



# INDIVIDUAL PLACEMENT AND SUPPORT (IPS)

## Evaluation Executive Summary

Belfast Health and Social Care Trust in  
Partnership with Action Mental Health



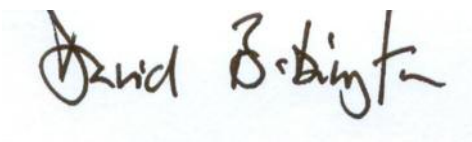


## Foreword

This report was jointly commissioned by the Belfast Health and Social Care Trust (BHSCT) and Action Mental Health (AMH) to evaluate Individual Placement and Support (IPS). We are most grateful to everyone who supported the work, in particular the service users and also managers and staff from both the BHSCT and AMH.

There is strong evidenced association between unemployment and mental health and appropriate work has been shown to improve health outcomes for people with a mental health diagnosis. IPS is well established in other parts of the UK and it was only right that it was set up in Northern Ireland to see if the benefits could be realised here. There are other routes to recovery and employment for those people experiencing mental ill health but evidence shows that IPS has an important role to play in the recovery journey for certain people.

This report provides local evidence that IPS is effective and also fits with the strategic direction of health and social care services. Further development and expansion of the service will provide recognised benefits to service users and as such it should be held up as an example of best practice and effective joint working.



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AMH Chief Executive



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## 1.0 Introduction

Individual Placement and Support, or IPS, is a well-defined approach, using a proven methodology, to help people with mental illness find and keep competitive employment. “Competitive employment” means work in the community that anyone can apply for and pays at least minimum wage. *(Becker, et al., Second Edition: May 2011)*

IPS is an evidence based variant of Supported Employment. Sixteen international studies have shown that IPS services are at least 35% more effective in helping individuals with severe mental health conditions return to competitive work than non - IPS employment services. *(Centre for Mental Health)* IPS has been developed within Mental Health Services as people with mental health problems are less likely to be employed than any other group of disabled people. With the European trial of IPS, it proved more effective than a local vocational service: gaining employment: 55% (IPS) vs. 28%. IPS participants also sustained jobs longer and earned more. *(Centre for Mental Health: Briefing Paper 37 (February 2009))*

The overriding philosophy of IPS is that anyone is capable of undertaking competitive paid work in the community, if the right kind of job and work environment can be found and the right support is provided. IPS differs from other more traditional Supported Employment Schemes in a number of ways;

- It is focused on people with severe and enduring mental health issues;
- It offers long term support for as long as an individual needs it;
- The Employment Specialists (ES) who are central to this programme are integrated into mental health teams to support service users to return to work. These employment specialists may be employed by the NHS Trust or a third party specialist provider.

IPS is based on eight key principles;

1. Zero Exclusion
2. Competitive employment is the goal
3. Specialist integrated within the mental health treatment team
4. Rapid Job Search
5. Individual Job Preferences
6. Employers are approached with the needs of individual in mind (new principle)
7. On-going time-unlimited support is provided
8. Personalised benefits counselling

*(Centre for Mental Health: Briefing Paper 37 (February 2009))*

## **2.0 Description of Current Service**

The current IPS service in the Belfast HSC Trust area can be described as follows;

- There is 1.0wte Employment Specialist (ES) employed by Action Mental Health, who has been in post since May 2011;
- The IPS initiative has been established within one of the Recovery Teams in the BHSCT, the North Belfast Recovery Team.
- This team has a population catchment of 102,531 which can be described as having high socioeconomic needs and high rate of general unemployment.
- The Employment Specialist is based full time with the North Belfast Recovery Team and works in partnership with the Specialist Occupational Therapist (OT) on the team. The ES is operationally managed by the Service Manager, AMH.
- An IPS Steering Group oversees the initiative. This group reports to the Co-Director for Mental Health Services, BHSCT and meets quarterly.
- An IPS Quality Assurance Group, consisting of representatives from both AMH and BHSCT, including the ES, Specialist OT, North Belfast Recovery Team, Head of Operations, AMH, Service Manager, AMH and Lead OT, Acute Day Treatment, review the fidelity of the initiative.

## **3.0 Methodology**

In evaluating IPS, service user testimonies and survey feedback were obtained. A number of semi-structured interviews were conducted with a range of stakeholders e.g. referral agents, BHSCT and AMH Managers. Referral and activity data was also collated.

## **4.0 Service User Experience**

Service User feedback on their experience of participating in IPS was obtained in the form of personal testimonies and completion of an IPS Evaluation Client Feedback Form. One such testimony is outlined below.

***“I had been unemployed for a very long time when I was referred to IPS by my Doctor. I was not securing interviews and was losing hope of ever finding gainful employment. I was beginning to think I was unemployable. Under the (ES) expert guidance, I realised just how much I needed specialist knowledge for the process of job hunting; from filling out applications to interview preparation. It really is an art form. But IPS is much more than that. The ES also provided invaluable support during the ups and downs of job seeking and its ensuing disappointments.***

***I believe the inherent beauty of the IPS programme lies in its focussing, NOT on the client’s mental health, but on the client’s skills and abilities, hopes and aspirations. Yet at the same time, recognising the barriers posed by long term unemployment coupled with mental health difficulties. I thought the hardest part would be obtaining a job. But not long into my new post, I realised I faced new challenges, having been out of paid employment for so long.***

***Once again, the ES’s professionalism helped me remain focussed and realistic. His own brand of interpersonal skills makes it a joy to liaise with him. Above all else, the process of getting a job and keeping a job and the fact that the ES is not from a mental health background, means that the focus is not on my mental health, or mental illness, something which I had allowed to eclipse my identity for the longest time. Through engaging with IPS, I have re-claimed and rediscovered skills and attributes and aspects of my personality which I thought had long gone. And most importantly, I have not just a job, but a career, at the tender age of 44.”***

### **Client Feedback Form**

Individuals accessing IPS in December 2011 were asked to complete the feedback form.

All respondents indicated they enjoyed the programme very much, they had benefited from participating and that it was very relevant. Most respondents stated there was nothing they would change about the programme.

***“I have thought a lot about this and I honestly cannot think of any changes to recommend. If anything I just wish more service users knew about its value.”***

All respondents stated they would recommend IPS to others, indicating it was very suitable.

## Experience of the Employment Specialist, AMH

***“Anyone is capable of work. IPS is client led. The goal is competitive employment. To be referred to IPS the individual needs to want to work but doesn’t have to be work ready. I work with individuals on a 1:1 basis having weekly or fortnightly contact. For example, one individual who is currently working, I meet at lunchtime every 3/4 weeks to provide on-going support. I meet all individuals who are referred to IPS with the OT. This is at a location of the person’s choosing.***

***My role involves:***

- Identifying the support the person requires;***
- Developing an individual vocational profile, that forms the basis of the CV and action plan;***
- Managing expectations;***
- Signposting for benefits advice; e.g. to CAB.***
- Interview Preparation - Providing pre and post job interview support and /or accompanying the person to interviews;***
- Working with the individual in relation to disclosure;***
- Developing CVs and cover letters;***
- Business development – weekly phone calls to potential employers/companies; I would select companies depending on the work preferences of individuals. I aim to make 12 telephone contacts and 12 face to face contacts with employers per month;***
- Job Search - I have a laptop with mobile broad band which is very helpful.***

***I’m a member of the Recovery Team and attend the weekly team meetings. I also provide informal updates to the Key Worker. The OT and Key Worker deal with any mental health issues with the individual. My focus is on employment. The target for the IPS Initiative is 6 people in employment per year. And so far we have supported 7 people in obtaining employment.***

***The factors that have been most helpful in developing the service have been the joint initial contact meetings with the client, the OT and myself, the IPS training I attended which was run by the Centre for Mental Health and COT, and most importantly, the Steering Group having a clear vision of IPS and its objectives from the beginning.”***

## **5.0 Challenges Identified by Stakeholders**

A number of key challenges were identified:

- The high rate of unemployment and high social-economic needs in the North Belfast area combined with the challenging economic climate.
- Recent changes to legislation in relation to benefits have resulted in a lot of uncertainty for both service users and professionals. 2 clients left IPS due to better off calculation for benefits
- Paternalistic / maternalistic culture within mental health services, which makes Practitioners reluctant/slow to refer individuals to IPS. i.e. practitioners making the decision that the individual couldn't cope with employment or person isn't ready in the absence of having the conversation.
- The main criterion for IPS is that the individual wants employment. However, one of the challenges for the ES is that not all individuals who want work are work ready.

## **6.0 IPS Activity and Outcomes**

- As at July 2012, 7 people had obtained employment since the commencement of the initiative.
- 26 referrals have been made to IPS since it commenced in May 2011 to July 2012 (over a 14 month period).
- As at August 2012, 14 individuals were on the ES caseload, 6 have exited the programme and 8 did not start the programme.

The diagnostic profile of clients would indicate that IPS is providing a service to the target population that it was meant to i.e. those individuals with a diagnosis of severe mental illness.

From the ES Caseload Register as at December 2012 there are 14 clients in receipt of IPS and all 14 have received Job Preparation, Job Search and the ES has made first contact with potential employers for each individual. Currently, 7 are in employment and in receipt of support from the ES to sustain this employment.



## 7.0 Summary of Lessons Learnt

- a) The importance of recruiting the right person with the relevant experience, skills and personal qualities to the ES post. i.e. experience in employment and recruitment and highly effective interpersonal skills.
- b) The ES being based with and integrated as a fully-fledged member of the mental health team, and as a team member attending weekly team meetings.
- c) Collaborative and partnership working between the ES and with the vocational expert on the team, the Specialist OT, has been a key contributor to the successful roll out of IPS to date.
- d) The supervision and support structure for the ES was identified as critical; case supervision provided by the OT, operational supervision provided by AMH Manager and team support and supervision via multi-disciplinary team meetings.
- e) The very close tripartite working arrangements and good working relationships between the Service Manager, AMH, the ES and the Specialist OT, has enabled a model of both operational and case supervision to be successfully implemented. The anticipated challenges for both AMH, as the employer, and the Trust as the ES's host organisation, have either not been realised or have been easily resolved. For example, supervision arrangements, reviewing AMH and Trust policies and procedures that apply to the work of ES to ensure there is no conflict and that they are adhered to (Patient Confidentiality).
- f) Good staff relationships between the major stakeholders in both partner organisations have contributed to the success of the initiative. It is about making sure there is joint working and communication is as seamless as possible.
- g) Mental Health Team Leader commitment to and support of IPS is essential.
- h) The commitment and support for this initiative from senior clinicians and senior management both within the Trust and in AMH, has contributed to its successful implementation.
- i) The IPS Quality Assurance Group using the IPS Fidelity Rating Scale internally, as a tool to identify areas for further work, development or improvement has been helpful.
- j) Any member of the Recovery Team can refer an individual to the IPS service. This includes those individuals attending the Consultant Out-Patient Clinic and who are only known to the Consultant.

## 8.0 Conclusion and Recommendations

The strategic fit of the Individual Placement and Support initiative is unquestionable. One of the recurrent themes throughout all the major mental health policy reports in Northern Ireland and the NICE Clinical Guidelines is the development and promotion of recovery orientated practice throughout all mental health services .e.g.

- Bamford II Action Plan
- Bamford Monitoring Group
- Service Framework for Mental Health and Wellbeing (NI)
- NICE Clinical Guideline 82: Schizophrenia
- NICE Clinical Guidance 136: Service user experience in adult mental health services

Part of the recovery journey for individuals who have experienced mental ill health is to have opportunities to enter employment. The IPS initiative not only exemplifies in practice the strategic direction of recovery orientated mental health services but is also what service users are saying they want and need to support their recovery.

In conclusion, it is recommended that:

1. IPS should be expanded to the other Recovery Teams in the Belfast Health and Social Care Trust, the Early Intervention Service, given the age range and potential longer term needs of this client group, Addiction Services and to individuals with Asperger's Syndrome/ High Functioning Autism.
2. IPS should be recommended as a model of good practice that enhances the recovery approach in mental health services in Northern Ireland.
3. A method of consistently obtaining independent IPS service user experience feedback should be developed. Example methodology that could be used includes the NHS Institute for Innovation and Improvement's model of Experience Based Design or the regional Northern Ireland Mental Health Service User Survey (Sensemaker Project).





action mental health

[www.amh.org.uk](http://www.amh.org.uk)



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