BRIEFING

SAINSBURY CENTRE for MENTAL HEALTH

removing barriers achieving change

37: Doing what works

Individual placement and support into employment

Summary

People who experience severe and enduring mental health problems have one of the lowest employment rates in the UK. Yet the vast majority want to work, and with the right support many people can.

We know from international experience and research how to offer effective support to enable people with mental health problems to work. Large numbers of people have and can be supported to secure and maintain paid competitive employment through Individual Placement and Support (IPS).

Individual Placement and Support has seven key principles, each of which is needed for the service to work well. They include focusing on paid employment of an individual's choice, not sheltered work or lengthy job preparation, and support that continues once the person gets a job and that is provided together with clinical care and welfare benefits advice. The service should be *individual* to a person's needs and wishes; offer rapid *placement* in work; and provide ongoing *support* for as long as it is needed.

Evidence about the benefits of IPS has been collected in response to the aspirations and the rights of people with mental health problems to receive high quality, evidence-based supported employment services. It is clear that IPS is effective and should be available to all who can benefit from it. The opportunity to work should be recognised as an integral part of recovery and of treatment for mental ill health. This briefing outlines the evidence base for IPS and provides information on how to 'do what works'.

Introduction

Work is good for our physical and mental health. Unemployment has been shown to damage our health (Waddell & Burton, 2006), while participation in work can play a vital role in recovery for many people with mental health problems (Borg & Kristiansen, 2008; Shepherd *et al.*, 2008). Yet people with severe and enduring mental health problems are less likely to be in paid employment than any other disadvantaged group. The average employment rate for the UK working age population was 74.2% between August and October 2008 (Labour Force Survey, 2008). By contrast, only 22% of respondents to the 2008 Healthcare Commission survey of people using specialist mental health services said that they either had paid work or were in full-time education.

The majority of people with mental health problems (70-90%) consistently say that they *want* to work (Grove, 1999; Secker *et al.*, 2001). Many people are able to work and pursue careers, if properly supported. Diagnosis is a poor indicator of employability. Work history and length of time employed are better indicators, but the overriding predictor of success is a strong desire to work (Grove & Membrey, 2005).

Supporting people with mental health problems into employment should be a top priority for health and social care providers and commissioners. Yet only half of mental health service users report having received any help with employment (Healthcare Commission, 2008). This may reflect the low expectations many professionals have about the prospects of employment for people with mental health problems (Rinaldi *et al.*, 2008; Marwaha *et al.*, 2008).

There are barriers to employment which are real and should not be denied (Sainsbury Centre, 2007) but with the right support they can be overcome. Whatever the perceived difficulties, and whatever the economic conditions, real work still represents the most effective treatment for mental health problems (Drake, 2008).

There is strong evidence that Individual Placement and Support (IPS) is the most effective method of helping people with severe mental health problems to achieve sustainable competitive employment. It consists of intensive, individual support, rapid job search followed by placement in paid employment, and time-unlimited in-work support for both the employee and the employer.

The principles of IPS have been strongly endorsed by the Social Exclusion Unit (2004), in the Department of Health's commissioning guidance on day and vocational services (DH, 2006a & 2006b) and in the Government's action plan for social exclusion (Social Exclusion Task Force, 2006).

This briefing paper describes the key principles of IPS, presents an overview of the research evidence and provides information on further reading.

How does it work?

There are eight key principles of Individual Placement and Support. They are summarised in Box 1.

Box 1: The key principles of Individual Placement and Support (IPS)

1. Competitive employment is the primary goal;
2. Everyone who wants it is eligible for employment support;
3. Job search is consistent with individual preferences;
4. Job search is rapid: beginning within one month;
5. Employment specialists and clinical teams work and are located together;
6. Employment specialists develop relationships with employers based upon a person's work preferences;
7. Support is time-unlimited and individualised to both the employer and the employee;
8. Welfare benefits counselling supports the person through the transition from benefits to work.

(Adapted from Dartmouth IPS Supported Employment Center, 2011)

1. **Competitive employment is the primary goal**

   The fundamental assumption should be that paid employment (part-time or full-time) is a realistic goal for everyone who wants a job. Placement in education and training may provide a 'stepping stone' for younger people and other forms of training might help some people, but the central goal of the service must always be paid employment.

2. **Everyone is eligible**

   There are no 'eligibility criteria' for entry into IPS programmes beyond an expressed motivation to 'give it a try'. This should be irrespective of issues such as job readiness, symptoms, substance use, social skills or a history of violent behaviour.

   Research shows that wanting a job is overwhelmingly the most important factor for successful placement in paid employment (Grove & Membrey, 2005). If a person believes paid employment is possible, and they receive the help they think they need, then their prospects are good. If they are subject to lengthy assessments to determine their 'job readiness' and endless preparation of CVs and interview practice, then they will soon lose heart. People are 'job ready' when they say they are and that is the time to start.

3. **Job search is consistent with individual preferences**

   Working closely with someone's personal interests and experience significantly increases the chances of them enjoying and retaining a job. "*Do you want to work?*" and "*What do you want to do?*" are therefore the key – and indeed often the only – important assessment questions.

4. **Job search is rapid**

   The job search should be started early (normally within one month). A positive, 'can-do' attitude should be cultivated in both staff and service users. Staff should act as 'carriers of hope' for recovery (Glover, 2002). Clear targets with dates for action need to be agreed and adhered to. Preparation should be concurrent with job search.

5. **Employment specialists and clinical teams work and are located together**

   One of the most crucial aspects of the IPS approach is the quality of joint working between employment specialists and mental health teams. Employment specialists should be integrated, and preferably co-located, with clinical teams, irrespective of who employs them. They should actively take part in assessment meetings, influence referrals and share in the decision-making process. This may present a challenge to services that are more used to working separately, one after the other, i.e. 'in a series', rather than 'in parallel' together. It means that employment specialists must be central and equal members of the team, not peripheral 'add ons'. In this way, the whole caseload of the clinical team is automatically the caseload of the employment specialist.

6. **Support is time-unlimited and individualised to both the employer and employee**

   The IPS approach makes getting a job the *start* of the process rather than the end point (it is 'place-then-train', rather than 'train-then-place'). Thus, support must bridge this crucial transition and carry on for as long as is necessary. This means that individuals receive support that is based on their individual needs in relation to their job, skills and preferences. Support is provided by a variety of people including employment specialists, clinicians (e.g. to help people to manage their mental health in the workplace). Family members and close friends can be included in the team to support people in their working lives, if they wish. Employment specialists may also provide support to the employer in line with the individual's wishes.

   Employment specialists should not require people to disclose their mental health problems to employers. Their role is to discuss the benefits and risks of disclosure and non-disclosure with the individual and support them in their decision.

7. **Welfare benefits counselling supports the person through the transition from benefits to work**

   It is essential that employment specialists or clinicians offer assistance in obtaining individualised benefits counselling to understand the financial implications of starting work. This should include the process of managing the transition from

welfare benefits to work and advice on in-work benefits such as Tax Credits. It is essential to have good relationships with specialist experts in Jobcentre Plus and other welfare benefit agencies, such as Citizen's Advice Bureaux.

What is the evidence?

Randomised controlled trials (RCTs) across the United States, Canada, Hong Kong, Australia and Europe, including the UK, have compared the experiences of IPS participants with groups taking other approaches to vocational rehabilitation (i.e. services based on more traditional principles of 'train and place', which provided vocational training and job preparation before looking for competitive employment). Across research studies, sites that most closely followed the IPS approach achieved the greatest success with an average of 61% of participants being placed in competitive employment compared to 23% in sites that followed other approaches (Bond, Drake & Becker, 2008).

"In following people for 30 years and then following patients who are in dozens and dozens of research studies that are sent around, it's totally clear to me at this point that there's nothing about medications or psychotherapies or rehabilitation programs or case management programs or any of the other things that we study that helps people to recover in the same way that supported employment does."

(Drake, 2008)

One study, EQOLISE, covered six European countries including the UK. It found that IPS participants were twice as likely to gain employment compared with traditional vocational rehabilitation alternatives (see Box 2).

IPS is focused on the individual who is looking for work. Far from being a rigid model that restricts services, the evidence should actively encourage a thoughtful, supportive, flexible response to each individual. It promotes creativity and open-mindedness in employment specialists and mental health teams to help people to get good job matches and individualised support. It relies on employment specialists having excellent knowledge of local job markets and the needs of employers. It relies on effective team-working between employment specialists, health professionals and the individual, and it focuses on what is important and meaningful for those people (Swanson *et al*., 2008).

Box 2: Results from EQOLISE study

- IPS participants were twice as likely to gain employment (55% *v*. 28%) compared with traditional vocational rehabilitation alternatives;
- IPS participants sustained jobs longer and earned more than those who were supported by the best local vocational rehabilitation alternatives;
- Better results were obtained by implementing IPS principles in full;
- The quality of partnership working between health and employment providers was a critical success factor. It is particularly important to deliver integrated packages of vocational and clinical support;
- Employment outcomes were influenced by local employment rates and benefit levels although IPS services were still more successful than standard interventions;
- There was no deterioration in people's mental health as a result of taking up work;
- A proportion of IPS participants remain unmotivated or unable to maintain open employment but it is not possible to identify these people when they first join a programme. This shows that a policy of zero exclusion is essential.

(Adapted from Burns *et al*., 2007)

How is IPS assessed?

The key to recognising whether a service is offering evidence-based individual placement and support is to assess how well the clinical teams and the employment specialists are working together to implement the seven principles.

Box 3: Advantages of obtaining a high score on the 'IPS Fidelity Scale'

- **For people using services:** it means that they can be given a clear idea of what kind of service to expect, with a focus on their personal preferences and real jobs, good communication with clinical teams and an assurance that quality standards will be maintained.
- **For employment services:** it means that they can achieve the best outcomes possible and that their practice will be continually monitored and improved.
- **For health services:** it means that people's health will be given proper attention, within an integrated package of care, and that this will lead to better clinical *and* vocational outcomes.
- **For commissioners:** it means that they have a clear service specification which they can be confident will produce the best possible employment outcomes compared with any realistic alternative. It is also cost effective and has a built-in check on quality.

(Adapted from Rinaldi, 2008)

Research shows that those services which *faithfully* follow the principles of IPS get more people into employment than those services that do not (Becker *et al.,* 2001, 2006; McGrew *et al.*, 2005; Burns *et al.*, 2007).

A 'fidelity scale' has been developed to enable services to measure how well they are meeting the seven key principles of IPS in their work (Bond *et al.*, 1997). The benefits of achieving high fidelity are summarised in Box 3.

Fidelity should be reviewed regularly and the results, along with recommendations for improvement, should be fed back to employment and clinical staff (see Killackey & Waghorn, 2008 and Porteous & Waghorn, 2007, for how this can be done in practice). Some items on the fidelity scale may be easier to achieve than others.

The importance of co-location

One of the seven principles of IPS is that employment support and clinical management should be integrated, not separated. This can be achieved in any set of organisational or financial arrangements as long as those who commission, manage and monitor the services understand the importance of adhering to the principles of IPS. The most efficient way to achieve this is for employment specialists, whoever they are employed by, to be full members of clinical teams, co-located for at least part of the week. They should actively take part in assessment meetings, influence referrals and share in decision-making and problem-solving processes. All employment and clinical team notes should be integrated and remain confidential to the individual, the employment specialist and the clinical team.

Co-location promotes regular contact and aids communication. It avoids duplication of assessment and reduces drop-out rates, particularly as it removes practical barriers such as travel between different sites. It gives employment specialists the opportunity to start working with individuals at an early stage. It will also help people who are in employment to retain their jobs when they become unwell.

A framework of integrated services changes and improves both clinical and employment services, actively demonstrating to clinicians the value of work as a form of treatment as well as improving vocational plans by taking clinical considerations into account (Drake *et al.*, 2003) (see Box 4 on page 6). It also ensures that there is no unintended screening out of people clinicians think are not 'work-ready'.

Implementing IPS in the UK

The use of the IPS approach within local employment services is increasing.

One example, now well established, is the work of South West London & St George's Mental Health NHS Trust. Here, IPS services have produced positive results (Rinaldi & Perkins, 2007) and are currently being used in early intervention services for young people with first episode psychosis (Rinaldi *et al.*, 2004).

Box 4: Benefits of co-location

- Better communication;
- Improved coordination and coherence in a person's journey through the 'system';
- The process of seeking employment is sensitive to a person's clinical needs;
- Concerns of clinicians can be directly addressed;
- Vocational information is incorporated into care plans;
- First-hand observation can convince mental health teams of the efficacy of the focus on employment;
- More effective engagement and retention;
- Better outcomes for the individual.

(Drake *et al.*, 2003)

There have been some similar developments elsewhere, in both the statutory and voluntary sectors, but progress is slow.

Barriers to implementation include:

- A lack of knowledge of, or belief in, the research evidence;
- A lack of commissioning of IPS services;
- Employment is still not considered a priority for mental health services, or seen as a realistic goal for people who have experienced mental health problems;
- A lack of IPS trained practitioners, in both employment and health services.

These barriers can be overcome by:

- Wider communication across mental health and employment services about the research evidence base and what can be achieved;
- Targeted and clear commissioning of IPS services, ensuring one full-time employment specialist is available for each clinical mental health team;
- Ensuring that mental health services offer recovery-oriented services (Shepherd *et al.*, 2008) of which employment is a central part;
- Ensuring employment services are focused on providing evidence-based support.

Implementation of IPS needs to be driven by senior managers in both commissioning bodies and provider organisations. They need a strong commitment to organisational change and capacity building as IPS requires changes in the thinking of many mental health teams and employment services and the will to make changes at every level.

'Doing what works' requires collaborative and sustained efforts by all of those concerned to ensure that the research evidence becomes firmly embedded within practice and that it makes a real difference to people's lives.

IPS as a design principle for other programmes

The Government's Pathways to Work and new Disability Employment Programme both share many of the aims of IPS and there is considerable overlap between the groups of people these programmes are intended to serve. The evidence suggests that the more closely these other programmes follow the IPS principles, the more successful they are likely to be. Sainsbury Centre is initiating a dialogue with those responsible for these generic employment programmes to explore how they can be more effective in supporting people with mental health problems.

Supporting the development of IPS in the UK

This briefing paper marks the beginning of Sainsbury Centre's commitment to supporting the implementation of Individual Placement and Support (IPS) in the UK. Our work will include:

- The publication of *Key Performance Indicators* for monitoring the performance of employment support offered by specialist mental health services. The indicators will provide both a framework for local services to set and monitor development priorities and an outline service specification for commissioners. They have been developed with the support of the NHS Confederation's Mental Health Network;

- A briefing paper on the financial implications of Individual Placement and Support for commissioners;
- A dedicated area of our website with up-to-date information on the growing international research evidence and examples of implementation in the UK;
- Intensive support to selected sites in the UK to help them to implement Individual Placement and Support locally;
- A programme of collaboration to build an international learning and practice community.

Where can I get more information?

Sainsbury Centre wants to hear from you. Have you heard of the IPS approach? Are you looking to implement IPS in your area? What are your experiences? Do you have any questions or comments for our team? Email your questions and responses via our website www.scmh.org.uk/employment

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