

Individual Placement and Support: Your employment support service

Note: This tool forms part of a suite of guidance documents, tools and templates developed by the IPS Grow consortium. It should be read in conjunction with document "2.0 Introduction to IPS Grow delivery tools". Further information can be found at www.ipsgrow.org.uk. Please ensure you adapt this document fully to comply with local requirements. This tool was last updated June 2018.

What do we do?

We help your patients who want to work to find the right work for them.

We work with you to support your patients (who become our service users), to find paid work and stay in work by using the Individual Placement and Support (IPS) Model, which relies upon the patient deciding when they are ready to consider paid work. The model relies on close collaboration between the clinician and Employment Specialist to work together to support the service user to attain their employment goal.

The IPS model is an evidenced based, NICE endorsed intervention and part of the NHS Five Year Forward View for Mental Health.

We help anyone who expresses a desire to work, regardless of job readiness factors, substance abuse, symptoms, history, cognition impairment, treatment non-adherence and/or personal presentation.

We rapidly help your patient (our service user), to look for jobs soon after entering the program instead of requiring extensive pre-employment assessment and training.

Who are we?

We are employment specialists from Organisation X and we come with an understanding of mental health issues and skills to enable people to find the right work for them.

We are commissioned by X to work with your patients and to support you in the employment part of their rehabilitation. We sit firmly within the Community Mental Health teams.

What is IPS?

The IPS model is an evidence based model, NICE-endorsed and proven to be highly effective for people with a severe and enduring mental health condition. Eligibility is based on patient choice and attention to their preference; the service focuses on

individualised planning, rapid job search and employment incentives. Evidence confirms that the model works best with an integration of mental health services and employment services - through a process of joint working with you and early engagement with employers. This builds self efficacy and confidence for your patient which leads to paid employment. Outcomes from randomised control trials reveals the model can help up to 60% of service users into long term work.

Evidence highlights that service users view IPS service and employment as central to their recovery, and shows that more people using IPS remain in work in the long term. Best practice suggests that a service user ideally is supported on CPA or with community mental health services, while receiving the IPS intervention, acknowledging that returning to work is a major life event and requires shared care and support to maximise the success.

Please see quotes from people who have accessed IPS services

How to make a referral?

The approach relies on IPS supported employment being integrated with your mental health service and is regarded as an extension and complement of what you provide.

We accept any patient aged X plus and living in X region, who expresses an interest in looking for paid work. If people are uncertain, then we can explore their options and help them increase their confidence to consider a return to work.

Ideally one of our employment specialists will meet with the Care co-ordinator to complete a joint referral to ensure the best possible sharing of information relevant to a return to work occurs. Otherwise we accept referrals via: E-Mail, Telephone call or hand delivered written referral. If required, we can contact you for a written risk and safety assessment to identify the issues that are relevant to the return to work.

We accept self referrals and would then seek to liaise and work closely with the treating clinician (with patient consent), to build a safe return to work action plan.

How we deliver?

We work intensively with your patients and carry a caseload of between 20 and 30 cases at once.

Within 5 working days from your referral (often on the same day as the referral!), we will contact the service user and organise a meeting to start exploring their vocational goals. We meet with the service user in the community (for example, a local library). It can sometimes be helpful to have an initial joint meeting with the Care Co-ordinator and ES.

Our aim is to help the service user identify their strengths and aspirations as well as any relevant health considerations. Benefits counselling (work incentive planning) is also part of the employment decision making.

An action plan is developed with a focus on ensuring we have explored benefits counselling, sharing personal information and return to work planning.

The action plan will be shared with you to ensure alignment with your interventions and care planning.

Clinical staff can play an important role to play in both encouraging and empowering people to explore work opportunities, and increase confidence and self-belief. In addition, providing clinical interventions to support the return to work process in partnership with the ES, such as medication reviews, managing symptoms and identifying and supporting the management of any risk and safety issues that are relevant to the return to work.

The service user will have a targeted CV created, employer contact within 28 days, and ideally commence work with an individually tailored in-work support plan to maximise their safety and positive experience.

Being Client Centred is central to recovery focused practice

How to contact me?

I visit your office on X day every week between x and y

I attend the team meeting on x day

My mobile number is X

My email address is y

NOTE: A provider needs to develop a tailored standard operating procedure for their service with the host organisation. Ideally this is done with service users, clinical staff and service provider.