

What is the role of IPS Grow in respect of Connect to Work? E.g. will providers of CtW be able to access IPS Grow training and support?

IPS Grow has not been commissioned to support Connect to Work

Why is the IPS model identified as a vocational approach?

The IPS (Individual Placement and Support) model is identified as a vocational approach because it directly addresses employment for individuals with health conditions, which is a key aspect of vocational rehabilitation. However, IPS differs from traditional vocational rehabilitation in several important ways as defined in the 8 principles.

Both IPS and traditional vocational rehabilitation aim to help individuals with disabilities achieve economic independence via paid employment. IPS's unique principles, including integration with health services make it a distinct and highly effective vocational approach for people with health conditions.

What the employer element looks like if it has been supporting sustainment ?

In an effective IPS program, the employer plays a crucial role in supporting job sustainment.

With client consent the collaboration between the IPS ES, client (employee) and employer can mean a range of approaches as outlined below:

In Work Support Plans developed with employer

- Develop individualised work support plans in partnership with the IPS specialist and the employee
- Ensure these plans align with the employee's strengths, preferences, and support needs
- Regularly review and update plans to reflect changing circumstances

Open Communication Channels with all parties

- Establish clear lines of communication between the employer, employee, and IPS specialist
- Encourage open dialogue about job performance, challenges, and successes
- Maintain confidentiality and respect the employee's privacy rights

Regular Progress Reviews with all parties

- Conduct periodic check-ins to review the employee's progress and job satisfaction
- Use these reviews to identify areas of improvement and celebrate achievements

- Proactively identify potential challenges or barriers to job success
- Work collaboratively to develop solutions
- Address issues promptly to prevent them from escalating

Workplace Accommodations

- Be open to implementing reasonable accommodations to support the employee's success
- Regularly assess the effectiveness of accommodations and adjust as necessary

Supportive Work Environment by employer

- Foster an inclusive and understanding workplace culture
- Provide sensitivity training to supervisors and co-workers when appropriate
- Encourage peer support and mentorship opportunities (a workplace buddy is ideal)

Ongoing Skills Development by employer

- Offer opportunities for on-the-job training and skill enhancement
- Support the employee's professional growth and career advancement
- Collaborate with the IPS specialist to identify relevant training opportunities

How do clinical teams stay integrated?

The IPS team leader and local ES works closely to engage and build links with clinical teams as defined by items in the fidelity guide. See pages 46 , 49 and 61 of the IPS fidelity manual for secondary mental health - [final-fidelity-manual-fourth-edition-112619_0.pdf](#)

The language will need to be adjusted for the Connect to Work Context.

Were the control groups in the RCTs the same characteristics/interventions?

Yes - the primary method to ensure similarity between groups is through proper randomisation. Random allocation of participants to treatment and control groups helps balance both observed and unobserved characteristics between the groups. Ensuring a large enough sample size allows power in ensuring similarity. Finally, researchers use statistical tests to verify that there are no significant differences in key variables between the groups at baseline. This helps confirm that the randomisation process was effective.

Having worked on IPS in secondary MH services in England for 10 years - the biggest challenge high fidelity - culture and attitude health teams /professionals towards employment - do you have any tips on addressing this?

Your experience highlights a crucial challenge in implementing high-fidelity IPS: overcoming cultural and attitudinal barriers within health teams.

Some tips to consider:

Early Adopters and Champions:

- Identify influential clinicians who are open to the IPS model and can advocate for it.
- Provide these champions with extra training and support to become internal experts.
- Encourage them to share their positive experiences in team meetings and case conferences.

Success Stories:

- Create a compelling narrative around client success stories, emphasising improved overall well-being, not just employment outcomes.
- Use various formats (written testimonials, short videos, in-person presentations) to share these stories widely.
- Regularly update and circulate a collection of success stories to maintain momentum.

Myth-Busting Training:

- Develop interactive, evidence-based training sessions that directly address common misconceptions.
- Include role-playing exercises to help staff practice discussing employment with clients.
- Offer ongoing refresher courses and make training materials easily accessible.

Integration and Collaboration:

- Embed employment specialists within clinical teams to foster daily interactions and collaboration.
- Invite clinical staff to participate in job fairs or employer meetings to see IPS in action.

Data-Driven Approach:

- Regularly share outcome data showing the positive impact of IPS on clinical outcomes and recovery.
- Use visual representations (graphs, infographics) to make the data more engaging and accessible.

Leadership Engagement:

- Secure visible support from senior leadership to reinforce the importance of employment in recovery. eg: have senior leaders on your steering committee and have IPS as a regular feature of CEO reports, intranet updates etc

Peer Support:

- Involve peer support workers who have personal experience with employment and recovery to share their perspectives with clinical staff.

Continuous Education:

- Organise lunch-and-learn sessions, webinars, or journal clubs focusing on the latest research on employment and mental health.

Recognition and Incentives:

- Implement a system to recognise and reward clinical staff who effectively support employment goals.

Cross-Team Shadowing:

- Arrange for clinical staff to shadow employment specialists and vice versa to build mutual understanding and respect.

Lots of ideas and perhaps a few can be trailed. The aim is to consistently be reinforcing the message that employment is a key part of recovery

How does technology - especially Ai support the high fidelity model?

Technology, particularly AI, has the potential to significantly enhance and support high-fidelity IPS (Individual Placement and Support) model by streamlining data collection, analysis, and decision-making processes. AI-powered systems can efficiently capture and track key IPS delivery items, such as employer engagement frequency, job search activities, and in-work support approaches, providing real-time analytics for quality assurance and continuous improvement. These systems can automatically identify patterns and trends, alerting team leaders to areas that require coaching and improvement.

How has the fidelity model developed over years? For example, how does accommodate utilisation of modern technologies in delivery?

The IPS (Individual Placement and Support) fidelity model has evolved significantly since its inception, adapting to new research findings and the changing landscape of employment support for individuals using IPS services. Initially, the IPS Fidelity Scale consisted of 15 items, but it has since expanded to 25 items, reflecting a more comprehensive understanding of the critical components that contribute to successful implementation of the IPS model.

The model's ongoing development has also been influenced by its adoption in various countries, leading to the creation of international learning collaboratives that foster continuous understanding and potential improvement and refinement of the IPS approach – e.g. the development of the IPS youth scale.

Who decides wellbeing outcomes, is it self reported scoring?

Shaw Trust reply

For me, the key issue is expanding IPS beyond the existing "health" groups, for example my key group is refugees. The barriers to work may be different - for example the lack of English language tuition (ESOL), barriers to return to work for graduates and medical staff in particular (it can take 6 years for a refugee doctor to return to practice). There are many other specific barriers for refugees that do not relate to the barriers for other groups. How will IPS serve this widely different group - and others, ex-military, ex-offenders?

IPS (Individual Placement and Support) has shown adaptability in serving diverse groups with unique barriers to employment, including refugees, ex-military personnel, and ex-offenders. While the core principles of IPS remain consistent, the model can be tailored to address the specific challenges faced by these groups. Service delivery will

require broader cross partner working. The fundamental principles of IPS around building a trusting alliance between the client and ES allow for individually tailored programs.

Is there a proxy for clinical/employment team integration for non health referral pathways?

Please refer to the Connect to Work guidance [Connect to Work - GOV.UK](https://www.gov.uk/guidance/connect-to-work)

Regarding the delivery of Connect to Work and associated payments, how critical is it to track each individual IPS and SEQF Fidelity? Based on your past experience, is it necessary to report on each individual metric, and how have you(s) managed this reporting in previous deliveries?

Tracking fidelity items is a quality assurance tool. It's useful as a service to know how teams are performing against best practice delivery just as its important to know how they are tracking for access and outcome targets.