting Communities: Report of the Mind Inquiry into Social Exclusion** London: Mind.

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