

CASE STUDY: Doing What Works – Individual Placement & Support Into Employment

Adapted from Sainsbury Centre for Mental Health Briefing 37

REPORT PURPOSE

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 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. But only half of mental health service users report having received any help with employment (Healthcare Commission, 2008). 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).

To provide a perspective, of the 2.5m Britons on Incapacity Benefit, 1m of these are on it due to "Mental & Behavioural" reasons and yet work can help address many of these issues. It is a cycle that must, and will, be addressed by the new Government.

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. Support is time-unlimited and individualised to both the employer and the employee;
7. Welfare benefits counselling supports the person through the transition from benefits to work.

(Adapted from Bond *et al.*, 2008)

KEY FINDINGS

Controlled trials across the United States, Canada, Australia, Hong Kong, the UK and Europe have compared the experience of "IPS" participants with those in more traditional "train & place" which provided vocational training and job preparation before looking for competitive placement.

Sites that most closely followed the principles of IPS 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

CLIENT AND STAFF PERCEPTIONS OF WHAT WORKS

“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)

IPS PRINCIPLES

- 1. Competitive employment is the primary goal** - The fundamental assumption should be that employment (part-time or full-time) is a realistic goal for everyone who wants a job and placement in education and training may provide a ‘stepping stone’, but the goal of the service must always be employment.
- 2. Everyone is eligible** - There are no ‘eligibility criteria’ beyond an expressed motivation to ‘give it a try’. Research shows that wanting a job is overwhelmingly the most important factor for successful placement in paid employment (Grove & Membrey, 2005). 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.
- 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 indeed often the only important assessment questions.
- 4. Job search is rapid** - The job search should be started 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.
- 5. Employment specialists and clinical teams** - work and are located together. One of the most crucial aspects of IPS is joint working: employment specialists should be integrated, and preferably co-located, with clinical teams.
- 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. Employment specialists may also provide support to the employer.
- 7. Welfare benefits counselling supports the person through the transition from benefits to work** - It is essential that assistance is offered 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.

OTHER KEY POINTS

Whilst co-location with clinical services might be appropriate to working coming off Incapacity Benefit, very close proximity to Jobcentres and other services are certainly beneficial for engaging with all target groups.

One of the stated principles of the Work Programme, to be commenced from Summer 2011, is to expect support and tracking whilst the beneficiary is in work, with some payments to the provider to be withheld for 52 weeks to ensure that this support takes place. Clearly Mssrs Grayling and Freud at the DWP are drawing commonality from the principles of IPS.