



Jan Hutchinson

# IPS in the UK

## Improving employment support in mental health services

### Background

Individual Placement and Support (IPS) is an approach to supported employment which was developed at the Dartmouth Psychiatric Research Center, USA in the early 1990s. It has become recognised across the world as the most effective approach to helping people whose mental health affects their ability to find and keep a job. The IPS approach is clearly defined by a fidelity scale of 25 items. It has been extensively researched over more than two decades, with at least 20 randomized controlled trials (Drake and Bond, 2014), systematic reviews and meta-analyses, including most recently by Modini *et al.*

(2016), and a Cochrane review (Kinoshita *et al.*, 2013). In these studies, IPS has consistently demonstrated significantly more effectiveness than the best locally available alternative approaches in terms of the proportion of people helped into work.

Where IPS has been implemented with younger people experiencing first episode psychosis it has achieved success both with employment and education outcomes. One study (Rinaldi *et al.*, 2010) found that 81% of young people gained or retained open employment and education with IPS support.

## How IPS works

IPS is based upon eight principles, each of which is crucial for success:

1. It aims to get people into competitive employment
2. It is open to all those who want to work
3. It tries to find jobs consistent with people's preferences
4. It works quickly
5. It brings employment specialists into clinical teams
6. Employment specialists develop relationships with employers based upon a person's work preferences
7. It provides time unlimited, individualised support for the person and their employer
8. Benefits counselling is included

An example of the way IPS works is explained by Grant\*.

*"I've had quite a few different jobs, but in the last five or six years I haven't been working after I lost a job and got depression. I had some family problems and I wasn't coping with anything. When things got really bad my GP referred me to mental health services and I had a nurse come to see me for about 6 months. He helped me to deal with some problems and asked me about going back to work. I wanted to get back into a job, but I thought employers would be put off because of the gap in my work history.*

*I was introduced to Kelly, an employment specialist. She asked me what I wanted to do and with her help I got a job in a warehouse. Kelly told my manager about me and I know that I can call her any time and she will help with any problems I am having at work.*

*I know that I would never have got this job without Kelly's help and she has helped me believe that I do have the skills to do it."*

In this case the Employment Specialist met Grant and completed an assessment, a vocational profile of his background, interests, strengths and skills. She quickly identified the type of work that Grant could see himself doing, and she developed an action plan in which Grant would consider which areas he could possibly travel to for work, Kelly would call warehouse companies and both would improve Grant's CV. Kelly met an employer who showed interest and agreed to meet Grant. She returned with Grant for his informal interview and he was offered a part-time position for 20 hours a week. Kelly advised Grant about the changes that employment over 16 hours would have on his benefits and supported him to inform JobCentre plus that he had been offered a job. They worked out a plan for his first day, including travel arrangements and contingencies, contact phone numbers, what to wear, what to do at lunch break, and Kelly arranged to phone Grant at the end of his shift. Kelly continued to support Grant by meeting or speaking to him weekly for a month and then reduced the support to monthly. Grant is enjoying his work and hopes to increase his hours in a few weeks.

\*Not his real name, however the case study is based on actual events.

## IPS achieves jobs, and improves mental health

People who have entered regular and steady employment through IPS have been shown to need access to mental health services less frequently or for shorter periods than people in very irregular work and those who remain unemployed. In a six-site European randomised controlled trial, the EQOLISE study, the participants randomly assigned to IPS were 60% less likely to have been admitted as a psychiatric inpatient over the final 6 months of follow-up. Additionally, being in work for more than 90 days was associated with an 18% reduction in the likelihood of becoming an inpatient on a mental health ward (Burns *et al.* 2009, Burns *et al.* 2007). Another study (Catty *et al.* 2008) found that 11% fewer participants in the IPS group than the control had been admitted to hospital.

## Cost effectiveness

A report in 2014 (van Stolk *et al.* 2014) estimated the benefit-cost ratio for IPS in UK as £1.41 saved in government spending for every £1.00 spent on IPS, assuming that the person moved from out of work benefits into paid employment for a period of six months. Centre for Mental Health estimates it will cost £54 million to double current levels of access to IPS (Parsonage, Grant & Stubbs, 2016) and the cost of making IPS available to everyone who needs a specialist service is put at £62.9m by RAND Europe (van Stolk *et al.* 2014)

## The IPS Fidelity Scale

The fidelity scale describes the model and delivery of IPS in 25 items: 3 apply to the staffing; 8 are relevant to the organisation; and 14 define the services.

In order for services to be able to achieve the best outcomes, the model is assessed against the fidelity scale, matching evidence to the descriptions provided, and marking the service with a score from 1-5 for each item. A service

which scores under 74 is not considered to be demonstrating IPS; 74-99 is fair fidelity; 100-114 is good fidelity and 115-125 is an exemplary IPS service.

Services scoring at least 100 out of a maximum 125 (80%) are said to be 'high fidelity' services and almost always demonstrate outcomes of at least 45% of people obtaining paid work. Lockett *et al.* (2016) looked closely at whether the fidelity score is a reliable means of predicting a quality service. They found that low or fair fidelity (under 80% score) was always associated with less than 45% job outcomes. A small number of high fidelity services have also failed to achieve this benchmark, meaning that high fidelity is a key indicator of quality, but other factors affecting job outcomes may need to be addressed, such as staff training.

## Successful implementation

An editorial in the British Journal of Psychiatry in 2013 summarised the key barriers to wider implementation of IPS into three categories:

- **Attitudinal barriers** relating to the beliefs of both clinicians and employers;
- **Contextual factors** relating to the structure of the labour market and welfare systems;
- **Organisational factors** within mental health services (Boardman and Rinaldi, 2013).

Over the last decade Centre for Mental Health has been at the heart of IPS implementation in the UK. We have run IPS training courses and worked with partners to organise complementary training in motivational interviewing and employer engagement, we have published evidence briefings, and we have provided IPS consultancy and coordinated implementation support.

## Centres of Excellence

The Centres of Excellence network was brought together by Centre for Mental Health to respond to requests to see best practice in operation. The [Centres of Excellence](#) are services recognised as providers of high fidelity IPS: beacon sites, able to share their experience and practice with new start-ups. We have recognised 17 sites in England as Centres of Excellence. These IPS services have been visited and undergone a thorough fidelity review; they have evidenced a score of good fidelity overall, and demonstrated good practice in supervision, casework, employer engagement, job development, handling personal disclosure, integration with the referring clinical team and benefit from the support of the NHS mental health trust senior management team. In addition a Centre of Excellence must be able to show achievement of a sufficient number and variety of paid job outcomes.

Many of the Centres of Excellence shared examples of their service documentation which were collated into a [resource hub](#) on the Centre's website. Resources include job descriptions, vocational profiles, tips for employer engagement, and links to academic literature, useful for the construction of a business case for IPS.

## Regional Trainers

IPS implementation in the US is often supported by the post of 'State Trainer', an individual appointed to project manage, encourage and promote the implementation of IPS for the first time in a particular US state. In 2010-11 the Centre trialled the role of a 'Regional Trainer' in Sussex, supporting an IPS service which was assessed to be below good fidelity and was failing to reach its job outcome targets. The improvement in job outcomes achieved as a result of the Regional Trainer methodically assessing performance, training staff and briefing referring clinicians was highly significant and the full details of the intervention were published in the [Centre's Briefing 44](#) (Centre for Mental Health, 2012).



## Making IPS Work

In the last 2-3 years a new enthusiasm for IPS has spread among clinicians and managers, leading to requests to the Centre for help to implement local services. In response the Centre made a successful bid for a grant from the Department of Health in 2014 which enabled us to offer implementation support to six sites around England. The hope was to support NHS mental health trusts and their local partners to develop new exemplars of best practice, focusing on the areas of England which had no Centres of Excellence at the time. The six sites that volunteered to be supported in the task were in Bradford, Lincolnshire, Northamptonshire, Bedfordshire, Berkshire and Wiltshire.

The support was provided in each of the sites by a Regional Trainer whose role was to embed IPS practice, to facilitate support for the employment service at a strategic level in the local NHS trust, and to influence local commissioning and provision to ensure a legacy of IPS once the grant funded period was over. In addition, the grant paid for an IPS team supervisor for 18 months, to mentor, train and oversee high fidelity IPS practice and to support the team to maximise job outcomes.

In May 2017 all six sites had completed the grant-funded implementation project. Some of the headline achievements of the implementation are described below; a full project report will be published later in 2017.

## Qualitative findings

Making IPS Work has been independently evaluated by InHealth Associates. Using a methodology of interviews and focus groups with staff, service users and local stakeholders, the evaluators have gathered data on the success of the implementation project compared with the qualitative aims which were:

- To set up and embed the IPS employment service within clinical teams;
- To achieve high fidelity practice over 18 months;
- To leave a sustainable IPS service operational beyond the grant-funded period.

## Initial findings

InHealth Associates reported generalised findings such as:

*Clinicians and managers, on the whole, were positive about the IPS focus on paid employment, rather than voluntary work or training. They were supportive of the approach of integrating dedicated workers within the community based mental health teams and the process of rapid job search to enable people to achieve their goal as quickly as possible with ongoing support where necessary.*

*Clients and staff gave striking endorsement of the immense benefits of IPS – not just in helping people find jobs (universally seen as crucial in recovery) but also on people's confidence, skills, well-being and other aspects of daily life. This positive view is shared by clients, employment specialists, health professionals, managers and senior leaders. It has had a knock-on effect on staff, boosting morale and professional confidence within teams.*

*The IPS workers were seen as kind and professional. The service they provide was described as person-centred and examples were given of the Employment Specialists' 'humanity' e.g. sensitivity to people disclosing their mental health status, being capable of developing trusting and constructive relationships with clients, having informal meetings in locations suited to clients, their ability to go 'the extra mile' and not seeming to be pressurized into 'ticking the boxes' for targets.*

*A key factor in the sustainability of a local IPS service is the declared support of commissioners and NHS provider trust senior managers.*

Achieving the legacy of a sustainable IPS service was achieved, but didn't come easily in any of the sites. InHealth Associates comment:

*Initially, staff were confident that the Trust would provide ongoing funding if benefits were demonstrated. But evidence seems only part of the battle now with*

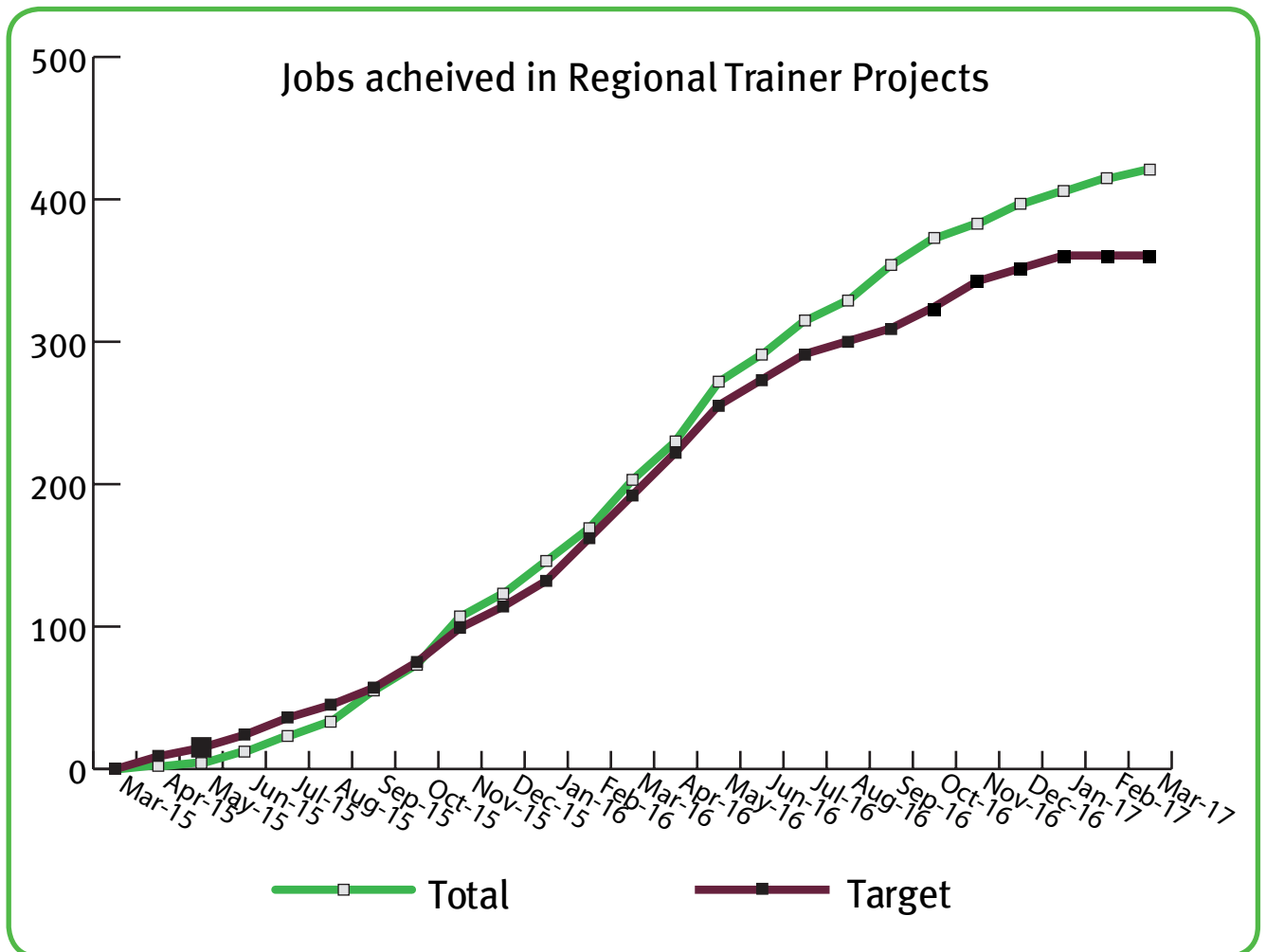
resource constraints beginning to bite. As one Director said: "even if the project demonstrates great outcomes, there's no guarantee the Trust will be able to prioritise it". The issues have become complicated, and each site is tackling the funding situation in different ways.

To date, all sites have been able to continue delivering IPS through the local team of Employment Specialists after the Centre staff completed their fixed-term role. But some of the posts were funded from time-limited budgets and their longer-term future remains uncertain.

### Quantitative outcomes

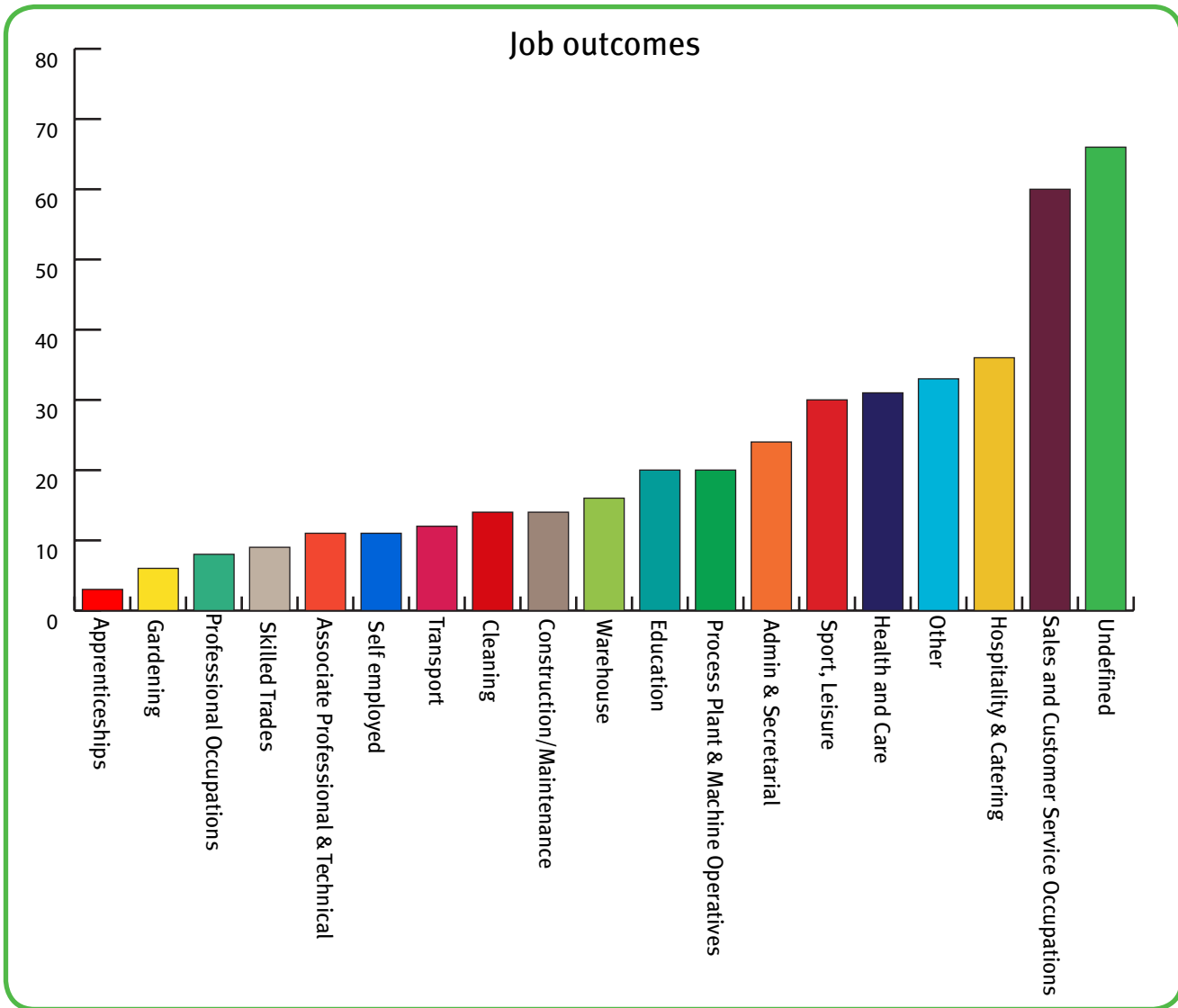
The expected output of IPS services is a range of paid work outcomes suited to individuals. Based on the numbers of jobs achieved per Employment Specialist in the research literature, we were aiming for at least 120 referrals in each site and 60 job outcomes per site.

It was encouraging to find that the total jobs achieved well exceeded the target of 360. All sites had achieved their target of 60 job starts with the exception of Northamptonshire which began taking referrals last and was due to complete by the end of May 2017. The total number of jobs achieved by the end of March 2017 was 421.



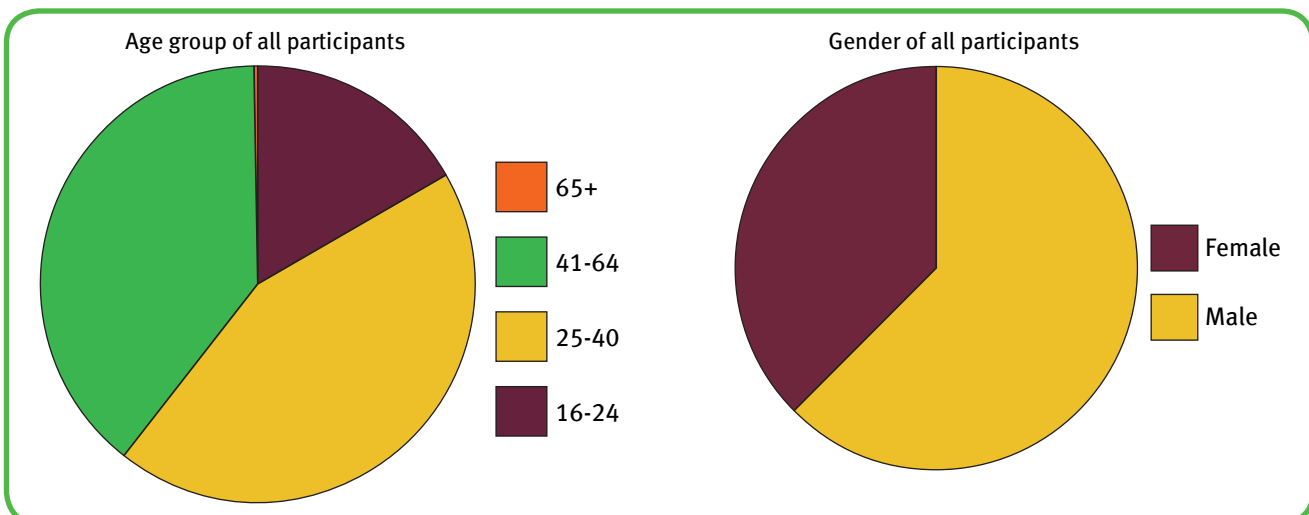
In a time-limited project it is not possible to track how many of the jobs are sustained for at least 6 months. The Centre aims to work with the Centres of Excellence to gather this information over a number of years.

## Types of jobs achieved



## Age and gender

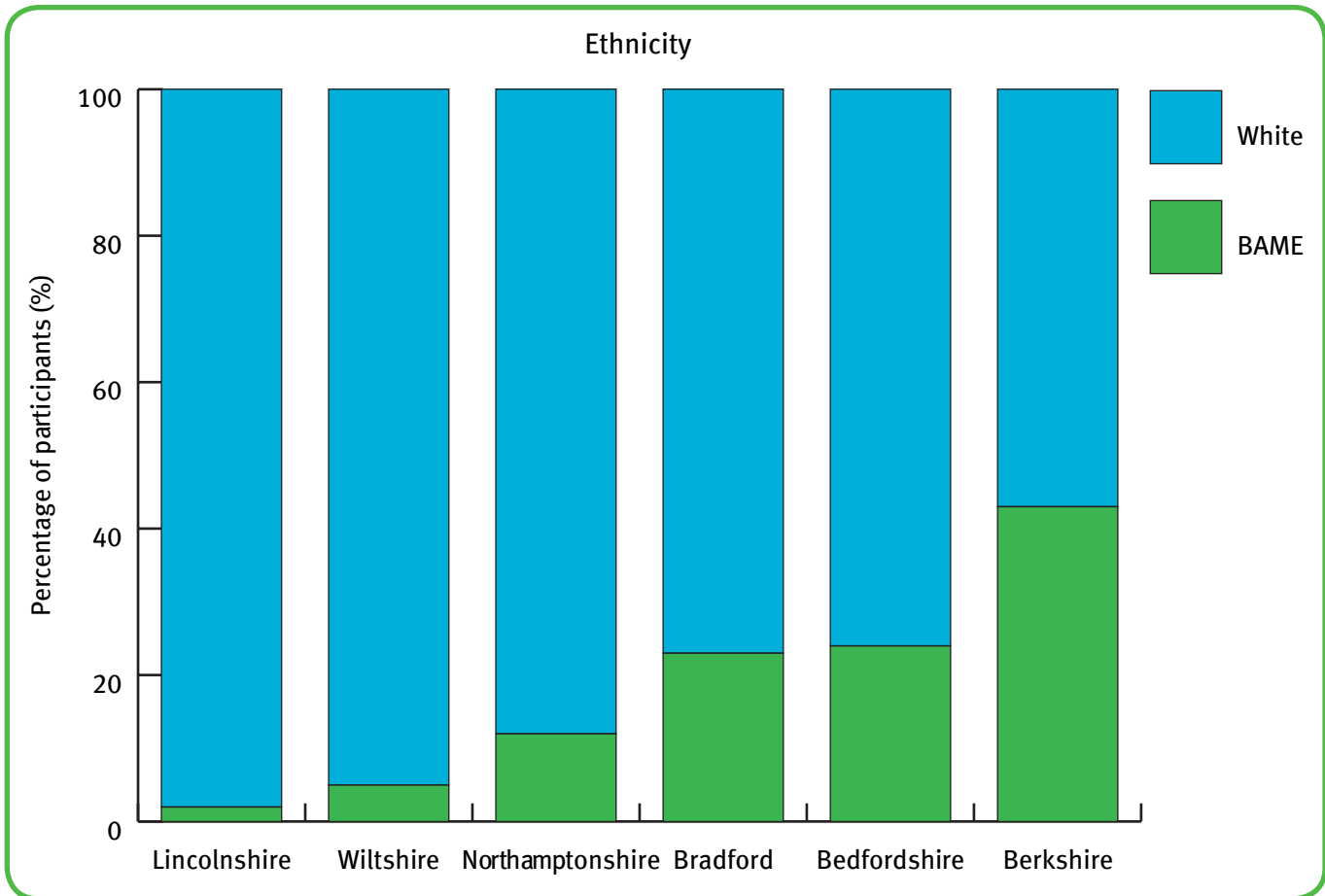
Most of the participants (61%) were under 40 and there were almost twice as many men as women in each of the IPS sites. In the full project report the reasons for this and comparison with the gender of community mental health service users will be explored.



## Ethnicity

There were very significant variances between sites in the extent of the ethnic diversity of participants. Around 98% of people using the Lincolnshire service were White British, while

43% of the Berkshire (Reading and Slough) participants were from BAME backgrounds. More detail of the comparison with the local population and service user population will be discussed in the full project report.



### Next steps: Increasing the availability of IPS

Centre for Mental Health has led a long campaign to encourage commissioners and providers to choose high fidelity Individual Placement and Support rather than other forms of supported employment. However, at present, a person’s opportunity to access IPS still depends on where they happen to live, and therefore our work is not yet done.

The Five Year Forward View for Mental Health (FYFV) accepts that IPS provision needs to be doubled to give more people the best chance of returning to work. This year (2017) NHS England has commissioned an audit of current provision which is being carried out by the

NHS Benchmarking Network and supported by Centre for Mental Health; once the gaps are identified, NHS England’s plans to increase provision will be published.

By 2021 the number and quality of IPS services in England will hopefully have increased in line with the aspirations outlined in the FYFV. Centre for Mental Health is committed to supporting research and providing implementation to ensure that the best-evidenced supported employment practices continue to be made known and available for all, and to ensure everyone who wants to work has a fair chance of finding the right job.



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*Enquiries for consultancy support are always welcome. The Centre has provided expert support to commissioners in developing IPS service specifications and to NHS Trusts in establishing new IPS services by helping to prioritise action plans to achieve greater fidelity to the IPS model.*

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