

**The Right to Work: Vocational & Employment Services – “Turning the Tide”-**  
**by Mark McMahon**

**My objective today is to convey to you three major points:**

- [1] That employment for people recovering from mental illness is eminently do-able!**
- [2] There are many ways of going about this.**
- [3] Honouring the consumer’s own goals is paramount.**

In what I have to say, I’ll attempt to confine myself to issues important in the NSW of today. While I will spell out NSW information sources as much as I can, I shall look overseas, particularly at two contrasting research papers from the USA because that is the only economy in the world big enough to have tried a lot of different ideas and produce strong data.

Since I’m from a clubhouse I’ll naturally talk about that program and my personal experience, but I’ll also try to cover the alternatives to get you thinking about what things you’ll need to consider to create the best possible vocational and employment opportunities in the environments you come from. I think you will find that no one approach will work everywhere, and successful integration of several approaches in a structured way does take some effort to achieve.

There is no shortage of literature, from the highest of sources, which says that every human being has a right to work. It may then come as no surprise that work has an even stronger meaning to people recovering from MI. I’m going to concentrate on how that right is exercised, especially from the participants’ or consumers’ point of view.

Consider the following two views:

[1] “Work and employment are of primary importance for people with mental disorders and psychiatric disabilities. Working and having a job increases people’s satisfaction and self-esteem and breaks the cycle of poverty and dependence. Work also provides and opportunity to socialise and communicate.”  
(this is from “*Keys Young, Clubhouse Review –Final Report*”, Sydney NSW Health 2000 and quoted at page 13 “***Framework for Rehabilitation in Mental Health***”, NSW Mental Health Implementation Group, September 2002)

[2] “In the natural chaos of our minds and inner worlds, work provides a direction for us to grab hold of. It lays down a firm groundwork beneath us upon which we can direct and organise our days. Without the external structure of our work, any of us would have a much harder time keeping our heads above the swirling chaos of our thoughts and feelings. And our work gives us a handle on the future. “

“And in my own experience, I have also come to realise that it is genuine involvement in our work that allows therapy to become the very valuable asset that it can be. If therapy is conducted in a vacuum, in the absence of real work and life experience, then it turns upon itself and leads deeper and deeper into the pain and confusion, with no toehold to find a way out. Therapy is completely dependent upon the real things, works, relationships, obstacles and successes that make up our day. Spending one’s whole day being a patient for endless expanses of time, can only result in becoming more and more of a patient.”  
(from Roberta Vorspan, “*Why Work Works*” in Psychosocial Rehabilitation Journal Vol. 16 No.2 October 1992)

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Clearly view [2] conveys the how much more intensely and personally an employee, especially one recovering from MI, sees the right to work. However, for many of you, the bible from which you operate would be the *Framework* document in [1]. Now if you just stand back for a moment and have a think, you might wonder, “What would a mental health service regulator know about vocational and employment issues?” The answer is “not much”, which you will see for yourself if you read the whole of the *Framework*. In NSW MHS rehabilitation programs only extend as far as pre-vocational activity, because of the Commonwealth-State Disability Agreement, so please bear that in mind. To overcome this limitation and gain vocational and employment expertise, the Northern Sydney Recovery Implementation Plan (something that I personally work on) is integrating Pioneer Clubhouse, and another NGO, New Horizons at Ryde, into its system as full partners in service delivery. All this was originally recommended by international rehabilitation and recovery expert Laurie Curtis in her report to Northern Sydney in 2001. (I’ll say more about how this partnership works if time permits or in question time).

NGO’s that mobilise people recovering from MI into some gainful occupation, with skill and training support, never occur in a vacuum; they always have a context because we are talking about a major part of peoples’ lives. In the case of employment-oriented NGO’s in NSW, that are going to survive, that context must include a cocktail of funding sources and alliances/ linkages or partnerships across the community, including with apparent competitors. In this talk, I’ll assume the bulk of the audience would like to provide vocational and/or employment have found it too hard to get there just yet.

**Overview: Available Services**

- [1] Within psychosocial programs – Clubhouses, PACT
- [2] As stand alone agencies – “Choose-Get-Keep Model” (Boston Uni), IPS
- [3] Social Enterprises or businesses (incl. consumer run) – eg, PRA, Westclub, COW Co-Operative
- [4] Self Employment – eg, consumer representatives in MHS’s  
(see Overview Table – from “Work as Priority” National Resource Centre for Homelessness and Mental Illness USA)  
Downloadable from: <http://www.nrchmi.samhsa.gov/pdfs/WorkPriority.pdf>

An important issue I’ll quickly mention here is that to be accepted by a Choose-get-Keep type agency, (STEPS, PEP, Active CARE are all examples of these), a consumer has to be assessed as “work ready”. Typically, this means only 40% of a mentally ill population would be accepted by those agencies. Also, it can take as long as twelve months to place someone, and the question arises as to how that consumer can be kept work ready? CARE Employment tried to solve this by creating its own clubhouse upstairs from its office, but did not get funding to continue it beyond 12 months. Pioneer and STEPS used to cross-refer consumers, but the management of STEPS has changed and the arrangement not continued.

If you want good local information with a large bibliography at the back, I suggest you read the *SANE Guide to Employment and Psych Disability*. Their website says:

“Employment is one of the most effective ways of helping people with a psychiatric disability - providing not only income but also dignity of place in society and an

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opportunity to learn living and vocational skills in the real world. This Blueprint guide is for anyone involved or interested in the area of employment services for people with a psychiatric disability. Whether concerned with a dedicated service or offering it as part of a range of support services, whether planning or tendering for such a service, looking to evaluate or improve it - this guide helps by examining a series of key questions...

(see: <http://www.sane.org>)

Attached as an appendix is a comparative table overviewing employment program approaches in USA/ Canada. A later version of the full publication can be downloaded at <http://www.samhsa.gov/pdfs/WorkPriority.pdf>

**Recovery Context:**

This is necessary from the perspective of honouring the individuality of consumers and to comply with the National Mental Health Plan 2003-2008, which states on page 11:

“A recovery orientation should drive service delivery. .... this emphasises the development of new meaning and purpose for consumers and the ability to pursue personal goals”.

Last week I was helping deliver recovery orientation to non-acute MH workers in Northern Sydney. One potential pitfall, which a lot of young and eager well-trained staff often do unwittingly, is to be over-ambitious for their clients. This leads to consumers feeling like they have failed and lack of job satisfaction for the worker, so it is fundamentally important that consumers fully participate in vocational and employment goal-setting. After all, we are not just talking about their goals, we are getting very close to planning the rest of their lives, and they have the biggest stake in that!

A new resource from a place I would not have expected it, but which I will recommend, is the “Journey to Recovery Mental health Kit” published by and available on the Commonwealth Rehabilitation Service website. Here’s what they say under the heading “Work and Recovery”:

“When we first meet with you we will discuss your goals. If we can help, we develop a rehabilitation plan with you. The plan sets out the steps and actions we will take together. The aim is to identify and develop strengths and capabilities that can help you to gain employment. You will be actively involved in regular reviews of your plan to ensure you are progressing towards your goals.”

**Funding Cocktail**

Day psychosocial rehabilitation programs, like Pioneer Clubhouse, where significant populations of people recovering from MI tend to congregate, are funded by NSW Health, (Pioneer gets \$330,000) and that funding does not extend to full vocational or employment activities. Funding for those activities comes from Federal government departments, like Family and Community Service (FaCS) and Employment and Workplace Relations (DEWR). Some vocational funding may be available in NSW at Dept. of Education and Training, but none will be found locally for employment programs. Having such a cocktail will involve an NGO in all the gaps, vagaries and ambiguities of the Commonwealth State Disability Agreement, whereby certain activities were split between State and Federal

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governments. One of the features of that agreement is the lack of any linkage to allow one government to know what the other is doing. So while NSW MH workers have some knowledge that recovery and rehab. programs exist outside of the MH system, they usually have no knowledge of a pathway to get consumers from their end to those programs. Put simply, it is no one's job in the MHS. To address this Northern Sydney Area Mental Health has taken the step of employing an Area Vocational Co-ordinator this year. In addition, good relations with Centrelink will be necessary. All this means wide marketing is very important for NGO's

Pioneer provides both the PSP funded by FaCS and Job Network funded by DEWR. In fact the Job Network contract is one of only two specialist mental health contracts nationally (the other is in Brisbane). Later I'll explain just what that means for people recovering from MI. In addition, Pioneer is participating in the Disability Support Pension Pilot (which you may not know existed) and for the past two years has been developing competency-based training in computer and clerical areas in conjunction with ANTA, NSW DET, WEA and YWCA (as RTO). My point is that Pioneer is one of the few NGO's in MH which combines and tries to balance both Federal and State funding, which in turn has a multiplier effect on the outcomes each funding source can claim. (Quick explanation: If you get \$100,000 from NSW Health and \$100,000 from, say, FaCS, you can go to each of these at the end of the year and demonstrate \$200,000 worth of outcomes from their investment.)

**The Importance of Having Values: eg, International Clubhouse Standards**

In Pioneer's case, these services occur firstly in a heavily value-based context which is worth explaining. There are organisations with short, broad mental health objectives which often fall into adopting the values of the government projects they implement. Because of their relative narrowness, these are seen as services rather than programs. In my view, a service is usually much more corporate in culture, while a program more personal to its participants and offers several services in a structured way. Many organisations in the MH sector have had the debate over whether they want to be a service or a program. The former is often easier to run and more flexible in its administration. The latter tends to become a community with all the more personal support factors that involves. In 1994 the Manly Warringah MH Taskforce chose to implement a clubhouse program, and all that comes with it.

Clubhouse – model of psychosocial rehabilitation: a set of values contained in a list of 36 standards, which are reviewed every two years, eg, voluntary involvement, right to return, no staff only spaces, open decision making, etc. Clubhouses guarantee 4 things: one of which is the right to work, and these guarantees are usually prominently displayed in all clubhouses. In particular, clubhouse is a self-supporting community to which members contribute. Hence they don't get paid for their involvement, but, at the same time this makes it all the more important to provide effective pathways to open employment for those who want it.

In such a model it is fundamental to maintain values, not compromise them to those of funding organisations, which vary with political climates, and are often disability neutral. This means searching out funding which is compatible, not merely available.

Consider the totality of Pioneer Clubhouse. Its premises are on half an acre that was formerly a women's lawn bowls club, so it has gardens and a vegie patch, and the main

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building is pretty much open plan. Recently, a twenty year lease was signed with Manly Council at a greatly discounted rent. We also have a demountable building which houses interview and training rooms. No staff have exclusive occupation of any office or computer. It is run by a shared leadership of staff and members, with decision making by consensus, so I would call it consumer driven rather than consumer run. If you want to get more of a feel for this environment go to:

- (a) the ABC Radio National website and locate the former Earshot program by Natasha Mitchell. This program won the broadcast award at the 2001 TheMHS Conference, and has been replayed twice since.  
see <http://www.abc.net.au/rn/history/earshot/stories/s225036.htm> and
- (b) the Mind Body Life/ Meaningful Day website run by Eli Lily where video files are available: see <http://www.mindbodylife.com.au/sections/default.asp?s=382>

Overall, the most distinctive thing about a clubhouse like Pioneer relevant to vocational and employment pursuits, is that it operates through relationship management, not illness or case-management. Staff are hired first and foremost on their ability to engage members, not technical skills. This means we have a number of staff who do not have university qualifications and some are consumers whose support network exists outside Pioneer (so that consumer and staff roles do not get confused).

The clubhouse model could graphically be described as a progression through four stages (often with some steps backwards):

- [1] **Social** – being with other people
- [2] **Work Ordered Day** – Food Services/Garden, Communications or Employment & Education Units
- [3] **Transitional Employment** – RSL clubs, Park Royal, Pizza Hut, Manly Council  
(these are entry-level jobs, as a stepping stone)
- [4] **Independent (open) Employment** – PRA, Target, H & R Block, Centrelink, Mater Private Hospital, Billabong Clubhouse (Tamworth)

In the literature clubhouses are often identified solely with TEP as if it were the only employment service provided. In fact, the goal for each member is, at least, to have the hope of achieving open employment if they choose to. Note that process of working towards this is regarded as at least as important as getting a job. Attached is an overview of Transitional Employment Placement features at Pioneer. Transitional employment consists of entry level positions, suitable for people who have not worked for some time, or need to deal with other threshold work-place issues. It is then clearly part of a larger program, rather than an end in itself.

The clubhouses in Melbourne, Hobart, Adelaide and Brisbane all receive block funding for disability employment services from FaCS, and the Brisbane clubhouse was also a test site for case-based funding which is intended to supersede block funding. Note here that no new contract has been awarded by FaCS for this sort of funding since about 1996, so if you don't already receive the funding, you don't hear about its evolution and new developments. Pioneer does not get this type of funding, so it opted for the disability neutral Job Network (Dept. of Employment) as an alternative.

Government funding does not have mental illness as a design factor. For this reason, when a consumer goes to Centrelink intending to get into employment, they fill in a Job Seeker Classification Index form. Above a certain score, they are referred to a disability

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neutral Job Network provider (a privatised version of the old CES), while below a certain score they are sent to a FaCS disability employment service provider. The obvious intention is that these are two different types of organisation, but really, how much sense does that make in the case of mental illness, where illness is episodic and perhaps wildly varying? The JSCI has no connection with Centrelink’s mental illness assessment processes to get social security benefits. At Pioneer, it comes as no surprise that our members’ JSCI scores diverge significantly, so there is no reason why Pioneer cannot administer both sorts of employment programs and allow members to move between them as appropriate. All this suggests that mental illness lacks the permanence and sense of a separate population we tend to ascribe to other disabilities. It seems to be more of a general health condition, capable of affecting any member of the population at any time of their lives. Maybe specific mental health employment funding is needed, rather than to slot it into generic disability.

**Factors in Choosing Jobs for People Recovering from MI**

There are awful jobs anybody can get, and leave just as quickly. Consumers find these just as unattractive as anyone else. On the positive side, it is worth searching out jobs that are likely to support mental health recovery, and this is likely to be an area of increasing vigilance. It must be remembered that over the last decade, Australian workplaces have had economic rationalism thrust upon them, making them much less mental health friendly. Indeed, this has become such a problem, that in 2003 the ACTU sought a special case in the Industrial Relations Commission to have a maximum cap placed on Australian working hours. They relied very much on continuing reports from the ACIRRT (Australian Centre for Industrial Relations and Teaching) at the University of Sydney, which has noticed in 2001 that, among other things, the average full-time worker now does 10 hours unpaid overtime per week. See: <http://www.usyd.edu.au> or <http://www.acirrt.com/research/pubsframe.htm>

**Recent Positive Initiatives of Government.**

While the Commonwealth-State Disability Agreement, and the fact that three Federal Departments (FaCS, DEWR and Health) seem to be relevant to mental health vocational activities and employment, can be a mass of bewildering details, there are some nuggets of gold within.

**[A] The Personal Support Program**

This is an approach to helping people deal with multiple barriers to participation (in any sort of social activity) – in short getting people “off the lounge”. Referrals come from Centrelink. This is an extraordinary step forward. In her speech launching Ostara Australia (national psychiatric employment disability consortium of 24 organisations) Senator Vanstone stated that FaCS expected 90% of the people who get PSP places to have mental illness. It is very mental-illness friendly because it puts value on engaging in a process, not just the completion of some product outcome at the end of that process, but there is a substantial waiting list. Maximum annual fee is \$3,000 per client, so not a money-spinner on its own. At Pioneer it has led to a stream of new members who otherwise would not be known about or have decided to come to Pioneer- we’re not sure why.

At the PSP Conference in Melbourne late last year: The generalist providers expressed to FaCS that there has been an increase in referrals where mental illness is a major barrier for consumers and therefore a higher calibre of support staff and providers is necessary. It

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was discussed that there are huge waiting lists for providers offering bulk billing services for the mentally ill. The upshot of this information suggests that servicing the mentally ill is more expensive and therefore FaCS should look at compensating the providers in some way to overcome this situation. A review of provider funding was suggested.

Again, this points to a consideration of whether mental illness is a disability or general health condition capable of affecting anyone at any time in their lives.

**[B] Links to the Job Network**

In an extraordinary step forward for departments which did not previously talk to each other, FaCS and DEWR have started joint initiatives. One of these is to create a pathway for people who have been on the PSP to get into Job Network with “advanced standing” for intensive assistance. This provides access to the Job Seeker account, which is \$1,300 of expenses on job related things like counselling services, training and equipment, licence fees and employer incentives (like wage subsidies). This is very mental illness friendly and cuts down the bureaucratic steps otherwise needed.

At Pioneer, TEP’s qualify for this, and in turn assists development of members as TEP placement managers. Also, because much Job Network activity is voluntary for PSP recipients, exposure to breaching, and in turn loss of benefits, does not happen. This means people recovering from mental illness have more than one shot at succeeding, without penalty.

**[C] Why do we Need a DSP Trial?**

At present once someone gains the Disability Support Pension, they are in effect shelved, and so no pathway exists to get back into vocational and employment activities. There are 700,000 people on the DSP and one-third of these have mental illness. Because the “baby boomer” generation is nearing retirement, a worker shortage has been projected and DEWR is concerned to alleviate this by looking at mobilising DSP recipients.

This is a great opportunity for us to give feedback on just what’s needed to get people with MI into sustainable employment, with the same sort of concessions as I mentioned for PSP recipients. On big plus is that instead of going into Centrelink and getting demoralised by having to fill in many forms which are not MI friendly and mostly ask for a list of what’s wrong with us, DSP recipients with MI can go to Pioneer and short-cut this process in a far more supportive environment. I have even signed up myself!

**Strategic Alliances and Networks**

There is nothing so helpful as combining with another organisation to get some mutual goals done without taking the whole risk on your budget alone. Earlier I referred to “apparent competitors”, because when you start talking to other organisations you are likely to find that they do something different to yours and service a different, but complementary, client group. There is so much need where MI is concerned. Centrelink and Housing are obvious links to ensure consumers have income and shelter, without which other activities are unlikely to succeed. Some years back, Pioneer started having monthly meetings in the Northern Beaches with those agencies, plus CRS and Mission Australia, and found barely any competition. This group became NAPEC (Northern Area

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Psychiatric Employment Committee) and now covers nearly all MI employment related organisations across Northern Sydney.

**What About the Evidence Based Research?**

There is not a lot of this, perhaps because of some of the difficulties I have just mentioned of describing employment in a mental health context. Terminology is confusing. In Australia “supported employment” has traditionally meant in-house employment, but in the literature it has a far more literal meaning and often covers “choose-get-keep”. Also, vocational and employment issues are not easily given to abstraction, so much of the literature is over-simplified for academic purposes.

Nevertheless, the current “hot” issue is the “Train-then-Place or Place-then-Train” debate which the following two articles cover from different perspectives.

**[A] Massachusetts PACT and Clubhouse Five Year Study 2001**

Macias, C., DeCarlo, L. T., Wang, Q., Frey, J., & Barreira, P. (2001). *Work Interest as a Predictor of Competitive Employment: Policy Implications for Psychiatric Rehabilitation*. *Administration and Policy in Mental Health*, 28, 279-297

This study shows distinctly that about one-third of people recovering from mental illness who have no initial interest in employment, but who spend time in a vocational fostering program, will in time actually get open employment jobs. The formal version of this as submitted to SAMHSA (USA) can be downloaded at:

[http://www.fountainhouse.org/res\\_pub.html](http://www.fountainhouse.org/res_pub.html)

In the USA, the National Allinace of the Mentally Ill (NAMI) issued a press release on this study, saying:

From <http://www.nami.org/pressroom/20010606.html>

“Ground breaking Study reveals Importance of Combining Supported Employment with Mental Health Services”

“Integrated, multi-service programs like PACT and Clubhouse can offer immediate, practical help in initiating a job search, anytime a consumer becomes interested. Informal, spontaneous assistance can bypass fears that may accompany application to specialised supported employment programs. It also helps to foster non-exclusionary policies and ensure that supported work opportunities are not reserved for people who need the least assistance, the authors maintain.”

**[B] Cochrane Database of Systematic Reviews**

On page 13 of the NSW *Framework for Rehabilitation in Mental Health*, much is made of the article “*Vocational rehabilitation for people with severe mental illness*”(2000) by Crowther R, Marshall M, Bond G, Huxley P., published in the Cochrane Database of Systematic Reviews 2004, which is free on-line to anyone accessing it from Australia (look for this login further down the page from the subscriber login).

See <http://www.cochrane.org/reviews/index.htm>

The authors conclude that the “place-then-train” method is more effective, advocating the Individual Placement and Support (IPS) model (which they call “supported employment”). The article is long and technical. Strangely, the *Framework* does not quote, under

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“Evidence- based Outcomes”, any other contrasting comprehensive vocational or employment studies.

In my view, this paper is controversial for several reasons. One is that the whole thesis rests on comparing preparation for employment activities with getting employment activities, which would seem to be logically different in the first place. Secondly, they do not say how placing anyone with mental illness into a job will not be setting many consumers up for failure: they do not do work readiness assessments. Thirdly, if you look carefully at the preliminary details on the Cochrane website version, you will notice a heading stating “Potential Conflict of Interest”, whereby one of the authors and advocates of IPS also participated in the “independent” studies on it. In short IPS is not known to work anywhere outside the USA, and so is not mentioned in the SANE Guide.

I have referred to these two papers to show the difficulty of finding solutions if you confine yourselves to the literature. I recommend visiting employment services or programs and getting a sense of how they work. If they are no good, they’ll have few clients and you won’t spot happy faces! Despite studies and data, consumers vote with their feet!

**Conclusion:**

There isn’t one! It’s time for you to get out there and have a go!

**PTO - to Attached Overviews**

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**Overview of Employment Program Approaches**

<b>Type of</b>	<b>Employment Approach</b>				
<b>Characteristics</b>	Transitional Employment Programs (TEP)	Supported Employment	Program of Assertive Community Treatment (PACT)	Individual Placement and Support (IPS)	Social Enterprises
<b>Approach</b>	Time-limited placements in competitive jobs. Agency commits to keeping job slits filled. Often clubhouse-based.	Direct placement into integrated competitive jobs with follow-along supports.	Integrates both clinical and rehabilitative services within a continuous or assertive community treatment team.	Emphasises rapid job search. Continuous and comprehensive assessment that continues throughout employment. Time-unlimited support.	Agency-sponsored businesses that provide affirmative employment.
<b>Objective</b>	Build experience, competence, and job goals with the objective of attaining a permanent job.	Part- or full-time employment at prevailing wage.	Work as a long-term process to aid in recovery. Individualised assessment, placement, follow-along, and reassessment.	Replace traditional day treatment programs with those focused on work to achieve better vocational outcomes.	Job goal and skills development, work experience, transitional/career employment.
<b>Possible Funding Sources</b>	State VR, HUD, MH, Foundations.	State VR, MH, HUD, DOL (wage subsidies, employer hiring incentives), Foundations.	MH, State VR, Medicaid/Managed Care.	State VR, MH, Medicaid.	VR, MH, business revenue, economic development, HUD, foundations.
<b>Staff Expertise Required</b>	Skills teaching, job development, placement, support, ability to perform job in consumer's absence.	Skills teaching, job development, placement, intensive/extended support, replacement.	Interdisciplinary treatment team with vocational specialist.	Employment specialist to coordinate services with case management or mental health treatment team.	Business/production experts, training/job coach staff, job development placement staff.
<b>Advantages</b>	Basis for establishing links with employers. Builds credentials, experience, and resume.	Employee hired by the employer, not by the MH program. Works with non-disabled co-workers. Salary, growth potential like co-workers.	Work as an important and integral component of clinical treatment.	Integrates mental health and rehabilitation services through regular meetings between MH clinicians and employment specialists.	Adds to the available jobs in a community. Has economic development potential. Agency “owns” jobs.
<b>Disadvantages</b>	Time limitations not always congruent with consumer preference. Staff may need to fill in for absent worker. Unclear outcomes re: how TEP facilitates competitive employment.	Clash between long-term job coaching needs and short-term VR support; individual's discomfort with being coached on the job.	Direct placement approach contains similar disadvantages as supported employment; e.g. funding for long-term follow-along and re-placement assistance.	Providing time-unlimited supports contains similar disadvantages as noted for PACT and supported employment; e.g. funding for long-term follow-along and re-placement assistance. Need support for people who cannot or do not find jobs through IPS.	Requires sound business planning. High business risk factor. Start-up capital needs.

## **Transitional Employment - Overview**

The Transitional Employment Placement, or TEP, is an opportunity for members to re-enter the paying work force with optimum support from the Clubhouse. It is a right of all members who participate in the work-ordered day and who have the desire to work.

Clubhouse secures entry-level positions (8 - 20 hours per week) in various businesses. Staff will screen and learn the position and then train a member in that job site. Members work at the employer's place of business. If members are unable to work for whatsoever reason, a Clubhouse placement manager will fill-in for that member, therefore ensuring nil absenteeism. TEPs are six to nine months in duration and pay award wages.

TEP allows members to try various jobs, without the stress of interviews, being trained by strangers and the worry of losing a job because of absenteeism. Once members have completed a TEP site, they may go onto another TEP site or seek supported or independent employment. Being a graded part-time return to the workforce, members can attend Clubhouse for the balance of each day where they are also supported. Often the TEP employer offers to take on a member permanently.

TEP is more than a job, it is a work opportunity which can help members make a choice about future employment or their own personal development. TEP can act as a stepping stone: it's an opportunity to get back into a work routine, to meet new people, experience success and to master a job.

### **Listed are features distinguishing TEP from other supported employment options:**

1. The Clubhouse staff member first learns the job so that it is them, rather than an unknown employer, who teaches the participant how to do the job. The staff member stays with the member until they have “settled” in.
2. Part time placements enable the member to participate in a supported and graded return to work whilst simultaneously receiving support in the Clubhouse for the balance of the day.
3. The time limited nature of placements (usually six months) means as a person's ability to function in the work place changes, they can move to another placement, which more readily reflects their abilities and goals.
4. Crucially, failure at a work placement is seen as recognition that improvement is needed in that particular area. The person then returns to the Clubhouse to work on the problem, as opposed to abandoning employment as a viable option.
5. As the Clubhouse (agency) “owns” the jobs rather than the individual, TE placements are recycled for other participants in the programme.
6. If a member is unable to continue in a placement due to a period of illness, both they and the employer are guaranteed that their job will be covered and done to agreed standards by other members of the programme replacement staff. This is the most distinguishing feature of the TEP programme. It enables participants to take the necessary step of working in normal places of work, and being employees of ordinary employers. The guarantee to both the participant and the employer is, if at any stage, the member needs “time-out” (a realistic expectation due to the fluctuating nature of mental illness), the Clubhouse will ensure that the job continues to be done. The position thus remains available for that member, or for another Clubhouse member, to enter into the world of work. This flexibility is what clearly distinguishes a TEP programme from other supported employment options.