



Explore IPS



What we shall cover

- 1) Introductions
- 2) Overview of IPS / history of IPS in England
- 3) Evidence on effectiveness outside of SMI
- 4) Why does fidelity to the approach matter?

Who are IPS Grow?

- ❑ We are a national team of experienced IPS professionals who work across the health system helping stakeholders translate IPS research into on the ground practice.
- ❑ We work with the Centre for Mental Health, NHS England and Improvement national team, Regional NHS England teams, DWP and OHID to drive the effective expansion of IPS nationally on both
 - A strategic and policy level
 - Offering practical support via quality assurance (with Centre for Mental Health), technical support and resources.
- ❑ We are also part of the International Learning Community lead by IPS Works USA, sharing learning with services from around the world.

IPS Grow focus

The 3 Pillars of IPS Grow Support



**Quality Assurance and
Technical Support**



**Workforce
Development**



**Data Tools / Performance
Standards**

Overview of IPS

IPS in a snapshot

What is IPS?

- “Place-then-train” model underpinned by 8 principles
- 25-item Fidelity Scale and a detailed [Fidelity Manual](#) that IPS Grow use to conduct Fidelity Reviews – fair/good/exemplary
- Best evidenced form of employment support in the world. 28 international RCTs demonstrating IPS helps more people into work, enables them to stay longer and sees them earn more
- In England, IPS exists in secondary mental health services, drug and alcohol treatment teams and now in primary care (IPS-PC)

IPS is based on eight simple, evidence-based principles



1. It aims to get people into competitive employment...

volunteering or sheltered work are not counted as outcomes



2. It is open to all those who want to work...

with no exclusions based on diagnosis, health condition or benefits claim



3. It tries to find jobs consistent with people's preferences



4. It works quickly... job search starts within four weeks, even if a client has been off work for years



5. It brings employment specialists into clinical teams...

so that employment becomes a core part of mental health treatment and recovery



6. Employment specialists develop relationships with employers based on a person's work preferences...

not based on who happens to have jobs going



7. It provides ongoing, individualised support for the person and their employer... helping people to keep their jobs at difficult times



8. Benefits counselling is included... so no one is made worse off by participating

IPS is different to traditional support models

IPS

Everyone has the potential to do **real, paid work** with the right support

Start looking for work as soon as possible, then continue to support the individual and the employer in work

The focus should be **real, paid work**, not volunteering or other outcomes

Employment specialists and health clinicians are **highly integrated** – and provide “shared care” to clients

Traditional models

People’s **readiness for work** depends on their health condition

Spend an **extended period preparing for work** before starting to look for jobs. No/limited support in work

Focus on a range of outcomes, with **volunteering / training** more often achieved than real work

Employment specialists work independently of health teams with **limited interaction** between them

**IPS can be successfully delivered
outside of Severe Mental Illness
settings**



The evidence

- IPS is the best evidenced and most widely trialled form of employment support in the world, with multiple successful adaptations outside of secondary care
- IPS services operating in primary care can achieve Good fidelity by adhering to fidelity in those items over which they are totally, almost totally or largely in control and then realising achievable levels of integration in their context
- That matters because all the evidence suggests that it's the improvement from low and fair fidelity to good fidelity that will result in the greatest improvements in performance – a gain of 10 percentage points in employment rates or higher

The evidence

- [Whitworth et. al \(2024\)](#) Individual Placement and Support (IPS) beyond severe mental health: meta-analysis of vocational outcomes

“For the primary vocational outcome of job entry all IPS studies showed superior job entry rates compared to control groups with an overall weighted odds ratio of 1.78...Secondary vocational outcomes including job sustainment, total earnings, average weekly hours worked and time to job entry were typically superior in IPS services than control groups.”

IPS in primary care context



The evidence

- Research by [Lockett et al. \(2016\)](#) shows that IPS Fidelity shows strong correlation with outcomes up to Good fidelity (score of 100). Above that point, other factors – including service focus on outcomes – play equal factor in programme effectiveness
- [DeWinter et. al \(2020\)](#) showed that there is a longitudinal relationship between fidelity review scores and employment outcomes
 - Improvement in scores over time – even from a low base – resulted in improvements in outcomes
 - IPS Fidelity Reviews, and the action plans that result from them, are an evidence-based tool to raise quality and increase outcomes

Scaling IPS Workforce: good ES?



- Establishes a working alliance with everyone on caseload and build trust
- Secures jobs that align with individual preferences
- Develops service users' job search skills – belief they can manage their life
- Provides assistance in the workplace and supports employers
- Develops a network of employers
- Builds effective working relationships with stakeholders
- Puts in extra efforts to address service users' needs
- Effectively manages a caseload of participants

Source: Lockett, 2019

**Deep-dive into key
success factors from our
experience with IPS-PC**

We have identified 4 areas to focus on to ensure successful rollout of IPS in a Primary Care context

1

Health leadership and involvement

2

Buy-in to IPS principles among providers and commissioners, especially about integration

3

Good commissioning, including adequate time for mobilisation

4

Workforce support and training to scale IPS and transition successfully from old models
