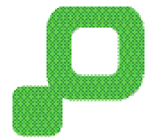
BRIEFING

Centre for Mental Health



Realising a better future

44: Implementing what works

The impact of the Individual Placement and Support regional trainer

Summary

Individual Placement and Support (IPS) is now internationally recognised as the most effective and efficient way of supporting people who experience a mental illness into competitive employment. Yet while the employment aspirations of people who experience a mental illness remain high, the evidence-based support services are not there to help to fulfil them.

Centre for Mental Health worked alongside Sussex Partnership NHS Foundation Trust and Southdown Supported Employment, a not-for-profit sector provider of employment services that works in partnership with the mental health Trust, to test whether locating a 'regional trainer' across both the Trust and Southdown could speed up the development and efficacy of IPS within their services. The role was based on the State Trainer model that was developed and is widely used in the United States for this purpose.
The pilot resulted in a marked rise in the number of people gaining paid work. Key to the success of the regional trainer was their ability to encourage cultural change, which accepts employment as part of an individual's recovery and the use of regular 'fidelity reviews' to determine how well the principles of IPS are being applied in practice and to make recommendations for improved outcomes.

The findings from this pilot indicate that wider use of the regional trainer role could help mental health and employment services across the UK to support more people into paid work; enabling people to realise their ambitions and achieving the objectives outlined in the Government's mental health strategy.

Introduction

> *"I'm a bit embarrassed really. When (the employment specialist) first came to our team I thought, what are they here for? We work with people who are really ill, you know? But they showed me I was wrong. I refer people now who say they want to work even if I think it's impossible for them to ever get a job as I'm constantly proved wrong."*
> Community psychiatric nurse

The great majority of people with mental health conditions of working age say they would like paid work (Secker, Grove & Seebohm, 2001). However, their rates of employment remain unacceptably low. A recent survey found that only 15 per cent of people using community mental health services are in any regular paid work while 43 per cent of those who wanted support to find or keep work said they had not received it from anyone in NHS mental health services in the past year (Care Quality Commission, 2011).

> *"I just want a job, any job, I don't really care what I do I just need to work and feel like I am contributing something."*
> *Service user, Sussex*

> *"I wish I could write a prescription for a job, a house and a relationship as that's what our service users really want."*
> *Consultant Psychiatrist, Sussex*

This mismatch between high aspirations and low employment rates among people in contact with mental health services has been known for many years. What is different now is that over the last ten years the research evidence on effective interventions has grown substantially. We now have the interventions to meet people's aspirations and support them into employment.

Individual Placement and Support (IPS) is an approach to employment support that is tailored to each individual's needs and consists of intensive support to search quickly for a paid job, followed by time unlimited support for both the employer and the employee. Time unlimited support helps individuals maintain employment and promotes career development (Sainsbury Centre, 2009a). Sometimes also known as evidence-based supported employment, IPS is now internationally recognised as the most effective and cost effective way of supporting people who experience a mental illness into competitive employment (Sainsbury Centre, 2009a, 2009b).

Yet while the employment aspirations of people who experience a mental illness remain high, the evidence-based support services are not widely available. Access to an IPS employment specialist is still not routinely available as part of the mental health treatment offered to people in contact with either primary or secondary mental health services in the UK despite the development of both evidence and policy in its favour (Department of Health, 2011). Successful implementation of IPS is realistic, achievable and is well established in some parts of the country (Centre for Mental Health, 2010). However, effective implementation requires organisations to change what are often deep rooted attitudes and practices (Shepherd *et al.*, in press).

The regional trainer pilot

This briefing paper reports on the results of a pilot project to speed up the implementation of IPS across mental health services in the southern English county of Sussex through the creation of a 'regional trainer' role. The project, modelled on the State Trainer programme that has produced successful results over 10 years in 13 States in the USA (Becker, 2011a), began in November 2010 when a partnership bid to the Department of Health South East's PSA16 Innovation Fund, led by Centre for Mental Health, was successful and the first UK IPS regional trainer was appointed to pilot the role for a year. The aim was to understand whether it could accelerate the implementation of IPS and bring about better employment outcomes more quickly.

When the regional trainer began in post knowledge about IPS among local clinicians varied widely. While occupational therapists had been championing IPS and had a vocational champion structure in place, there was much lower awareness among psychiatrists and psychologists and employment specialists lacked the confidence to engage proactively with employers. Although clinical teams acknowledged that employment was important to recovery this was not reflected in their everyday practice.

Over the 12 months of the pilot, each of these barriers was addressed and the number of people accessing the Trust's mental health services obtaining paid work through the IPS service more than doubled the target of 125. Over all 286 individuals found paid employment over the twelve month period using the IPS service. While further testing of this role is required this initial success, coupled with the experience of the state trainers in the US, leads us to believe that regional trainers will be critical in bridging the gap between research and practice in the UK; bringing the day when everyone with a mental health condition who wants a job can get the best quality support to find and keep paid work even closer.

Research evidence demonstrates that adherence to the eight principles of IPS (see box 1) increases the effectiveness of IPS in helping people into work (Bond, 2004) and a detailed 'fidelity scale' is available to check the extent of compliance achieved by any individual employment service (Becker *et al.*, 2008).

Box 1: The eight principles of IPS

- Eligibility is based on individual choice with no exclusion criteria;
- Supported employment is integrated with clinical treatment;
- Competitive employment is the primary goal;
- Job search is rapid (begins within 4 weeks);
- Job finding, and all assistance, is individualised;
- Employers are approached with the needs of individuals in mind
- Follow-along supports are continuous;
- Financial planning is provided.

Why fidelity to the model matters

There is overwhelming international evidence that IPS is the most effective way of helping people with severe and enduring mental health problems into sustainable competitive employment (Waghorn, 2011; Bond, Drake & Becker, 2008). Some 16 randomised controlled trials conducted in the USA, Canada, Australia, Hong Kong, the UK and other parts of Europe have compared IPS (place then train) with the best available traditional vocational service alternative (train then place) models. Across these studies those who followed the principles of IPS had greater levels of success, with, on average, 61% of people gaining competitive employment compared to an average of 23% in sites that used the 'train then place' approaches (Bond, Drake & Becker, 2008).

These studies show that following the eight key principles of IPS (Box 1) is critical to obtaining successful outcomes (Bond, Drake, Becker, 2008). The importance of high fidelity is further illustrated by a more recent randomised controlled trial conducted in the UK, which found no effect from delivery of an IPS based supported employment programme (Howard, Heslin, Leese, *et al.* (2010). This appeared to be due to a lack of adherence to the proven model (Latimer, 2010).

To help services to implement IPS, a fidelity scale of 25 measures has been developed and tested to score services. The IPS fidelity scale is continually updated to reflect the evidence base (http://www.dartmouth.edu/~ips/page19/page21/files/se-fidelity-scale002c-2008.pdf). The scale effectively measures how close employment and mental health services follow each principle thus being 'faithful' to the model. To ensure service development is on track and to improve outcomes, IPS services regularly assess their practices against the fidelity scale. Fidelity reviews carried out by experts in IPS in close collaboration with clinical and employment teams feed into future plans for continuous programme improvement.

The need for a regional trainer

"Successful and sustainable implementation of evidence-based practices and programs always requires organizational change"
(Fixsen *et al*, 2006).

With the established evidence on the effectiveness of IPS, the growing evidence on the cost-effectiveness of this programme within mental health services (Bush, Drake, Xie et al 2009), but a lack of evidence-based services, the problem becomes that of getting the science into practice. Researchers and practitioners internationally are now writing about IPS implementation and there is an increasing body of knowledge in this area (For example see Burns *et al.*, 2008; Rinaldi, Miller and Perkins,

2010; Rinaldi *et al*., 2008; Porteous & Waghorn 2007 and 2009).

In 2006, Fixsen and colleagues undertook a systematic review to look at the evidence for successful implementation of evidence-based practices across a number of areas, including health care, child welfare, manufacturing and medicine. They identified the importance of a 'purveyor'. Purveyors are defined as 'an individual or group of individuals representing a programme or practice who actively work to implement that practice or programme with fidelity and good effect'. Purveyors gather data and experiential knowledge to change people's behaviours, and organisational structures and cultures (Fixsen *et al*., 2006).

The purveyors must also work at a number of levels all at the same time. This includes practitioners, managers and leaders, policymakers and within the administration systems, such as funding and human resources (Fixsen *et al*., 2006):

- Dissemination of information alone does not lead to effective implementation;
- Training alone, regardless of how well it is done, does not lead to successful implementation;
- Implementation by 'following the money' does not work;
- Implementation without supporting role and function change does not work (Fixsen *et al*., 2006).

In 2009, meanwhile, Centre for Mental Health established the 'Centres of Excellence' programme with nine partners across England committed to implementing IPS, reporting outcomes and measuring fidelity. The partners are located in Central and North West London, Essex, Devon, Leeds, Nottingham, Shropshire, Somerset, South West London and Sussex. One of the aims of the programme is to demonstrate real world implementation of the evidence-base and understand keys to effective implementation in the UK (Centre for Mental Health, 2010).

Some of our partners in the Centres of Excellence programme have reported that it has taken them between five and ten years for an IPS employment service to be routinely available and optimally effective for all who want to work, across the whole local mental health service. In order to speed this process up, Centre for Mental Health decided to test an implementation approach now established in the United States: the State Trainer role.

IPS 'state trainers' have been operating for over 10 years in the United States in permanent, time-unlimited roles as part of the Johnson and Johnson – Dartmouth Community Mental Health Program national learning collaborative. The role is considered critical to successful and sustained implementation of IPS (Becker, 2011b). The thinking behind the state trainer role is described by its originator, Deborah Becker, in Box 2.

Starting point

In order to deliver the UK pilot project, health service innovation funding was sought from the Department of Health South East's programme for PSA16 Innovation Fund for socially excluded adults. The purpose of this Innovation Fund is to support the aims of the PSA16 programme to increase accommodation and employment opportunities for one or more of the target groups – in this case people accessing secondary mental health services.

The successful bid was to fund a one year position in Sussex, England. State Trainers in the United States, by contrast, are permanent positions. However, we limited the UK regional trainer post to this period because of the experimental nature of the pilot and the availability of innovation funding.

Sussex was chosen as the location for the pilot because it had a small but expanding team of employment specialists and supervisors, the local commissioners were funding IPS and the service specifications reflected this, and practice was a mix of established and newly operational services, with a range of between one and four years. However, one of the most important factors was the willingness of Southdown Supported Employment and the Sussex Partnership NHS Foundation Trust to allow an external person to assess their services and to recommend and support improvements to the service. With these key factors in place to support the wider use of IPS, we judged that Sussex was ideally placed to make the best possible use of the regional trainer role.

Box 2: Deborah Becker (2011b) describes the state trainer model

"Practitioners in the USA have been implementing IPS programmes since 2001 and they believe that State Trainers have increased both the quality of the service and the speed with which a new service can be established and become effective. Many people with severe mental illnesses want to work as part of moving forward with their recovery. But there is insufficient access to effective employment services such as IPS supported employment. Regional trainers have a key role in increasing access to IPS. They are charged with systematically engaging sites and expanding the number of sites providing these services. They oversee the implementation and sustaining of IPS by providing site-based training and consultation to mental health agencies. The trainers coordinate meetings of IPS supervisors across sites in order to share successful practices and procedures. Regional IPS trainers track employment outcomes and IPS fidelity reviews, which assess implementation, across sites. In addition, regional trainers consult with [local] government leaders to address system-level barriers and facilitate incentives for implementing and sustaining IPS. The absence of regional IPS trainers ultimately restricts access to IPS and a working life."

Box 3 sets out some of the context to the county's population and its mental health services.

> *"The employment specialist has a better understanding because she is embedded into the team. It is far better than other teams I have worked in with segregated employment services as it means we can start the person's return to work journey far quicker."*
> Psychiatrist, Sussex

Box 3: Mental health services in Sussex

- Population of 1.55 million, mix of urban coastal towns and rural;
- Three local authority areas: one city (Brighton & Hove) and two rural counties (West and East);
- Sussex Partnership NHS Foundation Trust supports 10,000 people with severe and enduring mental health problems each year across the three areas;
- Implementation without supporting Thirty two clinical teams (including four early intervention and four assertive outreach teams);
- Nineteen Employment Specialists across the area, all employed by Southdown, a local not-for-profit organisation, but attached to and embedded in the clinical teams within the area;
- Every community mental health team has a vocational champion.

When the regional trainer began in post knowledge about IPS among clinicians in Sussex was mixed. While clinical teams acknowledged that employment was important to recovery this was not reflected in their everyday practice, partly due to a misplaced belief held by both the staff and people who use the service that a return to work would make a person financially worse off. Employment specialists, meanwhile, lacked experience in engaging proactively with employers to develop job opportunities.

> *"Many people believe that a return to work will mean that they are worse off financially, this is rarely the case."*
> Specialist benefits advisor, Sussex.

The role of the regional trainer

When we developed the position of the regional trainer in the UK, we drew heavily on the experience of the US state trainer and the role the 'purveyor' played in bringing about the desired organisational change. Key features of a regional trainer's role are shown in Box 4.

Box 4: The role of a UK regional trainer

- External person "on hand" to support the planning and preparation for fidelity reviews, conduct fidelity reviews and assist with the development of action plans;
- Demonstrates a learning culture. Explains why fidelity is important to the clinical team and employment specialist and trains vocational champions;
- Provides reports to Trust executive team and designs employment related key performance indicators for the mental health services and employment targets for clinical teams;
- Demonstrates field-mentoring in practice and supports supervisors to adopt this approach with Employment Specialists;
- Acts as a 'culture carrier', i.e. an individual representing evidence-based practice, who actively works to implement that practice.

The trainer was appointed on a year's secondment from Sussex Partnership NHS Foundation Trust to the Centre. We felt it was important that the role was hosted by a separate organisation so that the trainer was free to work with and between all stakeholders. The post holder, Becky Priest, was a highly experienced occupational therapist and had been working in a clinical team as a vocational champion for three years. This meant that the regional trainer had excellent working knowledge of the challenges and critical success factors in the implementation of IPS, as well as good working relationships with both the mental health services and Southdown, the employment service provider.

The regional trainer was able to use her knowledge and expertise to build on the implementation of IPS already achieved by the local 'purveyor group' particularly the leadership from senior staff, Sussex Partnership NHS Foundation Trust's vocational strategy, Southdown's recording and reporting processes, the commitment and experience of Southdown's employment specialists.

Once in post, and having identified the major obstacles to implementing high-fidelity IPS in Sussex, the regional trainer worked with the purveyor group and they set about devising a number of strategies aimed at improving implementation (See Box 5).

In conducting a fidelity review, the trainer gathered evidence from a wide range of practitioners and service users about the service, using the IPS fidelity review as a checklist.

Box 5: Implementation strategies (to address the above):

- Preparing, planning and conducting external fidelity reviews
- Supporting the fidelity of service action plans, modelling employer approaches and job development for employment workers and supervisors (supported by Southdown internal training department);
- 'Let's talk about work' training, 'how to ask' and 'just ask';
- Regular meetings with senior leadership to gain support and 'buy in';
- Internal magazine articles;
- Ad hoc and rapid responses to implementation queries.

Making an impact

After a year in post, awareness of employment issues among practitioners, team leaders and senior managers in the Trust had increased. This was primarily driven by the fidelity reviews but also supported by other activities such as team training, online quizzes, feedback of outcomes in team meetings and Trust wide articles on IPS.

“We used to view voluntary work or education as a first step but not any more, now we think about employment.”
Community psychiatric nurse, Sussex

“People are being referred much earlier now, employment used to be seen as something for when people are better.”
Care coordinator, Sussex

“ We look at employment as much as medication and therapy now.”
Care coordinator, Sussex

“Two years ago work was almost incidental, now the culture has completely changed… I’ve been really impressed with the figures employment specialist has achieved.”
Service manager, Sussex

Employment specialists also became more confident in their systematic job development abilities, enabling them to make better use of what is often described as ‘the hidden job market’ and to seek out employment opportunities based on their clients’ strengths and preferences rather than just responding to advertised vacancies.

“I don’t know what we would do without (the employment specialist) now, they are an essential part of our team, we really need more.” Care coordinator, Sussex

“Straight forward face to face contact with expert advice is very important and work can be very complicated but helping people contribute to society is infectious.”
Consultant psychiatrist, Sussex

Over the year, 200 “in-work better off” calculations were completed. Only one person would have been worse off returning to work. The results of these calculations were shared with the clinical teams and this led to an increase in staff and individuals’ perceptions of the financial benefits of a return to work.

“ I have had support with my benefits as it’s a bit of a minefield otherwise.”
Service user, Sussex

“It was quite a surprise to find out that I would be better off financially by working. I thought I’d lose money.”
Service user, Sussex

“It is a bit of a myth that people are worse off working than on benefits, it is rarely the case.”
Specialist benefits advisor, Sussex

Southdown supported employment measures the number of people gaining employment as an outcome from contact with an employment specialist. The target set at the outset was that the regional trainer would be able to provide the support to lead to an increase in paid work outcomes by 60%, from the previous standard annual target of 125 to 200. Research studies define an employment outcome as a person commencing paid work, in a job that anyone can apply for (i.e. not reserved for someone with a mental health condition) that pays at least the minimum wage for a minimum of one day in a month; this was the measure that was taken for this pilot. At the end of the year, 284 work outcomes had been achieved, far exceeding the 200 target and more than doubling the standard annual target of 125. Figure 1 (overleaf) shows the number of people gaining an employment outcome in the six months prior to the start of the pilot and the 12 months during which the trainer was in post compared with the monthly target. It shows that the number of employment outcomes had already been rising before the beginning of the pilot but that the number rose substantially during the pilot phase and remained higher than before in every month of 2011.

At the end of the year, the Centre and Sussex Partnership NHS Foundation Trust explored what the success factors had been from the pilot in order to inform future developments of this kind. As a result, we identified five key factors for the regional trainer role.

Positioning

The positioning of the role was felt to be critical. Having the regional trainer based in a nationally recognised research and development organisation gave the project additional status within the Trust. It encouraged, for example, the chief executive and directors of the Trust to take an interest in the work and in particular the results of the fidelity reviews. Being part of the Centre also meant the trainer had direct links to Dartmouth Psychiatric Centre and was able to correspond and talk to the US state trainers regularly. This was invaluable both for peer support and to learn from their extensive experience. The regional trainer was also able to access senior clinical support from within the Centre to assist in running briefing sessions and events for psychologists and psychiatrists within the Trust.

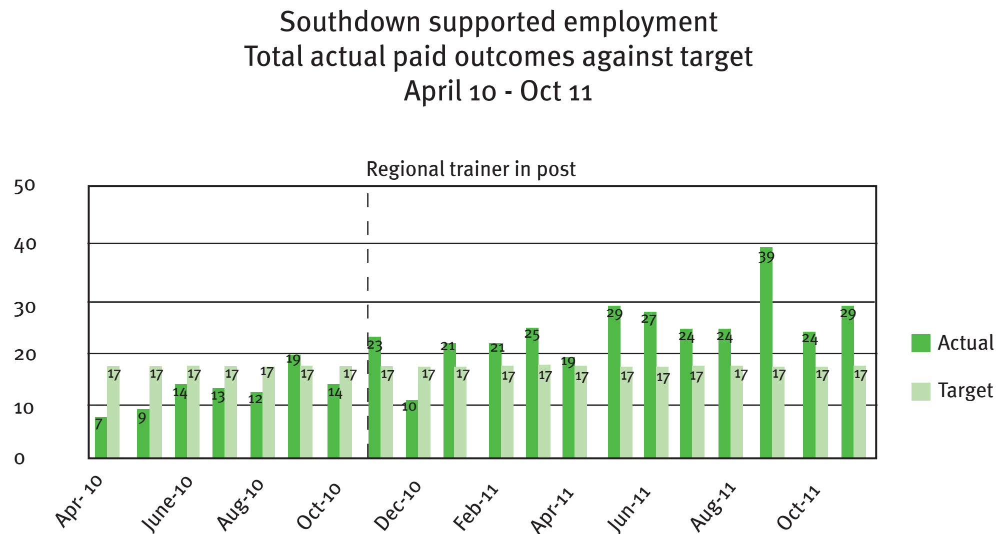


Figure 1: Employment outcomes following introduction of the regional trainer in November, 2010 (reproduced with permission of Southdown Supported Employment)

Fidelity reviews

As outlined earlier, a fidelity review essentially provides quality assurance and improvement for evidence based practice. It is vital to conduct regular reviews to ensure that teams are both aware of the evidence and are actively striving to work towards high fidelity at all times. A key strength of the regional trainer role is having an external person who is on hand to support employment specialists and clinical teams in planning and preparing for fidelity reviews and then to conduct the review itself. Working with the teams also ensures that reviews reflect an accurate portrayal of the current service in order to provide an effective anchor for future service development.

Relationships at all levels

It was essential to recruit a person with the ability to work both strategically and operationally and to relate to a wide variety of people. The regional trainer must be able to work at all levels of an organisation, getting out into the field, demonstrating how to engage employers. They need to be able to participate in multi-disciplinary clinical meetings, to present to psychiatrists and psychologists and to meet with the executive management team.

In Sussex, the trainer met with all key members of the mental health and employment teams, including psychiatrists, psychologists, community psychiatric nurses, occupational therapists, social workers, team managers, and most importantly groups of people who use mental health services, both those who had accessed the employment services and those who hadn't.

The regional trainer needs to bring with them a strong sense of a learning culture, promoting the importance of reviews to continuous service improvement. They can talk with clinical teams and employment specialists about why it is important to conduct a review and why certain aspects are important. They can then support the creation of realistic action plans that are focused on the areas where the greatest improvement in outcomes can be achieved and give real examples of what can be done and what is achievable within a mental health trust with competing demands.

Making employment everyone's business

Clinical teams will get the most out of employment specialists if they can see how their own practice can be applied to supporting people in achieving their employment aspirations. The regional trainer can help members of a clinical team to think through what they can bring to support individuals, to

offer their professional advice and guidance in relation to employment. This ranges from helping with jobseeking to offering initial on-the job support, follow on support and dealing with problems encountered at work. Mental health professionals are used to doing this for example, for assessing risk, but often need assistance to consider its application to employment and the workplace.

> *"I think a group of people within the team have been surprised by what [the employment specialist] has achieved and attitudes have changed with her presence."*
> Care coordinator, Sussex

> *"it is hard carrying a candle on your own, it really helps working together with [the employment specialist] to share ideas and opportunities."*
> Clinician, Sussex

Data collection and feedback

A further crucial role for the regional trainer is using data from employment services (outcomes as well as individual stories) to lever support from different parts of the health system and to secure buy-in at all levels of the organisation. The regional trainer was also able to provide clinical teams with information on current client caseload profiles using HONOS data, which describes the extent to which a person's daily living is affected by their mental illness and is a tool clinicians use to measure improvements in a person's ability to function. This helped clinicians to see that clients accessing their services were 'no more unwell' than those in other parts of the Trust, thus dispelling a widely held myth among clinicians that 'their' clients are less able to work than others' because of the severity of their illness .

Box 6: Learning from the first year

- Positioning the role in a respected third party organisation, in this case Centre for Mental Health;
- An external expert to conduct regular fidelity reviews and demonstrate their value to service improvement;
- A post holder who can relate to individuals at all levels and can work strategically and operationally;
- Make employment everyone's business not just the employment specialist and develop real employment-focused mental health care;
- Outcome and client profile data – collection and feedback to stakeholders.

Conclusion

Organisational change takes time. This pilot lends weight however, to the proposition that adapting and applying the tried and tested model of the US state trainer in the UK may bring similar results in speeding up implementation of IPS and as a result improving outcomes for service users.

There is strong evidence that good employment has a positive effect on our health and wellbeing and that unemployment is bad for our health. We also know that IPS is the most effective way of supporting people who experience a mental health condition to gain and maintain employment. Yet these evidence-based services are not routinely available and the pace of change to date has been slow in many parts of the UK.

The regional trainer pilot has offered a valuable insight into how the process of getting evidence (and now policy) into practice can be accelerated to enable more people to be supported to fulfil their economic potential.

Acknowledgements

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Note: More detailed information about the evidence for the effectiveness and cost-effectiveness of IPS can be found in Briefing paper 37 *Doing what works* and Briefing paper 41 *Commissioning what works* (Sainsbury Centre 2009a. 2009b).

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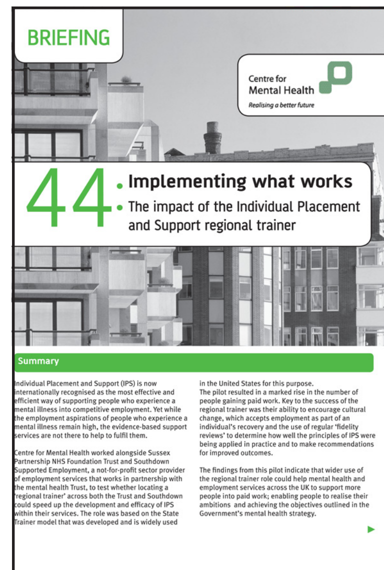
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Centre for Mental Health worked alongside Sussex Partnership NHS Foundation Trust and Southdown Supported Employment, a not-for-profit sector provider of employment services that works in partnership with the mental health Trust, to test whether locating a 'regional trainer' across both the Trust and Southdown could speed up the development and efficacy of IPS within their services. The role was based on the State Trainer model that was developed and is widely used in the United States for this purpose.
The pilot resulted in a marked rise in the number of people gaining paid work. Key to the success of the regional trainer was their ability to encourage cultural change, which accepts employment as part of an individual's recovery and the use of regular 'fidelity reviews' to determine how well the principles of IPS were being applied in practice and to make recommendations for improved outcomes.

The findings from this pilot indicate that wider use of the regional trainer role could help mental health and employment services across the UK to support more people into paid work; enabling people to realise their ambitions and achieving the objectives outlined in the Government's mental health strategy.

Centre for
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Realising a better future

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