Designing a system-wide occupational and employment support system in Essex for people with mental illness and learning disabilities

A systematic review and stakeholder engagement study

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# Designing a system-wide employment and occupational support system in Essex for people with mental illness and learning disabilities

# 1 Background

#### 1.1 Economic activity in Essex

There is a 3.7% overall unemployment rate in Essex accounting for 27,600 people, which is lower in comparison to the national average of 4.5% (see figure 1). In addition to those registered as 'unemployed', there are 178,100 people classed as 'economically inactive' (see figure 2), including students, retired people and people registered as long-term sick. Of those unemployed or economically inactive for other reasons, 7880 people are claiming Jobseekers Allowance in Essex and 41,730 people are claiming Employment and Support Allowance or incapacity benefits (see figure 3) and just under 60,000 in total claiming out-of-work benefits. These figures are slightly below but not significantly below national figures for economic inactivity and out-of-work benefits.

	Essex (Numbers)	Essex (%)	East (%)	Great Britain (%)
All People				
Economically Active†	738,300	79.9	80.2	78.1
In Employment†	710,800	76.7	77.3	74.5
Employees†	586,400	64.2	66.0	63.6
Self Employed†	122,000	12.3	11.1	10.6
Unemployed§	27,600	3.7	3.5	4.5
Males				
Economically Active†	392,400	85.5	85.4	83.2
In Employment†	378,200	82.3	82.1	79.3
Employees†	293,300	65.2	67.5	64.9
Self Employed†	84,000	16.9	14.5	14.1
Unemployed§	14,200	3.6	3.7	4.6
Females				
Economically Active†	346,000	74.4	75.1	73.1
In Employment†	332,600	71.4	72.6	69.8
Employees†	293,200	63.3	64.4	62.3
Self Employed†	38,000	7.9	7.8	7.1
Unemployed§	13,400	3.9	3.3	4.4

Figure 1: Overall employment in Essex (2016-2017)

	Essex (Level)	Essex (%)	East (%)	Great Britain (%)
All People				
Total	178,100	20.1	19.8	21.9
Student	43,300	24.3	24.2	27.1
Looking After Family/Home	47,100	26.5	27.0	24.3
Temporary Sick	#	#	1.9	2.0
Long-Term Sick	28,700	16.1	18.8	21.9
Discouraged	1	!	#	0.4
Retired	29,300	16.4	15.9	13.4
Other	26,000	14.6	11.9	11.0
Wants A Job	41,100	23.1	20.6	23.1
Does Not Want A Job	137,100	76.9	79.4	76.9
Source: ONS annual population survey  F Sample size too small for reliable estimate Estimate is not available since sample size is disclosive Notes: numbers are for those aged 16-64.  % is a proportion of those economically inactive, except b		rtion of those aged 16	5-64	

Figure 2: Economic inactivity in Essex (2016-2017)

	Essex (Numbers)	Essex (%)	East (%)	Great Britain (%)
Total Claimants	80,880	9.1	9.0	11.0
By Statistical Group				
Job Seekers	7,880	0.9	0.8	1.1
ESA And Incapacity Benefits	41,730	4.7	4.8	6.1
Lone Parents	8,480	1.0	0.9	1.0
Carers	13,230	1.5	1.5	1.7
Others On Income Related Benefits	1,240	0.1	0.1	0.2
Disabled	6,630	0.7	0.7	0.8
Bereaved	1,690	0.2	0.2	0.2
Main Out-Of-Work Benefits†	59,330	6.7	6.6	8.4

Figure 3: Economic inactivity across Essex (2016)

#### 1.2 Employment among people with mental illness and learning disabilities

The above figures reflecting rates of employment in Essex are not reflective of the employment rate of those with either a learning disability or mental illness (ASCOF, 2017).

"Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (WHO, 2014).

"A learning disability is a reduced intellectual ability and difficulty with everyday activities – for example household tasks, socialising or managing money – which affects someone for their whole life" (Mencap, 2018).

Although it is understood that not all types of work are beneficial, such as those that cause job stress (Godin et al, 2005), there are known health and wellbeing benefits to work for some people within these populations (Bond et al, 2001; Priebe et al, 1998; Garcia-Villamisar et al, 2002).

Essex County Council recognises that not all people in these populations who want and are able to work are receiving the kind of support that enables them to do so. The percentage of individuals with mental ill-health or learning disabilities within Essex County Council's Adult Social Care services in paid employment is approximately 4% (ASCOF, 2017) and 7.5% respectively (ASCOF, 2017; see figures 4 and 5). Of these, 6% of people with learning disabilities are in part time employment (<16 hours), in comparison to 1% of people with learning disabilities being in employment of greater than 16 hours (ASCOF, 2017; see figure 6). Unfortunately, there is no data available on levels of part-time work among people with mental illness.

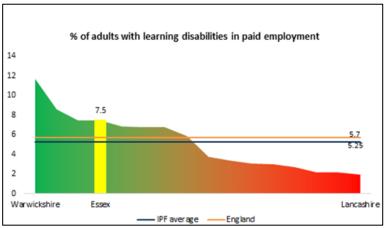


Figure 4: Percentage of people with learning disabilities in paid employment in Essex

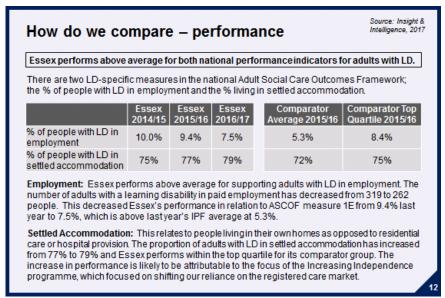


Figure 5: Employment statistics for service users with learning disabilities within Essex (2014-2017)

Employmen t by Gender	Paid: less than 16 hours a week	Paid: 16 hours or more a week)	Not in Paid Employmen t (seeking work)	Not in Paid Employment (not actively seeking work / retired)	Unknow n	Total
Gender	Sender Employed		Not in paid employment			
Males aged 18-64	120	25	217	1500	54	1916
Females aged 18-64	88	10	155	1056	30	1339
Total	208	35	372	2556	84	3255

Figure 6: Part time employment statistics for people with learning disabilities in Essex

These figures have remained consistent over the past 10-15 years across Essex, despite continual interventions across the county that have aimed to increase uptake of employment in these populations. Moreover, employment has been steadily decreasing since 2014 for people with learning disabilities (see figure 5).

The Department of Work and Pensions expect to spend approximately £2.8 billion on the Work Programme (2011 to 2020) which aims to increase the numbers of overall jobseekers successfully finding work. However there has so far been limited success particularly for those people with mental illness, among whom approximately 10% of individuals are successful in gaining employment according to NHS England's Five Year Forward View for Mental Health (NHS, 2016).

Essex County Council therefore aspires to develop a new approach to support people with mental illness and learning disabilities currently receiving adult social care support moving into meaningful occupation (ideally paid employment).

# 2 Project aims: addressing the challenge

The current project set out to address the challenges set out by Essex County Council by reviewing the evidence in terms of what is known to work in other areas; reviewing the local conditions in Essex to identify how any scheme might need to be tailored; and engaging with a range of local stakeholders to explore in more depth what features any scheme would need to have in order to be effective.

#### 2.1 Establishing the evidence base

Firstly, a systematic literature review was carried out to identify published reports of the effectiveness of system-wide schemes (rather than individual-focused schemes) which have attempted to increase area-based employment rates among populations with learning disabilities or mental illness. This included peer reviewed published articles as well as grey literature i.e. evaluation reports. The review explored local and international systems that have attempted to improve employment uptake. The emphasis was on reviewing schemes which have implemented "system changes" rather than individually focused schemes.

In addition, a review of quantitative and qualitative literature was carried out to identify barriers and facilitators to change in employment rates. This included examining any reported barriers and facilitators (including individual factors as well as system condition factors) that played out in the schemes evaluated.

#### 2.2 Establishing local conditions

Given that any schemes that have been successful elsewhere may have been successful owing to local conditions (barriers and facilitators), relevant local conditions were surveyed in order to inform the development of a system-wide set of recommendations that are both evidence based and attuned to the local context. This involved gathering data on: Disability Confident employers in Essex; Mindful employers in Essex; current employment schemes for learning disability service users; and current employment schemes for people with mental illness. Information was gathered through websites, word of mouth from employees, employers and scheme leaflets.

#### 2.3 Stakeholder engagement

Focus groups and interviews were carried out with a range of stakeholder groups to explore perceived benefits, barriers and facilitators and to enhance our understanding of local conditions. Stakeholders included adult social care service users, job coaches, job centre, and frontline employment specialists and Department of Work and Pensions workers. Adult social care users included represented both those in employment and who had employment support, as well as individuals not currently in employment. This helped to ensure a range of opinions from individuals in different circumstances were represented.

Interviews and focus groups sought to explore local perceived barriers to employment in addition to exploring service users' motivation to work. The aim was to inform recommendations based around stakeholder experiences and views. Interviews and focus groups also explored perceptions of service users on employment retention (e.g. what do they feel would help to ensure their continued employment). This was important to ensure that not only employment rates increase, but that service users continue to work. Likewise, exploring what would prevent service users from continuing to work would be beneficial to improve retention at work.

Finally, the project aimed to hold a stakeholder engagement event to co-produce a system-wide set of recommendations. The findings of the evidence review, local conditions review and focus group findings were presented and stakeholders attending were invited to help co-produce a system-wide set of recommendations based on the knowledge gathered from these activities. The aim was for this set of recommendations to then be implemented after the close of this project and evaluated in a later stage of work.

# 3 Examining the evidence base

In order to establish the evidence base for what type of system-wide schemes are effective, a systematic literature was carried out. The aim was to identify published reports of the effectiveness of system-wide schemes which have attempted to increase area-based employment rates among populations with learning disabilities or mental illness.

#### 3.1 Search strategy

The databases Medline, PsychInfo and CINAHL were searched. Searches were performed in March 2018 and updated in July 2018. Search terms used included terms for mental illness and learning disabilities, terms for employment and terms for barriers and facilitators. In addition, the grey literature was searched through Google searches to identify any evaluation or other reports in the public domain which presented evaluations of relevant schemes. The full search strategy is described in detail in Appendix I. In total, 8 articles were identified evaluating system wide employment schemes. In total, 38 studies were identified which reported on barriers and facilitators to employment.

Studies were included if they evaluated schemes for service users with learning disabilities or service users with mental illness; schemes for adults (aged 16 years and older); qualitative studies concerning barriers and facilitators to occupation for service users with either learning disability or mental illness (or both); studies examining major stakeholders' perspectives (e.g. service users, employer specialists). Studies were excluded if they evaluated schemes for other populations (e.g. people with physical disability). Schemes concerned with increasing employment among populations with learning disabilities and mental illness were included and the findings are presented separately for each population.

#### 3.2 Review findings: mental health

Four system wide interventions were identified which had data available on scheme success. These were the Work and Recovery Project in New York City (Pascaris et al, 2008); a collaborative employment scheme in the USA (Boeltzig et al, 2008); the Improving Access to Psychological Therapies employment advisor component in the UK (Hogarth et al, 2013) and an Individual Placement Scheme implementation in the UK (Steadman & Thomas, 2015).

#### 3.2.1 Work and Recovery Project, New York

This scheme was implemented following the closure of state psychiatric facilities (Pascaris et al, 2008). The evaluation included five supported employment sites (Continuing Day Treatment Programs; CDTP) which promoted job opportunities for mental health service users. The programmes promoted inter and intra-agency networking between employment stakeholders to ensure effective service delivery. This included promoting relationships between employment services and clinical services. Furthermore, they aimed to improve relationships with the service users themselves, by involving them at every part of the recovery process and also delivering staff training led by service users with mental illness.

Unfortunately, it is not known whether this system wide approach led to improved employment outcomes for people with mental illness, as data for employment outcomes were not reported. Observed successes of the programme were reported qualitatively by the authors:

- Self-assessment forms completed by clients at the start of the programme contribute to programme success
- Enabling long-term competitive employment should be the aim of a successful programme: this requires enabling skill development, particularly computer skills
- Organisational success requires establishment of good teamwork working with other employment stakeholders to enhance client recovery and building relationships
- System-wide change committees helped programmes work together and promoted multidisciplinary working
- Enhancing staff skills supported programme success including staff training in working with service users (sometimes delivered by service users)
- Stakeholder involvement (e.g. families) was advocated to ensure effective recovery
- Effective leadership was key to ensuring effective collaboration within and between agencies

#### 3.2.2 Collaborative employment schemes, USA

This evaluation (Boeltzig et al, 2008) examined 15 diverse sites across different states in the USA to identify ways in which workforce development agencies and mental health agencies collaborate to provide services for people with mental illness and to identify innovative strategies. The scheme did not report any employment related outcome data but provided a qualitative report on findings. The study involved interviews with 21 programme staff across the various sites. Documents were also examined including annual reports, scheme leaflets, strategy documents etc. The study identified three key strategies which were thought to facilitate effective support:

- Enabling inter-agency working by creating liaison roles or liaison teams with mental health
  expertise to communicate across the two systems. Such roles provided a bridge for
  communicating between two systems but impacted on the education of staff in each
  agency, for example as workforce agency staff began to understand why certain practices
  or systems were experienced as barriers by people with mental health difficulties. This
  also helped to build relationships and linkages between agencies.
- Providing cross-agency training which 'helped to infuse a mental health perspective into generic employment services'. This included formal training on mental health issues for agency staff but also involved informal training through multidisciplinary team discussions and sharing of information and experiences.
- Involving service users with mental illness at all levels of the system. Former or current service users have valuable insight into how both mental health and employment systems work and schemes benefitted from valuing this experience. In some cases service users

were employed or contributed to policy development in other ways. These individuals also helped to reinforce for other service users the possibility of moving into work.

# **3.2.3** Improving Access to Psychological Therapies (IAPT) employment advisors, UK

This scheme was designed as an integrated employment and mental health service, which was running from 2009 onwards. Service users were referred to an employment advisor by a range of referrers including Improving Access to Psychological Therapies therapists, self-referral and employers. All service users seeking support from employment advisors were in work and had work-related problems or personal problems impacting work; or were off sick from work. The most common work-related problems service users sought support for were related to job restructuring, workload and change of line management. A large percentage (78%) of service users had taken sick leave because of work related problems. Service users could also seek support to get back to work if they were out of work; 30% of service users consulting employment advisors were seeking support because they were out of work.

The evaluation (Hogath et al, 2013) examined the implementation of the scheme at eleven sites. Semi-structured interviews were carried out with Employment Advisors. Quantitative data was extracted from the Improving Access to Psychological Therapies database and the Employment Advisor database. In depth interviews were conducted with Employment Advisers (n=26), service users (n=20) and Improving Access to Psychological Therapies therapists (n=6). A service user survey was also carried out based on face to face and telephone interviews with 890 service users. Findings of the evaluation indicated some strengths and weaknesses of the scheme:

- Referrals were often made towards the end of the course of therapy which led to delays in service users receiving employment support
- 92% of service users felt the Employment Advisors understood their work-related problems
- 23% of problems that service users who were unemployed sought advice for were resolved
- 40% made no progress with their work-related problems
- 50% of those that were employed felt that the support had not made any difference.

#### 3.2.4 Individual Placement Support (IPS), UK

Individual Placement Support is a model of employment support designed for people with mental illness. It is intended to provide "intensive, individual support, a rapid job search followed by placement in paid employment, and time-unlimited in-work support for both the employee and the employer" (Centre for Mental Health, n.d.). The scheme operates on the basis of a set of principles (see p.25) and it is claimed that the closer a scheme abides by the principles, the more effective it will be (Becker et al, 2008). Individual Placement Support has been shown to improve competitive employment for people with severe mental health illness, across different welfare systems, in a meta-analysis (Burns et al, 2007).

A pilot study in the UK ran from June-December 2014 implementing a system wide intervention which involved Improving Access to Psychological Therapies and Job Centre Plus working together with an Individual Placement Support approach (Steadman & Thomas, 2015). There were four sites and the evaluation consisted of an online survey of Job Centre Plus work coaches, interviews with 12 service users and focus groups with employment specialists (3-5 per site).

The main quantitative outcomes indicate that of 166 enrolled participants, 25.9% completed job applications, 13.8% attended job interviews and 9% gained paid employment.

Qualitative components of the evaluation identified some positive and negative aspects of the scheme:

#### Strengths of the programme

- Individual Placement Support was provided quickly
- Individual Placement Support colleagues were flexible and provided tailored approaches (e.g. meeting locations and times)
- Good awareness of matching the job suitability to individuals
- Individual Placement Support staff were able to listen to service users, as they had less pressure compared to Job Centre Plus staff
- There was continued support provided to employees and employers

#### Limitations of the programme

- Long delays on the Improving Access to Psychological Therapies pathway
- Improving Access to Psychological Therapies and Individual Placement Support were not being received at the same time "in parallel" as intended
- Individual Placement Support was given before Improving Access to Psychological Therapies, when service users were not ready for employment support
- Some participants only wanted the Individual Placement Support but felt "forced" to participate in Improving Access to Psychological Therapies
- Limited "buy in" from Improving Access to Psychological Therapies during the pilot study
- Service users felt "pressure" to get a job by Job Centre Plus
- It was a short pilot scheme (6 months) and due to this the operational process had only started to work effectively when the evaluation was ending

#### 3.3 Review findings: learning disability

All of the published literature on employment schemes for learning disability come from derivatives of the Vermont scheme in the USA (see below). The Vermont scheme is described below followed by four studies which have evaluated its implementation in different states in the USA.

In the 1930s, a system of sheltered workshops was established across the USA. This system provided segregated employment for people with disabilities including developmental

disabilities. Under this system, employers were permitted by law to pay disabled employees less than the minimum wage. The University of Vermont received research funding in the 1980s to develop a new model of integrated employment for disabled people so that they would work alongside non-disabled employees and enable disabled people to enjoy better pay and equal rights. This new model began to be implemented and the former sheltered workshops began to be closed with the last sheltered workshop closing in 2002. Other states began to follow the Vermont model although some states continue to retain the sheltered workshop model. Data suggests that people in sheltered workshops earn significantly less compared to people in other employment programmes (\$129.36 vs \$191.42) (Cimera et al, 2011). There is also some evidence suggesting that a large proportion of disabled people would prefer to be in employment than to be in sheltered workshops (Migliore et al, 2006). Evaluations of the move to integrated employment have been carried out in Maine (Phoenix et al, 2015) and Vermont (Dague, 2012) and other evaluations have considered the transition across all states (Conroy & McAffee, 2006; Rogan & Rinne, 2007).

#### 3.3.1 Integrated employment, Vermont USA

In Vermont, 38% of people with learning disabilities are employed in integrated employment schemes compared to the national rate of 18.6% (Institute for Community Inclusion, 2016). A qualitative study by Dague (2012) explored service users and their family's views of the move away from sheltered workshops. Prior to the closure of sheltered workshops parents were clearly worried about the unknown changes that would occur and the loss of community. However, after the closure, parents and service users were happier with the benefits such as competitive employment, skills learned and greater aspirations. The sheltered workshops did impact on parents' schedules as service users were no longer in the workshops for the 30 hours a week. Additionally, it did impact on service users' routine. Yet some parents preferred community-based employment and had previously chosen not to enrol their children into sheltered workshops due to the characteristics of institutionalisation that they had seen in service users attending the workshops.

In depth interviews with parents and service users highlighted positive points about the closure of the sheltered workshops including job satisfaction and community integration resulting from competitive employment; improved ability to read and write; higher life aspirations; development of skills in jobs; and lack of institutionalisation. Negative aspects included loss of routine and reduced parental respite; and perceived lack of security for service users. Some parents wanted to see sheltered workshops reinstated.

The findings emphasise that change can be daunting for families of people with learning disabilities, even when the changes might eventually turn out to be positive. Overall there was a sense that families took time to see the benefits in the new system but were initially very concerned and doubtful.

#### 3.3.2 Integrated employment, Maine USA

From 2002 to 2007 Maine began to introduce integrated employment schemes, transitioning people away from sheltered workshops. In 2008 the state passed a law which eliminated state funding for sheltered workshops. Phoenix et al (2015) report on the impact of this transition. Prior to the new law, 39.5% of people with disabilities were employed. That number dropped to 34.1% by 2012 (although employment for non-disabled people also fell in the same period possibly reflecting external economic conditions). The figure for people with learning disability in 2012 was 23.8% (Institute for Community Inclusion, 2016).

Sheltered workshops were employing 558 people with learning disabilities in 2001. These people had all been moved out of sheltered workshops by 2010. Two thirds of them were no longer employed and those who were employed earned less overall because of fewer hours worked. People who had been in sheltered workshops saw their work hours decline from approximately 4 days per week to about half a day per week. In 2011, people with learning disabilities across Maine were working an average of 12 hours a week (the lowest in the USA). After the closure of sheltered workshops, there was a significant increase in disabled people working in voluntary schemes or community non-work settings such as skills building, socialization or community activities. Data from national sources (Institute for Community Inclusion, 2016) also indicates an ongoing decline in employment for people with learning disability from 24.9% in 2009 to 17.2% in 2015 over which time the percentage of people without disability being employed has slightly increased (76.6% to 79.3%).

Phoenix et al (2015) conducted in depth interviews with community rehabilitation support workers (n=7) and people who had been working in sheltered workshops at the time of the transition (n=5) to explore factors impacting on the success of the scheme. A resulting set of recommendations were set out to advise other states considering closing sheltered workshops. These included:

- Gather data on the population before implementing a new scheme and aim to understand the current challenges faced by the local population
- Track individuals served by existing schemes across time to map the impact of the new scheme
- Invest fully in the service delivery system so that clients are supported across the whole continuum from assessment to 'follow along' services during the individual's employment
- Placements should include training for employers and co-workers prior to and during the placement
- Funding streams for employment support should be able to facilitate transitions within short timeframes when changes in status occur
- Service providers, individuals and families need training and assistance during transition stages
- Integrated employment can have benefits for individuals and for employers and coworkers if well supported

#### 3.3.3 Integrated employment, USA

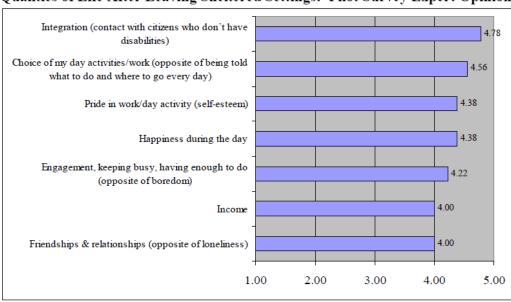
Conroy and McAffee (2006) conducted a survey with organisational staff that had been involved in sheltered workshop closures. Staff were asked to estimate the daily activities that previous workshop service users were enrolled in after transition (see figures 7 and 8). It was estimated that over a fifth of former workshop attendees were in competitive employment and only 40 people were in other sheltered programs. However, this information is based upon estimations. Estimated quality of life was >4 (out of 5) for a range of areas such as integration and happiness (see figure 9).

Type of Daily Engagement	Percent
Community experiences, non-facility-based day program	31.9%
Individualized competitive employment	23.9%
Individualized supported employment	22.6%
Mobile work crew employment	4.9%
Another sheltered workshop 14(c) situation	4.6%
Facility-based non-paid day program	4.2%
Enclave employment	4.1%
Other	2.3%
No day services other than informal outings with residential workers	1.4%
Total number of new settings and activities for the 768 people	100.0%

Figure 7. Estimates of where people with learning disabilities went to after sheltered programme closures

Type of Daily Engagement	Number of People
Another sheltered workshop 14(c) situation	40
Individualized competitive employment	208
Enclave employment	36
Mobile work crew employment	43
Individualized supported employment	197
Facility-based non-paid day program	37
Community experiences, non-facility-based day program	278
No day services other than informal outings with residential workers	12
Other	20
Total number of new settings and activities for the 768 people	871

Figure 8. Estimates of where people with learning disabilities went to after sheltered programme closures



#### Qualities of Life After Leaving Sheltered Settings: Pilot Survey Expert Opinions

Figure 9. Quality of life estimates for people with learning disabilities after sheltered workshop closures

#### 3.3.4 Transitioning to integrated employment, USA

In this study, Rogan and Rinne (2011) conducted semi structured interviews with senior managers from 10 community-based employment organisations which had transitioned from sheltered employment to integrated employment in the USA. The scheme brought about organisational changes, moving away from sheltered workshops to an integrated employment service, due to over 75% of service users wanting to gain competitive employment rather than attending sheltered workshops. Organisational changes included working closely with stakeholders; change to the organisational policies; promoting organisational change through a unified management team; and monitoring of employment outcomes. In addition, other organisational changes included extensive staff training, flattened organisational structure, redefined position descriptions, person-centred planning, involving key stakeholders at all points, collaboration with stakeholders, building similar polices across all employment agencies and building transition services (e.g. school to work). Qualitative data explored the transition toward integrated employment, providing the following learning points:

- Leaders were crucial to ensure the integrated employment "vision"
- Organisations tackled specific issues during the changeover to improve the transition process including altering policies and procedures; and setting up task forces to approach topics such as "person centred planning"
- Leadership teams were implemented to "champion" the move toward integrated employment
- Staff training allowed staff to be competent in their roles
- The organisational mantra that "everyone could work" was integrated to organisational change with a person-centred approach
- Stakeholders were involved during the changeover process, from start to finish

#### 3.4 Review findings: barriers and facilitators

In total, 38 studies exploring barriers and facilitators to employment were included in the review and are listed in Appendix II.

#### 3.4.1 Barriers

Barriers to employment identified in the literature included transportation, job skills and employment experience, stigma and discrimination, poor job economy, financial barriers, communication and relationships and health problems. Barriers specific to service users with mental illness included medical management of their condition and mental illness symptoms. Barriers specific to service users with learning disabilities included poor disabled access and poor employer disability awareness. These barriers are described below.

#### **Transportation**

Transport was raised as a barrier to employment in a number of studies with service users with mental illnesses (Taylor et al, 2001; Henry & Lucca, 2003; Secker et al, 2001; Noel et al, 2017). For example, transport issues included poor transport services (Secker et al, 2001; Henry & Lucca, 2004) and high levels of crime within the area (Secker et al, 2001). Additionally, it was noted that female participants were concerned about travelling home when dark (Secker et al, 2001). Other studies did not provide examples of transport barriers, due to being survey-based studies (Noel et al, 2017; Taylor et al, 2001). Employment specialists noted transport as a barrier to employment for service users with mental illness, in particular, lack of transport within rural areas and not being on a bus route in urban areas (Kukla et al, 2016).

#### Job skills and employment experience

Job skills, work experience and job qualifications were noted as barriers to employment in several studies for mental health service users (Taylor et al, 2001; Henry & Lucca, 2003, Secker et al, 2001). For example, service users and employment service providers noted that lack of work experience and education were barriers to employment (Henry & Lucca, 2003). Barriers to employment for learning disability service users included limited work experience (Giarelli et al, 2013; Noel et al, 2017).

#### Stigma and discrimination

Stigma and discrimination were noted in a number of studies with populations with mental illnesses (Marwaha & Johnson, 2005; Bergmans et al, 2009; Kileen & O'Day, 2014) and in learning disability populations (Giarelli et al, 2013; Neves-Silva et al, 2014). Specific examples included negative attitudes from colleagues (Giarelli et al, 2013) and prejudice and discriminatory views from employers, evidenced in interviews (Neves-Silva et al, 2014). Employment specialists also highlighted discrimination, specifically noting mental illness labels as a barrier to employment (Kukla et al, 2016). In addition, Kileen and O'Day (2014) noted that there was often perceived to be a focus on people's illness rather than abilities.

#### Poor job economy

Limited job availability was noted as a barrier in several studies among populations with mental illness (Taylor et al, 2001; Selwin et al, 2018). Moreover, poor economy was noted as a barrier for people with mental illness (Henry & Lucca, 2003). Human Resources managers noted barriers associated with learning disability populations including inadequate jobs being available, with the majority of the available jobs being highly demanding. They also mentioned that there had been changes in the job market resulting in limited jobs overall (Kocman et al, 2018). Families of learning disabled service users felt that there were limited appropriate job opportunities and that job opportunities were usually based on a "one size fits all" approach (Sosnowy et al, 2017).

#### Financial barriers

In several studies with service users with mental illness, loss of benefits appeared to be particular barrier to employment (Marwaha & Johnson, 2005; Larson et al, 2011; Secker et al, 2001). Loss of benefits was also reported as a potential barrier by employment service providers (Henry & Lucca, 2004). For example, Secker et al (2001) showed that older men were concerned that it may be difficult to apply for income support in the future, if required. Moreover, it was noted that due to the nature of the welfare system, there was lack of incentive for people with mental illness to work more than part time (Kileen & O'Day, 2014). Additionally, employment specialists emphasised the financial status of service users as a barrier to employment (Kukla et al, 2016). Specific details were not given for this barrier, as it was derived from survey responses. Within learning disability groups, loss of welfare benefits was also noted as a barrier to employment (Neves-Silva et al, 2014). In addition, the financial implications for employers appeared to be a barrier to employing people with a learning disability (Kocman et al, 2018).

#### Communication and relationships

Building relationships or relationship problems appeared to be a barrier to employment for people with mental illness (Henry and Lucca, 2003; Kukla et al, 2016; Noel et al, 2017). For example, service users and employment providers noted that it was hard to maintain relationships with colleagues due to high staff changeover (Henry & Lucca, 2003). Employment specialists noted relationships with colleagues and their employers as a barrier for service users with mental illness (Kukla et al, 2016). However, specific examples were not given as this finding was derived from a survey (Kukla et al, 2016). In the learning disability population, a barrier to employment was social and communication skills with colleagues and customers (Lorenz et al, 2016; Giarelli et al, 2013). Colleagues felt that a barrier to employment was learning disability service users' poor interaction skills (Hedley et al, 2017), and Human Resources managers were apprehensive about service users communicating with company clients (Kocman et al, 2018). In addition, service users felt they lacked the social skills for job interviews (Sosnowy et al, 2017).

#### Health problems

Care providers felt that a barrier to employment for people with mental illness was poorly managed medical and mental health conditions (Millfort et al, 2015). Within the learning

disability population, service users felt that having multiple medical comorbidities limited their employment options (Sosnowy et al, 2017).

#### Barriers specific to service users with mental illness

Populations with mental illness felt that the management of their medical conditions hindered their employment opportunities (Selwin et al, 2018). In addition, service users felt that mental health symptoms were a barrier to employment (Harris et al, 2014; Henry & Lucca, 2003). Service users and support workers felt that poor concentration and mental illness associated symptoms (e.g. low mood) were barriers to employment (Harris et al, 2014). Employment specialists felt that psychological stress hindered employment (Kukla et al, 2016). In addition, service users felt that they had inadequate support for the management of their mental illness (Poremski et al, 2015), which may lead to work inadvertently exacerbating mental illness symptoms. One study reported that employers have low expectations of employee's mental health recovery, and that this acted as a barrier to employment (Henry & Lucca, 2003).

#### Barriers specific to service users with learning disabilities

In one study disability access was a perceived barrier to employment from the employer's perspective, although this study was conducted in the 1980's and may not be fully applicable to the current context (Florian et al, 1981). A recent study with service users identified a lack of disability awareness as an employment barrier (Giarelli et al, 2013). Another barrier highlighted by learning disability service user populations included the job application process (Sosnowy et al, 2017). Service users felt that more information on how to write CVs and to find jobs would be beneficial (Sosnowy et al, 2017).

#### 3.4.2 Facilitators

Facilitators to employment included good communication and relationships; working environment; job related training; mental illness disclosure, opportunities to demonstrate ability to handle work related stress; and overcoming low self-confidence, stress and anxiety. Education for colleagues and employers was highlighted as a facilitator to employment specifically for learning disability populations.

#### Communication and relationships

Service users with mental illnesses emphasised that relationships between service users and mental health services were important as a facilitator to employment (Killeen & O'Day, 2004). Moreover, employers and employees thought an important facilitator to employment was for employees and employers to have a good working relationship (Peterson et al, 2017). Employment specialists also highlighted relationships between service users and colleagues as a facilitator to employment (Kukla et al, 2016). Communication skills such as honesty were highlighted as a facilitator to employment (Peterson et al, 2017). In addition, unemployed service users with mental illness felt that communication and support from welfare agencies were essential to facilitate employment (Selwin et al, 2018). Furthermore, service users and employment providers felt that relationships with family and friends were imperative to facilitate employment (Henry & Lucca, 2004). Within the learning disability population, employers felt that networking and communication amongst employers and employment services were essential to facilitate employment (Kocman et al, 2018).

#### Working environment

People with mental illness have suggested that a flexible working environment is a facilitator to employment (Peterson et al, 2017; Bergmans et al, 2009). Employers and employees provided examples of facilitators to employment for people with mental illness, which included an open-door policy, an open work environment and assistance with workloads (Peterson et al, 2017). Examples of employers implementing flexible working arrangements for people with mental illness included flexible working hours, opportunities to work at home and ability to take sick leave where required (Peterson et al, 2017). The work environment was also perceived as a facilitator for learning disability populations (Sosnowy et al, 2017; Giarelli et al, 2013; Hedley et al, 2017). Service users felt that regular breaks (Sosnowy et al, 2017; Hedley et al, 2017), flexible working patterns (Giarelli et al, 2013), and promoting an individual learning pace could facilitate employment. Moreover, parents felt that matching the working environment to service users' needs would facilitate employment (Sosnowy et al, 2017).

#### Job related training

People with mental illness emphasised further education (Kileen & O'Day, 2003) and work-related training (Selwin et al, 2018) as facilitators to employment. Within the learning disability population, service user's also specified adequate work experience (Giarelli et al, 2013) as a facilitator to employment. In addition, Human Resources managers noted that improving training provided to people with learning disabilities (Kocman et al, 2018) could facilitate employment.

#### Mental health

People with mental illness suggested that being able to demonstrate their ability to handle work related stress, and the possible reduction in stress and anxiety were facilitators to employment (Larson et al, 2011). In support, service users felt that overcoming barriers such as low self-confidence was a facilitator to employment (Bergmanns et al, 2009). Additionally, Henry and Lucca (2003) highlighted good management of mental health as a facilitator to employment.

#### Facilitators specific to service users with learning disabilities

Learning disability service users suggested that it could be helpful to prepare employers and colleagues about the person's learning disability (Giarelli et al, 2013). Likewise, it was suggested that providing employers with education on Autism would be beneficial to employment (Sosnowy et al, 2017). Moreover Human Resources managers suggested that training and guidance should be given to staff, for example on appropriate conversations (Kocman et al, 2018).

#### 3.5 Evidence summary

There is limited evidence of the effectiveness of system wide schemes for increasing employment among people with mental illness and learning disability. Of the systems reviewed above, evaluations tend to be qualitative in nature and provide many useful suggestions for designing an effective scheme; but it is unknown how effective these would be in terms of actual employment. Where quantitative data is provided, the outcomes appear overall very modest for mental health populations (i.e. only 9% of clients gaining employment in the Individual Placement Support scheme).

Evidence on schemes for learning disability populations is limited to the USA. National data from the USA on employment of people with learning disability broken down by state (Institute for Community Inclusion, 2016) provides a useful benchmark for examining the impact of the transition from sheltered workshops to integrated employment. However, the picture is mixed with data indicating a good degree of success in Vermont where 38% of people with learning disability are employed compared to a deterioration in Maine to 17.2%. There are likely to be contextual factors that might account for these different levels of success and the qualitative findings offer some indication of these, although there appears to have been limited consideration of social and economic factors at play nationally and in different states.

Taking the qualitative findings into account and the barriers and facilitators identified, some key themes emerge suggesting that a system-wide scheme should consider:

- Developing innovative ways to develop relationship building and teamwork between agencies, possibly through liaison roles established to facilitate bridge building
- Ensuring effective leadership
- Delivering staff training which is formal and informal through interagency fora for discussion
- Identifying gaps in the system and ensuring continuous support from the outset
- Whole system changes can take a number of years to bed in and generate success, which can be partly due to resistance to or fear of change among stakeholders
- Local conditions might impact on scheme success making it important to map existing local conditions and potential challenges
- Involving stakeholders including individuals, families, employers and service providers at all stages could facilitate transition
- Promoting a flexible working environment to meet individual needs
- Providing education and guidance to employers and colleagues on learning disability and mental illness
- Preparing colleagues for the new employee, specifically focused on individual needs, to allow smooth transition into work for service users

#### 4 Local Conditions

Relevant local conditions in Essex were surveyed in order to inform the development of a system-wide set of recommendations that are both evidence based and attuned to the local context. This involved gathering data on:

- Disability confident employers in Essex
- Mindful employers in Essex
- Current employment schemes for learning disability service users
- Current employment schemes for mental health service users

This information is essential to understand the current employment conditions across Essex for people with learning disabilities and/or mental illness.

#### 4.1 Mindful employers in Essex

Mindful Employers is an NHS initiative that seeks to enable employers to provide working environments that are supportive for staff with mental illness. The scheme is based on the following principles:

- By employers, for employers
- Good practices, not great promises
- Adapted and adopted
- Safe people, not scary places

Mindful Employers provides information to employers to help them with mental illness awareness and to support them to accommodate staff that have additional mental illness and to enable them to provide a safe working environment. There are approximately 50 mindful employers across Essex (see Appendix III). Mindful employers were identified using the following website: <a href="http://www.mindfulemployer.net/charter/signatories/eastern/">http://www.mindfulemployer.net/charter/signatories/eastern/</a>.

Essex Mindful Employers were identified by screening the Eastern signatory page to identify employers within Essex.

#### 4.2 Disability Confident Employers in Essex

The Disability Confident employer scheme is a nationwide scheme which replaced the 'Two Ticks' scheme recently. The scheme seeks to support employers to remove barriers to disabled people working in their organisation, to help the organisation challenge attitudes and increase understanding of disability.

There are three tiers within the scheme: level 1, 2 and 3. Employers have to reach a minimum of level 1 to be classed as Disability Confident. Employers are eligible for level 1 if they are offering people with learning disabilities employment, work experience, placements (e.g. work, student) or apprenticeships; and they meet the disability confident commitments of

inclusive and accessible recruitment; communicating vacancies; offering an interview to disabled people; providing reasonable adjustments; supporting existing employees. Level 2 has additional requirements that the employer must be focused on giving disabled people a "fair chance" and also having a business focus on 'getting the right people for their business' and 'keeping and developing your people'. Level 3 employers must go beyond levels 1 and 2 and be a "champion" within the local and business network through having a "self-assessment validated from outside their business" and showing what they have done as a Disability Confident Leader.

There are currently approximately 60 employers that are classed as Disability Confident in Essex (gov.uk, 2017; see Appendix III). Disability Confident Employers were identified by separating the Disability Confident employers in to Essex locations. However, it is important to note that some Essex employer's location may be marked as a non-Essex location if their head office is located elsewhere.

# 4.3 Employment Schemes in Essex for people with mental illness

**Brentwood Community Print** was set up in 2011 for people with mental illness. The print shop is run by 15 members of staff and clients with mental illness and assists people with mental illness into non-paid work experience within Brentwood Community Print. Work experience is 1 day a week for up to 10 weeks. It provides mentorship to clients throughout attending for work experience; and provides skills such as photoshop techniques and accounting.

Eligibility criteria: >18 years old, mental illness.

**Futures in mind** supports people recovering from mental illness in Essex. It offers personal training for people in areas including interpersonal skills and future life skills. In addition, it offers the Aspire programme which assists people developing their CVs. Work related training opportunities include the John Muir Award in Conservation, Food and Hygiene Level 2, and NCFE level 2 in Mentoring.

**HeadsUp** is led by EnableEast and Essex Partnerships University NHS Foundation Trust (EPUT), and is based at 16 locations across Essex. It supports people with mental illness to move back into employment through a peer support programme along with workshops designed to help people integrate back into work.

Eligibility criteria: unemployed for >12 months; or >6 months if <25 years old; Essex resident; right to work in the UK; common mental illnesses (e.g. anxiety, depression); keen to commit to "making a positive change".

**Individual Placement Support** is recommended in NHS England's Five Year Forward View for Mental Health (NHS, 2016). The recommendation states that by 2020/2021 "up to 29,000 more people living with mental illness should be supported to find or stay in work through

increasing access to psychological therapies for common mental illnesses and expanding access to Individual Placement and Support (IPS)" (p27).

Individual Placement Support helps people with severe mental health into employment and is based on eight principles (see figure 10).

1	Every person with severe mental illness who wants to work is eligible for IPS supported employment.
2	Employment services are integrated with mental health treatment services.
3	Competitive employment is the goal.
4	Personalized benefits counselling is provided.
5	The job search starts soon after a person expresses interest in working.
6	Employment specialists systematically develop relationships with employers based upon their client's preferences.
7	Job supports are continuous.
8	Client preferences are honoured.

Figure 10. IPS Principles

A fidelity scale has been developed to assess local implementation of Individual Placement Support. The scale consists of 25 items across three core themes; staff, organisation and services. Higher fidelity scores are associated with higher likelihood of people getting into paid competitive employment (Becker et al, 2001). Individual Placement Support is a delivery model that provides support to both employees and employers, assists with job searches and assists with work placements. Essex's Individual Placement Support based schemes are led by EPUT and include HeadsUp and Employ-ability (see individual schemes eligibility criteria). In addition, Realise Future's Employment Support programme is based upon the Individual Placement Support principles.

**REACH Recovery College** stands for Recovery, Empowerment, Achievement, Community and Hope. It forms part of a "recovery college" based in South East Essex (Southend, Castlepoint and Rochford). The recovery college holds courses and provides recovery coaches and wellbeing buddies. In addition, people can volunteer in the student union, be involved in coproduction and social events to allow people to gain hands on work experience. Courses offered are concerned with mental health and self-management; life skills; creative skills; wellbeing.

Eligibility criteria: Adults; uses mental health services; or are likely to require future secondary mental health services.

**Signpost** is an umbrella scheme which supports programmes such as Heads Up, Community Connections, Building Better Opportunities and Enable East. It provides employment support for people with mental illnesses or learning disabilities. See <a href="http://www.sign-post.info/?p=Services">http://www.sign-post.info/?p=Services</a>.

Eligibility criteria: > 15 years old; unemployed for more than 12 months OR unemployed more than 6 months if under 25 years old; living in Basildon, Southend, Thurrock, Harlow, Braintree or Tendring; disability, learning disability, long term health condition or mental illness.

#### 4.4 Employment schemes for people with learning disabilities

**ECL** provides vocational Work Based training for people with learning disabilities to allow them to gain the skills to go into paid employment. The main areas of work-based training covered are catering, hospitality, horticulture, printing and recycling.

Eligibility criteria: referral by a social worker, have an unmet need under the Care Act.

**EmployAbility** provides opportunities for people with dyslexia or a disability. They assist students, graduates, employers and universities. Their services include mentorship programmes, disability awareness and equality training, CV and job/university application advice and practice interviews.

Eligibility criteria: current university student or a graduate university student with a disability; mental illness, physical or learning disability.

**Mencap** runs an employment service called "Employ me". This provides information for employers that can assist with directing them to resources surrounding employment related costs. It also provides employers with support, to enable them to employ people with a learning disability. Mencap supports people with learning disabilities into paid employment through providing pre-employment support e.g. job training; work placements; support to find paid work (e.g. job search assistance, support with CVs and interviews); job coaching and in-work support.

**Purple** assists businesses that want to gain Disability Confident accreditation, assists carers of people with disabilities (e.g. carer's payroll) and provides employment support for disabled job seekers (Harlow only). Purple has two work related programmes: Purple works and Purple Match.

**Purple works** offers people with disabilities or mental illness a 6-month pre-employment programme. This programme encompasses group and individual sessions to assist with or explore barriers to occupation; job administration (e.g. CV, cover letters, job applications); job interview process (e.g. practice interviews); holistic factors (e.g. wellbeing); and disability at work.

Eligibility Criteria: >18 years old, disabled (physical or mental illness), unemployed >12 months.

**Purple Match** has a website that allows employers and employees to post their advertisement, to allow businesses and job seekers to find the "perfect match".

**Realise Futures** is an employment service for people with disabilities. Realise Futures has six programmes, of which 4 of these are based in Essex: The Work and Health programme; Connecting Choices; Community Connections; Essex Supported Employment.

**Building better opportunities: Community Connections** provides one to one employment support and training if required with the aim of improving employability and skills. The scheme is delivered in Tendring, Braintree, Basildon, Harlow, Southend and Thurrock.

Eligibility criteria: >16 years old, NEET, long term medical condition and/or disability.

**Connecting Choices** offers coaching to allow people to gain skills that can transition them in to paid employment. It offers assistance with transitioning into the work environment; job coaching on promoting resilience and employability skills; accredited training; self-employment guidance; financial advice; volunteering opportunities; work experience; personal development; help with housing.

Eligibility Criteria: individuals that are not in education or employment (NEET); >16 years old; living in Clacton, Jaywick, Basildon, Harlow, Southend-on-Sea or Thurrock.

**Supported Employment Service** is designed to get people in to work and to sustain work. It is based upon the Individual Placement Support principles (see above). This programme is specifically aimed at people with disabilities (physical and learning) and aimed to assist with getting people into paid employment through interview practice; assistance with transitioning in to work; assistance with job searching; assistance with voluntary placements; in work support for employer and employee; work trials for employee to assess whether they're interested in the line of work and for employers to get to know the employee; occupational training for individuals and groups.

**The Work and Health Programme** is a government funded programme designed for people with disabilities (learning, physical) that have been out of employment for over 2 years. The service is provided by the Shaw Trust in Essex and commissioned by the Department for Work and Pensions.

Eligibility Criteria: unemployed >2 years; disabled; learning or physical disability.

#### **Salvation Army**

The Salvation Army runs Hadleigh training centre, a centre to allow people with learning disabilities to gain work related skills in the following areas; ICT, horticulture, customer service, catering skills and animal care.

Eligibility criteria: adults; 18-65 years old, additional support needs, referrals are usually made through adult social care and other agencies.

**NHS Learning Disability Employment Programme** is a national scheme supported by NHS Employers and NHS England to remove barriers and increase employment of people with learning disabilities in the NHS. The scheme provides a suite of tools and guidance for NHS employers to raise awareness, highlight good practice, break down barriers faced by individuals and employers and create a welcoming culture. See

https://improvement.nhs.uk/resources/NHS-learning-disability-employment-programme/

#### 4.5 Recommendations

There are numerous employment schemes across Essex designed to help people with learning disabilities or mental illness into paid employment. Individually the schemes have many strengths and report some good outcomes, for example Signpost reports helping 50% of clients into employment within six months of enrolling.

However, the majority of programmes' eligibility criteria restrict access to those who have been unemployed for a long duration (often between 6 months and 2 years). During a 6-month period of unemployment, people may become deskilled or lose their confidence in being able to find a job or in their ability to work. This may also exclude people that have just graduated from school or college, or those people that are looking for employment immediately after redundancy or the end of a fixed term contract. As noted in the review of evidence, support around transition times is essential. There is also overlap of eligibility criteria and a large number of schemes which may lead to confusion for people accessing them.

It is recommended that a system wide scheme should consider:

- Incorporating support at an earlier stage of unemployment
- Incorporating continuous support to assist with job retention
- Further mapping and streamlining of support services to avoid duplication, avoid any gaps and ensure continuous support from assessment to ongoing employment support
- Standardised schemes associated with working age (>16 years old)

# 5 Stakeholder Engagement

Focus groups and interviews were carried out with a range of stakeholder groups to explore perceived benefits, barriers and facilitators and to enhance understanding of local conditions. A total of 21 stakeholders took part in either focus groups or an interview (see Table 1)

**Table 1. Participant details** 

Pseudonym	Role	Stakeholder
		engagement
		methodology
Anna	LD and MI Adult social care user (employed, part time)	Face to face
		interview
Andy	LD Adult social care user (unemployed, looking for work)	Focus group
Billie	MI Adult social care user	Telephone
		interview
Caroline	LD Adult social care user (unemployed, volunteer)	Focus group
Chelsey	Employment specialist (LD and MI)	Telephone
		interview
Damian	LD Adult social care user (unemployed)	Focus group
David	Job coach (LD and MI)	Telephone
		interview
Emma	Employment specialist (LD and MI)	Telephone
		interview
Felicity	LD Adult social care user (unemployed, receiving support	Focus group
	from an employment specialist)	
Felicity	Employment specialist (MI)	Face to face
		interview
Fred	Employment specialist (LD)	Face to face
		interview
George	LD Adult social care user (unemployed, receiving support	Focus group
	from an employment specialist)	
Jake	LD Adult social care user (unemployed)	Focus group
Lilian	Employment specialist (LD)	Focus group
Nicky	Employment Specialist (LD)	Focus group
Philip	LD Adult social care user (employed, part time)	Focus group
Rebecca	LD Adult social care user (unemployed)	Focus group
Rosie	LD Adult social care user (employed, part time)	Focus group
Samantha	Employment specialist (MI)	Telephone
		interview
Tara	Employment specialist (LD)	Telephone
		interview
Wendy	LD Adult social care user (unemployed, volunteer)	Focus group

Key: LD; Learning disability, MI; Mental illness

Interviews and focus groups were analyzed using thematic analysis (Braun & Clarke, 2006). Seven themes were identified: the job application process, the interview, developing confidence, job retention, job flexibility and employment support schemes. The themes are presented below.

#### 5.1 Job application process

Both service users and employment support staff noted the typical job application process as a barrier to people with particular support needs seeking a job. In part this related to the standard format of applications which required certain levels of literacy, numeracy and visual ability even when the job itself may not require this. This applied to adverts as well as forms. In particular, people noted that nearly all job applications are now made online and this required additional computer skills. Some service users had support from family or support workers with this process but many were left without direct application support struggling with this very first hurdle.

I would say the process is quite hard for most of the people that we work with because, especially moving forward people, everything is online, they've got to be able to read and write... They've got to be able to fill in the application forms, they've got to be able to use a computer efficiently enough to follow the process through. [Lilian, LD Employment specialist]

All applications are done online, so if people have got, y'know, if customers have literacy or numeracy issues then... if somebody has got, y'know sensory impairments or y'know numeracy or literacy or y'know um difficulties understanding the application process, it's another barrier straight away. [Nicky, LD Employment Specialist]

That's why I had me mum and dad send it, at the time, they used to. But a lot of people ain't got that, you need support from, I need a lot of support filling in applications, cos there's a lot of things to do with that. [Jake, LD Service user]

Everything's done online and if you're in recovery, quite often people when they look at a computer screen, their eyes can't focus, their brain can't concentrate on what's on the screen and it all becomes too much. [Felicity, MI Employment Specialist]

There was a sense that employers spoke about being open to applications from people with mental illness or learning disability, while not actually making the application process welcoming. Some employers also had a rule that after an unsuccessful application an applicant could not apply again for six months which seemed very restrictive considering some people may be unsuccessful even at filling in the application properly. Suggestions included having much clearer wording on job adverts and easy read accessible application forms.

#### 5.2 Interview

The format and style of job interviews was described as a further barrier to employment for people with particular support needs. This included the number of people on an interview panel which can be difficult to manage especially if the interviewers ask multiple questions rather than one at a time, which can feel like a "barrage of questions" and lead to confusion.

See normally when you go for interviews, you get more than one interviewing you, you see. It's normally 2 or 3 and some of them questions, before you can answer the first one, they throw another one at you, in a bit of the deep end. [Philip, LD service user]

A formal interview can be a daunting situation and difficult to manage for someone with low confidence and/or communication difficulties. Some service users reported this being a 'horrendous' experience especially when multiple interviews were required in some large organisations. Suggestions included allowing people to take a carer or employment specialist into the interview with them and to ensure interview questions and format were fair. Another suggestion was for the candidate to be allowed to be given time to write their answers down (which had worked well for an employment specialist working with a client with autism) or for interview questions to be recorded and sent to the applicant who records their answers at home.

To be fair to actually record the interview, that way you can do it at home and then you can send it to the employer, I can't fill out this form but I can record the answers to the questions and I will send it to you, that's another way round it. [Philip, LD service user]

#### 5.3 Developing confidence

Lack of confidence was noted widely as a problem faced by many people in these groups seeking work. This impacted on all stages of the process including application and interviews as noted above. Low confidence was evident to employers too when people started in a job:

...lacking in self-confidence, self-esteem, actually don't know why they're actually with us to start with, won't give you eye-contact and maybe won't speak to you. [Felicity, MI Employment Specialist]

I think several barriers for someone who's unemployed, you know this, this lack of self-belief. Lack of confidence, a lack of self-esteem and to build that up again [Felicity, MI Employment Specialist]

Low confidence was seen as the main barrier to work by employment specialists and employers alike and it was suggested that courses focusing on confidence building would help "get their confidence and their skills up" [Tara, LD Employment Specialist]. It was also suggested that work trials or work experience were useful for developing confidence. Others referred to this as 'sampler days', 'volunteer days', 'job test', 'day trials' or 'skills testing opportunities'. Service users in work reported having begun with work experience in a place of employment and having stayed on for years.

#### Philip's story: work experience to work

It was called Learning for Work then, and I phoned, I was looking on the internet 'cause.. one of my courses.. IT was one of my courses so what I did is, I was looking for a job and that. They said 'just look for jobs round the area and that' and 'what do you like?' and I started looking for children's centres in Essex and [Gosling Park] came up straight away, phoned them up, arranged an interview and they loved me and everything so done that part of my work experience, done 10 weeks or more and then after the 10 weeks was up, my boss, my old boss then, Brian, came in to come and see me, and said we will wait for your support worker to come and collect you and then we'll talk about where we take it from there. So I said to one of my support workers, they want to have a word with me and you, and see, I think they want to offer me a paid job. And what it was, yeah, so they had a word with me and my support worker and I've been there 10 years and I am still there, and I love it, I love working with children with learning disabilities 'cause they have all range of learning disabilities, of all kinds of physical disability, learning disabilities and things like that.

#### 5.4 Discrimination

Service users spoke about experiencing discrimination in the work place and being stigmatised as a result of their diagnosis. People had experiences of unfair dismissal, being sacked, experiencing discriminatory employment processes and being turned down after disclosing mental illness. It seems in all of these cases the service users did not take any action against the employer and the details of each case are unknown. However, stigma and discrimination were acknowledged as present by both service users and employers interviewed and the experiences reported seem to reflect considerable problems with discrimination:

I used to be a care assistant, went for interview, did the training.. the manager said I've got to get rid of you as you have bipolar.. didn't know at the time, but I know now that it was discrimination. [Anna, MI and LD Service user]

#### Damian's story: discrimination

I had a job interview last year I think it was, and they wouldn't employ me because I had a, they wouldn't employ me because I had a learning disability, as far as they were concerned it was a waste of their time, ringing up, getting someone in that hasn't got one, that would get the job quicker and do it quicker than was I could with my learning disability. At least he can be seen, that's something. They don't let them go out on the shop floor. It is a bit annoying when they do that, it's just like it's just holding you back. It's just, it shows that people with learning difficulties can do stuff, it's like, when do most employers say well people with disabilities can't really do it and I thought well that's crap because they can. That's what going on, be honest, in this country, is just like so much discrimination goes on now, it's just like who do you know who's not, it's just crazy.

#### 5.5 Job retention

Job retention was described by employment specialists as a particular problem. Some suggested that it is a minority of people who actually stay in a position once having found one. It was also suggested that a significant number of people who were employed previously are now out of work. There is limited data from service users about this issue, but it may be linked to experiences of confidence and discrimination described above. There may also be a gap in the support system in that once a job is found there is limited ongoing support for people experiencing difficulties in work which might include anxiety, stress, or difficulties with coworkers and managers:

People ring up scheme months down the line in employment for advice – although service not commissioned for this service, give advice to individual to help with retention. It's a big problem and people don't know where to go to for advice. [Emma, LD and MI Employment Specialist]

#### 5.6 Job flexibility

Poor job retention as above may also relate to limited job flexibility. In particular, service users reported being required to work much faster than they felt able to, being told to 'hurry up' by managers who lack understanding and don't listen. The result would be that they would produce lower quality work or risk being seen as too slow by managers and colleagues which generated anxiety and stress.

It does make you anxious because it's like I am trying to do the best I can but yet again people are asking me to work at a pace that I don't feel comfortable with [Andy, LD service user]

That puts more pressure on me, I like to work at my own pace, I like to make sure I am doing what I need to do, that way, y'know, but some of them make it easier but a lot of them expect you to work so quick but, OK and you get more work done but then there's not enough quality there [Andy, LD service user]

Some employers seemed to be accepting of the slower pace of work.

..they didn't say anything at all, they just said we know you can't work as fast, I couldn't work as fast as them so they just let me work at my own pace then.[Andy, LD service user]

But on the whole there was a feeling that employers wanted maximum speed and efficiency and were not flexible. It was noted by an employment specialist that 'reasonable adjustments are subjective' which suggests that there is room in the system for employers to avoid meeting these obligations. It was suggested that employers and line managers in particular could benefit from better information and improved communication skills.

#### 5.7 Employment support schemes

In discussing the schemes that provide employment support, it was noted that there were issues with the entry criteria, certain barriers to access and issues with resources. It was also noted that success of any scheme depended on schemes developing good relationships with employers.

The entry criteria were reported to be very confusing with different schemes having different entry criteria. In some cases, service users reported being turned away from schemes and being told to just find a job. Employment specialists reported that some schemes required a referral by a social worker which created a barrier where service users did not have a social worker. Another barrier to access noted was that the Work and Health programme was located in job centres whereas many people with learning disabilities do not attend job centres if they are not in receipt of benefits.

There were felt to be limited resources supporting the existing schemes in Essex, for example with only one employment advisor for one particular scheme to cover Colchester and Tendring. The lack of ongoing support once people were placed in employment was also seen as a particular problem:

If we need, if we have somebody for instance that gets a fulltime job and needs fulltime in work support, that's the whole resource gone on one person. [Fred, LD Employment Specialist]

It was suggested that the success of any scheme was often down to employment specialists developing a good relationship with a good employer...

...which is a person with a heart, find the person with the heart I would say is the way through, it's good to have organisations where it is inherent in their policies and procedures but if you can find that, the person with a heart to actually have an empathy for people in that situation. [Lilian, LD Employment Specialist]

Other employers have been supportive, but it's often down to the manager having that greater awareness, and if that manager is no longer there, the placement disappears or you build a relationship with a good employer and they move on and they're replaced and all that hard work's gone to waste. [Tara, LD Employment Specialist]

#### 5.8 Recommendations

Taking into account the issues raised by service users, employers and employment specialists above, the following recommendations are suggested to inform the development of a system-wide scheme in Essex.

- Work with service users and employers to develop more accessible job application processes
  including easy read forms and accessible formats with reduced information requirements where
  the nature of the job does not relate to certain types of information
- Develop training and support for online job application processes
- Work with service users and employers to develop more accessible interview formats with smaller interview panels, guidelines on asking questions one at a time and alternative interview formats e.g. recorded questions and answers
- Develop and provide confidence building courses for all aspects of finding and maintaining a job
- Develop work experience schemes to develop confidence and try out skills
- Provide wrap-around employment support which supports individuals across the continuum of the process including during employment
- Develop training for employers on ways to make reasonable adjustments and provide information for managers and co-workers on the reasons for making adjustments in the workplace
- Map out the eligibility criteria of the various support schemes and aim to remove duplication and fill gaps. Provide a clear map for service users so they know where to go and where they will not be turned away from. Ensure support is continuous across the process including during employment
- Locate services in settings which are accessed by the population served
- Develop liaison roles to ensure good relationships between schemes and employers and who serve as information hubs as well as knowledge transfer between agencies

# 6 Co-producing a set of recommendations

A stakeholder engagement event was held at Wivenhoe House, University of Essex in June 2018. Employment stakeholders were invited including; employers, employment specialists, and local commissioners. In total, 34 stakeholders attended the event, of which 11 were Essex County Council staff, 6 were University of Essex staff, 17 were employment specialists and 1 was a local employer. Findings from the evidence review and local stakeholder interviews were presented. Stakeholders present then worked in small groups to discuss the findings and proposed recommendations for improving the system in Essex.

Co-produced recommendations were grouped into domains: prejudice and discrimination, finances and funding, work experience and upskilling, merging systems, schemes and outcomes, schemes and outcomes, job retention, access and travel and the application process. See table 2 for further information on the recommendations and actions.

Table 2: Co-produced recommendations and actions

Recommendation theme	Recommendations	Action by
Prejudice and discrimination	<ul> <li>Stakeholder involvement is required to help overcome ongoing stigma and discrimination</li> <li>Provide education and training to employers (e.g. Equality Act, Mental Health First Aid)</li> <li>ECC should set expectations to employers which they commission services from, by setting minimum targets such as % of service users employed. ECC should also lead by example and apply these standards to their own organisation.</li> </ul>	ECC, Employment schemes, training providers, stakeholders ("experts by experience", employers and the community)
Finances and funding	<ul> <li>Economic information around the costs of employing a service user (mental health and learning disability) should be gathered to provide employers with this knowledge</li> <li>Funding to employment schemes should be increased, with reduced time spent on bid writing, and increased time working on supporting service users.</li> <li>Funding models need to be more flexible to enable more joint agency working</li> </ul>	ECC and DWP
Work experience and upskilling	<ul> <li>More work experience and upskilling schemes are required at an earlier stage in the employment pathways of service users (e.g. school), encompassing learning about job related skills (e.g. timekeeping, communication skills) that will assist service users to gain and retain competitive employment.</li> <li>Apprenticeship schemes should also be available beyond work experience</li> </ul>	ECC (schools and adult education), transition pathways, employers (placement schemes), universities, NHS
Merging systems	Systems across Essex should be mapped and interlinked to pool resources and work towards a common aim, with system wide navigator roles to assist service users through the whole system	ECC, employment support agencies, placement schemes, employers, NHS

Recommendation theme	Recommendations	Action by
Schemes and outcomes	<ul> <li>Eligibility criteria should be further mapped (based on mapping in current document) and reviewed to improve accessibility, information and referral routes; self-referral routes should be enabled while avoiding incentives for schemes to cherry pick service users</li> <li>Agency outcome measures for performance monitoring should be reviewed with a revised focus on what's important to the service user in the long term rather than providing perverse incentives to schemes to focus on short term outcomes.</li> <li>Outcome data sharing should be used across agencies to improve employment schemes and enable county-wide research and audit</li> </ul>	Employment schemes and ECC
Job retention	Job retention support should be provided routinely to allow service users to maintain job roles and prevent upcoming problems with benefit payments.	Employment schemes
Access and travel	<ul> <li>System wide support should be available to assist with access and transport, including training courses on how to access and use public transport. Access should be simplified e.g. county-wide electronic travel cards for all buses and trains</li> </ul>	Employment schemes, schools, placement schemes and ECC
Application process	<ul> <li>ECC should work with employers to support a review of job application processes:</li> <li>Ensure that it is understandable to all users (e.g. lay language)</li> <li>Ensure that it is easy to use and accessible to people, such as providing a range of formats (e.g. online, paper format, easy read)</li> </ul>	ECC and employers

Recommendation theme	Recommendations	Action by
Facilitating am integrated county-wide approach	An Essex stakeholder panel should be formed, encompassing commissioners, service users, employers, employment specialists and transition stakeholders (e.g. schools, colleges) to:  Champion equality whilst raising aspirations of s ervice users  Discuss an agreed set of outcome measures to monitor the success of schemes, with a focus on service users views and long-term outcomes; set up an integrated data monitoring system to enable county wide research and audit which follows clients across the whole system and across time to enable continuous monitoring and scheme improvement  Work together to provide all Essex employers with guidance on improving job application processes and training on employing and supporting people with additional support needs  Collaborate with stakeholders such as schools, schemes and commissioners to form an Essex-wide work experience scheme that service users can enrol on, from school age and beyond  A comprehensive mapping of Essex's employment schemes is required to:  Review gaps in the eligibility criteria and for commissioners to take this forward to discuss eligibility criteria changes within schemes (building upon section 4.3)  Interlink existing services to encourage interdisciplinary and interagency working while also pooling resources between schemes  Explore gaps in terms of job retention support to endorse a "gain to retain" culture	ECC, DWP, NHS (EPUT, IAPT), service users, employers, employment specialists and transition stakeholders (e.g. schools, colleges, universities)

Key; ECC: Essex County Council, DWP: Department of Work and Pensions

#### 7 Conclusions

This project aimed to review the evidence available about the effectiveness of system-wide interventions for enabling employment among mentally ill and learning disabled groups as well as barriers and facilitators to scheme success. The project also aimed to scope local conditions that would need to be taken into account when considering improvements to the system operating in Essex. In addition, the project aimed to engage with a range of stakeholders in the local area to explore their views on local barriers and facilitators to employment. The overall aim was to inform a set of recommendations for a new system-wide scheme across Essex.

This report contains the findings of the evidence review, survey of local conditions and stakeholder engagement. The project was limited by the relatively small number of interviews and focus groups it was possible to undertake in the time. Those who were interviewed provided valuable insight into the local system but there were limited insights from employers in focus groups and at the stakeholder event.

The project has generated a wide-ranging set of data and information which were presented at the final stakeholder event and it was possible to co-produce a set of recommendations for a system-wide scheme to be implemented in Essex as set out above.

The next steps are to ensure that the co-produced recommendations are taken forward with a particular focus on forming a stakeholder group which can assist with the implementation of these recommendations and provide momentum to move forward. It is important initially to finalise a comprehensive mapping of employment schemes across Essex to assist with the identification of gaps within employment areas and also to instigate a county wide data monitoring system across agencies in order to assist in the ongoing monitoring and improvement of the local system. Lastly, it would be particularly beneficial to provide universal training and education to employers to inform employers on disability and to identify ways to engage employers more as stakeholders in this process going forward.

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### 9 Appendix I: Literature search strategies

Barriers and facilitators to employment: Literature review 1

#### **Learning Disability terms**

- Learning disorders (ti,ab)
- Disabled persons/classification (MeSH)
- Disabled persons (ti,ab)
- Autism (ti,ab)
- Autism spectrum disorder (MeSH)
- Intellectual disability (MeSH)
- Learning disability (ti,ab)

OR

#### Mental illness terms

- Mental (ti,ab)
- Mental Health (ti,ab)
- Mental Disorders/psychology (MeSH)
- Anxiety (ti, ab)
- Depression (ti, ab)
- Mental well being (ti,ab)

## Learning disability OR Mental health terms AND

#### **Employment terms**

- Unemployment (ti,ab)
- Employment (ti,ab)
- Employment (MeSH)
- Employer (ti,ab)
- Occupation (ti,ab)
- Rehabilitation, vocational (MeSH)
- Work place (ti,ab)
- NEET (ti,ab)
- Work based training (MeSH)
- Day centre (ti,ab)
- Supported employment (ti,ab)
- Sheltered workshop (ti,ab)
- Sheltered employment (ti,ab)

AND

#### Barriers and facilitators terms

- Employment barriers (ti, ab)
- Employment facilitators (ti,ab)
- Barriers (ti, ab)
- Facilitators (ti, ab)
- Service user perspectives (ti,ab)

Learning disability OR Mental illness terms AND Employment terms AND Barriers and facilitators

#### System wide employment interventions: Literature review 2

#### **Learning Disability terms**

- Learning disorders (ti,ab)
- Disabled persons/classification (MeSH)
- Disabled persons (ti,ab)
- Autism (ti,ab)
- Autism spectrum disorder (MeSH)
- Intellectual disability (MeSH)
- Learning disability (ti,ab)

OR

#### Mental illness terms

- Mental (ti,ab)
- Mental Health (ti,ab)
- Mental Disorders/psychology (MeSH)
- Anxiety (ti, ab)
- Depression (ti, ab)
- Mental well being (ti,ab)

## Learning disability OR Mental health terms AND

#### **Employment terms**

- Unemployment (ti,ab)
- Employment (ti,ab)
- Employment (MeSH)
- Employer (ti,ab)
- Occupation (ti,ab)
- Rehabilitation, vocational (MeSH)
- Work place (ti,ab)
- NEET (ti,ab)
- Work based training (MeSH)
- Day centre (ti,ab)
- Supported employment (ti,ab)
- Sheltered workshop (ti,ab)
- Sheltered employment (ti,ab)

OR

#### System wide

- System wide (ti,ab)
- System (ti,ab)
- Organizational Culture (MeSH;ti,ab)
- Organizational Innovation (MeSH;ti,ab)
- Integrated employment (ti,ab)

AND

#### Job intervention outcomes

- Unemployment (ti,ab)
- Employment (ti,ab)
- Employment, Supported/statistics & numerical data (MeSH)
- Vocational outcome\* (ti,ab)
- Occupational outcome\*(ti,ab)
- Interview as topic (MeSH)
- Interview (ti,ab)
- Interview, psychological (MeSH)

## 10 Appendix II: Studies included in evidence reviews

Table 3. Barriers and facilitators to employment for people with learning disabilities and/or mental illness

Author	Study characteristics	
Bergmans et al. 2009	4 service users withMI seeking employment after attending a	
	psychosocial/psychoeducation group after multiple suicide attempts	
Bassett et al. 2001	Service users with Psychosis; (n=10); focus groups, Australia	
Boyce et al. 2008	Service users with MI; (n=20); interviews, UK	
Costa et al. 2017	Job providers (CEO/Directors of each agency); (n=1306); Survey ; USA	
Florian et al. 1981	Employers (n = 233); Interviews and questionnaires; Israel	
Giarelli et al. 2013	Asperger's (n=14); 18-23 years old; Interviews; United States	
Gowdy et al. 2004	Qualitative - Organisational factors that improve competitive employment	
	programs; Comparison of 2 employment programs (high vs low employment rate); In depth interviews with staff and clients (n=93)	
Hall et al. 2007	Integrated employment for people with learning disabilities; Case study	
, , , , , , , , , , , , , , , , , , ,	approach; Qualitative – interviews with employment agencies, employment	
	specialists, parents and training providers (n=46).	
Harris et al. 2014	Service users with MI (with substance abuse);(n= 17); Service users support	
	person (n=5); Employer stakeholders (n=6) Service users seeking jobs (n=6);	
	Australia	
Hedley et al. 2017	Autism spectrum disorder (n=9); Family members (n=6); Co-workers (n=6);	
	Focus groups; People in a supported employment programme; Australia	
Himle et al. 2014	Service users with social anxiety disorder (n=95); Service users picked	
	barriers from a 20 point list, Michigan, USA	
Henry and Lucca 2003	Service users with MI; (n=44); 30 providers; Focus groups; USA	
Killeen and O'Day 2004	32 people with mental illness; 16 employed; Semi-structured interviews	
Kocman et al. 2018	30 HR managers; Semi structured interviews; Austria	
Koffer Miller et al. 2017	20 focus groups (n=120); Service users with Autism, service user families and staff of the following programmes: Adult Autism Waiver (AAW), Adult	
	Community Autism Program (ACAP); USA	
Kukla et al. 2016	114 staff assisting with a compensated work program; Surveys; ;USA	
Larson et al. 2011	16 Service users with MI; Focus groups; USA	
Lorenz et al. 2016	Employed people with Autism (n=66); Online survey ; Germany	
Marwaha and Johnson 2005	People with Schizophrenia or bipolar affective disorder (n=15); Semi-	
	structured interviews; UK	
McQuilken et al. 2003	Service users with MI ; (n=389); survey; USA	
Millfort et al. 2015	430 people received social security disability insurance benefits and were	
	not in employment; the care providers (including employment	
	stakeholders) judged the peoples job seekers top 3 barriers to employment	
Murza et al. 2016	Vocational rehabilitation counsellors for LD service users with Autism;	
	(n=932), survey; USA	
Netto et al. 2016	Service users with MI; (n=12); interviews and focus groups; Australia	
Neves-Silva et al. 2014	Employers, disabled service users and service user families (n=30);	
	Interviews and focus groups; Brazil	
Noel et al. 2017	Service users attending the Illinois Balancing Incentive Program (Supported	
	Employment); each service user (n=280) were reviewed by their supported	
	employment team; The team wrote down their top 3 barriers to	
	employment	

No al at al 2017	Comico vegas attandina the Illinois Balancina Incontina Ducana (Cuanantad
Noel et al. 2017	Service users attending the Illinois Balancing Incentive Program (Supported
	Employment); Each service user (n=280) were reviewed by their supported
	employment team; The team wrote down their top 3 barriers to
	employment
Paul et al. 2018	Service users with Schizophrenia; (n=10); interviews; India
Peterson et al. 2017	Employees (n=15); Employers (n=15); Semi structured interviews; New
	Zealand
Poremski et al. 2015	People with severe mental illness (and homeless); (n = 21); One to one
	interviews; Canada
Schindler et al. 2012	Service users with MI; (n=48); survey and focus groups; USA
Secker et al. 2001	120 people; 11 focus groups ; survey; UK
Selwin et al. 2018	Unemployed people, returning to work (n=25); Interviews; Netherlands
Sosnowy et al. 2017	Service users with Autism and service users families; One to one interviews;
	Parents (n=10); Service users (n=12); USA
Sveinsdottir and Bond 2017	Service users with MI with criminal justice involvement (n=87); Checklist
	survey; USA
Swanson et al. 2014	Strategies for integrated employment; Individual Placement Support across
	3 states; ~ involving supervisors from both agencies in implementation;
	Employment outcomes across states
Taskila et al. 2014	Employment specialists, healthcare professionals, patient representatives,
	academics, carers and employers working with MH service users with
	schizophrenia; (n=20); interviews; UK
Taylor et al. 2001	Women receiving government benefits (n=50); Interviews and surveys;
	USA
Tschopp et al. 2007	MI employment specialists working with service users with criminal
	histories; (n=13) focus groups; USA

Table 4. System wide interventions to employment for people with learning disabilities and/or mental illness

Author	Study characteristics	
Boeltzig et al. 2008	Collaborative MI employment sites (n=15); Interviews; USA	
Dague 2012	Parents and learning disability service users in reference to sheltered programmes; parents (n=8), service users (n=4), Interviews; USA	
Conroy and McAffee 2016	Service managers in reference to sheltered programmes (n=9); Surveys, USA	
Rogan and Rinne 2011	Community based employment organisations in reference to sheltered programmes (n=10);Interviews; USA	
Pascaris et al. 2008	Work and recovery project, Continuing Day Treatment Programs (CDTP) following Psychiatric facility closures; USA	
Phoenix et al. 2015	Employment support and learning disability service users in reference to sheltered programmes; Employment support (n=7), learning disabilities service users (n=5); Interviews and surveys; USA.	
Boeltzig et al. 2008	Collaborative employment sites; Interviews; USA	
Hogath et al. 2013	Improving Access to Psychological Therapies scheme, Employment advisers (n = 26) and service users (n = 890); Interviews and databases; 11 sites, UK	
Steadman and Thomas 2015	Individual Placement and Support implementation in to the Improving Access to Psychological Therapies program (Individual Placement and Support, Improving Access to Psychological Therapies, Job centre plus); Service users (n=12), employment specialists (n=12), service managers	

# 11 Appendix III: Mindful Employers and Disability confident Employers

	Disability	Mindful
Company	confident	employer
ITEC Learning Technologies Limited	Yes	No
1 Stop Healthcare	Yes	No
Acer	No	Yes
Action for Family Carers	No	Yes
Anglian Building Products Ltd (part of Anglian Windows Ltd)	No	Yes
Anglian Community Enterprise	Yes	No
AQS Homecare	Yes	No
Basildon Borough Council	Yes	No
Basildon Mind	No	Yes
Braintree, Halstead and Witham Citizens Advice Bureau	Yes	No
Brentwood Borough Council	No	Yes
Brentwood Community Print	Yes	No
Brentwood Mind	No	Yes
Chelmsford City Council	Yes	No
Chelmsford College	No	Yes
CHP	Yes	No
Citizens Advice Harlow	Yes	No
Civicare East	Yes	No
Colchester Borough Council	Yes	No
Colchester Borough Homes	Yes	Yes
Colchester University Hospital Foundation Trust	No	Yes
Community360	No	Yes
Creative Sport & Leisure Limited	Yes	No
Crews Homecare Limited	Yes	No
CRL Contracts Limited	Yes	No
Davidson Training UK Limited	Yes	No
Deafblind	No	Yes
Develop	No	Yes
DGT Services Ltd	No	Yes
DSA Electrical	Yes	No
E.H.Roberts-Penet Group Limited	Yes	No
ECL	Yes	No
Eden Training Limited	Yes	No
Epping Forest District Council	Yes	Yes
Essex Partnership University Trust	Yes	Yes

Essex Community Development CIC Essex County Council Essex County Fire & Rescue Service Essex County Fire & Rescue Service Essex Police Essex Ess	Essex Care Consortium Limited	Yes	No
Essex County Council Yes No Essex Police Yes No Ford Motor Company Yes No Gable Hall School Yes No Gazel Limited Yes No Greenfields Community Housing No Yes Hassengate Medical Centre Yes No i Group Brand Ltd No Yes Ideas Plus (t/a Employ-Ability) No Yes Ideas Plus (t/a Employ-Ability) No Yes Ixion Holdings ( Contracts) Limited Yes No Lawlor Car Service Yes No Maldon & District Citizens Advice Yes No Market Field School Yes No Market Field School Yes No Meadows Shopmobility Yes No Medadows Shopmobility Yes No Mid & North Essex Mind No Yes Mid Rorth Essex Mind No Yes Mid Rorth Essex Mind No Yes Mid Rorth Essex Mond Yes Mid Rorth Essex No No Mid Shorth Essex Mond Yes Mid In West Essex No Yes No Motablity Yes No Motablity Yes No Mid Rorth Essex No No Yes Mid Rorth Essex No Yes No Yes Motability No Yes No Yes PohWER No Yes PohWER No Yes Poffessional Training Solutions Limited Yes No Provide CIC No Yes Proffessional Training Solutions Limited Yes No Renaissance Skills Limited Yes No Res Ringway Jacobs			
Essex County Fire & Rescue Service Yes No Essex Police Yes No Estuary Housing Association Ltd No Yes Ford Motor Company Yes No Gable Hall School Yes No Gazel Limited Yes No Gazel Limited Yes No Greenfields Community Housing No Yes Hassengate Medical Centre Yes No I Group Brand Ltd No Yes InterAct No Yes Ixion Holdings ( Contracts) Limited Yes No Jacobs UK Ltd No Yes No Jacobs UK Ltd No Yes No Jacobs UK Ltd No Yes No Maldon & District Citizens Advice Yes No Maldon & District Citizens Advice Yes No Market Field School Yes No Meadows Shopmobility Yes No Mercury Training Services Limited Yes No Mid & North Essex Mind No Yes Mid Essex Clinical Commissioning Group No Yes MillRace IT Limited No Yes Motability Yes No Motability No	· · · · · · · · · · · · · · · · · · ·		
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Ford Motor Company Gable Hall School Gazel Limited Forenfields Community Housing Forenfields Forenfield Forenfields Forenfield Forenfields Forenfield			
Gable Hall School Yes No Gazel Limited Yes No Greenfields Community Housing No Yes Hassengate Medical Centre Yes No I Group Brand Ltd No Yes InterAct No Yes Ixion Holdings ( Contracts) Limited Yes No Jacobs UK Ltd No Yes Ixion Holdings ( Contracts) Limited Yes No Jacobs UK Ltd No Yes No Jacobs UK Ltd No Yes No Jacobs UK Ltd No Yes No Maldon & District Citizens Advice Yes No Maldon & District Citizens Advice Yes No Manor Oaks Yes No Market Field School Yes No Meadows Shopmobility Yes No Mid & North Essex Mind No Yes Mid Essex Clinical Commissioning Group No Yes Mid Essex Hospital Services NHS Trust No Yes Mid Mid No Yes Mid Mid West Essex No Mestlé UK&I No Yes Motability Yes No Mestlé UK&I No Yes Motability Yes No Motability No Yes Motabilit	·		
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i Group Brand Ltd Ideas Plus (t/a Employ-Ability) No Yes InterAct No Yes InterAct No Yes Ixion Holdings ( Contracts) Limited Yes No Jacobs UK Ltd No Yes Kare Plus Basildon Lawlor Car Service Yes No Maldon & District Citizens Advice Yes No Manor Oaks Yes No Market Field School Meadows Shopmobility Yes No Mercury Training Services Limited Yes No Mid & North Essex Mind No Mid Essex Clinical Commissioning Group No Mid Essex Hospital Services NHS Trust No Mid In West Essex No No Nestlé UK&I No No Nestlé UK&I No Yes No Professioning Group Outlook Care PohWER No Prositive Signs Yes No Professional Training Solutions Limited Yes No Renaissance Skills Limited Yes No Rethink Mental Illness No Yes No Rethink Mental Illness No Yes No Rethink Mental Illness No Yes No Retiend No Yes No Res Res Ro Ro Res Ro Res Ro Ro Res Res Ro Res Res Ro Res Res Ro Res Res Res Res Ro Res	Greenfields Community Housing	No	Yes
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Lawlor Car Service Yes No Maldon & District Citizens Advice Yes No Manor Oaks Yes No Market Field School Yes No Meadows Shopmobility Yes No Mercury Training Services Limited Yes No Mid & North Essex Mind No Yes Mid Essex Clinical Commissioning Group No Yes Mid Essex Hospital Services NHS Trust No Yes MillRace IT Limited No Yes Mind in West Essex No Yes Motability Yes No Nestlé UK&I No Yes NHS Castle Point and Rochford Clinical No Yes Outlook Care No Yes Positive Signs Yes No Professional Training Solutions Limited Yes No Provide CIC No Yes Puple Yes No Rethink Mental Illness No Yes Ringway Jacobs Yes No No Yes Ringway Jacobs	Jacobs UK Ltd	No	Yes
Maldon & District Citizens Advice  Manor Oaks  Yes  No  Market Field School  Yes  No  Meadows Shopmobility  Yes  No  Mercury Training Services Limited  Yes  No  Mid & North Essex Mind  No  Yes  Mid Essex Clinical Commissioning Group  No  Yes  Mid Essex Hospital Services NHS Trust  No  Yes  MillRace IT Limited  No  Yes  Motability  Yes  No  No  Yes  Motability  Yes  No  No  Yes  No  No  Yes  Motability  No  Yes  No  Pres  No  Outlook Care  No  Positive Signs  Yes  No  Professional Training Solutions Limited  Yes  No  Provide CIC  No  Yes  Puple  Yes  No  Renaissance Skills Limited  Yes  No  Yes  Ringway Jacobs  Yes  No  Yes	Kare Plus Basildon	Yes	No
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Meadows ShopmobilityYesNoMercury Training Services LimitedYesNoMid & North Essex MindNoYesMid Essex Clinical Commissioning GroupNoYesMid Essex Hospital Services NHS TrustNoYesMillRace IT LimitedNoYesMind in West EssexNoYesMotabilityYesNoNestlé UK&INoYesNHS Castle Point and Rochford ClinicalNoYesCommissioning GroupNoYesOutlook CareNoYesPOhWERNoYesPositive SignsYesNoProfessional Training Solutions LimitedYesNoProvide CICNoYesPublic Health EnglandNoYesPurpleYesNoRenaissance Skills LimitedYesNoRethink Mental IllnessNoYesRingway JacobsYesNo	Manor Oaks	Yes	No
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Mid & North Essex Mind  Mid Essex Clinical Commissioning Group  Mid Essex Hospital Services NHS Trust  No  MillRace IT Limited  No  Mind in West Essex  No  No  Nestlé UK&I  No  No  Nestlé UK&I  No  No  Nestlé UK&I  No  No  Yes  No  No  Nestlé UK&I  No  No  Yes  No  No  Nestlé UK&I  No  Yes  No  No  Nestlé UK&I  No  No  Yes  No  No  Yes  No  No  Yes  No  Outlook Care  No  Positive Signs  Yes  No  Professional Training Solutions Limited  Yes  Public Health England  No  Renaissance Skills Limited  Yes  No  Rethink Mental Illness  No  Yes  No  Yes  Ringway Jacobs	Meadows Shopmobility	Yes	No
Mid Essex Clinical Commissioning Group  Mid Essex Hospital Services NHS Trust  No Yes  MillRace IT Limited No Yes  Mind in West Essex No No Nestlé UK&I No Nestlé UK&I No No Yes  NHS Castle Point and Rochford Clinical Commissioning Group  Outlook Care No Yes  PohWER No Professional Training Solutions Limited Yes  Public Health England No Renaissance Skills Limited Yes Ringway Jacobs  No Yes  No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes	Mercury Training Services Limited	Yes	No
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Mind in West EssexNoYesMotabilityYesNoNestlé UK&INoYesNHS Castle Point and Rochford Clinical Commissioning GroupNoYesOutlook CareNoYesPOhWERNoYesPositive SignsYesNoProfessional Training Solutions LimitedYesNoProvide CICNoYesPublic Health EnglandNoYesPurpleYesNoRenaissance Skills LimitedYesNoRethink Mental IllnessNoYesRingway JacobsYesNo	Mid Essex Hospital Services NHS Trust	No	Yes
MotabilityYesNoNestlé UK&INoYesNHS Castle Point and Rochford Clinical Commissioning GroupNoYesOutlook CareNoYesPOhWERNoYesPositive SignsYesNoProfessional Training Solutions LimitedYesNoProvide CICNoYesPublic Health EnglandNoYesPurpleYesNoRenaissance Skills LimitedYesNoRethink Mental IllnessNoYesRingway JacobsYesNo	MillRace IT Limited	No	Yes
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POhWER  Positive Signs  Yes  No  Professional Training Solutions Limited  Yes  No  Provide CIC  No  Public Health England  No  Purple  Yes  No  Renaissance Skills Limited  Yes  No  Rethink Mental Illness  Ringway Jacobs  No  Yes  No  Yes  No  No  Yes  No  No  Yes  No  No  No  No  No  No  No  No  No  N			
Positive Signs  Professional Training Solutions Limited  Provide CIC  No  Public Health England  No  Purple  Yes  No  Renaissance Skills Limited  Rethink Mental Illness  Ringway Jacobs  Yes  No  No  No  No  No  No  No  No  No  N		No	Yes
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Public Health EnglandNoYesPurpleYesNoRenaissance Skills LimitedYesNoRethink Mental IllnessNoYesRingway JacobsYesNo	Professional Training Solutions Limited	Yes	No
Purple Yes No Renaissance Skills Limited Yes No Rethink Mental Illness No Yes Ringway Jacobs Yes No	Provide CIC	No	Yes
Renaissance Skills Limited Yes No Rethink Mental Illness No Yes Ringway Jacobs Yes No	Public Health England	No	Yes
Rethink Mental IllnessNoYesRingway JacobsYesNo	Purple	Yes	No
Ringway Jacobs Yes No	Renaissance Skills Limited	Yes	No
- 1	Rethink Mental Illness	No	Yes
Royal Association for Deaf People Yes No	Ringway Jacobs	Yes	No
	Royal Association for Deaf People	Yes	No

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