



Implementing evidence-based employment (IPS)

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Sources of information

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- ❑ **Dartmouth (US)** – Becker, Lynde & Swanson (2008) *Psychiatric Rehabilitation Journal*, **31**, 296-299
- ❑ **Australia** – Waghorn et al. (2007) *Journal of Vocational Rehabilitation*, **27**, 29-37
- ❑ **New Zealand** – Porteous & Waghorn (2007) *British Journal of Occupational Therapy*, **70**, 521-526
- ❑ **England** – The Sainsbury Centre 'Centres of Excellence' programme, www.scmh.org.uk

Key features for successful implementation

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- I. Recruitment, training and supervision**
- II. Organisational commitment**
- III. Measuring what matters**
- IV. Learning networks ('communities of practice')**

I. Recruitment, training and supervision

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- **Recruitment of ES workers** – Who to recruit? Can be MH professionals, but often problems with low expectations. Better vol. sector or business (or service users).
- **Training** – Need good quality training using IPS fidelity scale (Bond *et al.* (1997) *Rehab Counselling Bull.*, **40**, 265-284). Can be relatively short (4 days), but needs to be quality controlled (i.e. accredited). Working with local Universities to develop courses.
- **Supervision – as important as training!** Regular (1-2/mth.) individual and peer supervision using fidelity model

II. Organisational commitment

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- Organisation needs to be committed to social (recovery) goals
- This should be reflected by clear leadership at a local level (dedicated manager) and at a senior (Board) level
- Organisation needs to be committed to dealing with resistances (professional and ideological). Win the 'hearts-and-minds'.
- Requires an 'integrated partnership' approach – co-location of employment specialists, close working with Job Centres; also links with primary care
- In order to release investment, organisation must be willing to stop funding ineffective services (*'About Time'*, SCM^H)

III. Measuring what matters

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- Measure 'inputs' and 'processes (and 'context'), as well as outcomes
- Agree a common indicator set. Consistent with local commissioners and national policies
- Accept that good quality data requires time and effort – and maybe a bit of extra resource (staff time)
- Set realistic goals for data collection. Regular returns (monthly)
- Use computer systems wherever possible to reduce burdens of data entry and accelerate reporting. Make reports useful and easy to understand

IV. Learning networks (*'communities of practice'*)

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- **'Communities of practice'** (Wenger, E., & Snyder, W., 2000, *Harvard Business Review*, 139-145). Voluntary associations between people with a common interest in improving practice. Encourages collaboration and mutual support (and a bit of competition!)
- **Regular meetings** – To share problems and solutions
- **Reciprocal visits** – e.g. co-leading fidelity reviews
- **Celebrations** – 'Open days', conferences, publicity and dissemination
- **'Tribal' gatherings** - e.g. Group visits to 'Centres of Excellence' (e.g. Dartmouth)

Progress 'on the ground' supported by relevant policy developments

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- ❑ Department of Work and Pensions/Department of Health/CSIP (2006) *Vocational Services for People with Severe Mental Health Problems: Commissioning Guidance.*
www.dh.gov.uk/mentalhealth
- ❑ *'Realising ambitions – A Report to Ministers'* (Perkins, Farmer & Litchfield, 2009)
 - Focusses exclusively on people with mental health conditions
 - Calls for increased capacity by Department of Work and Department of Health working better together
 - Recommends more training for Dept. of Work staff + education and support for employers
 - Recommends structural links ('liaison coordinators') between local Job Centres and NHS teams
 - 'IPS' to be the 'cornerstone' of provisions, 1 trained IPS worker in every MH team
 - Quality and outcomes to be regularly monitored.

Conclusions



1. Implementing evidence-based supported employment (IPS) is not difficult
2. We have a strong evidence base + clear quality criteria (fidelity scale)
3. We can also argue that IPS is cost effective against alternatives and that implementation can be cost neutral if we stop funding ineffective alternatives
4. Will require training, but training is not enough
5. Also requires good management (supervision) and leadership (organisational commitment)
6. '*Count what matters*' (Bond, 2008) – Information about process and outcomes is a central driver for change

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