

# National Social Inclusion Programme

## **Social Inclusion & Arts** *evidence and developments*

Cambridge 18 Oct 2007

Dr David Morris

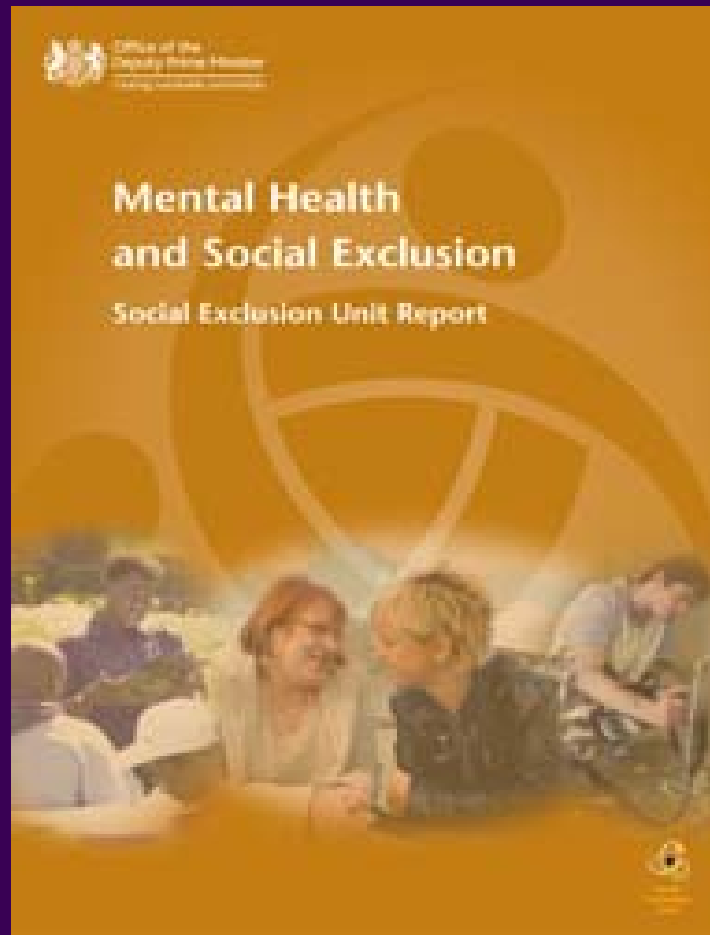
Care Services Improvement Partnership **CSIP**

National Institute for  
**Mental Health in England**



# Content

- How we got here - the policy context
- The way we work - principles, philosophy, practice,
- Focusing on arts
  - strategy
  - evidence
  - developments
- What has NSIP achieved to date?
- The future



Published June 2004  
Office of the Deputy Prime Minister

Care Services Improvement Partnership **CSIP**

National Institute for  
**Mental Health in England**



# Social Exclusion Unit Report

- ‘Social Inclusion for people with mental health problems is a moral imperative’ - vision of a future where people with mental health problems have the same opportunities to work and participate in their communities as any other citizen
- 27-point action plan with specific commitments from **over 20** government departments, agencies and organisations at national level
- *Action 18: DCMS, in partnership with DH, will give priority to undertaking research to establish the health benefits and social outcomes of participation in arts projects and the characteristics of effective local projects*

# Social exclusion has multiple impacts

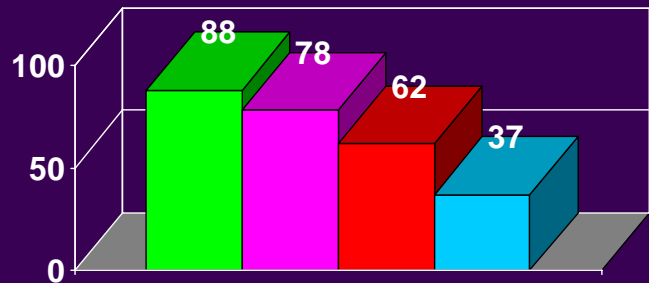
- What can happen when people or areas suffer from a combination of linked problems – unemployment, poor skills, low incomes, poor housing, high crime, bad health and family breakdown.
- Characterised by the inter - relatedness of problems that are mutually reinforcing; combined they create a fast moving, complex and vicious cycle.

(Social Exclusion Unit 2004)

# Exclusion – the evidence

- *Less than 40% of employers would recruit people with mental health problems*

% of employers who would recruit from different groups  
ONE evaluation (DWP 2001)



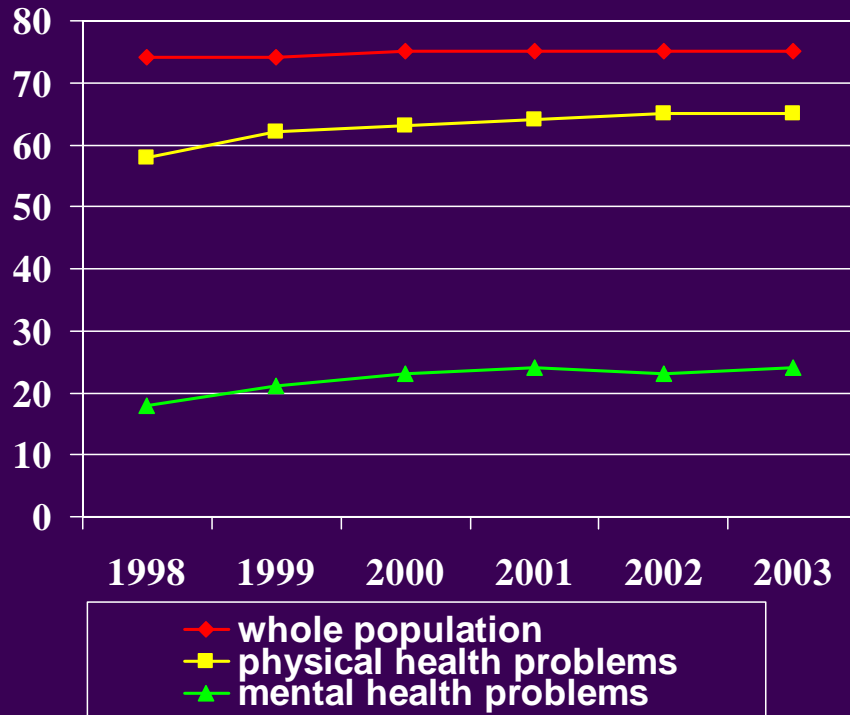
■ lone parents  
■ long-term unemployed  
■ physical health problems  
■ mental health problems

***Two thirds deterred from applying, for fear of unfair treatment but many:***

- highly skilled
- relevant experience
- able to work with minimal adjustment

# Less than a quarter of adults with mental health problems are in work

*LFS data for England only*



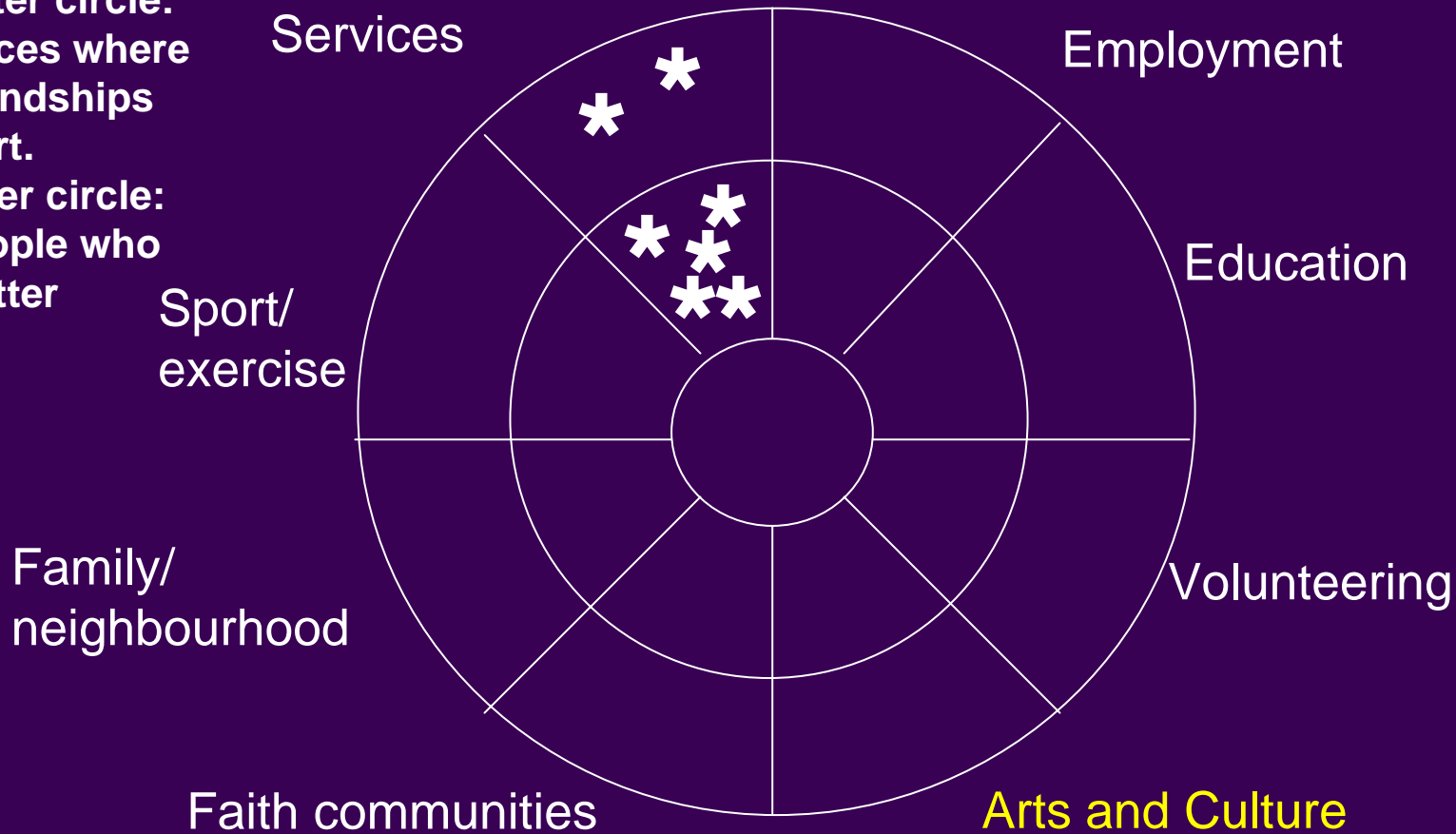
## Main barriers

- fear of losing benefits
- employers' attitudes
- fluctuating nature of condition
- *low expectations of health professionals*

# People can become very isolated

Outer circle:  
places where  
friendships  
start.

Inner circle:  
People who  
matter



Sue attends the day centre and the clinic  
She has 5 friends she sees at outpatients or the day centre

# People are excluded in many different ways

low levels of participation in  
FE/leisure/arts activities

physical illness  
overlooked

not eligible to be  
juror or school governor

harassment complaint  
not taken seriously

financial services  
hard to access

1/4 tenants with serious  
arrears at risk of eviction

# Our philosophy – recognise the world we are in; act across systems, *make collaboration real*

Integrating action ‘horizontally’ and ‘vertically’ by:

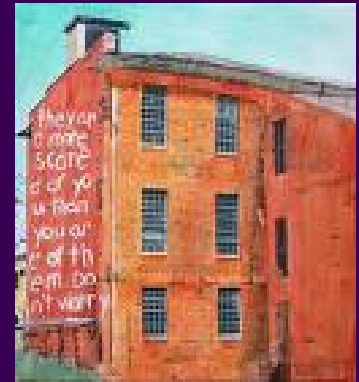
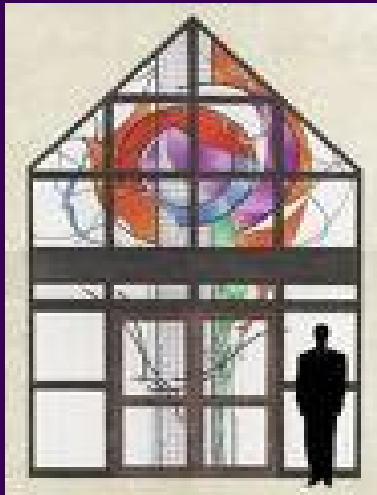
- Working across government
- Integrating service user engagement
- Engaging with many kinds of community
- Networking managers and leaders
- Building capacity through affiliates - 50 organisations
- Learning partnerships – academic/ practice based
- Alliance with professional bodies

# NSIP and arts - our aim

To promote access to the individual and community benefits of arts in mental health. We will work with museums, galleries, theatres, community arts projects and other arts organisations to address the social exclusion of people with experience of mental health problems by supporting them to take up arts related activities in more mainstream settings, and to engage in volunteering, education, training and employment in this sector.

# Art in recovery

- ‘ The healing power of art is not new. Art can be a powerful force in the recovery process for many individuals because it provides a nonjudgmental, therapeutic and relaxing experience that allows clients to express themselves in a creative manner. Through creative expression, many individuals have been able to transform pain and emotional suffering into hope and a new attitude about life.



Care Services Improvement Partnership **CSIP**

National Institute for  
**Mental Health in England**





# Arts – developing the evidence base



## Mental Health, Social Inclusion and Arts

developing the evidence base

**Final Report**

The Anglia Ruskin/UCLan Research Team



Care Services Improvement Partnership **CSIP**

National Institute for  
**Mental Health in England**



National Social Inclusion Programme

# Arts - developing the evidence base

Study by Anglia Ruskin University and the University of Central Lancashire, commissioned by DCMS and DH on participatory arts and mental health (16 to 65) published 2007, showed:

- significant improvements in empowerment, mental health and social inclusion
- significant decrease in proportion of participants identified as frequent and regular service users (decrease in use of overnight stays, no change in use of medication or specific services)
- one third of participants thought involvement with their project had increased their future employment and education opportunities
- arts projects can benefit people with a range of mental health needs, including those with significant mental health difficulties

# NSIP and arts – our work programme

- working in partnership with mainstream organisations - museums, galleries, theatres - to promote social inclusion, volunteering, education, training, employment for people with MH problems
- commissioning training package for museums & galleries (Notts. Uni).
- developing national network of individuals and organisations in the arts, MH and social inclusion, inc. people with personal experience of MH problems, artists, vol, stat. & private sector arts and MH organisations
- building regional links and pathways for disseminating info/resources
- developing & disseminating evaluation tools for community arts & MH projects
- linking with MH commissioning networks to support commissioning of arts related activities
- linking with other research organisations & HEI's to support development of the evidence base
- integrating performing arts into all aspects of the plan
- sharing ideas and practice *locally, regionally, nationally and internationally.*

# NSIP progress at 2007

- Of SEU action points: 58% (n=45) completed; 39% (n=29) underway; 3% (n=3) not underway
- Commissioning guidance published:
  - day services; outcomes framework in preparation
  - vocational services
  - direct payments (and users guide)
- Other guidance published: rent arrears management; choice-based lettings to prevent evictions & improve options for independent living
- Changes to Incapacity Benefit Linking rules providing flexibility and supportiveness on return to work

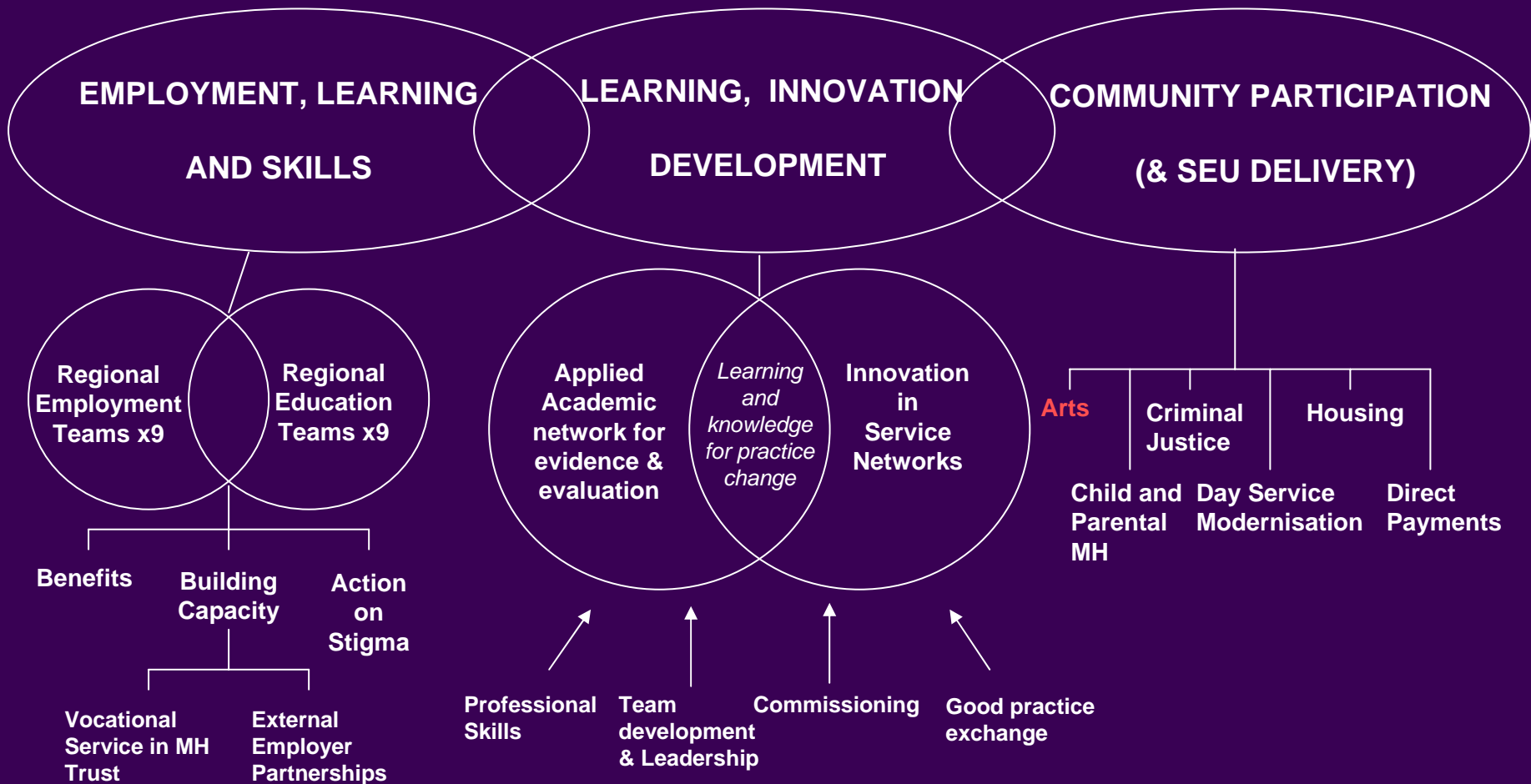
# NSIP progress at 2007 (ii)

- School Governance Regulations amended
- National employer engagement network established
- Cross – government employment gp (ODI Chair) established
- Commissioners of FE now require Colleges to be accessible
- Nine regional networks set up to oversee progress on FE
- Key partnerships established: Professional Colleges; Academic orgs, SCIE; ADASS and affiliates
- Workforce capabilities for inclusion published
- Abolition of hospital benefits ‘down-rating’ (value £60m)
- *Arts and MH research completed and published; training initiative for major and regional galleries and performing arts programme in place*

# The future – key pointers to sustaining progress

- Focus on supporting cultural change through local ***learning and innovation*** across the whole system of services and beyond
- Protect the breadth of our work; in a whole – life approach, access to art is as important as access to work
- Recognise that the context for our work is multiple, complex and ever-changing
- Keep the evidence live and the policy pot boiling!
- Think ‘community’ and engage community

# National Social Inclusion Programme – focus on Innovation



# The future – key pointers to sustaining progress

- Focus on supporting cultural change through local **learning and innovation** across the whole system of services and beyond
- Protect the breadth of our work; in a whole – life approach, access to art is as important as access to work
- Recognise that the context for our work is pluralistic, complex and ever-changing
- Keep the evidence live and the policy pot boiling!
- *Think ‘community’ and engage community*

# Engaging community is key for whole communities *and* vulnerable people

Policy requires inclusion of vulnerable individuals in civic activity:

‘The proposal in this White Paper will give people more power over their own lives and the decisions that affect them. This will deliver more responsive and effective services for all communities, *but will be particularly important for vulnerable people and those traditionally under-represented in decision making*’

Local Government White Paper 2006

# Engaging community is key for whole communities *and* vulnerable people

*'The sheer variety and volume of partnerships that make up mental health services means that mental health trusts can be more advanced than acute trusts in attracting local community membership although this can be counteracted by the stigma and lower profile of mental health ... mental health trusts will need .. to develop effective communication strategies and achieve good relationships with their local communities in order to try to reduce the levels of stigma and increase membership'*

Applying for NHS Foundation Trust Status, Guide for Mental Health  
NHS Trusts (2006) DH

## ... but it needs to be realistic - deploying diverse approaches to suit ...

- ‘The key route for people (long term health and social care users) to gain the confidence and capacity to get involved effectively is through linking up with a local user – led organisation’

*Peter Beresford, Chair Shaping Our Lives*

- ‘Older people have been very clear that they want to be involved on the basis of being people – with all sorts of interests – not pigeonholed as users of the services that support them’

*LINKs bulletin Issue 4 June 2007*

## ...and focusing on local, informal settings

Participation in governance could refocus on the *local* community:

*'Rather than expect everyone to participate equally in formal governance, we should try to make more people's everyday civic engagement count by designing the formal structures of governance in a way that taps into the informal spaces of community life that they routinely inhabit'*

*Community Participation, Who benefits?* (2006) Skidmore, P. Bound, K. Lownsborough, H. Joseph Rowntree Foundation

# Engaging through the places with which people are already familiar

‘The places with which people are already familiar – the school gate, their place of worship or their local newsagent or post office – hold the key to engaging them in governance activity. These places and the organisations that occupy them act as the everyday bridge between ordinary people and more formal governance activities’

*Community Participation, Who benefits? (2006)* Skidmore, P. Bound, K. Lownsborough, H. Joseph Rowntree Foundation



*The places with  
which people are  
already familiar...*

*may also be a key  
to recovery  
and  
inclusion*

# Thinking ‘community’ – a philosophical postscript

‘The post modern individual is a member of many communities and networks, a participant in many discourses, an audience to messages from everybody and everywhere - messages that present conflicting ideals and norms and images of the world – this is the major psychological problem of our time but also possibly the birth pangs of a new kind of human being’

W.Truett Anderson (Ed) The Post Modernism Reader, Fontana, 1995)

‘The time is, for all its jangle, a moment of great beauty and opportunity .. We glimpse new possibilities for coexisting with others - even profoundly different others ..’ (Op cit)

*and art and culture is key to these possibilities*

# Thank you

[david.morris@dh.gsi.gov.uk](mailto:david.morris@dh.gsi.gov.uk)  
[www.socialinclusion.org.uk](http://www.socialinclusion.org.uk)

Care Services Improvement Partnership **CSIP**

National Institute for  
**Mental Health in England**

