

Project 100:

Evaluation of a model of Individual Placement Support delivered through Department of Work and Pensions (DWP) employment services

- Overall, the project supported 11 people into employment (with 18 successful job outcomes), 19.1% JCP and 11.8% PP caseload (17.2% overall). In the best performing JCP site, the success rate was 20%.
- The outcomes do 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.
- Fidelity to the IPS model was 'fair' with particular challenges working with mental health services. There were also difficulties engaging employers.
- Customers valued the flexibility and consistency of support, compared with standard employment advice services.
- Implementation differed across JCP and PP, due in part to organisational commitment, and also to contractual restrictions as a Work Programme Prime Provider. PP customer characteristics suggest particularly high barriers to work due to poor health, stigma and lack of work experience.
- Rough calculations of cost compared to savings in DWP-administered benefits show a net cost of £40,566.65 over the last year. However, several employment outcomes were ongoing so savings should increase over time.
- A sustained employment rate of 25-30% should be the target for projects such as 100 people. We recommend continuing with the pilot of the approach to build on these limited, but promising findings.

The '100 People' Project

The Individual Placement and Support (IPS) model is widely recognised as an effective way to support people with a mental illness to find employment (CMH Briefing 44 2012). This paper reports on an evaluation of a pilot project to implement the IPS model, modified for delivery through Jobcentre 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 and psychosis, from a caseload of 400. In a departure from the standard IPS model, the Employment Advisors were located in the employment agencies rather than being integrated into 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 Employment Advisor in each of four London boroughs: two in JCP and two in the PP offices. Support and training in the IPS model was provided by Centre for Mental Health, who also conducted Fidelity Reviews to assess how far practice reflected IPS principles. During the project, PP underwent significant structural changes. While both JCP offices implemented and sustained the service throughout the project, only one of the PP offices successfully operated the model and the Advisor here was part-time, working 1 day per week for most of the project.

The evaluation addressed the following areas:

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

The evaluation used a combination of routine data collected by the Employment Advisors and qualitative data collected through in-depth semi-structured interviews with the Employment Advisors (6)¹, their customers (14) and

¹ Six Advisors were appointed at various points in the project and all were interviewed, though three left before the project end.

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

	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)²	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.³ 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 poorly with previous studies of IPS delivery using RCT methodology, though there is considerable variation in the literature in both outcomes and populations supported.⁴ However it is better than work programme outcomes and closer to results within IPS implementation programmes.⁵ The types of work secured included office work, mental health support, working in retail, and maintenance and labouring. One person was working in security and another was self-employed.

Learning

We present our findings under three headings to capture the key elements of the innovation involved in this project. We consider the **model** being implemented, how far it suited the needs of customers and led to positive outcomes. We assess the significance of the **people** involved in the project, including the competencies of the staff and the characteristics of their customers. We reflect on the **context** in which the project was delivered, particularly the impact of setting the project in Jobcentre Plus and in a Prime Provider.

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.

		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

² Part-time jobs are defined as those with fewer than 35 hours per week.

³ Support recipients are defined as people who had more than one contact with an Employment Advisor.

⁴ Bond, et al. (2008) found employment outcomes for IPS were 61% compared to 23% for control groups; Burns, et al. 2007 found IPS achieved 55% success rate for one day in employment compared to 28% for vocational support cover an 18 months period across 6-European centres. Burns, et al. (2015) then compared IPS and IPS-LITE with little difference found at 18 month follow-up, 46% compared to 41%.

⁵ The SESAMI study working with six agencies in the UK reported a 25% placement rate at 1 year (Schneider, et al. 2008).

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 Advisor outside of the employment office, and fewer restrictions on time. Customers also benefited from the consistency of support offered by seeing the same advisor 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 Employment Advisors had previous experience as a Disability Employment Advisor working with 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 illness.

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 ⁶ (n=16)	Overall (n=63)
Gender:	Male	19 (76%)	9 (41%)	12 (71%)	40 (63%)
	Female	5 (20%)	13 (59%)	4 (24%)	22 (35%)
	Transgender	1 (4%)	0	0	1 (2%)
Age:	Mean	36	35	45	39
	Range	21-53	18-57	26-58	18-58
Ethnicity:	White British	10 (40%)	3 (14%)	11 (69%)	24 (38%)
	White	0	3 (14%)	0	3 (5%)
	Other	10 (40%)	10 (46%)	3 (19%)	23 (37%)
	Black or Black British	3 (12%)	6 (28%)	1 (6%)	10 (16%)
	Asian or Asian British	1 (4%)	0	0	1 (2%)
	Arab	1 (4%)	0	1 (6%)	2 (3%)
	Mixed ethnicity	1 (4%)	0	1 (6%)	2 (3%)
Mental health diagnosis:	Bi-polar disorder	6 (24%)	8 (36%)	3 (18%)	17 (27%)
	Schizophrenia/ schizophrenia spectrum	9 (36%)	9 (41%)	10 (63%)	28 (44%)
	Psychosis	8 (32%)	5 (23%)	2 (12%)	15 (24%)
	Other	2 (8%)	0	1 (6%)	3 (5%)

Motivation: When asked about job preference, two customers from PP stated that they did not want to work. 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.

⁶ Background data was not available for one customer from PP.

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 illness. 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 was 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.

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.⁷ 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

⁷ 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.

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.⁸ 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.

Recommendations

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, and employer engagement is improved.
- Future work would benefit from an evaluation that monitored whether employment outcomes were sustained, and a more robust cost benefit analysis carried out.

References

Bond, G.R., Drake, R.E., & Becker, R.D. (2008). An update on randomized controlled trials of evidence-based supported employment. *Psychiatric Rehabilitation Journal*, 31, 280–290.

Burns, T., Catty, J., Becker, T., Drake, R. E., Fioritti, A., Knapp, M., et al. (2007). The effectiveness of supported employment for people with severe mental illness: a randomised controlled trial. *The Lancet*, 370 (9593), 1146-1152.

Burns, T., Yeeles, K., Langford, O., Vazquez Montes, M., Burgess, J., Anderson, C. (2015) A randomised controlled trial of time-limited individual placement and support: IPS-LITE trial. *British Journal of Psychiatry*, 207, 351–356.

Centre for Mental Health (2012). *Implementing what works: the impact of the Individual Placement and Support regional trainer*. Centre for Mental Health: London. Available from:

<https://www.centreformentalhealth.org.uk/briefing-44-implementing-what-works>

⁸ We were unable to obtain data on previous income for one of the customers.

About The McPin Foundation

This report was funded and produced by The McPin Foundation for Trust for London.

The McPin Foundation is a specialist mental health research charity based in London but working across England and Wales (Charity number: 1117336. Company number: 6010593.). We exist to transform mental health research by placing lived experience expertise at the heart of research activities and the research agenda.

Our work includes:

- Guidance and expert support on public and patient involvement in mental health research
- Collaborative research studies in partnership with organisations interested in user focused mental health research
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