

Project 100:

**Evaluation of a model of Individual
Placement Support delivered through DWP
employment services**

Evaluation report

November 2016

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Executive summary

The '100 People' Project

This reports describes an evaluation of a pilot project to implement the Individual Placement and Support (IPS) model, modified for delivery through Jobcentre Plus (JCP) and a Work Programme Prime Provider (PP). The project aimed to support 100 people living in London with schizophrenia, bipolar or psychosis, to find paid, competitive employment. In a departure from the standard IPS model, the Employment Advisors (EAs) were located in the employment agencies rather than being integrated into the customer's mental health treatment team.

The evaluation addressed the following areas:

- How far did the project succeed in supporting people with schizophrenia, bipolar or psychosis into work?
- How far did the project succeed in achieving other outcomes for people with schizophrenia, bipolar or psychosis?
- What are the key strengths and weaknesses of the model?

We used a combination of routine data collected by the Employment Advisors (EAs) and qualitative data collected through in-depth, semi-structured interviews with the Employment Advisors (6), their customers (14) and other project staff and stakeholders (5). Participants were interviewed between 1 and 3 times over the course of the project by one of two researchers; one researcher also has direct experience of being affected by mental health problems and actively used lived experience in this project. This research approach is known as co-production.

Impact

Table 1: Numbers supported and job outcomes

	JCP (South)	JCP (West)	PP	Total
Number of customers supported	25	22	17	64
Individuals supported into work	5	4	2	11
Job outcomes (Full-time & Part-time)	7 (3 FT; 4 PT)	8 (4 FT; 4 PT)	3 (1 FT; 2 PT)	18 (8 FT; 10 PT)

By the end of July 2016, 64 people had received support through the project. Eleven customers (17.2% of the caseload) had found employment by the end of the project, with 18 job outcomes overall (7 customers had 1 job outcome; 1 customer had 2 job outcomes; and 3 customer had 3 job outcomes). This finding compares with naturalistic studies of an IPS model of approximately 25% sustained employment outcomes and the DWP work programme job outcomes rate of 9.5% for people with mental health problems.

Learning

Model

A standard fidelity review tool was used to assess how far the project mirrored the standard model of IPS at the start and end of the project. The practice of each Advisor was judged to have 'fair fidelity' to the IPS model by the end of the project. All Advisors scored well on: **Number on caseload; Zero exclusion of referrals; Support with benefits advice; Individualised job search;** and **Diversity of employers**. As expected, all advisors scored well on **collaboration with employment services**. Only one advisor scored fair on **collaboration with community mental health teams**. Advisors scored less well on: **Frequency of employer contact; Referrals from and frequency of contact with the CMHT; Partner clinicians' focus on IPS/employment;** and **Executive team support for IPS**.

Activities focused on support for securing employment: CV writing, identifying employment opportunities, support before and during an interview. It also included discussions about disclosure and some mental health support. 63% of customers said they were willing to disclose to potential employers and a further 6% would disclose after a job offer was made. Most of these wanted to disclose as little detail as possible.

Table 2: Engagement in project and job applications

		JCP (South) (n=25)	JCP (West) (n=22)	PP (n=17)	Overall (n=64)
Number of weeks engaged in project:	Mean	44	36	27	36
	Range	2-74	6-72	6-74	2-74
Number of jobs applied for:	Total per service	342	308	110	760
	Mean per customer	14	14	6	11

Customers valued the flexibility and consistency of support, which compared favourably with other experiences of employment support they had received. This flexibility included being able to meet with their EA away from the employment office, and fewer restrictions on time. Customers also benefited from the consistency of support offered by seeing the same EA throughout.

Employment advisors based within JCP were creative in sourcing referrals, particularly where they were unable to take referrals from mental health services. The flexibility to proactively seek referrals, for example through Housing Associations, was important to the project’s success in JCP. This was not possible for PP due to contract constraints.

The model, reflecting IPS principles, includes building relationships with potential employers, and ongoing in-work support. Customers who secured employment were sometimes reticent about maintaining contact with the project. Advisors speculated that this may have been due to concerns about employers finding out about their mental health diagnosis. Employment Advisors reported difficulties identifying and building relationships with local employers due to the increasing use of centralised, online recruitment processes, and employers’ pre-existing relationship with other employment support agencies or recruiters.

People

Employment Advisors

Two of the EAs had previous experience as Disability Employment Advisors working in JCP. All had explicit motivation for working with people with psychosis, and a belief that this diagnosis need not be a barrier to employment. This appears to be crucial for delivering this support effectively. During the course of the project they reported increasing knowledge and understanding of the experience of living and working with a mental health problem.

Customers

The customer profile varied across the three sites. All sites scored well on the IPS principle of ‘zero exclusion’.

		JCP (South) (n=25)	JCP (West) (n=22)	PP ¹ (n=16)	Overall (n=63)
Gender:	Male	19 (76%)	9 (41%)	12 (71%)	40 (63%)
		5 (20%)	13 (59%)	4 (24%)	22 (35%)
		1 (4%)	0	0	1 (2%)
	Female				
	Transgender				
Age:		36	35	45	39
Mean		21-53	18-57	26-58	18-58

¹ Background data was not available for one customer from PP.

	Range				
Ethnicity: British	White	10 (40%) 0	3 (14%) 3 (14%)	11 (69%) 0	24 (38%) 3 (5%)
	White	10 (40%)	10 (46%)	3 (19%)	23 (37%)
	Other	3 (12%)	6 (28%)	1 (6%)	10 (16%)
	Black or Black British	1 (4%)	0	0	1 (2%)
	Asian or Asian British	1 (4%)	0	1 (6%)	2 (3%)
	Arab	1 (4%)	0	1 (6%)	2 (3%)
	Mixed ethnicity				
Mental health diagnosis: disorder	Bi-polar	6 (24%) 9 (36%)	8 (36%) 9 (41%)	3 (18%) 10 (63%)	17 (27%) 28 (44%)
	Schizophrenia/ schizophrenia spectrum	8 (32%)	5 (23%)	2 (12%)	15 (24%)
	Psychosis	2 (8%)	0	1 (6%)	3 (5%)
	Other				

Motivation: Customers who consented to an interview were all motivated to find paid employment, though not all were actively applying during the project due to a range of barriers. Reasons for wanting work included: improving their financial situation, having daily activities/structure, meeting people, improving self-esteem/confidence, and challenging workplace stigma.

Barriers to employment: Barriers identified in interviews and routine data included lack of workplace experience, social anxiety, lack of confidence, managing their mental health at work and continuing stigma surrounding mental health problems.

Customers at PP were more likely to report a schizophrenia or schizophrenia-spectrum diagnosis than those at the two JCP sites (63% compared to 36% and 41%). Despite this, they were more likely to be receiving mental health support only in primary care, or no support at all (53% compared to 20% and 23%). PP customers were more likely to have a secondary health condition (63% compared to 28% and 27%); and to have been out of work for more than five years (56% compared to 40% and 9%). Given the barriers identified, these characteristics suggest that PP may have been working with people further from the job market due to health, stigma and lack of work experience.

Context

The project aimed to assess the effectiveness of implementing IPS in government-funded employment agencies. Employment Advisors described advantages and disadvantages to implementing the model within the DWP. While they were able to bring their previous experience and contacts to support the role, there were also internal pressures, for example perceptions among other advisors of the lower caseload carried.

External perceptions of the DWP were an obstacle to engaging with employers. One employer explicitly did not want to recruit people from JCP because of assumptions about their customers' suitability, reflecting historical practices of sending people for interview who were not appropriate for the post. The direct link with DWP was also reported as a barrier for customers who feared that seeking employment would affect their benefits.

JCP and PP provided different contexts for delivery; executive support in JCP was more consistent than at PP which faced structural changes during the project. In the end, an Advisor was only working for eight months at the PP site, compared to 17 months in JCP.

Working outside the mental health team impacted on referrals, especially early in the project. One Employment Advisor was unable to get any referrals through the Mental Health Trust. Due to the contract for the PP, the advisor there was only permitted to take internal referrals. This was perceived as an obstacle to building the caseload, but was mitigated by pro-actively engaging with colleagues internally.

Benefits savings and customer income

The evaluation did not include a full cost-benefit analysis, but based on financial data available we have looked at project salary costs and DWP-administered benefits savings.² The project cost, based only on the pro-rata staff costs of the employment advisors, was FTE £26,000 per annum within Jobcentre Plus and FTE £23,000 per annum within the Prime Provider. Two of the advisors were part-time. **Actual staff costs for the project overall were £57,533.**

The project helped secure employment for 11 customers. This gives a **cost per employment outcome of £5230.27**. Of these 11 customers, five continued to claim income support benefits at the same rate as before. The total savings in benefits for the remaining six customers was £16,966.35. This produces a **net cost for DWP of £40,566.65**, and a **net cost per employment outcome of £3688**. It is not possible to give a figure for this longer-term saving since we do not know how long employment was sustained. **In order to reach a net saving, these customers would need to sustain employment at the same level for just over 2 years.** This does not take into account the likelihood that hours and pay would increase over that time. It is also likely that some of those who secured part-time employment that remained within permitted earnings level (and therefore did not reduce their benefits level) would have increased hours such that benefits savings would be secured further down the line. Unfortunately, we were unable to obtain data on other benefits received (e.g. housing or child support benefits).

We also looked at changes in income for 10 customers who secured a job outcome during the last year of the project.³ We compared actual income (from work and benefits) to assumed income (based on the assumption that benefits would remain at the same level for the full year). **The total increase in pre-tax income for these customers was £35,275.49. The mean increase was £3527.55 (range: £510 - £11,266.39).**

Conclusion

Customers on this Project demonstrated a **strong desire to work**. The three delivery sites all achieved 'Fair Fidelity' to the IPS model. There were **18 job outcomes overall**, lower than would have been expected from a project achieving scores in the range of 'Good Fidelity'. However, Employment Advisors succeeded in providing support that was experienced positively by their customers in comparison to other employment support, and that secured employment for **17.2% of the total caseload**, with the most successful agency (JCP South) achieving an employment rate of 20%. In order to improve the delivery of IPS in government funded employment agencies, it is necessary to develop more effective working relationships with both specialist mental health agencies and local employers. The outcomes show that people with severe mental health problems can be supported to gain employment through JCP and PP, including people who have been out of work for long periods and face multiple barriers.

The outcomes should also be considered in relation to difficulties with implementation. Structural changes at PP and other organisational challenges impacted on the delivery of the pilot. We would recommend that the pilot was extended at JCP over a longer period of time, and in areas of the country where specialist mental health agencies wanted to work with employment specialists in the community. The model requires strong JCP management and support, good communication between health providers, advisors with a keen interest in mental health and excellent employer relations. The aim would be to achieve successful job outcomes for 30% of clients.

² **These conclusions should be treated with caution.** Ideally, the analysis would take into account actual costs of delivery (not only salary), all benefits affected by employment income, and broader savings (e.g. through reduction in service use). This data was not available within this evaluation. We have considered costs and savings for the final year of the project only, to account for a period of getting the projects established. While this underestimates the actual cost of the pilot, it better reflects the costs of the model were it to be rolled out on a more permanent basis. There is also no control group, so the analysis assumes that no job outcomes would have been achieved in the counter-factual. The cost per employment outcome does not differentiate between those securing full-time and those securing part-time employment.

³ We were unable to obtain data on previous income for one of the customers.

Background

About 'Project 100'

This report describes the findings of an evaluation of a pilot project implementing a modified Individual Placement and Support (IPS) model of employment support through Job Centre Plus (JCP) and a Work Programme Prime Provider (PP). The project aimed to provide support to find paid, competitive employment for 100 people living in London with schizophrenia, bipolar or psychosis, from a target caseload of 400. The pilot was funded by Trust for London and the applicant was Rethink Mental illness, with Liz Meek acting as their representative. The intervention was delivered by the Centre for Mental Health supported by a steering group. The evaluation was funded and delivered by the McPin Foundation.

The Individual Placement and Support (IPS) model is widely recognised as an effective way to support people with mental health problems to find employment (CMH Briefing 44 2012). IPS is a 'place then train' model, with emphasis on rapid placement in competitive employment. In a departure from the standard IPS model, the Employment Advisors (EAs) in this pilot were located in JCP and PP rather than the customer's mental health treatment team.

The Project provided support to customers from March 2015 until the end of July 2016. It was originally intended to recruit one EA in each of four London boroughs: two in JCP and two in PP. Support and training in the IPS model was given by the Centre for Mental Health who also conducted Fidelity Reviews to assess practice against IPS principles.

Employment support for people with a severe mental health problem

Studies have shown that 70% of people with severe mental health problems want to work and are able to do so (Parsonage et al 2016). In addition to financial rewards, the benefits of work for people with schizophrenia include increased social skills and development of friendships, having a structure to the day and increased self-esteem (Bevan et al 2012). Research also shows that work improves symptoms and lowers the risk of relapse and hospital admission for people with mental health problems (Rinaldi et al 2010).

Research has also looked at what helps people with severe mental health problems, such as schizophrenia and bipolar, gain and sustain. Dunn et al (2010) found that a combination of individual factors, such as motivation and attitude to work, and contextual factors, such as social support were important. Johnson et al (2009) found that people with SMI who are receiving employment support value emotional support (Staying focused; Motivation and Encouragement; Developing confidence; Availability of support; Positive relationship), practical support (Job preparation; Job searching; Job application and recruitment process) and a client-centred approach (Tailored support; Appropriate job matching; Joint working).

The Work Programme

The Work Programme was introduced in 2011 as a welfare-to-work programme, operated by Prime contractors through a payment by results mechanism. People are referred to the Work Programme by Job Centre Plus, either compulsorily (generally people on Job Seekers Allowance (JSA) or voluntarily (generally people on Employment Support Allowance (ESA)). In 2013, the Work Programme was criticised for failing to support people with mental health problems into work, based on the publication of early outcomes in November 2012 (Mind, 2013). Between 2011 and March 2016, job outcome for those with a disability on the Work programme remained lower across all claimant groups (JSA and ESA); 35% of people without a disability had found a job compared to 18% of people with a disability, based on claimants self-assessment (Clarke, 2016). An evaluation of the Work Programme describes several problems which may have an impact on support for people with long term mental health needs (Newton et al., 2012). They find a low uptake of Work Programme support among people on ESA who could choose to use it

voluntarily. There was limited evidence of personalised packages of support for people with higher barriers to employment and particularly rare use of external specialist support where that carries additional cost for the provider. There also remains a question around whether 'Creaming and Parking' is taking place, in which people with the lowest barriers to employment are being prioritised, and those with the highest barriers are receiving little or no support (Newton *et al.*, 2012; Dar, 2016).

Employment rates for people with a mental health problem remain low (Mental Health Task Force, 2016), and success rates of the Work Programme for people with any mental health problem are below 10% (Mind, 2015). The Care Quality Commission (CQC) Community Mental Health Survey 2016 found that 43% of service users asked did not receive any support to seek or keep work, even though they would have liked it (Care Quality Commission, 2016). A survey by mental health charity, Mind, found that, for people with an existing mental health problem, engagement with JCP or a PP had generally had a negative impact on mental health, confidence, self-esteem and belief in their ability to work (Mind, 2014: 33).

Individual Placement and Support

Effectiveness of IPS

Individual Placement and Support (IPS) is known to be an effective, evidence-based intervention for getting people with severe mental health problems into employment (Bond and Drake, 2014; Marshall *et al.*, 2014). IPS is based on eight principles:

*“eligibility based on consumer choice, focus on competitive employment (i.e., jobs in integrated work settings in the competitive job market at prevailing wages with supervision provided by personnel employed by the business), integration of mental health and employment services, attention to client preferences, work incentives planning, rapid job search, systematic job development, and individualized job supports (Drake *et al.* 2012).”*

Employment obtained through IPS has been shown to enhance health and wellbeing among adults with severe mental health problems (Bond and Drake, 2014). Although the IPS model has been implemented in a number of UK contexts (Schneider & Akhtar 2012; Veggel *et al.*, 2015), a systematic review of studies to demonstrate the effectiveness of IPS in the UK found that the evidence base is still small (Heffernan & Pilkington, 2011). The authors found that variations in the studies regarding size, methods and the interventions used, meant comparisons were difficult. But that when fidelity to the IPS model was fair to good, and the quality of the study was high, IPS was found to deliver employment outcomes (Burns *et al.*, 2015).

A systematic review and meta-analysis of RCTs of IPS for people with SMIs, published in 2016, found that, in comparison with traditional vocational rehabilitation, IPS is more than twice as likely to lead to competitive employment, with 'traditional vocational rehabilitation' defined as approaches that emphasise extensive training and preparation ('train then place'), and that this is generalizable across different cultural and economic settings. However, only 2 of the studies included in this review were based entirely in the UK, and 1 of these found that there was no significant difference between IPS and 'treatment as usual' in employment outcomes (Modini *et al.*, 2016; Howard *et al.*, 2010).

Delivering effective IPS

As the research evidence supporting IPS as an effective and cost-effective intervention has grown, attention has increasingly turned to addressing the reasons why it has not become more widely available (Bond and Drake, 2014; Marino & Dixon, 2014). In the US, Bond has argued that fragmented funding sources and a lack of commitment to IPS has meant that it is rarely available to people who could benefit from it (Bond and Drake, 2014). Other barriers identified include: *“attitudes of clinicians and society, organizational factors, local contextual factors (i.e., local unemployment rates), and low program fidelity”* (Boardman & Rinaldi, 2013).

The case for fidelity to the IPS model has been made using examples of relatively unsuccessful programmes.

“Furthermore, the authors pointed out the importance of adherence to the IPS model, using as an example the only failed study of IPS, , conducted in the United Kingdom, which demonstrated a competitive employment rate of 13% in the IPS group, compared with 7% in the control group who received traditional vocational rehabilitation services. There was a significant dose–response relationship in terms of the low intensity of employer and client contacts by job developers, averaging roughly once per month during the course of the trial, and competitive job placement for clients, despite ‘good’ self-assessed fidelity scores in the intervention .” (Marino & Dixon, 2014).

This example highlights the importance of researching and demonstrating the variety of methods by which IPS may be implemented and how this may affect outcomes. This project was able to do this by evaluating an ‘adapted’ model of IPS through the work programme. This evaluation aimed to assess the effectiveness of this model and the implementation within this structure. It is important to note, that whilst delivery was defined by organisational parameters, the attribution of fidelity to the IPS model was externally assessed and applied with parity across the two providers, JCP and PP.

Employment specialist skills

The skills and competencies of employment specialists are important to delivering good IPS. Better employment outcomes are associated with: high efficiency and time management, building strong relationships with customers with a focus on frequent face to face contact and having a person centred and collaborative approach (Corbiere et al, 2013, Marino and Dixon, 2014). Collaboration is also considered important when networking with community agencies and employers.

The developers of IPS added ‘employer relations’ as a later, additional principle to the model, recognising the significance of this component to job development, but in recognition that the implementation of this element can be highly variable (Marino and Dixon 2014).

Measures of cost and cost-effectiveness

There are mixed conclusions in the literature about the cost-effectiveness of IPS, and a strong need for further evidence about the financial benefits and the wider social and individual benefits achieved for a given cost (Marino & Dixon, 2014). Several studies have been conducted to assess the cost-effectiveness of Individual Placement and Support programmes (Salveker, 2010). Most of these studies were conducted in the US and suggest a per client cost of between \$3,500 and \$5,000 in the initial year. Bond reported figures of \$5,500 dollars per client in the US in 2012. When people with severe mental health problems successfully obtain work through IPS it has subsequent savings in relation to reduced health and welfare costs and contribution to the economy through earnings and production (Bond and Drake, 2014, Salveker 2010).

Salveker (2010) reviewed the conceptual and practical challenges of evaluating cost-effectiveness, including costing units of activity, heterogeneity of clients, diminishing time requirements over the period of the client’s engagement with the programme, set-up costs of employment specialist providers (including training); and identifying and costing off-sets in mental health treatment and service use (Salveker, 2010).

Schneider et al. (2009) found savings in mental health treatment costs only amongst tSupported Employment recipients who successfully found and maintained employment. This and other studies suggest that employment is the key factor in reduced service costs (Salveker, 2010).

About this report

Aims of the evaluation

The evaluation sought to address the following questions:

1. How does the employment support provided prior to and during the pilot compare to the IPS model?
2. What is the profile, including support needs and experiences, of people with schizophrenia, bipolar or psychosis involved in the pilot?
3. How successful has the model been in supporting people with schizophrenia, bipolar or psychosis into employment?
4. What have been the experiences and perspectives reported by customers and those delivering the project (Employment Advisors, managers, project manager), including challenges to implementation and wider learning?

The evaluation also sought to assess, in crude terms, the cost of the intervention and the savings in benefits payments for customers, to provide an indication of potential for financial savings.

The report is structured in response to the evaluation questions.

1. Comparison with the IPS model: This section draws on the Fidelity Reviews conducted by the Centre for Mental Health to show key differences between the existing DWP model of employment support and IPS; how far practice was changed to reflect recommended IPS practice, and the barriers to implementing IPS in this setting
2. Profile and support needs of customers: This section uses data collected from each customer by the employment advisors to describe the profile of customers and to compare the customers at JCP and PP. It also uses qualitative data collected in interviews with customers about their perceptions of the support needed and barriers to securing employment
3. Outcomes of the project: We collected data from each customer on activities and job-related outcomes to show the impact of the pilot. We also draw on interview data to explore perceptions of participants about the progress towards outcomes, and the impact of securing work for those customers who did so
4. Implementation and wider learning: This section draws on interviews with all the stakeholders to understand how far IPS can be effectively delivered in JCP and PP, including the barriers and facilitators. This section is structured under three themes: Model – discussing the model delivered and how it compares to a traditional IPS approach; People – discussing the significance of participant and advisor characteristics and who this model may be most appropriate for; and Context – discussing the specific challenges and strengths of delivering the model within the JCP and Prime Provider settings.

Where quotes are presented, participants are identified using a code: EA is Employment Advisor; KS is Key Stakeholder, PM is Project Manager, C is customer. Customer quotes also give the EA identifier for the Advisor supporting them.

Methodology

The project used a mixed methods approach, incorporating both qualitative and quantitative data collection.

Participants

Participants were drawn from five sets of stakeholders that spanned the spectrum of the project: employment advisors, their managers, those seeking employment and those who gained employment through the pilot and the fidelity reviewers from the Centre for Mental Health.

Those seeking employment were recruited through the employment advisors at three pilot sites; two Job Centre Plus sites, and one Prime Provider site in London.

Data collection

The employment advisors collected routine, administrative data to build up a profile of the customers who engaged in the pilot. This included demographic information, their views on disclosure of mental health in the workplace, employment history and preferences for work.

Progress towards employment was measured through two scales, one asking about the customer’s confidence around finding work, and the other about how important work was for them at that time. In practice, the EAs felt uncomfortable asking these questions, and as a result there was a great deal of inconsistency around the data collection. One site did not collect this data. In the other two sites, it seems that some of the scores reflect the EAs’ own assessment and not the customers’ responses. As a result, data from these questions is severely undermined and has not been included in this report.

A total of 24 participants took part in in-depth qualitative interviews. We had two researchers collecting interview data, one of whom has direct experience of being affected by mental health problems and carried out all the client interviews. This researcher was able to use her own experience to develop the interview schedule to ensure it covered issues of most relevance to potential beneficiaries, to build rapport with customers during the interviews by explicitly identifying as a person with lived experience and to respond empathetically to disclosures of customers’ challenges with mental health and employment. Forty-eight interviews were conducted in total (39 by the researcher who also has direct experience of mental health problems). Job seekers (referred to as ‘customers’ in this report), their advisors and the fidelity reviewers were all interviewed at three times points during the pilot to capture the implementation of the IPS model and its effects. The use of this methodology enabled a good rapport to be built with the participants and engagement with the research was subsequently high with good follow-up achieved.

A summary of the spread of interviews conducted across the various stakeholders is presented below:

	Customers seeking employment	Customers in employment	Employment advisors	Managers	Co-ordinators of IPS model
No. interviews (total=48)	52% (25)	6% (3)	25% (12)	6% (3)	10% (5)

Over half of the interviews were collected with those seeking employment to better understand the employment support needs and experiences of individuals with a diagnosis of schizophrenia, bipolar or psychosis. Questions included their history and relationship with work, barriers faced and mental health support.

Data analysis

Data were analysed thematically, focusing on the overall research questions. The analysis sought to understand how effectively the IPS model could be implemented within Job Centre Plus and a Work Programme prime provider.

Findings

Comparison with the IPS model

The Individual Placement Support model is one of the best evidenced employment support models for people with a mental health diagnosis. Fidelity to the principles and practice of IPS is felt to be important in achieving the best possible outcomes. Fidelity is generally assessed using a standardised scale (Bond et al, 2012; Becker et al, 2008). IPS models that achieve a fidelity score of 'fair' or better have been shown to be more effective than other models of employment support (Burns, 2007).

Project 100 aimed to apply the learning from the IPS model within the mainstream employment support offered by JCP and the PP. Clients to JCP were in receipt of ESA support and clients to PP were those found by the Work Capability Assessment to be for work related activity. Fidelity reviews were therefore carried out at the start and towards the end of the project. The reviews were carried out by a trained reviewer from the Centre for Mental Health, using a fidelity scale that was slightly adapted for the UK (<https://www.centreformentalhealth.org.uk/the-ips-fidelity-scale>). The reviews fulfilled three purposes for the project. First, to provide an understanding of how an IPS model of support differed from standard employment support provided by JCP and PP. Second, to determine how far the support offered through Project 100 met the standards of IPS. Third to provide a process of audit that leads to continual improvement and development within the project, as opposed to target-setting from above. The start and end fidelity scores for each of the three employment advisors are shown in Table 3.

There are two items on the scale that show a significantly lower fidelity score at the end of the Project compared to the start: *Partner clinicians' focus on IPS/Employment*, and *Open labour market 'competitive' jobs*. This change in score is due to a difference in the way that the Fidelity Scale was applied, rather than a change in the model being implemented. *Partner clinicians' focus on IPS/Employment* was initially reinterpreted by the reviewer to assess JCP's and PP's focus on IPS rather than clinicians, reflecting the different context in which the Project was being run. At the end this was changed back to the original meaning of the item so that the review was conducted consistently with Fidelity Reviews of other IPS services. *Open labour market 'competitive' jobs* was scored highly at the start to reflect the intention of the Project to pursue competitive jobs available to customers through the open labour market. However, the Fidelity Review specifies minimum numbers for each score, with 10 jobs required to score above 1. Since none of the individual sites achieved this number, the score at the end was low.

These differences in the way that the Fidelity Review was scored make it difficult to interpret the findings. Below we have taken the scores at face value. However, we have also briefly described how the findings look when these two scores are disregarded.

Fidelity to IPS at the start and end of Project 100

As expected, at the start of the project, neither of the JCP sites were operating a supported employment model. The PP model did achieve a fair fidelity score, largely because of its focus on competitive employment and engagement in many of the key tasks of IPS. Across all the sites, the biggest differences between usual practice and IPS were the large size of the caseloads, a lack of working with mental health teams, and a lack of engagement in the wider

community and with employers particularly, which also produced a low score on rapid job search. Unsurprisingly, all the sites scored well in their engagement with Job Centre Plus, and their employment and benefits advice activities.

By the end of the project, all the sites were delivering employment advice with 'fair' fidelity to the IPS model. PP showed a small improvement between the start and end scores, but both JCP sites showed a much bigger improvement. The overall scores show a very similar fidelity (70-73%), but there were some differences in scores for individual items. Across all the sites, the main changes were in the size of the caseload, all of which were around 20 customers per full time EA, and the use of rapid job searching. The quality and depth of employer contact improved at both JCP sites (it already scored highly at PP), but the frequency did not improve sufficiently (see below).

Table 3: Fidelity Scores for JCP and PP employment advice at start and end of Project 100

Item scores: 1-5, each item has specified indicators for each score							
Total scores: 115 – 125 = Exemplary Fidelity; 100 – 114 = Good Fidelity; 74 – 99 = Fair Fidelity; 73 and below = Not Supported Employment							
Fidelity Item		PP Start	PP End	JCP West Start	JCP West End	JCP South Start	JCP South End
1	Number on caseload	1	5	1	5	1	5
2	Employment staff provide no other support	3	4	4	5	2	5
3	Vocational Generalists (carry out all phases of employment support)	5	5	3	4	3	5
4	Referrals from CMHT and attachment	1	1	1	3	1	1
5	Frequent contact with CMHT	1	1	1	2	1	1
6	Collaboration with JC+	5	5	5	5	5	5
7	Acting as Vocational Unit	4	1	4	3	2	3
8	Role of supervisor	4	3	2	4	2	4
9	Zero exclusion of referrals	3	5	1	5	1	5
10*	Partner clinicians' focus on IPS/Employment	4	1	4	3	5	1
11	Executive Team support for IPS	2	1	2	3	2	1
12	Support with benefits advice	5	5	4	5	5	5
13	Disclosure discussions	5	5	5	4	5	5
14	Ongoing, work-based vocational assessment	3	5	4	4	5	5
15	Rapid job search	1	5	1	5	1	4
16	Individualised job search	5	5	1	5	5	5
17	Frequency of employer contact	1	2	1	1	1	1
18	Quality and depth of employer contact	4	5	1	4	1	3
19	Diversity of job type/role	5	5	1	3	2	5
20	Diversity of employer/company	5	5	1	5	5	5
21*	Open labour market 'competitive' jobs	5	1	5	2	5	2
22	Planned individualised follow-along support	4	4	4	3	1	4
23	Ongoing, time unlimited follow-along	4	4	1	2	2	4
24	Employment staff out in the community	1	2	1	4	1	3
25	Assertive engagement by integrated team	2	3	2	2	2	2
Totals -		83 (66%)	88 (70%)	60 (48%)	91 (73%)	66 (53%)	89 (71%)

Fidelity scores disregarding items 10 and 21

As described above, two items were interpreted differently at the start and end of the Project and this has affected the overall scores and change in scores. If these two items are disregarded, and the total scores recalculated out of a maximum of 115, the sites receive the following:

Site	Start score (%)	End score (%)
PP	74/115 (64%)	86/115 (75%)
JCP West	51/115 (44%)	86/115 (75%)
JCP South	56/115 (49%)	86/115 (75%)

While this re-calculation shows a much bigger shift in the scores over the duration of the Project, the end scores would remain in the Fair Fidelity based on these percentages.

Barriers to implementing the IPS model in JCP and PP

Organisational requirement and constraints

Initially, it was recognised that internal constraints for PP in particular were likely to prevent good scores being achieved for some items. As the project developed, however, some of these constraints were overcome. For example, it was initially believed that the maximum possible score for item 1 within PP would be 2, because the EAs were expected to be working only one day per week on this project and were required to maintain a high caseload in line with the payment by results approach operated within Prime Providers. The first EA employed at PP had a caseload of 123 at the start of the project. This was reduced to 35 but was still felt to be too high to effectively deliver the IPS model. It was subsequently reduced further and at the end of the project PP achieved a top score on caseload (maximum of 4 customers per working day).

All sites scored low on Executive Team support, defined in this project as support from the Executive Team of the partner organisation i.e. two Mental Health NHS Foundation Trusts. This was attributed to internal changes of staff at a management level, and in one case a significant re-structure of the organisation. Despite the low scores in these areas, the EAs praised the support they received from their managers and felt that the project was promoted within their organisations, despite them being very busy.

“When I came into it, I just knew that any line manager that got involved with this, it wouldn’t be full on because they have so much to do. The line manager that we had was wonderful and I was surprised she had so much time for us. But then, stuff got in the way and they started giving her more and more stuff and I thought, “Well this is what I expected.” I expected her not to be around as much as we would like and the fidelity report says she should be. But that’s just Jobcentre, and I just totally accepted that that’s how it was.”
(EA2)

Working with mental health teams

The biggest barrier to achieving high fidelity scores was the working relationship with the Community Mental Health Teams (CMHTs). Engagement tended to focus around two issues: CMHTs making referrals to the Project, and CMHTs providing integrated support for the customers while they are receiving employment support. In JCP site A, a certain level of engagement with the local mental health teams was achieved, though frequent contact proved difficult to sustain. In the other two sites, despite efforts, the EAs were unable to establish a working relationship with their local CMHTs. Several reasons were identified for this. First, in terms of referrals, some of the CMHTs provided their own vocational support:

“I had a meeting with one of the managers and they were having their own difficulties holding on to people to participate in their vocational support. So handing people off to an outside organisation was just never going to happen.” (EA1)

Ongoing mental health support for customers was also difficult because many of the people supported in the Project had been discharged from secondary mental health care. One EA described a few instances of customers going into A&E in a mental health crisis but not being able to access consistent mental health support. Where the customer was receiving mental health support from a CMHT, there were barriers to communicating across the EAs and the mental health staff. There was felt to be inadequate arrangements for information sharing and managing customer confidentiality, so when EAs thought that mental health support was needed, they were unable to reach out to CMHTs. There was also a sense among EAs that CMHTs were paternalistic and over-protective of customers, leading to a sense that they are not able to work or should not be encouraged to seek employment:

“We can’t go out and speak to their community mental health team [...] because I can’t pick up the phone and say, you know: ‘I’ve just spoken to the customer’ and she might turn around and say: ‘well the customer doesn’t want to work why are you forcing this customer into work? Why are you putting this customer into a project?’ [...] So there’s that, sort of, communication thing.” (EA3)

“[CMHTS] are very kind of precious about keeping their clients safe. And my engagement with them was almost seen like I’m the enemy and that I was, er, somehow gonna force their clients to do things that they weren’t comfortable with doing. So there was a lot of persuasive conversations with, “I’m not here to destabilise your client or make their situation worse. I’m here to support them with what they want to do.” (EA1)

In fact, the routine data collected for customers suggests that just over half (All sites - 54%; PP - 38%; JCP South – 60%; JCP West – 59%) were currently receiving support from a CMHT or care co-ordinator (see Customer profile section below).

Engagement with potential employers

Although the quality and depth of engagement with employers improved across the project, all sites continued to score low on the frequency of contact with employers. In interviews, EAs offered a number of reasons for this. First, the modern application process tends to be impersonal and online, without named contacts with responsibility for recruitment. This made it difficult for the EAs to build up relationships with anyone in an employing organisation. Second, large organisations frequently had existing agreements with employment agencies and were therefore not keen to work with a new project. There were also existing employer engagement teams within JCP, and some employers wanted to keep all contact through that team.

In addition to these general issues, EAs talked about the added difficulty of getting employers to engage when they were open about working with people who had a mental health diagnosis. These concerns on the part of employers were perceived as barriers for individuals in securing jobs but also for the project in building relationships with employers.

“I was hopeful that I would get more outcomes than I have but then I suppose I was a little bit naive in terms of some of the employers that I’ve spoken to, their negativity or just their...no, I won’t use negativity, er, more their fears of engaging with you when you talk about mental health.” (EA1)

There were exceptions to this, with some employing organisations being very open to discussions. One EA said that they were careful in introducing the project to emphasise the customers’ desire to work. They also reported that when EAs and customers met face to face with employers at meetings or job fairs, this could be very effective at overcoming negative attitudes.

Profile and support needs of participants

All customers who met with EAs in each site provided basic profile data, including referral routes, demographics, health experiences and needs, and employment experiences and goals. EAs collected this data as part of their initial discussions with customers. However, there were some inconsistencies in the recording of the data. The researchers have therefore followed up verbally where possible to ensure that the data is as complete as possible.

Referrals

Referrals were initially expected to come primarily from secondary mental health services, but in fact this only occurred in one site (JCP West). In JCP (South), this route was to some extent replaced by working with local mental health charities who were more willing to engage with the Project. Internal constraints of the Prime Provider model meant that the PP site was unable to take external referrals, working instead with customers referred by other employment advisors within PP.

Table 4: Referral sources

	JCP (South) (n = 25)	JCP (West) (n = 22)	PP⁴ (n = 16)	Total (n = 63)
Other employment advisors	36% (9)	36% (8)	100% (16)	52% (33)
Local Trust	0% (0)	55% (12)	0% (0)	19% (12)
Support worker at housing association	40% (10)	0% (0)	0% (0)	16% (10)
Local mental health charities	20% (5)	0% (0)	0% (0)	8% (5)
Self-referral	4% (1)	9% (2)	0% (0)	5% (3)

Customer demographics and diagnoses

The demographics and mental health diagnoses of customers in each site are shown in Table 5.

Table 5: Customer demographics

		JCP (South) (n=25)	JCP (West) (n=22)	PP ⁴ (n=16)	Overall (n=63)
Gender:	Male	76% (19)	41% (9)	75% (12)	63% (40)
	Female	20% (5)	59% (13)	25% (4)	35% (22)
	Transgender	4% (1)	0% (0)	0% (0)	2% (1)
Age:	Mean	36	35	45	39
	Range	21-53	18-57	26-58	18-58
Ethnicity:	White British	40% (10)	14% (3)	69% (11)	38% (24)
	White Other	0% (0)	14% (3)	0% (0)	5% (3)
	Black or Black British	40% (10)	46% (10)	19% (3)	37% (23)
	Asian or Asian British	12 (3)	28% (6)	6% (1)	16% (10)
	Arab	4% (1)	0% (0)	0% (0)	2% (1)
	Mixed ethnicity	4% (1)	0% (0)	6% (1)	3% (2)
English as a first language?	Yes	88% (22)	82% (18)	94% (15)	87% (55)
	No	12% (3)	18% (4)	6% (1)	13% (8)
Mental health diagnosis:	Bi-polar disorder	24% (6)	36% (8)	19% (3)	27% (17)
	Schizophrenia/schizophrenia spectrum	36% (9)	41% (9)	63% (10)	44% (28)
	Psychosis	32% (8)	23% (5)	13% (2)	24% (15)
	Other	8% (2)	0% (0)	6% (1)	5% (3)
Other health conditions:	Yes	28% (7)	27% (6)	63% (10)	37% (23)
	No	72% (18)	73% (16)	38% (6)	63% (40)
Mental Health Support at referral:	GP	20% (5)	23% (5)	38% (6)	25% (16)
	CMHT / Care co-ordinator	60% (15)	59% (13)	38% (6)	54% (34)
	Psychiatrist/outpatient hospital care	8% (2)	18% (4)	13% (2)	13% (8)
	Mental Health Charity (inc. support workers)	32% (8)	9% (2)	0% (0)	16% (10)
	Residential care	20% (5)	0% (0)	0% (0)	8% (5)
	No support	0% (0)	0% (0)	13% (2)	3% (2)
Perceived mental health barriers to employment:					
	Social Anxiety (dealing with people)	12% (3)	5% (1)	6% (1)	8% (5)
	Self-esteem/confidence	8% (2)	36% (8)	31% (5)	24% (15)
	Lack of recent work experience/qualifications	8% (2)	23% (5)	25% (4)	17% (11)
	Perceived stigma of mental health in the workplace	16% (4)	9% (2)	6% (1)	11% (7)
	Managing mental health difficulties in the workplace	20% (5)	23% (5)	6% (1)	17% (11)
	No barriers perceived	32% (8)	0% (0)	0% (0)	13% (8)
	Medication	4% (1)	0% (0)	6% (1)	3% (2)
	Missing	12% (3)	0% (0)	38% (6)	14% (9)

There was some variation across the sites on demographic profile; gender split, ethnic diversity and reported diagnoses differed. The numbers are small, however, and therefore we would be cautious about drawing conclusions from these differences. However, there are some differences in the health profiles of customers engaged with the PP site, compared with the two JCP sites. The PP site worked with more people with schizophrenia and schizophrenia-spectrum diagnoses (63%, compared with 36% and 41% in the JCP sites). They also worked with a higher proportion of people who had other significant health conditions. Despite this, they were more likely to be receiving mental health support only through a GP, without CMHT or care co-ordinator support. This may suggest that the customer

⁴ Background data was not available for one customer from PP.

group for PP might have more health challenges to overcome in securing and retaining work. The customers' own perceptions of their main barriers to work do not particularly support this, though only customers from one site (JCP South) felt that they did not face particular mental health barriers to securing work. However, as stated above, with small numbers it is difficult to draw strong conclusions from this data.

Employment experiences and goals

In interviews, employment advisors from the work programme commented how customers with a diagnosis of severe mental health problems are often 'parked' and end up on a carousel between the Work Programme and Job Centre, not getting the support they need. This is seen in the length of time that people have been receiving employment support before being referred to Project 100 (

Table 6). Overall, 42% had been using employment services for three years or more.

The employment history may support the idea that the customers engaged with PP are further from employment than those with JCP. All those at the PP site were on the Work Programme. While this group has engaged with employment services for a shorter period prior to joining the Project, they are more likely to have been out of work for more than 5 years. This may suggest that some in this group have previously been assessed as unable to work and only recently required to attend employment support services. We do not have the data to support this definitively, and, as stated above, the numbers are very small. The median length of time out of work across all the sites is 3-5 years. Two of the customers interviewed for this evaluation had been out of work for decades. Three customers had never previously held a job. Length of time out of work is likely to be a substantial barrier to employment for many of those engaged in the Project.

Table 6: Customer employment profile

	JCP (South) (n=25)	JCP (West) (n=22)	PP ⁴ (n=16)	Overall (n=63)
Time using employment services prior to Project 100				
0-1 year	16% (4)	5% (1)	35% (6)	17% (11)
1-2 years	28% (7)	45% (10)	56% (9)	41% (26)
3-5 years	12% (3)	45% (10)	0% (0)	21% (13)
5-10 years	24% (6)	5% (1)	0% (0)	11% (7)
More than 10 years	20% (5)	0% (0)	6% (1)	10% (6)
Time out of employment				
Less than 6 months	8% (2)	0% (0)	0% (0)	3% (2)
6 months – 1 year	4% (1)	5% (1)	6% (1)	5% (3)
1 - 2 years	16% (4)	50% (11)	25% (4)	30% (19)
3 – 5 years	32% (8)	36% (8)	13% (2)	29% (18)
5 – 10 years	20% (5)	9% (2)	25% (4)	17% (11)
More than 10 years	20% (5)	0% (0)	31% (5)	16% (10)
Job preference:				
Office/Administration	32% (8)	14% (3)	12% (2)	21% (13)
Health care	12% (3)	23% (5)	6% (1)	14% (9)
Retail	20% (5)	14% (3)	6% (1)	14% (9)
Construction and building trades	16% (4)	9% (2)	6% (1)	11% (7)
Open to a range of job types	0% (0)	14% (3)	24% (4)	11% (7)
Catering and hospitality	16% (4)	5% (1)	0% (0)	8% (5)
Warehouse operative	8% (2)	5% (1)	0% (0)	6% (4)
Arts/Culture	8% (2)	9% (2)	0% (0)	6% (4)
Cleaning	8% (2)	5% (1)	6% (1)	6% (4)
Customer services	16% (4)	0% (0)	0% (0)	6% (4)
Security services	0% (0)	9% (2)	6% (1)	5% (3)
Self-employment	4% (1)	0% (0)	12% (2)	5% (3)
Other	0% (0)	9% (2)	18% (3)	8% (5)
No preference given	0% (0)	5% (1)	12% (2)	5% (3)
Not interested in employment	0% (0)	0% (0)	12% (2)	3% (2)
Willing to disclose mental health diagnosis to employer?				
Does not want to disclose	28% (7)	0 (0)	56% (9)	25% (16)
Willing to disclose at application	48% (12)	95% (21)	44% (7)	63% (40)
Willing to disclose once recruited	16% (4)	0 (0)	0% (0)	6% (4)
Missing response	8% (2)	5% (1)	0% (0)	6% (4)

EAs asked customers about their views on sharing information about their mental health with potential employers. These were recorded as notes and categorised by the evaluation team. Most people (63%) said that they were willing to disclose to employers but this was usually qualified to some degree. Many said that they would disclose ‘to the right employer’, or where they felt confident that the employer had a positive attitude towards employing people with a disability. Others said that they would disclose something but did not want to share any details. A small number (6%) said that they would disclose only after being offered the job, demonstrating a fear of discrimination in the employment process. A quarter said that they were not comfortable disclosing anything about their mental health at all. Of course, some of these views may have changed during their work with the EAs.

Our analysis suggests that people with a diagnosis of bi-polar disorder may be more willing to disclose their mental health diagnosis than those with psychosis or schizophrenia (88%, compared with 42% and 66% respectively).

However, care should be taken with this because the responses were drawn out in conversations with the EA and

recorded in brief note form, not in the participants' own words. They are therefore likely to be influenced by the approach taken in each site. This is likely to be a bigger factor in the responses than any other, particularly in view of the consistent response given in JCP (West) where all customers said that they would be comfortable disclosing. Views about disclosure are discussed in more detail below.

Support needs of customers

EAs described the support needs of their customers and how they tried to meet these needs through the project. In practical terms, their roles included helping customers to identify jobs to apply for, writing a CV, completing application forms and online systems, attending interviews, and managing their benefits.

There was a high level of consistency between what EAs identified as support needs and what customers told us in interviews. Flexible, individualised support was key and was identified as a particular strength of this model over standard employment support. This included the ability to choose where to meet. The consistency of one-to-one support was important, allowing customers to build up a positive and trusting relationships with their EA.

There were three broad areas of support that EAs and customers both emphasised: managing stigma from employers, identifying suitable work opportunities, and building confidence.

Stigma

The stigma associated with mental health diagnoses – particularly schizophrenia – was a huge issue for customers and EAs alike. Customers perceived this stigma as a huge barrier for them in finding work and in sustaining work if they became ill again. EAs saw some of these attitudes first hand from employers and even from colleagues. They did not see it as their role to reassure customers that if they disclosed they would not face stigma. Rather, they discussed with customers what and when to tell employers and what the consequences might be of either.

“The majority of the time they'll say: ‘yes, it's fine to disclose but only certain details’. So say that I've got this illness but don't go into details. And a lot of them have said that. [...] And I suppose we do have to discuss what's the pros and cons. There is a fear and I am really quite honest with them and I will say to them: ‘I'm not 100% sure that you won't get discriminated against if you disclose.’ [EA2]

There was a perceived tension, however, between having a mental health specific Project and being able to keep a diagnosis private. One EA told us that when they engaged with employers directly and spoke to them about specific customers, this placed an onus on the customer to be open about their mental health in the application:

“It's just when you should disclose. If, you know, that you've been guaranteed an interview, you need to disclose on paper because they will turn round and say, “Well you've just said to me this person's got long term mental health but they've not put it here. So who's telling the truth here? What's going on?” And that could potentially stop them from getting employment.” [EA4]

Fear of stigma was the primary factor in deciding whether and when to disclose details about their mental health.

“I know that if I tell them what I've actually got I know it won't lead to anything. I know, because I've got paranoid schizophrenia. And it's quite... people find it quite hard to, people think, ‘oh, he's mental’. [...] A stigma, yeah. Which I'm not mental. [C1 EA4]

Disclosure was not just an issue in the application process but also in the workplace. Customers needed to make decisions about who should know about their mental health and how much they should know. Stigma could manifest itself in the way someone was treated by colleagues and how the organisation responded to periods of ill-health, as well as in whether or not a job offer was made.

“As long as my line manager is aware and don’t tell everybody else. I just want to keep it confidential. I don’t want pity or anything that, ‘oh, look she has got mental health problem’ and ‘oh be gentle with her or be nice to her or...’ [...] So I don’t want my colleagues to know much about my mental health.” [C4 EA1]

There was a strong sense that employers varied in how open they were to employing people with disabilities. This is reflected in how many people wanted to work in a health setting where employers were thought to be more understanding. EAs also encouraged customers to apply to mindful employers and to make use of guaranteed interview schemes. One customer pointed out, however, that this was also limiting for him:

“But I’m aware of not just deliberately looking for jobs under the kite of people or organisations or charities understanding mental health because I think that’s playing safe. I like to, kind of, challenge that stigma of going outside the box. What I was doing, initially, was applying for jobs within the mental health sector, deliberately, because I see that as a safe haven of understanding. But, I think, I’m one of these people that wants to go out there and deliberately challenge, challenge the organisations that, perhaps, maybe aren’t as, you know, on top of things where mental health rights are concerned.” [C1 EA2]

“Some of the guys would be happy to disclose if they knew it was an organisation that had a good record of employing people with, from [unclear] backgrounds etc. If it was employers they weren’t so familiar with, they’d be a bit reluctant. So, some were just, from the start, very, very reluctant; didn’t want to have that discussion at all prior to being offered an interview, and you can understand that.” EA1

Identifying suitable work

Customers in this Project were, with only a couple of exceptions, keen to get work. Part of the EA role was to help customers identify what kind of work would be most suitable for them and allow them to manage their mental health effectively. EAs were keen to point out that this did not mean lowering expectations or pushing people into menial roles. There was a strong recognition that job satisfaction was important for maintaining mental health at work, just as, for some people, avoiding high levels of stress may be important. This didn’t always mean applying for roles that the customer had previous experience of; some customers had clear preferences for changing their field of work.

“I find suitable employment for them. Now I’m not talking about being a bin cleaner, but to actually job match their skill set to the jobs that are out there. For them to be contented.” [EA4]

One EA emphasised that it was important not to push people into something that they did not want to do or did not feel comfortable doing. They felt that JCP had a reputation among some people for pressuring customers into work that they were not ready for or which was not suitable. This was likely to be detrimental to their mental health, rather than empowering.

“I don’t really like, you know, pushing people into stuff they don’t want to do because the chances of developing, like, episodes of depression [...] if you just put people into a job as opposed to the job that they want to do.” [EA5]

Customers described a number of criteria for suitable work. Financial sustainability, particularly in light of concerns about losing benefits, was important. This meant that many were looking for long-term work rather than temporary roles. This was a challenge for some as employers were felt to be offering predominantly short-term positions. One EA criticised the approach of work trials because, in their experience, they rarely ended in paid opportunities and were a way that employers could exploit customers.

“They keep sending customers to work trials especially people who suffer from mental health illness. They go on the work trial, they don’t get the job, they feel rejected. [...] They’ll probably think, you know, it’s because

of their mental health illness or down to something they've actually done, which they haven't. It's because the employers can't take them on board." [EA2]

Customers also had to consider how they would manage their mental health when in employment, including in managing travel to and from work which could be difficult for some customers. Many of the customers wanted part-time work, particularly where they were also using mental health services. There was one customer, however, who was explicit in not wanting part-time work because they felt that this would be a step back for them.

"I've always been in full-time employment and I'm quite aware that, even though I'm not working full-time, I've got to be very careful about the balance of having my wellbeing time, as well as my work time. Before, I was doing Monday to Friday, nine to five. I was at team leader level, lots of staff, doing everything on my own like an idiot, not getting the support and then was thrown out the door. [...] But thinking out of the box, going back to employment, will it be better for my wellbeing to go back full-time, or part-time?" [C1 EA2]

"I can deal with the daily administration work, but I can't do long hours, so I'll stick to the part-time work, not the full-time, because full-time will be too much for me to ... my body, and mentally, and physically, I'll be drained, so I don't want to go for too much; I'll stick to part-time work." [C4 EA1]

Building confidence

EAs and customers alike spoke relatively little about building job skills, but emphasised the need to build confidence. Many of the customers had been out of the workplace for a long time, or had had bad experiences in previous roles. The experience of mental health difficulties also contributed to a loss of confidence. EAs described this confidence building as a crucial part of their role.

"It's all about the person, it's all about confidence building... if you haven't had an interview for such a long time, about 20 to 30 years, that has changed so much in terms of how to do interviews. So all I try to do is try to build their confidence." [EA4]

Confidence building was specifically discussed in relation to identifying roles that they could apply for, and in attending interviews. Lack of interview skills was a common barrier to employment for customers within this Project. EAs spent time doing interview practices and training and encouraged customers to go to real interviews wherever possible, even if the job was not ideal, to gain experience. Crucially, EAs described supporting customers to attend interviews, frequently spending hours with them before the interview to help them manage their nerves, even going with them and sitting outside interview rooms. This kind of flexible, one-to-one support was perceived as a major benefit of the Project and was not typically available to people through JCP or PP.

"I'd meet her beforehand, we'd talk about other things and we'd talk about disclosure and we'd try and clear her head of the interviews and I said to her just before she went into the last interview, 'How [are you], in terms of your confidence, your motivation?' She said, she was still fine, the confidence." [EA1]

One EA explained that this confidence building was also about the wider benefits for that customer's life. Even if they did not secure employment, improvements could be seen in getting customers to do things that they previously would have thought they were not capable of.

"Yes. I think it always benefits because at the end of it, yes, focus was on getting job outcomes but the main focus, we've always believed this, to help improve life is what we work towards. So it's also working on confidence, the fact that a customer who would not even leave his home has now gone in for an interview. It's a big achievement. It's good to celebrate with those customers when they do that." [KS3]

Customers seemed to value this confidence building. It had a direct impact on their motivation to apply for jobs and in setting their ambitions.

"I didn't need him that much but what he did do was if he found anything, he would say "Oh I've seen this position, procurement manager." I'm like: 'Really? I mean I'll be happy to get a job as a blooming telephone operator and you're putting me up for these positions.' But obviously he saw something in my CV that I wasn't seeing. Basically he used to put me up for these jobs. I didn't feel confident enough to go for those jobs, but I found a lot of opportunities myself, went for the interviews." [C4 EA1]

Project outcomes

The Project had clear goals of securing and sustaining employment for people with diagnoses of schizophrenia, bipolar or psychosis. In this section, we examine data on how far the Project successfully achieved these goals and provide a simple analysis of the cost and savings associated with the Project. We also present data on wider outcomes, including customers' own perceptions of what has changed for them as a result of the project.

Job outcomes

By the end of July 2016, 64 people had received support through the project. Eleven customers (17.2% of the caseload) had found employment by the end of the project, with 18 job outcomes overall (7 customers had 1 job outcome; 1 customer had 2 job outcomes; and 3 customer had 3 job outcomes).

	JCP (South)	JCP (West)	PP	Total
Number of customers supported	25	22	17	64
Individuals supported into work	5	4	2	11
Job outcomes (Full-time & Part-time)	7 (3 FT; 4 PT)	8 (4 FT; 4 PT)	3 (1 FT; 2 PT)	18 (8 FT; 10 PT)

Table 7: Job outcomes achieved throughout the Project

Of the jobs secured, five were in office or administrative roles, two were in mental health support, three were in retail, five in building trades, one in security and one was self-employed.

EAs told us that they had started the Project with higher expectations for job outcomes than they secured, but they also felt that what was achieved was considerably better than would be expected through standard employment support. This was echoed by the key stakeholders we interviewed.

"I'm over the moon. [...] I would stick my neck out and say if it hadn't been for this approach I don't think those who did achieve the outcomes would have been in those jobs that they are today. I do genuinely think that and talking to [the EAs], these are not opportunities that the individuals who got the jobs I think would have quite easily got under their own steam if it hadn't have been for their support." [KS1]

There was also a recognition that there were problems in the implementation in some sites, particularly early on, and that this reduced the overall impact of the Project. These are discussed in more detail below.

The impact of employment

For those customers who successfully secured employment, even for a short period, the impact of this was felt to be considerable. One EA talked about the self-perception of customers changing as a result of even a short time in paid employment. This shift in perception was felt to be important progress towards work readiness.

"I have one that has gone from ESA, has had a period of employment, the contract has come to an end but rather than go straight back and apply for ESA, she now feels confident enough to say well actually I'm job ready, I don't need to actually class myself as unwell so she's applied to the JSA." [EA1]

"one chap who started with me ages ago, all he wanted to do was a couple of hours [per week], just doing a bit of cleaning. He secured work and once he'd got that he was happy as Larry [...] it was almost like he'd proved to himself and proved to other people that he could work and that was enough for him." [EA1]

Benefits savings and customer income

The evaluation did not include a full cost-benefit analysis, but based on financial data available we have looked at project salary costs and DWP-administered benefits savings. These conclusions should be treated with caution. Ideally, the analysis would take into account actual costs of delivery (not only salary), all benefits affected by employment income, and broader savings (e.g. through reduction in service use). This data was not available within this evaluation. We have considered costs and savings for the final year of the project only, to account for a period of getting the projects established. While this underestimates the actual cost of the pilot, it better reflects the costs of the model were it to be rolled out on a more permanent basis. There is also no control group, so the analysis assumes that no job outcomes would have been achieved in the counter-factual. The cost per employment outcome does not differentiate between those securing full-time and those securing part-time employment.

The project cost, based only on the pro-rata staff costs of the employment advisors, was £26,000 per annum within Jobcentre Plus and £23,000 per annum within the Prime Provider. Two of the advisors were part-time. **Actual staff costs for the project overall were £57,533.**

The project helped secure employment for 11 customers. This gives a **cost per employment outcome of £5230.27**. Of these 11 customers, five continued to claim income support benefits at the same rate as before. The total savings in benefits for the remaining six customers was £16,966.35. This produces a **net cost for DWP of £40,566.65**, and a **net cost per employment outcome of £3688**. However, all but one of these jobs was continuing at the end of the project, so savings will accumulate over time. It is not possible to give a figure for this longer-term saving since we do not know how long employment was sustained. **In order to reach a net saving, these customers would need to sustain employment at the same level for just over 2 years.** This does not take into account the likelihood that hours and pay would increase over that time. It is also likely that some of those who secured part-time employment that remained within permitted earnings level (and therefore did not reduce their benefits level) would have increased hours such that benefits savings would be secured further down the line. Unfortunately, we were unable to obtain data on other benefits received (e.g. housing or child support benefits).

We also looked at changes in income for 10 customers who secured a job outcome during the last year of the project.¹ We compared actual income (from work and benefits) to assumed income (based on the assumption that benefits would remain at the same level for the full year). **The total increase in pre-tax income for these customers was £35,275.49. The mean increase was £3527.55 (range: £510 - £11,266.39).**

While these figures provide an indication of the savings that might be achieved through this model, we would recommend that any future work builds in a full cost-benefit evaluation, looking at the full economic costs, the wider savings that may be attributed to the project, and a longer-term perspective that takes into account sustainability of employment.

Customers highlighted the financial and emotional impact of paid employment. One customer talked about hoping to be able to afford a holiday in the future after years of unemployment.

"I woke up at 4:45pm and I saw this email in my Dropbox: Congratulations, you have been offered the position [...] and I was so happy about it I called my mum first, I called my support worker, I called my auntie. [Laughter]. I called my boyfriend, everybody. [Laughter]." [C4 EA1]

Progress towards employment

In addition to jobs secured, attendance at interviews was an important outcome. Interviews, even where unsuccessful, are evidence of progress towards work, both in building customers' motivation and confidence, and in providing valuable experience and interview skills. Interviews were not recorded systematically, but EA records of activity show that they supported customers through at least 35 job interviews for 20 separate customers during the Project.

Subjective progress towards employment was intended to be measured through two self-rating questions in which customers were asked about their confidence to work and the importance of work to them. As described in the Methods section above, this data has not been used since the collection was inconsistent.

Qualitative data suggests that for some customers, confidence may decrease as they start applying for work but are not immediately successful. EAs saw it as part of their role to manage these disappointments and keep people motivated in spite of them:

"There's one particular chap that I've been working with for a long time. [...] and there was one particular incident where he was turned down by an employer and it really was demoralising for him and he did kind of go into a slump for about a month but then it was a case of just talk to him, keep him going. Eventually he kind of thought, "No, I'm not going to let this get me down," [EA1]

"He knows all the stress I've had. So he's like, you've done really well to keep going because a lot of people would have got disheartened; and although I felt like... I felt it myself, but to hear it from him, it really is like a boost." [C3 EA1]

Despite this, interview data shows positive accounts of progress towards employment, even among those who did not succeed in obtaining a job. Some customers were getting multiple interviews by the end of the Project. One customer (C2 EA1), who had been out of work for 20 years, had attended four job interviews by the end of data collection.

"For others, I've not managed to get them employment but in terms of the development, I think a lot of them are going away from the project a lot more sure of themselves, a lot more confident about their abilities to look for work. [...] A lot of them have had interviews that may not have actually secured them employment but they've gone from not feeling comfortable talking to employers, or people, to being really able to hold their own when they walk into a room." [EA1]

The flexible approach used in this Project allowed EAs and customers to address the specific barriers faced by each individual. Some of these were very practical barriers. EAs helped customers to get copies of birth certificates and suitable clothes for interviews. Each barrier overcome or reduced may be seen as progress towards employment and demonstrates to the customer that they are not insurmountable. This was an important benefit of the Project for many of those who did not secure employment.

“The more that I’m working with [EA2], I’m understanding what opportunities are out there for me and there’s signposting flexibility there for support. [...] if I said to her that I don’t feel that I’ve got this skill and that skill but then, when she’s peeled back what I’ve done over the years, I have, but then she’s, you know, made good suggestions. [...] Everything that I’ve thought is a barrier, just isn’t with this scheme.” [C1 EA2]

Customers also pointed to job application skills that they had learned through working with the EAs to improve their CV or to address competencies in application forms. Customers without internet access at home were able to use the computers at the Project offices to conduct job searches and make applications.

“I like the job search with [EA1]. That’s the main thing I think, yeah. And different ways to apply for jobs [EA1] has taught me, you know, how to upload a CV on to employers.” [C2 EA1]

Organisational impact

The EAs in particular identified a number of other benefits to the Project, particularly in terms of JCP and PP practice. They pointed out that they had gained a great deal of expertise in working with people with mental health needs and had been able to share some of this with their colleagues. In general, it was felt that there was insufficient expertise among employment advisors around supporting people with a mental health problem.

In JCP West, where the EA was able to establish a good working relationship with the local mental health Trust, this was felt to be an important impact of the Project. Given the suspicion shown by mental health services in the other sites, the establishment of a constructive partnership is a significant achievement and may have longer term impacts on the support offered to JCP customers.

EAs and key stakeholders also felt that by demonstrating what can be achieved for these customers, they could change the assumptions of many staff at JCP and PP (and of other customers), that people with a severe mental health problem are not capable of paid work. This was felt to be a common perception in standard employment support work. Interviewees told us that by proving this assumption was incorrect, expectations may be raised for employment support practice in future.

“I mean apart from obviously making the difference to those individuals’ lives, I think the outcome for me was twofold. I think the first thing being definitely a greater understanding and awareness of the health condition, the barriers that are faced by those individuals. That definitely was a learning curve and also working more closely with outside organisations that support and engage with those. [...] I think also I think a lot of misperceptions with people who have that health condition because I think if you ask someone who had a complex health condition, I’m sure they’ll turn round and possibly say, “Maybe I can never get a job with my condition,” and this has proved that they can.” [KS1]

Implementation and wider learning

A key aim of the Project was to understand whether an IPS model of employment support could be effectively delivered through Jobcentre Plus and Prime Providers. In the following section we identify some key challenges and learning around the implementation. We have presented these under three broad categories: model, people and context.

Model

EAs collected routine data on each contact with customers, including brief notes about the activities undertaken. We were unable to get complete data for the EA at PP. The EA left the organisation at the end of the project and routinely stored data was removed by PP for any clients who had left the Work Programme. As a result, we were unable to follow up on some customer details that were missing from the evaluation database. We are, for example, aware that data is missing for at least three customers who were met by the EA at least once.

The three sites had different levels of resource on the Project; JCP (South) had a full time EA seeing customers for 17 months (March, 2015 to July, 2016) and JCP (West) had an EA working four days a week for the same period. At PP, an EA was originally only employed to work one day per week. There was inconsistency in the site, with changes in the staffing. Throughout the project the resource at PP increased in response to feedback from the EA and other stakeholders that the role could not adequately be performed in this time. By the end of the project, the EA at PP was working full time on the Project.

Approach to working with customers

Flexible, holistic working was felt to be crucial to the Project approach. In contrast to standard employment support, EAs offered intensive, one-to-one support for as long as needed (or until the Project ended). EAs tailored support to the customers' requirements at a given session, offering up to four hours of support in some cases.

"[...] because I'm working with a much smaller of a caseload I've been able to keep in touch with people much more consistently. I try and see them at least once a week, at least once a fortnight [...] I think for them it's about consistency of approach, [...] and it being a meaningful contact, not ten minutes and then out the door, it's an hour and a half, it's an hour and it's very much work focussed, not spending an hour just chatting about how they've been feeling for the last week. It's: 'Right, so today we're going to have a look at other jobs that you might be looking at or we're going to actually make your approach to your employers. How're you feeling about it?'" [EA1]

The Project worked with people for as long as they needed and wanted to engage. The exception was in PP, where the EA was unable to continue working with customers who reached the end of their time on the Work Programme.

Table 8 shows the average length of time spent in the Project for customers in each site. The lower average for PP reflects the disruption to staff continuity and the later start in that site. Table 9 shows the reasons for leaving the Project. In total, 17 customers (27%) left the Project, with the remainder still on the caseload when the pilot ended in July, 2016. Some of those who found work remained on the caseload, either because they wanted in-work support, or because the jobs were temporary and they continued to look for further roles. Two customers left the Project completely when they found employment, without retaining any contact with the EAs which is counter to the model employed in this project which recommends ongoing support.

Table 8: Customer time in the Project (weeks)

	JCP (South) (n = 25)	JCP (West) (n = 22)	PP (n = 16) ⁵	Total (n = 63)
Range	2- 74	6 - 72	6 - 74 ⁶	2- 74
Mean	44	36	29	37

Table 9: Reasons for leaving the Project

	JCP (South) (n = 25)	JCP (West) (n = 22)	PP (n = 16) ⁵	Total (n = 63)
Health issues	8% (2)	5% (1)	0 (0)	5% (3)
Unable to contact	8% (2)	9% (2)	6% (1)	8% (5)
Found work no longer wanted support	8% (2)	0 (0)	0 (0)	3% (2)
Inappropriate behaviour	0 (0)	0 (0)	6% (1)	2% (1)
Focus on education	0 (0)	5% (1)	0 (0)	2% (1)
End of the work programme	0 (0)	0 (0)	31% (5)	8% (5)
Remained on caseload at end of pilot	76% (19)	82% (18)	56% (9)	73% (46)

EAs highlighted the advantage of being able to spend however long was needed with a customer, rather than being limited by pre-set appointments and stretched across a large caseload.

“as a specialist [standard practice] we only get half an hour, 45 minutes with a customer. With the IPS I’ve got time, I can spend two hours I can spend three hours depending on my caseload — I don’t have to rush everything. [...] if we’re doing an application I don’t have to keep looking at the time and think oh I’ve got two hours. I can prepare them how to do an application, train them how to do an application.” [EA3]

The mean length of time spent with customers per appointment was 54 minutes. This ranged from a mean of 41 minutes at PP, to a mean of 65 minutes at JCP (South). The mean length of time spent with a client over the duration of the Project was 16.3 hours (ranging from 5.5 hours at PP to 31.2 hours at JCP South). Again, this difference reflects the lower staffing resource available at the PP site.

Flexibility around appointments extended to the location, with EAs often meeting customers in coffee shops or other places in the community, rather than requiring them to come into the office. EAs and customers both liked this way of working in general and felt that it helped with attendance and relationship building.

While the Project was focused on employment specifically and had clear goals around moving people into, or closer to, work, EAs took a holistic approach to working with customers. This was described in terms of listening to the customer, identifying issues that were important to them in relation to work and work readiness, and engaging with these issues.

“Because we’re dealing with a human being. We’re not dealing with a machine. We’re dealing with a person who yes, okay, they want to work. Fine. But, you’re dealing with the whole person and in that, you’re dealing with parents, you’re dealing with daughters, sons, husbands, partners. You’re dealing with benefits, and housing benefit, and council tax. Then, you’ve got a clinical team, if there is a clinical team. [...] It’s not just about employment.” [EA2]

⁵ Activity data was unavailable for one customer at PP. Data on activities is therefore based on a caseload of 16 in this site.

⁶ Note, although delivery was disrupted, customers joined the caseload here from the start of the Project in March 2015.

“The 100 People Project differs quite a bit because you are allowed to work, I keep saying this word, holistically, with a client. You are allowed to get to know that client. [...] you have the resources to build up a vocational profile in it, within that sector. With the Work Programme, you don’t have that.” [EA4]

While most customers reflected positively on this approach, and liked that the EAs showed an interest in their wider lives, this was not the case for everyone. One customer said that they “feel like it should have been more about finding work instead of talking more about my personal life” [C3 EA2].

Activities

Identifying customers

It was initially envisaged that customers would be referred through mental health services, but this was not possible in all sites (see above: ‘Barriers to implementing the IPS model in JCP and PP’). EAs were creative about seeking referrals, attending local groups, and identifying suitable customers from colleagues’ caseloads within JCP and PP.

“I went to a local community group called [name], which are more of an advocacy group and campaigning group but they referred a couple of people to me, and through that I got contacts with a mental health residential unit” [EA1]

Job applications

All the EAs supported customers to identify potential opportunities and to apply for jobs. The rapid job search approach meant that EAs focused on applying for jobs as early as possible in their work with customers, although they also pointed out that it wasn’t always appropriate, particularly where customers did not feel work ready.

Vocational Profiles were completed with customers early in their engagement with the Project. EAs conducted job searches with the customer and brought opportunities to their attention. Of the 63 customers on the programme for whom activity data is available⁷, 46 applied for at least one job. A small number of customers submitted a much higher number of applications than the rest; three customers made more than 60 applications, the maximum was 138. The mean number of applications is skewed by these customers: JCP (South), mean = 13.8; JCP (West), mean = 13.9; PP, mean = 6.9. The majority of customers (57%) applied for between 1 and 20 jobs within the data collection period.

This activity not only led to more applications directly, but also increased the skills and confidence of customers to do this themselves:

“[I’m] Applying for much more jobs than before. Going to interviews. More confidence in applying for jobs. Using the computer systems to apply for jobs, something which I didn’t actually do before. Most jobs are online applications. [EA] showed me how to do some online applications, something which I didn’t know how to do before.” [C2 EA1]

Interview skills and support

EAs supported customers through at least 35 job interviews during the Project. This support included arranging travel, sourcing appropriate interview clothes, conducting mock interviews and helping to prep the customer before an interview, and attending interviews with the customer to provide moral support.

⁷ Activity data was unavailable for one customer. Data on activities is therefore based on an overall caseload of 63.

“a couple of weeks ago I called a woman that, her interview was on Monday. I was calling her on Sunday night, going through everything and making sure. I went with her to the interview as well but Sunday night, I sort of thought: ‘have you done this? [...] are your clothes all ready and have you got this ready and that ready’, and she was really quite organised so that’s really great. So when I met up with her on, for the interview, she was all set and everything.” [EA2]

Customers who had received this support described it as helpful, both in improving their performance at the interview, and in keeping them motivated.

“Very informal and when I...what I really loved about him is like when I was going for an interview he would literally, um, meet me before, calm me down and literally walk me to do the door of the interview. And then afterwards he’d have a catch up or the next day.” [C4 EA1]

In-work support

The Project was intended to provide in-work support to customers who successfully secured a job, to help ensure that employment was sustainable and that they could manage their mental health within the workplace.

“a chap who works for [company] now, I went and saw his manager, because when he first got taken on, it was going to be full time hours and we needed it to be under 16 hours for him to keep his benefits for a short time until he’s fully trained. And I went and had a chat with him, sent a letter to him as well just to kind of clarify the situation and he was really happy to kind of put it down, to keep it under 15 hours until [name of customer] was fully trained. And at which point then [name of customer] was able to say: ‘Right, I can do full time work now. I’m happy to move on and off benefits’” [EA1]

The possibility of in-work support was valued by customers like C1EA2 who told us that “what’s most comforting for me is, [...] when I get paid employment, is knowing that [EA] will go through the process with me. For that just to finish if I came in and said, ‘I’ve got a job’, I think I would be at a loose end.” [C1 EA2]

Despite this, EAs found that customers didn’t always want continued contact or support once they were in the workplace. One EA described the view of one customer that “you are from another time when I needed that help” [EA2].

“some customers, when they do go into work, they don’t want you to contact the employers. [...] in the IPS model it says that you need to have meetings with the employer, making sure that the customer’s settled in, but that’s all based up to the customer at the end of the day if they want me to go and give that support.” [EA3]

Motivation and confidence building

Not all the customers referred to the Project felt ready to apply for work at the start of their engagement. Based on EA notes of conversations with customers, this was generally because they were still struggling with managing their mental health symptoms. Descriptions of activity show that among customers who did not currently feel able to work, EAs supported them to make progress towards work. They identified barriers and helped to overcome these where possible. The example below presents extracts from one EA’s activity logs. It illustrates how EAs worked with customers who did not yet feel able to apply for jobs, by developing skills and CVs and supporting customers to overcome identified barriers.

C8-EA4:

Appointment 2: Customer called up stating he won't be able to come to the office - he had no money to come to the office. Completed appointment over the phone. He stated not work ready. We have discussed again we will focus on motivational support. [...]

Appointment 4: Customer came to appointment [...] we have purchased a birth certificate [...] He was grateful for this, as did not request any other support. At present he has a care plan set up with CMHT... The care plan he will bring next appointment as agreed. Customer feels that he is not ready for work at the present time. [...] He stated that the confidence is better since the last time he came to the office [...] he does look better. [...] He will come to the next appointment whereby we will go through confidence building one to one session [...] We have done skills and opportunities assessment [...].

Appointment 7: Customer attended his last appointment, he knows that he is leaving the work programme. We spoke about disclosure regarding his health to employers, when he is ready to look for work. [...] He has gained confidence over the last appointments. He is willing to do this not at present, but in the future. At present he is focusing on more on positive action points of looking after his wellbeing [...] In the future he wants to look at work options that he can do [...] We have created a CV, I have suggested also for him to start looking at options of volunteer work. He is not ready to do this but in the future he will consider this option.

Motivation included a degree of resilience when job applications were unsuccessful, and a greater belief that an application is worth making.

"I want to just make use of the opportunity. I kind of see it in a positive way. And I think on my own I'd probably, I don't know, I tend to talk myself out of things a lot, you know? So I might see an interview on the screen and I'd go: 'Oh yeah, but they won't want someone like me,'" [...] You know, you end up talking yourself out of things. But with coming here I'm like: "All right, you know, this has come up. I'll just give it a go. What's the worst that could happen?" [C4 EA4]

Liaising with health services

Due to the difficulties engaging community mental health services in two of the sites (see above: Barriers to implementing the IPS model in JCP and PP), there was less liaison with mental health practitioners than should be the case in the IPS model. Nonetheless, where possible, EAs met with mental health teams or shared information with them. EAs frequently discussed customers' health with them, particularly where this was a barrier to work. Customers liked that the EA was able to acknowledge and support them to manage their mental health, and contrasted this concern for their wellbeing with previous experience of employment support.

"she's called me, physically... when to come down, you know, to sign on [...]. When to go to the doctors and stuff like that, 'cause she knows about both my arrears and the doctors [...]. So she knows about my mental status plus my accounts and my arrears, due to my support worker [...] sharing that information with her." [C4 EA2]

Given the difficulties of getting referrals from mental health services, EAs had to be creative about where they sourced potential customers. As shown in the customer profile information above, the EA in JCP (South) worked closely with a local housing association and with local charities to identify people who might be eligible for the Project. This experience underlines how dependent the Project is on individual referrers and their views on JCP (see discussion below re *Context*).

"I've recently had contact with [a charitable housing association] and that all came about because one of the customers moved from one setting to another setting and the support worker was intrigued by what was

going on. [...] We sat down we had a talk about what the 100 People Project was about. He got it straight away, he understood what we were talking about, he then filtered that out to his co-workers who had all been mental health support workers for a housing association setting and I've had a number of referrals just off the back of that one conversation." [EA1]

Managing benefits

Providing advice and resolving issues around benefits was a particularly valued activity for some customers. Financial problems were a major source of anxiety for some, and fear of coming of benefits was identified as a barrier to work. EAs frequently carried out Better Off Calculations with customers to determine the level of work that would be financially viable for them. Customers also described help received with housing benefits.

People

Employment Advisors

While EAs and customers both identified positive aspects of the IPS model, in contrast to the standard employment support on offer through JCP and PP, it was clear from the interviews that the skills and attitudes of the individual Employment Advisors, and their ability to build good relationships with customers was also important.

Two of the Employment Advisors had previous experience as a Disability Employment Advisor working with JCP. All the EAs were explicit about their motivation for working with people with severe mental health problems, and a belief that these diagnoses need not be a barrier to employment. For some, this resulted from personal experience. One EA described how they used their personal experience to relate to what customers told them.

"I find some of the things that she's [customer's] telling me about herself I can relate to [...]. I say: 'I can relate to what you're saying. I was like this, but I've had to work on myself to sort of like...' [...]. And sometimes she had light bulb moments when I'm speaking and I think yeah that's great but I have to really remember that people have to move at their own pace. So when my mind is going: 'oh yeah you could do this', I have to slow it down, sort of calm back and say: 'okay, let's explore what you want to do and how you want to do this. I have a shared experience of what you're telling me but that's my experience, we have to talk about how you deal with it really.'" [EA2]

During the course of the project the EAs reported increasing knowledge and understanding of the experience of living and working with a mental health problem. This understanding was reflected in comments from customers as well

"So you need specialist people that have an understanding of mental health, and it's not just about pushing people back into work. It's about that person being able to sustain employment and to have that support network out of employment for any hiccups that may come up along the way." [C1 EA2]

Customers reported good rapport with the EAs and talked about the importance of trust, particularly around their mental health, and of empathy.

"If he felt, because he knows me, I would trust him if he told me that I was getting high or if I was being inappropriate or whatever, 'cause it's important to have that person at work that you're gonna listen to 'cause if I was high and somebody told me, "Oh, you're acting weird," I'd get paranoid and probably act even more weird. But [EA] is that person that I would trust." [C4 EA1]

"[Compared with standard Work Programme support] the main difference with [EA] and her approach and her style, [...] is she would just present things in a gentle way and discuss it and say, "Well, what do you think of this? We've got something coming round. You don't have to go if you don't want, if you don't feel

confident, you don't feel up for it." And then I can make that final decision and say, "You know what? I'll go for it. I don't mind." [C4 EA4]

The importance of the individual EA's skills and experience is hard to assess, but customers generally felt that they had more rapport with these EAs than with previous employment advisors they had worked with. This may be because of the more intensive one to one support, or may reflect that the background of these EAs, and their enthusiasm for working with people with mental health needs particularly, is not typical. This possibility was expressed by one Key Stakeholder at JCP, who highlighted that the particular strengths of the EAs on this pilot would be hard to find in enough people to roll out the approach more widely:

"We did have two unique work coaches working for us. If I was to roll this out for example, that we had a person in each of our 18 sites, I know for a fact I would not have 18 [EA2]s and [EA1]s. So I think we've got to be mindful that we did choose [...] the right people." [KS1]

Customers

It is also difficult to assess whether the customers who agreed to take part in this pilot are typical, or whether those who self-selected to participate differ from other people with severe mental health diagnoses accessing JCP or PP. Participation in the Project was voluntary, as in all IPS work, including for those who were compelled to be on the Work Programme. IPS models of employment support only engage those whom feel well enough to seek work. We discussed above (Customer demographics and diagnoses) the variation in profile of the customers in the three sites, but the numbers are very small for drawing conclusions from these differences. One EA suggested that there was a problem with the dependence on internal referrals from other advisors on the Work Programme, in that:

"they'll keep all, like, the good ones just, like, you know, in a chocolate box you kept all the good ones and passed on the ones... An advisor would cherry pick all the good customers and the other people would just be parked." [EA5]

In spite of this concern, EAs highlighted that the customers they worked with were, for the most part, keen to work, though some did not feel immediately ready to take on a job. This view was supported by the customers interviewed who described what working would mean for them. Reasons for wanting work included: improving their financial situation, having daily activities/structure, meeting people, improving self-esteem/confidence, and challenging workplace stigma.

"It would mean everything, freedom, er, more money, um, a more optimistic outlook on life, er, people not judging you." [C1EA4]

"what's important to me is being independent. [...] going to work gives a bit of structure in your life. It gives you a reason to wake up in the morning and if you're in a field that you're really interested in and you're passionate about, you don't see it as work because you really enjoy it and you always want to go to work and... it depends on what field you're in but a lot of fields help other people. [...] I think it would have a good impact because this year I had a structure and because I had a structure I was able to get myself well because when I first came out of hospital I had no structure at all, I didn't look forward to the next day, I was so bored." [C3 EA2]

Context

Finally, we consider the challenges of implementing IPS in the particular contexts that JCP and PP operate within. There were two main aspects that appear to have impacted on the effectiveness of the Project and which may be barriers in any future roll out of this model. The first relates to the external perception of JCP and PP, and the second to the internal structures and constraints within which they must work.

External perceptions

External perceptions of the DWP were an obstacle to engaging with employers. Employers did not want to recruit people from JCP because of assumptions about their customers' suitability, reflecting historical practices of sending people for interview who were not appropriate for the post.

"The perception by a lot of employers will be that if they advertise through the Job Centre they will get sent a whole load of quote unquote 'no hoppers' that they don't have time to interview, and that is not what we do." [EA1]

EAs felt that customers were also suspicious of the JCP. They feared the loss of benefit entitlements or sanctioning, based on previous and current organisational practice. As described above, mental health teams were reluctant to refer customers who they thought were not ready for work which was a significant barrier both to accessing customers and to working in partnership with mental health services.

"There's an inherent mistrust of JCP by the client group because traditionally we usually only call people in to see us when we want to do something nasty to them such as stop their money or question them or suggest they do something that they don't want to do." [EA1]

The problem of external perceptions was, in some ways, even greater for the PP which had previously experienced some bad publicity. Despite this, EAs who were able to broker face to face engagement with health workers and employers, went some way to breaking down this mistrust.

Internal structure

Employment Advisors described advantages and disadvantages to implementing the model within the DWP. While they were able to bring their previous experience and contacts to support the role, there were also internal pressures. JCP and PP have a target driven focus to get people into work resulting in high caseloads and turnover. This Project operated differently, with smaller caseloads, off site working and a specific focus on customers with mental health difficulties. JCP and PP provided different contexts for delivery; executive support in JCP was more consistent than at PP which faced structural changes during the project. In the end, an Advisor was only working for eight months at the PP site.

As a Prime Provider working under a payment-by-results model, the contractual arrangements for PP were strict. The prescriptive approach laid out in the fidelity review was sometimes hard to reconcile with these constraints. Some of these issues were relaxed for the purposes of this Project. For example, jobs of fewer than 16 hours per week were recorded as job outcomes in line with the IPS model but would not be counted for the purposes of the PP contract. One stakeholder highlighted this as a potential difficulty in any wider roll-out.

Initially, the EA at PP was working on the project one day a week and had to maintain concurrent targets on her WP caseload, which carried the risk of penalty if not met. This made it hard for the EA to spend sufficient dedicated time on the Project. The EA ultimately managed to negotiate a reduced case load side and more time for the Project but again this may not be possible in a wider roll-out within a provider organisation.

"At the end of the day, the project is not designed in terms of target performance but it's more what we actually offer customers and how to support that. And I think you need to remain that way, especially to see it work. If you get a lot of targets hitting in, this is where the quality lacks as well, and that's not what you want for the project." [EA4]

Other constraints could not be addressed for the Project. In particular, the contract to deliver the Work Programme meant that the advisor at PP was only permitted to take internal referrals and policies to meet people off site were

not fully in place. This was perceived as an obstacle to building the caseload, but was mitigated by pro-actively engaging with colleagues internally, including different sites across London.

The changing context

In discussing the contextual challenges it is important to note that the context is changing. This project has been completed just as new changes in the provision of employment support for people with a disability are being proposed. There is an increasing recognition support needs to be tailored to the specific needs of someone with a disability or health problem. The recent Green Paper, *Work, health and disability green paper: improving lives* (DWP, 2016) proposes that:

Where someone is out of work as a result of a health condition or a disability, the employment and health support they receive should be tailored to their personal needs and circumstances. This support might be delivered by a range of partners in their local area, such as by Jobcentre Plus, contracted provision, local authorities or third sector providers. Increasingly, our work coaches across Jobcentre Plus will assess an individual's needs and ensure that they access the right help. Work coaches will be supported by new Community Partners and Disability Employment Advisers, who will be able to use their networks and expertise to work with local organisations, to support disabled people and people with health conditions to achieve their potential.

This tailored help will include personal support from accredited work coaches with training in working with people with disabilities and mental health problems. The changes also include an increase in the number of Disability Employment Advisers (DEAs). One key stakeholder saw potential in the planned increase of DEAs to adopt some of the practices of this pilot in the future, but they warned that the target driven culture was still likely to make it difficult to adhere to the IPS principles:

"I thought that we could roll this out with the DEAs, and it could be fifty-percent of their job, or something, although the fidelity model really dictates that it should be 100% of their job, but that couldn't happen. [...] [The DEAs] wouldn't have the freedom to do what the fidelity model wants them to do. It was always very difficult, anyway, from a health and safety issue; meeting people in cafés and parks, and things like that, but they wouldn't have that freedom to do that. They would have to have x amount of interviews, and they would be monitored on how long their interviews took; they wouldn't be able to travel from their office, to see somebody outside, that would be really rare for them to do that." [KS2]

The introduction of the Work and Health Programme in place of the Work Programme in 2017 could provide an opportunity to address some of the contextual difficulties identified in this evaluation, in particular, the high caseloads and targets-driven approach for Providers.

"this project is so good. I just hope that [...] it will go national, but, again, it's all, I think, dependent on funding and everything. But I think they need an individual with this background in, either in every... it doesn't have to be a job centre, maybe in Mind or in each NHS trust." [C1EA2]

Conclusions

The Project successfully supported 17% of the caseload back into work compared to 9.5% achieved by the DWP work programme (Mind, 2015). This is, however, relatively low in the context of IPS services evaluated through randomised controlled trials. Burns, et al. 2007 found IPS achieved 55% success rate for one day or more in employment compared to 28% for vocational support over an 18 months period across 6-European centres. They followed this up with a trial comparing IPS and IPS-LITE with little difference found at 18 month follow-up, 46% compared to 41%, (Burns, et al. 2015). Bond, et al. (2008) reviewing 11 RCTS including two outside North America found mean employment outcomes for IPS compared were 61% compared to 23% for control interventions. Heffernan and Pilkington (2011) carried out a systematic review of IPS studies concluding the model can be effective in a UK context, though more research is needed. However, this pilot was not an RCT design so we should not be compared directly to these figures. Interestingly, however, Bond et al (2008) also commented upon naturalistic evaluations, such as the SESAMI study working with six agencies and reported a 25% placement rate at 1 year (Schneider, et al. 2008). This rate (25%) is what we understand from leaders in the field, including Prof Burns lead for EQOLISE and IPS-LITE trials (personal communication), is found for sustained outcomes in 'real world' IPS implementation projects and feedback from local IPS services in London reporting 25-30%. Direct comparisons with other studies and projects are difficult due to variations in the populations served and the relatively small numbers of people involved in 100 people project.

A basic calculation of the costs and savings for the DWP over a single year showed that the net cost per employment outcome was around £3,688. Apart from job outcomes, other progress towards employment was evidenced by the numbers of job applications and interviews. Both EAs and customers reported improvements in confidence and skills as a result of the Project. One customer, who had not had a job in over twenty years, was attending multiple interviews by the end of the project.

The outcomes should be viewed in the context of the customer profile. The evaluation does not allow for a direct comparison to outcomes under standard JCP or PP support, however EAs and managers reported that the outcomes achieved would have been unlikely outside of the Project. Many customers had spent years out of work; a third had been out of work for more than five years, and two-fifths had been using employment services for three years or more prior to joining the Project. The customers in the project had extensive barriers to employment. In addition to a diagnosis of a severe mental health problem, over a third had other health conditions and one in eight did not have English as a first language.

Customers on this Project demonstrated a strong desire to work. Engagement with this support was voluntary and the intensive nature of the support meant that customers were investing considerable time. Despite this, drop out from the Project was low; only seven people chose to disengage from the project, and one of these had entered full time education instead. In interviews, customers clearly expressed how work symbolised aspects of recovery and reintegration into mainstream society, financial independence, structure and daily routine and a reduction in social isolation.

The outcomes should also be considered in relation to difficulties with the implementation. While the delivery of an IPS model within JCP and PP was broadly successful by the end, structural changes and other organisational challenges within PP delayed the implementation here considerably and resulted in only eight months full delivery, compared with 17 months in JCP. The disrupted nature of the support here means that outcomes were likely lower than they would have been with full implementation.

The fidelity review showed fair adherence to the IPS principles in each of the three sites. There was a marked difference between JCP standard practice as scored at the start of the Project and the principles being implemented at the final review. In PP, standard practice already showed a 'fair fidelity' to IPS principles, reflecting the focus on

competitive employment outcomes and employer engagement. This finding was promising in demonstrating the feasibility of delivering IPS-style employment support within JCP and PP.

There were a number of challenges resulting from the internal structures and external perceptions of JCP and PP. In particular, engaging with mental health services proved very difficult in some sites, limiting both the partnership working and the access to referrals. Employers and customers alike were suspicious of the approach of JCP and PP, expecting an 'employment at all costs' approach which they feared would lead to inappropriate placements.

Within PP specifically, contractual constraints associated with the Work Programme were significant barriers to implementing the IPS model. These included the requirement that all referrals come through the Work Programme, the high caseloads and the target-driven culture. Some of these constraints were relaxed to a degree during the Project, but may be a bigger challenge in any roll-out of this way of working.

Many of the barriers to achieving employment outcomes identified here are not specific to this model but reflected broader challenges for people with mental health problems securing work. The impact of discrimination and the fear of discrimination from employers was evident in the accounts of EAs and customers. Employer engagement was challenging for the EAs, in part because of the impersonal systems set up to manage recruitment and in part because of the negative attitudes towards JCP and PP and towards people with mental health problems.

The flexible, intensive support offered in this Project was very positively viewed by customers, EAs and stakeholders within JCP and PP. Customers felt that the employment advisors were invested in their efforts to find work and their mental health needs were listened to. Smaller caseloads and the ability to meet customers off site in a place that suited them, allowed advisors the opportunity to build positive relationships and address multiple barriers to work. EAs were also able to apply creative solutions to challenges that arose through the problem, for example by fostering relationships with local charities and housing associations.

While the IPS model provided opportunities for positive practice, the skills, experience and personal commitment of the EAs working on the Project seem to have been key to achieving outcomes. The EAs were carefully selected and received additional training and support from the Centre for Mental Health. In addition to the skills gained through previous work in JCP and PP, including as Disability Employment Advisors, several had a personal connection to mental health through their own or family experiences. This was commented on by customers as helping to develop a trusting relationship. Replicating their approach to the work could be a challenge for implementing IPS practice more widely.

In light of proposals for changes to provision of employment support for people with disabilities and mental health problems particularly, there is a great deal of learning from this pilot project. The outcomes show that people with severe mental health problems can be supported to gain employment through JCP and PP, including people who have been out of work for long periods and face multiple barriers.

The government's commitment to improving mental health training for all work coaches could help to overcome some of the challenges identified in this evaluation, including the negative attitudes found among some employment advisors, and the external perception that JCP and contracted providers have little understanding of the needs of people with a mental health problem. However, our findings also suggest that specialist roles can be much more effective in supporting people, particularly where these are coupled with flexible, intensive support within a positive one-to-one relationship.

Overall, it is likely that the outcomes shown in this Project could be improved on with sustained implementation, but it would require organisational commitment and a more flexible way of working than the current contractual arrangements allow. Relationship building, with mental health services and employers, is a key aspect of the model and this should be strengthened by longer-term implementation. In this pilot, these relationships were being

established from a relatively low base and took a great deal of the EAs' time. Over time, it is likely that this balance would shift to some degree, allowing more time to be spent with the caseload.

Strengths and limitations of the evaluation

This evaluation has provided an in-depth exploration of the strengths and challenges of the Project 100 Pilot. Due to the commitment of the EAs to data collection, we were able to analyse detailed records of the activities and outcomes of the Project. Interviews with EAs, customers, managers and other stakeholders have provided multiple perspectives on the approach, allowing us to triangulate responses and adding confidence to the findings. Multiple interviews allowed us to build rapport with participants and to follow-up as circumstances changed for them.

The evaluation was strengthened by having researchers with personal experience of managing mental health problems as part of the team. In interviews, sharing similar life experiences helped to put participants at their ease. The lived experience of unemployment and stigmatising attitudes toward mental health experienced by one of the researchers elicited data that was meaningful to both the journey of the participant and the study aims.

The study is limited, however, by inconsistencies in some of the data collection. In particular, there were difficulties with the subjective measures of progress to employment that meant that this data was unreliable and therefore excluded from the findings. This makes it harder to demonstrate the softer outcomes of the Project which the qualitative data suggests were achieved.

The costs and savings analysis is also limited. This aspect of the evaluation was not initially planned and was conducted using retrospective data available through JCP and PP. This analysis is very basic and does not include either the full economic costs of delivering the project, or the wider saving associated with reductions in other service use resulting from sustained employment. The evaluation was only able to collect data during the project itself and has therefore not allowed follow-up with customers in the longer term. We are therefore not able to say anything about the sustainability of employment or the longer term benefits.

Suggestions for further development and research

In the recently published Green Paper on work, health and disabilities (DWP, 2016) there is a commitment over the next three years to invest in trials, proofs of concept and feasibility studies to test ways to support people with common mental health conditions into work. Our evaluation demonstrates the feasibility of employment outcomes for people with more severe mental health needs. We would therefore recommend that investment also be made in trials exploring the work support needs for people with serious mental health conditions.

Further research should also explore the sustainability of IPS within a DWP setting. The Project was unable to evidence the long term employment outcomes because of its time frame and structural changes with the Prime Provider setting. A longer-term Project would also allow a more accurate economic analysis of this way of working, and allow further understanding of the sustainability of job outcomes and their effect on customers' lives.

Recommendations for practice

This is a small pilot however based upon the experience of working closely with the Centre for Mental Health to observe the delivery of the 100 people project, we would make the following recommendations:

- There is sufficient evidence in the study to justify a wider pilot of IPS within JCP as part of the DWP Work and Health Unit efforts to improve lives as outlined in the green paper (November 2016).
- Before the pilot is expanded to other geographical areas clear criteria and ways of working are required to ensure an effective interface between health and employment support services is achieved in practice. These should cover both referral of clients between services and joint working to ensure the health and employment support individuals receive are aligned.

- Further work is required to understand how employment advisers work with employers who use large-scale standardised recruitment approaches or recruit through agencies and are therefore harder to engage in conversations about individuals.
- Future work would benefit from an evaluation that monitored whether employment outcomes were sustained, the impacts on clients income and benefits, and health outcomes. This would allow for a more robust cost benefit analysis.

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