

Transforming employment support for people with mental health conditions - An evaluation of two pilots in Camden

Individual Placement Support (IPS) Pilot (Jan 2016 to May 2017) and Work and Wellbeing Pilot (March 2016 to May 2017)

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Executive summary

- Camden Individual Placement Support (IPS) and Camden Work and Wellbeing were two pilot employment support programmes designed to support people with mental health needs into employment, in line with the London Borough of Camden's (LBC) Camden Plan ambitions to reduce unemployment and to tackle health inequalities in Camden.
- The aim of the pilots was to assess the effect of specialist support in employment for Camden residents with severe and enduring mental health conditions in Camden IPS (such as bipolar and schizophrenia) and those with common mental health needs (such as depression and anxiety) in Camden Work and Wellbeing who access Improving Access to Psychological Therapies (IAPT) services and Job Centre Plus (JCP) services, to find and retain employment.
- Using the Individual Placement Support (IPS) model, the pilots intend to support further integration between health and employment services and inform future commissioning approaches.

Camden IPS

- Camden Individual Placement Support (IPS) was delivered from January 2016 to May 2017 by Twining Enterprise.
- 30 clients achieved paid employment and eight of those sustained that employment beyond six months. The pilot took longer than anticipated to mobilise at the beginning (approximately four months) and so the period of working with clients was limited. Therefore clients may have entered employment after the end of pilot.
- For the evaluation, data was collected at beginning, middle and end of the pilot. Performance monitoring data against key performance indicators (KPIs) was collected throughout the 18 month pilot. Staff survey data was collected from 32 staff and qualitative data was collected from 12 staff members (one interview and 11 staff in a focus group) and four clients at the end of the pilot using semi structured interviews. A cost analysis was conducted to assess the economic impact of the pilots against existing provision in Camden.
- Clients taking part in the pilot found the support useful, identifying three key themes:
 - *Impact of employment support on health and wellbeing.* Clients found it useful to have tailored advice specifically around mental health in the workplace.
 - *Experience of Camden IPS.* Clients reported an increase in confidence and knowledge and it had a positive impact on their career goals.
 - *Suggestions for pilot improvements.* They would have liked the support to go on for longer so they could continue to access support whilst in work.
- Staff were also asked for their views on the pilot and identified five key themes:
 - *Staff experience of supporting clients into employment.* They noted that their clients responded positively to support.
 - *Collaborative working with staff on the pilot.* Feedback from programme staff regarding clients was useful.

- *Staff perceptions of the impact of support on clients.* They noticed an increase in client's knowledge and confidence in seeking employment.
- *Limited capacity of staff in their own role and how employment support fits in.* Offering clients additional support i.e. employment support was not always feasible.
- *Pilot highly valued by staff.* Staff saw employment as a key part of their client's recovery.

Camden Work and Wellbeing

- Camden Work and Wellbeing was jointly delivered from March 2016 to May 2017 by Future Path and Hillside Clubhouse.
- 159 people received help to improve their employability, including help with benefits and lifestyle issues. This means that over 75% of people referred to the programme received support and moved closer towards their goal of entering work.
- In addition to this, almost a quarter (23%) of clients who accessed the service showed a decrease in their GAD and/or PHQ* score, suggesting their mental health improved whilst on the programme. Some of the clients may have accessed additional mental health support (e.g. IAPT services) and so this cannot solely be attributed to the employment pilot. However, this is an achievement for the pilot and supports the principle that employment should be viewed as a health outcome.
- For the evaluation, data was collected at the beginning and the end of the pilot. Performance monitoring data against key performance indicators (KPIs) was collected throughout the 18 month pilot. Qualitative data was collected from five staff members and five clients at the end of the pilot using semi structured interviews. A cost analysis was conducted to assess the economic impact of the pilots against existing provision in Camden.
- Clients taking part in the pilot found the support useful, identifying three key themes:
 - *Impact of employment support on health and wellbeing.* Clients found it useful to have tailored advice specifically around mental health in the workplace.
 - *Experience of Camden Work and Wellbeing.* Clients reported an increase in confidence and knowledge of entering employment and it had a positive impact on their career goals.
 - *Suggestions for pilot improvements.* They would have liked the support to go on for longer so they could continue to access support whilst in work.
- Staff were also asked for their views on the pilot and identified three key themes:
 - *Staff experience of supporting clients into employment.* Staff were able to deliver the pilot within their own organisational approach.
 - *Collaborative working with staff on the pilot.* Staff felt supporting clients in conjunction with other support would be most beneficial for them.
 - *Staff perceptions of the impact of support on clients.* They noted that their clients responded positively to support and noticed an increase in client's knowledge and confidence in seeking employment.

*Generalised Anxiety Disorder (GAD) and Patient Health Questionnaire (PHQ)

- A simple economic evaluation was conducted for both Camden IPS and Work and Wellbeing, comparing the costs associated with each job outcome. The analysis compared evidence from previously published data and demonstrated it is more expensive to support people with mental health needs into employment due to their more complex needs (e.g. the needs for additional support / interventions). However, employment has favourable long term outcomes for clients, such as economic independence. It becomes cost-effective in the long-term as people have better health outcomes (including mental health).

CONCLUSIONS

- Camden IPS and Work and Wellbeing were successful in engaging with clients and supporting them to access employment support.
- The evaluation shows that the employment support pilots improve confidence and knowledge of entering work for people and is in line with the commitment of the council to reduce inequalities under the Camden Plan.
- The evaluation of the pilots has contributed to the evidence base of how to effectively support those with mental health needs into employment.

NEXT STEPS

- The evaluations have highlighted areas of the pilot delivery that has worked well and areas where there may still be challenges.
- The report will be shared with partners both locally and nationally and be used to inform commissioning decisions and shape future employment projects.
- Following on from the success of the IPS programmes, Camden Council, Camden Clinical Commissioning Group (CCG), Mental Health and Employment Partnership and the Work and Health Unit jointly commissioned a three year IPS programme to be delivered in the borough.

1.0 Introduction

- Camden Individual Placement Support (IPS) and Camden Work and Wellbeing were two pilot employment support programmes designed to support people with mental health needs into employment, in line with the London Borough of Camden's (LBC) Camden Plan ambitions to reduce unemployment and to tackle health inequalities in Camden.
- This report presents the findings of the evaluation of the Camden IPS and Work and Wellbeing pilot, which was co-commissioned by the Economic Development Team at London Borough of Camden (LBC), Integrated Commissioners with LBC and the Clinical Commissioning Group (CCG) and the Job Centre Plus.
- The aim of the pilots was to assess the effect of specialist support in employment for Camden residents with severe and enduring mental health conditions in Camden IPS (the long term experience of schizophrenia and psychosis but also other chronic functional disorders) and those with common mental health needs in Camden Work and Wellbeing, who were accessing Improving Access to Psychological Therapies (IAPT) services and Job Centre Plus (JCP) services, to find and retain employment.
- The pilots use the Individual Placement Support (IPS) model. It intended to support further integration between health and employment services and inform future commissioning approaches.
- IPS has traditionally been targeted at individuals with severe and enduring mental health conditions, with a strong evidence base for its effectiveness. However, limited research to date has explored using IPS to support people with common mental health conditions, as is the case for Camden Work and Wellbeing.
- An additional aim of Camden Work and Wellbeing is to understand the effectiveness and value of using IPS principles to support people with common mental health needs.
- Table 1 below shows the target group and full details of the pilots.

Table 1 Camden Individual Placement Support and Camden Work and Wellbeing pilots

	Camden IPS	Camden Work and Wellbeing
Target group	Camden clients with severe and enduring mental health needs and are engaged in secondary mental health services	Camden clients with common mental needs (such as anxiety and depression) who are engaged in Improving Access to Psychological Therapies (IAPT) and Job Centre Plus (JCP) Services
Timescale	January 2016 to June 2017 (18 Months)	March 2016 to May 2017 (15 Months)
Funding	Total £150,000	Total £150,000
Location	Co-located within Camden and Islington Trust. The pilot may also have the option to deliver services flexibly in other locations across Camden.	Co-located with north and south IAPTs services and Kentish Town JCP and delivery will take place flexibly in other locations across Camden
Referrals	Referrals - Trust's secondary care mental health teams Early Intervention Service and North Camden Rehabilitation and Recovery. Self-referrals - where the individual is already known to these services.	IAPTs services and Kentish Town JCP.
Eligibility	Open to unemployed and economically inactive Camden clients 18+ who have a diagnosed severe and enduring mental health condition and are engaged in specialist mental health services through C& I Trust. Users must not be on the Work Programme.	People in the above services aged 18+ and out of work

- IPS is based on 7 key principles (figure 1). Further resources about the IPS model can be found at http://www.centreformentalhealth.org.uk/employment/ips_resources.aspx

Figure 1 – Individual Placement Support principles



Staff training

- As part of the pilots, the providers of the Camden IPS and Camden Work and Wellbeing pilots worked together to provide additional staff training.
- Mental Health First Aid training was delivered for 18 of the 22 work coaches at Kentish Town Job Centre Plus (JCP), giving them the skills to recognise and identify common mental health conditions.
- Training on the benefits system and wider support available to patients in Camden and Islington was delivered to 57 of the 100 members of staff from iCope.
- Both training courses were well received by the JCP and health staff.
- The training enabled the providers to influence culture change both within the JCP and health settings and further support the integration of health and employment and viewing employment as a potential health outcome.

2.0 Background

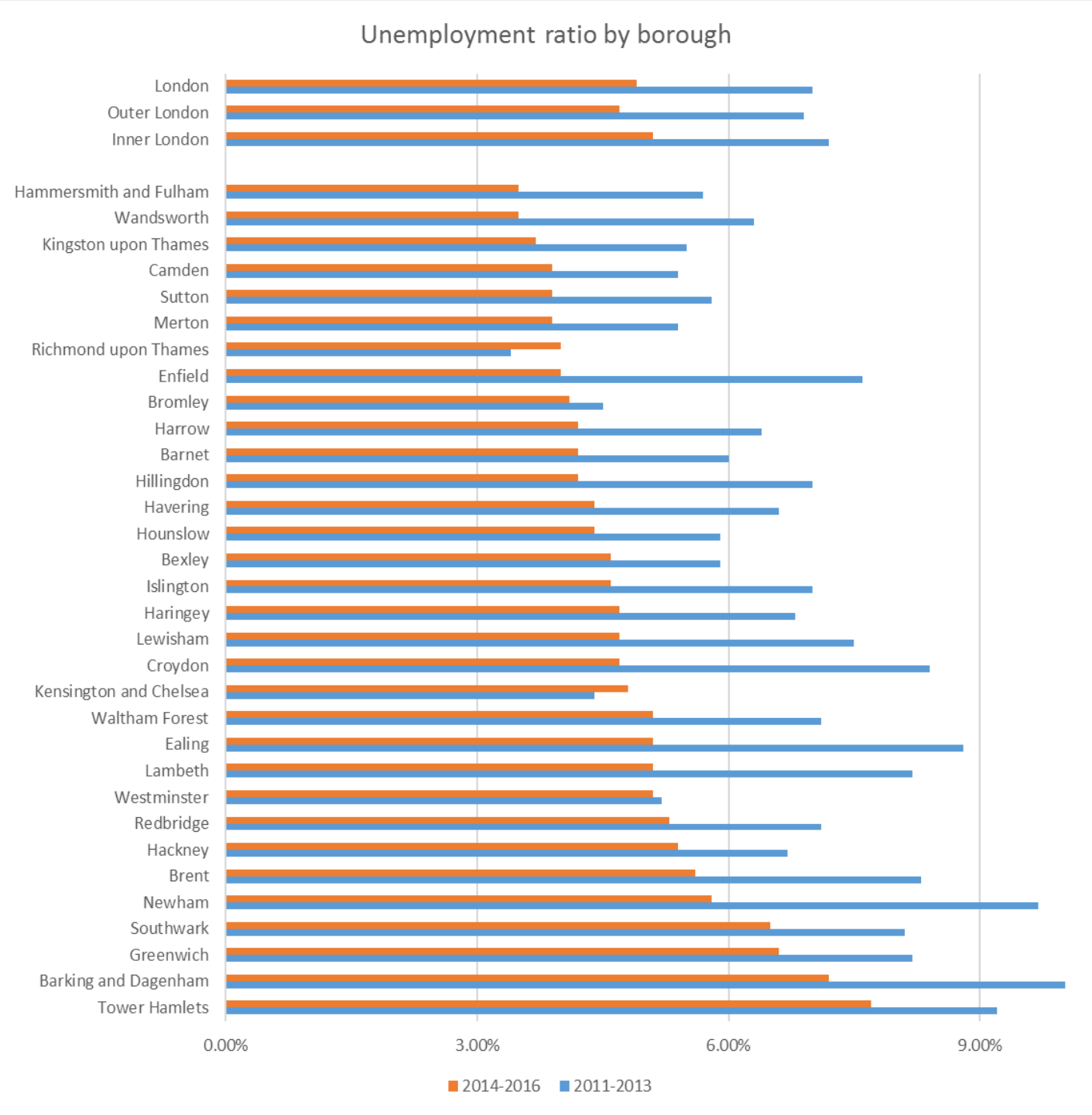
2.1 Unemployment and health

- There are long established links between employment and health with unemployment associated with the poorest health outcomes¹.
- Job loss is associated with increased symptoms of depression and anxiety. Statistics from the Department of Work and Pensions reveal that 300,000 people with a long term mental health condition lose their jobs each year⁴.
- In adults with mental health conditions, unemployment and low quality, insecure employment are significant risk factors for lower wellbeing, such as depression and anxiety. These are also key sources of social and economic inequalities³.
- Poor mental health costs the UK economy between £74 billion and £99 billion a year⁴
- The employment rate for adults with mental health problems is very low: 43% of all people with mental health problems are in employment, compared to 65% of people with other health conditions and 74% of the general population⁵. Yet adults with mental health problems are more likely to want to be in employment⁶.
- The employment rate for adults with mental health problems is very low: 43% of all people with mental health problems are in employment, compared to 65% of people with other health conditions and 74% of the general population⁵. Yet adults with mental health problems are more likely to want to be in employment⁶.
- There is strong evidence which suggests improving employment outcomes for people with physical and mental health conditions and/or disabilities has the potential to improve health outcomes and reduce health inequalities². This includes supporting people to prepare for work, access good jobs that allow for long term career development and stay in employment.
- Recommendations in the NHS Five Year Forward View for Mental Health (2016) state that by 2020/21, up to 29,000 more people living with mental health problems should be supported to find or stay in work each year. This should be done through increasing access to psychological therapies for common mental health problems and expanding access to Individual Placement and Support (IPS)⁵.

2.2 Unemployment and health in Camden

- Ill health and disability within the working age population is an important issue for Camden.
- In 2013, 52% of Camden's Job Seeker's Allowance claims were due to incapacity to work. This was higher than London and UK population averages (42% and 43%, respectively)⁷
- In 2016, 4% of the total Camden working age population (aged 16 – 64) were claiming sickness and disability benefits due to mental health or behavioural issues. This is the second highest proportion in London⁷.
- Approximately 15,000 Camden residents of working age people (11%) registered with GPs in Camden were diagnosed with mental illness including serious mental illness (SMI) (2,500 people) or depression (12,600 people) in 2016⁵.
- The pilot was initially proposed in 2015 and started in January 2016. At this time, the most recent data available on the working population dated back to 2013. The figures below relate to the wider environmental context at the start of the pilot.
- In 2013, there were 21,480 people (13.4% of the population aged 16-64) who were out of work/claiming benefits in Camden.
- This includes people who are 'unemployed' (economically active, who want to work) and a range of people who are economically inactive, some of whom do want to work and others who do not³.
- Figure 2 shows the unemployment ratios across London boroughs from 2011 to 2016. The unemployment rate is the proportion of the working-age population that is unemployed. Figure 2 shows that unemployment in Camden in 2011 to 2013 was not as high as inner London boroughs as a whole⁴.

Figure 2: Unemployment ratio by borough



- Mental Health Working (MHW) is a support service (commissioned through the Council and local CCG) available for people with mental health needs (both serious and common mental health needs). The service is delivered face to face and online. The service is delivered by Remploy and helps people to move into training, education, employment or volunteering work and also offers in-work support to help people remain in employment. MHW was the standard programme to support people with mental health conditions into work, operating at a similar time to the IPS and Work and Wellbeing pilots.
- In 2016/17 MHW supported 87 Camden residents to enter full- or part-time work, or self-employment. This was 16% of those registered to the service.
- However, MHW in Camden has historically not met the employment target with regards to the number of people being supported into employment.
- The Camden IPS pilot programme is different to the MHW pilot, in that the IPS principles are specifically tailored to those with severe and enduring mental health conditions.
- Camden IPS is one of many employment services available within the borough. There are general employment services (such as Jobcentre Plus and West Euston Partnership), providing advice and guidance on work, training and benefits. There are also specialist employment services targeted at those who may need additional support (such as those with young families / caring responsibilities and ex-offenders). These services offer advice and guidance either face to face or over the phone.

3.0 Evaluation aims

- The aim of the evaluation of the pilot programme was to assess:
 - The progress of the pilot against project outcomes (see appendix for full list of outcomes and key performance indicators (KPIs)) over the course of the pilot
 - The impact of the programme on clients' knowledge of the process for entering employment and attitude to employment
 - The experiences of staff delivering the programme
 - The cost effectiveness of this pilot

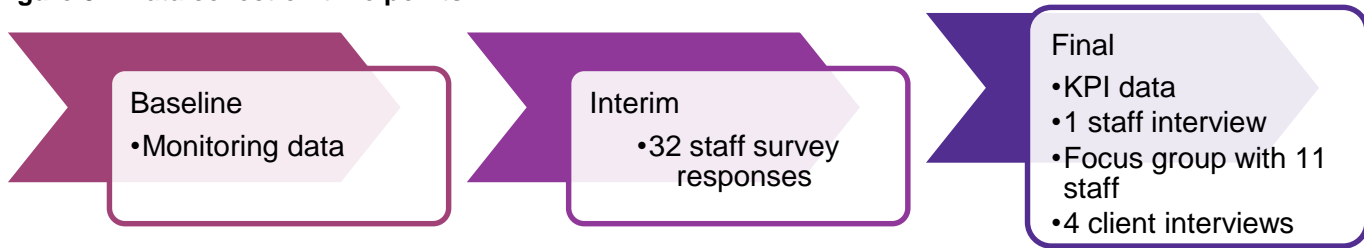
4.0 Methods

4.1 IPS

- Data was collected at three time points (as shown in figure 3):
 - T_0 = Baseline (activities before pilots implemented)
 - T_1 = Interim (9 months into the pilot)
 - T_2 = Final (at the end of the 18 month pilot)
- Performance monitoring data against key performance indicators (KPIs) was collected throughout the 18 month pilot.
- Staff survey data was collected from 32 staff from Camden Rehabilitation and Recovery service (R&R) and Camden Early Intervention Service (EIS) at the interim stage (T_1).

- Qualitative data was collected from 12 staff members and four clients at the end of the pilot using semi structured interviews. Due to staff availability, data was collected with one staff member in an interview and 11 in a focus group.
 - The aim of interviewing staff was to explore their experience in supporting clients to access the pilot, such as their views on the effects of employment.
 - The aim of interviewing clients was to find out their experiences of taking part in the pilot.
- A cost analysis was conducted to assess the economic impact of the pilots against Mental Health Working (MHW). MHW was selected for comparison because it is the mainstream, existing provision in Camden.

Figure 3 – Data collection time points



4.2 Work and Wellbeing

- Data was collected at two time points:
 - T_0 = Baseline (activities before pilots implemented)
 - T_1 = Final (at the end of the 18 month pilot)
- Performance monitoring data against key performance indicators (KPIs) was collected throughout the 18 month pilot.
- Qualitative data was collected from five staff members and five clients at the end of the pilot using semi structured interviews.
 - The aim of interviewing staff was to explore their experience in supporting clients to access the pilot., such as their views on the effects of employment.
 - The aim of interviewing clients was to find out their experiences of taking part in the pilot.
- A cost analysis was conducted to assess the economic impact of the pilots against Mental Health Working (MHW). MHW was selected for comparison because it is the mainstream, existing provision in Camden.
- Both IPS and Work and Wellbeing were set up to test new approaches, a learning and development approach was taken to the monitoring of the projects by the co-commissioners and providers. This involved constantly monitoring and evaluating the pilot as it progressed in order to understand which approaches would work best. For full project methodology, see appendix.

5.0 Findings

5.1 Service performance

5.1.1 IPS

- The project had a number of KPIs set by the providers based on previous pilots they have delivered. (see appendix for the full list of KPIs). Table 2 shows the outcomes achieved at the end of the pilot.
- The pilot exceeded its targets in terms of the number of client referrals who were assessed. However, the pilot did not engage with as many clients or meet their target for the number of clients achieving and sustaining paid employment as initially intended.
- The provider experienced difficulty in maintaining contact with clients once they had been supported into employment. This accounts for the lower than anticipated number of sustained outcomes.
- Clients reported improved mental wellbeing and staff reported positive distance travelled with regards to mental health and employment.

Table 2: Client engagement KPIs and outcomes

KPI	Outcomes at end of pilot
1. 192 referrals assessed	203 referred clients assessed
2. 140 clients engaged	118 (86 CPA) clients engaged
3. 90% of clients are on CIFT/MIS	Yes
4. 40 clients achieving paid employment	30 clients achieving paid employment
5. 100 recorded employer contacts	75 employer contacts
6. 75% of clients in work after 6 months	8 clients sustaining employment beyond 6m (target 30) Sustained employment figures low due to lack of client contact after job has been attained so unable to determine if sustainment was achieved in some cases
7. 70% of clients reporting improved mental wellbeing during their journey	66% (of 32 clients completing series of Wellbeing Questionnaires) reported improved wellbeing
8. 120 staff showing positive distance travelled re confidence and skill re MH and employment	32 members of staff

5.1.2 Work and Wellbeing

- The project has a number of KPIs that were set at the beginning of the project (please see appendix for the full list of KPIs). The KPIs were set by the providers based on previous pilots they have delivered.
- The programme KPIs were to be achieved by the end of the 18 month pilot.
- Table 3 shows the outcomes achieved at the end of the pilot.
- More clients were referred, screened and supported to address their barriers/obstacles than originally anticipated.
- The clients that took part in the pilot showed improved mental health (shown as improved Patient Health Questionnaire (PHQ) and Generalised Anxiety and Depression (GAD) questionnaire scores).

Table 3: Client engagement KPIs and outcomes

KPI	Outcomes at end of pilot
1. 200 unemployed Camden residents with common mental health concerns referred to the programme	208 clients referred
2. 200 referred residents screened for suitability	208 clients screened
3. 150 Camden residents starting on the programme and receiving support to address their barriers/obstacles	159 residents supported
4. 150 benefits advice sessions delivered	68 sessions delivered
5. [Estimated] 90 residents scoring >9 on either/both tools recommended for IAPT	75 scoring more than 9 on GAD and/or PHQ
6. [Estimated] 60 residents referred to IAPT [Estimated] 45 residents receiving CBT	34 referred to IAPT and 50 receiving CBT (as some already receiving at point of referral)
7. [Estimated] 38 improved mental health of participants via IAPT - [Estimated] 38 improved mental health of participants via PC coping strategy support	23 participants with improved mental health (i.e GAD and/or PHQ went down)
8. 150 participants assessed for lifestyle needs	159 clients assessed
9. [Estimated] 56 participants with improved physical health	12 with improved physical health

KPI	Outcomes at end of pilot
10. 150 participants assessed for employability, barriers and obstacles	159 assessed
11. 140 support plans in place	159 in place
12. 300 vacancies sourced for clients. 135 clients matched to at least one relevant vacancy	During the pilot, providers recognised that pursuing quality employer contacts that were likely to produce job outcomes was more beneficial than having a defined number of employer contacts and vacancies. This is inline with the IPS tailored and personalised job search
13. 6 employer contacts made per week	

5.2 Client feedback

5.2.1 IPS

- Four interviews were conducted with clients who have been participating in the pilot for different lengths of time
 - Three females and one male took part, varying in ages. They were selected by staff to represent clients who had been on the pilot for different amounts of time.
- Three key themes were identified for clients:
 - Impact of employment support on health and wellbeing
 - Experience of Camden Work and Wellbeing
 - Suggestions for pilot improvements

Impact of employment support on health and wellbeing (KPI 7, improved mental wellbeing during client's journey)

- Clients commented on how useful it was to get advice from the employment support worker specifically focusing on mental health in the workplace:
 - *'she told me that there's levels of what you can say, so I would be happy to disclose certain levels... I was scared in my job processes because of that, but she assured me that legally, you are able to do certain things, they should not discriminate because of my illness.'*

- The support was helpful in allaying their fears about returning to work. The support was tailored to the clients' individual needs and addressed their particular concerns about entering the workplace, which made them feel more positively towards the job search process and made it more manageable:
 - *'I had fears about going back to work in an office, about bullies, about office politics, they were like hurdles into going back to work... realistically speaking, those ideas have subsided now... if I was to come across such behaviours, I could deal with it.'*
- The support has led to an increase in knowledge and confidence, both now and for the future. Knowing the next steps they could take was particularly useful for clients as the pilot was coming to an end:
 - *'I think the whole business that we went through has given me the confidence to find a job and especially find a job that fits my interests.'* *'I was told at the end of the project, exactly where I could go, what I could do, so that was very useful'.*
- The pilot has also had a positive impact on career goals:
 - *'I'd say that overall, the project gave me more confidence to think about my future and so to firm up my goals, my goals are more set than before.'*

Client's experience of Camden IPS

- Clients found the practical support really useful, such as CV writing, interviews practice / guidance of the interview process and online searches.
- A particularly positive element of the pilot for clients was that the support was personalised to their situation:
 - *'It was more personal, it was more tailor made rather than a structured one size fits all, it was much more tailor made to what I needed.'*

Suggestions for pilot improvements

- Clients felt that the programme was too short and it needed to be longer in order for them to benefit further, especially with regards to being able to access further support once they had started in a new position:
 - *[After getting a job] this is where I could probably have done with a little bit more longer term support whilst I was in the job.'*

5.2.2 Work and Wellbeing

- Five clients who have been participating in the pilot for different lengths of time
 - Three females and two males took part, varying in ages. They were selected by staff to represent clients who had been on the pilot for different amounts of time.
- Three key themes were identified for clients:
 - Impact of employment support on health and wellbeing
 - Experience of Camden Work and Wellbeing
 - Suggestions for pilot improvements

Impact of employment support on health and wellbeing (linked to KPI 8, improved mental wellbeing during client's journey)

- For many clients, it was the first time they had experienced a support programme like this one. The support from this pilot was in contrast to other employment support they had received previously:
 - *“This is the first time [I've accessed employment support like this] and I was really surprised, generally what you hear from other people, it was really not what I expected.”*
- It was positive for them to have someone listen to their story and understand their previous experiences with employment and other employment support. The support was tailored to the clients individual needs and the support workers were progressing at a pace the client was comfortable with, which made them feel more positively towards the job search process and made it more manageable:
 - *“The Work & Wellbeing project, it came from an angle of having some sort of ... well from my angle, it was depression, knowing where to go, so it was definitely angled at someone who needed a bit of psychological help and you know, it was very sensitive to that. It didn't feel pressurised. It was good that I was able to set the pace, that meant a lot to me because I've got quite a lot going on, so no pressure”.*

Client's experience of Camden Work and Wellbeing

- Clients found the practical support really useful, such as CV writing, interviews practice / guidance of the interview process and online searches:
 - *“And then I forwarded [my CV to support worker] and with the information he had, he asked for information about all my voluntary work, he put together a CV for me and then it came back to me, I went back to him and just did it and it was a really good process. So now, it's one I can just send and it looks like that which is amazing isn't it?”*

- A particularly positive element was being able to get good advice about disclosure in workplace from staff:
 - *“It was very much a guiding hand on how to disclose, how to act yourself, how to work with others in that respect, which has been really good because then going into [a role] in mental health, everyone’s much more open about that sort of stuff so it was nice to go in not fearing it”*
- Clients felt they had increased in confidence and knowledge in applying for jobs and felt more prepared for work:
 - *“Now I’m much more confident about applying for things because I’ve got something [CV] I can just send off”.*
- Overall, clients felt positive for the future:
 - *“It gives me a positive view, I feel encouraged, I feel positive, I’m open minded about it and not so closed, obviously things can still be challenging but I’m more open than I was before”.*

Suggestions for pilot improvements

- Clients felt that the programme was too short and it needed to be longer in order for them to benefit further with in work support.

5.3 Staff feedback

5.3.1 IPS staff survey feedback

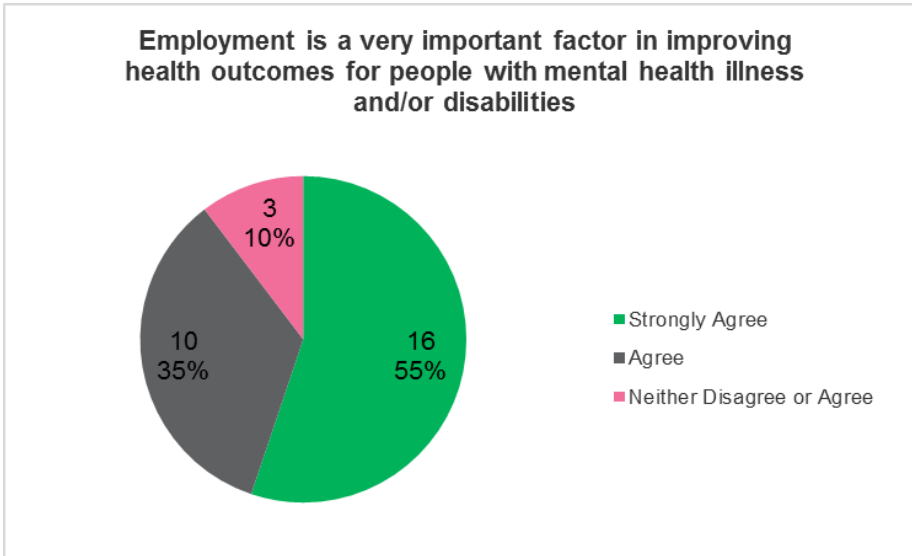
Survey

A survey was conducted with staff at the mid point of the pilot (March 2017). The aim of the survey was to find out staff opinions and practices of supporting their clients with mental health conditions in relation to their employment needs.

- 32 members of staff completed the survey from various teams:
 - 29 staff from the following teams who referred clients into the service:
 - Camden Rehabilitation and Recovery service (R&R)
 - Camden Early Intervention Service (EIS)
 - Three service providers commissioned by London Borough of Camden consisting of:
 - The service lead
 - The project manager
 - Staff member with a customer facing role

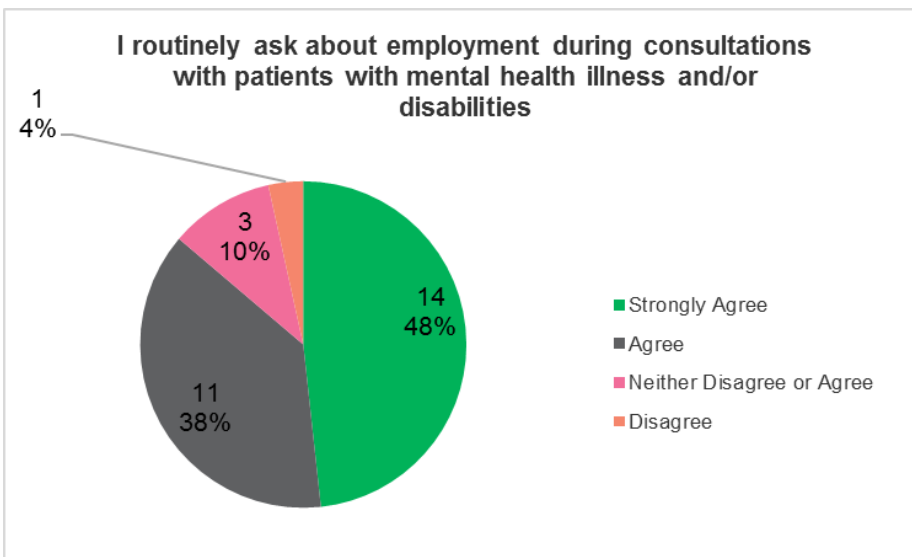
Camden Rehabilitation and Recovery service (R&R) and Camden Early Intervention Service (EIS) staff

Figure 4 – staff response to survey question 1



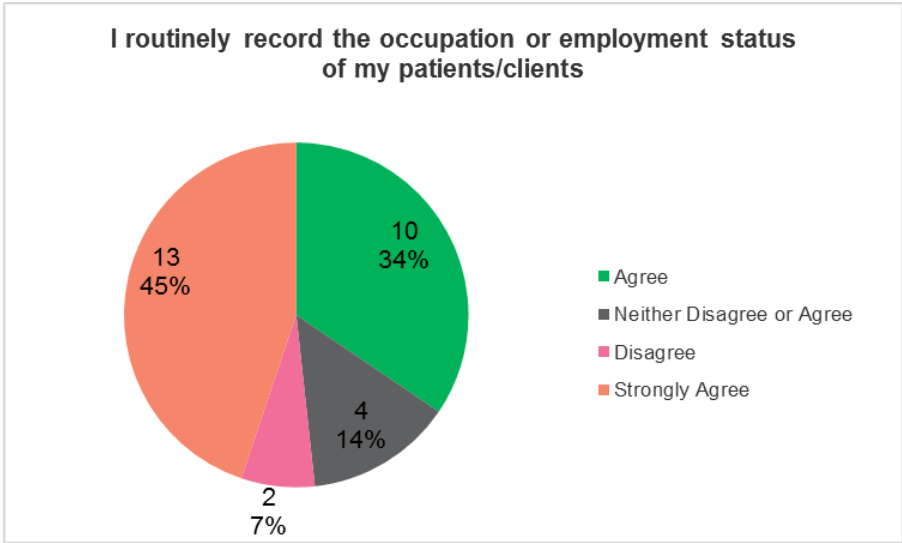
90% of staff agreed or strongly agreed that employment was an important factor in improving health outcomes for people with mental health illness and/or disabilities (Figure 4)

Figure 5 – staff response to survey question 2



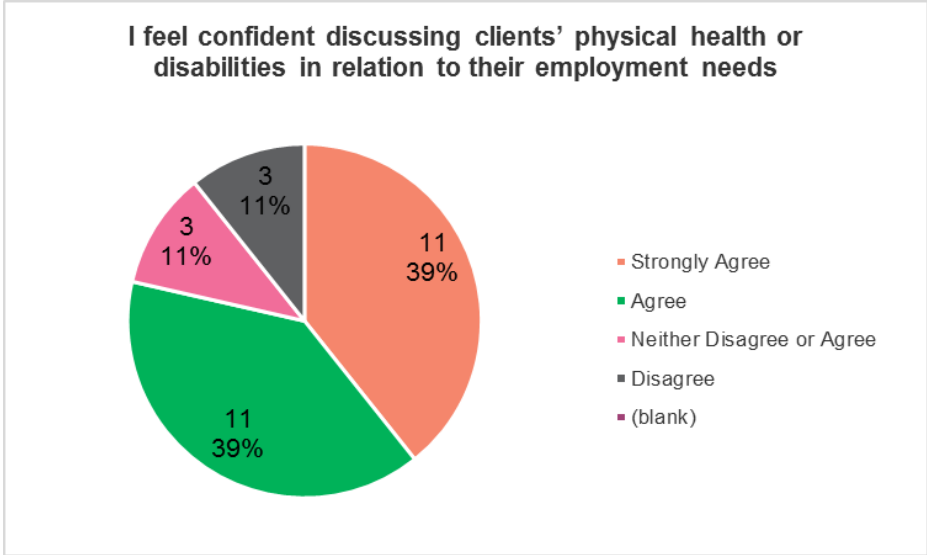
86% of staff agreed or strongly agreed they routinely asked about employment during consultations with patients with mental health illness and/or disabilities (Figure 5)

Figure 6 – staff response to survey question 3



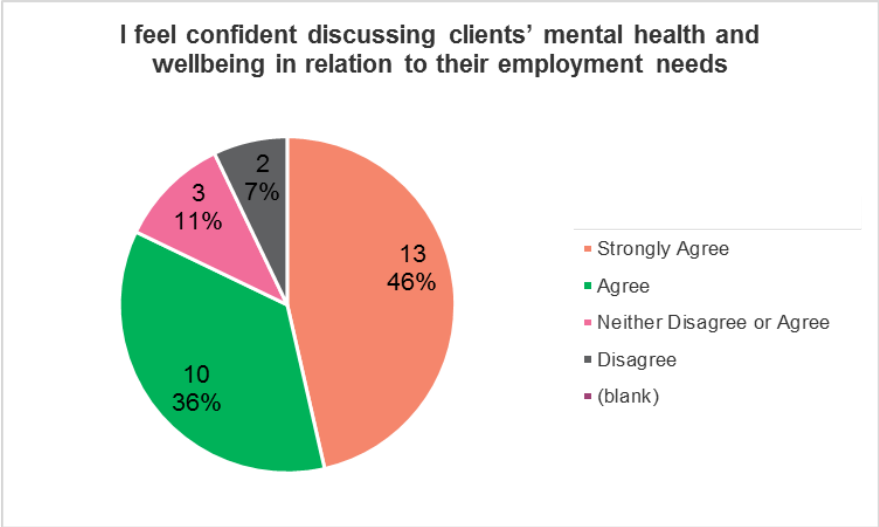
45% of respondents said they did not record the occupation or employment status of the patients they work with and approximately 34% did record the information (Figure 6)

Figure 7 – staff response to survey question 4



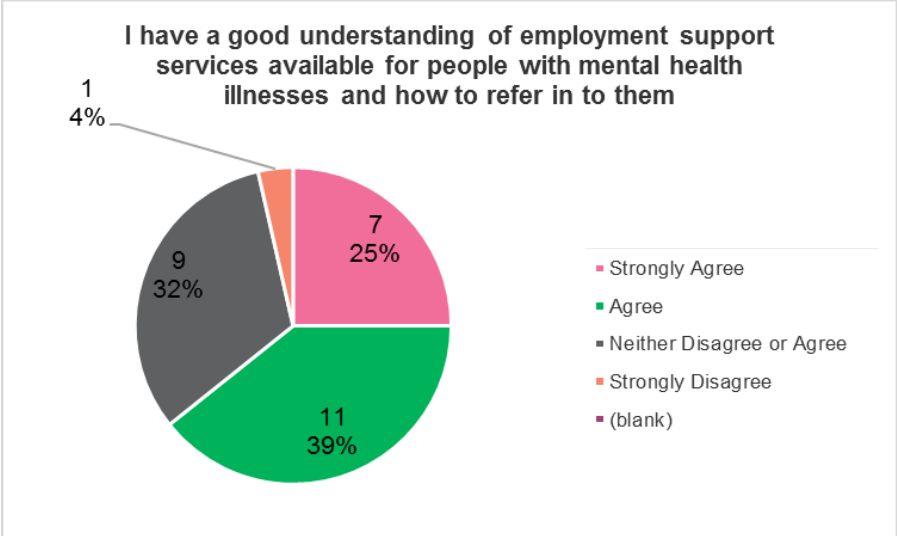
78% of staff felt confident to discuss clients physical health or disabilities in relation to their employment needs (Figure 7).

Figure 8 – staff response to survey question 5



82% of staff felt confident to discuss clients mental health and wellbeing in relation to their employment needs (Figure 8).

Figure 9 – staff response to survey question 6



64% of staff felt they had a good understanding of employment support services available for people with mental health illnesses and how to refer into them (Figure 9).

- Within the survey, staff were also asked about the training they have received about the link between employment and health. One of the 29 R&R and EIS staff said that they had received training on the IPS model in 2006.

Service Providers

- Service providers were asked their opinions of the referrals they received into the service.
 - 1 staff member said very good and 2 said poor
 - Staff said that the referrals they received were not always suitable for the programme
 - They also said that they have not actively sought out referrals from other agencies such as Job Centre Plus
- The service lead, the project manager and a staff member with a customer facing role were asked their opinions of the suitability of the referrals they received into the service:
 - 1 agreed they were suitable, 1 disagreed and 1 neither agreed nor disagreed
 - Staff felt that initially the programme aims were not fully understood by other staff and so the right clients were not being referred.
 - One member of staff said they have noticed an improvement in this from the beginning to interim time point.
- Staff were asked to rate the recording of project related data for clients:
 - All staff rated it as at least good
 - All information is being recorded but using two systems (NHS and their own) is not conducive, as the latter allows more information to be recorded
- Staff were asked to recommend improvements to the service or to the programme of work. Three staff members offered the suggestions below:
 - Better support from service they integrate with and from various NHS agencies (e.g. HR) and more time to fully embed IPS, which takes two to three years to fully reap benefits
 - More clinical awareness of what IPS is and a more realistic view of IPS fidelity
 - Have two data systems which compliment each other
- Almost all staff (90%) felt that employment was an important factor in improving health outcomes for those with mental health needs, showing they understood the role employment can have in contributing to an individual's recovery, as shown in figure 1.
- 86% of staff asked about employment status as part of their consultations (figure 2). However, only a third of staff said they recorded this information (34%) and almost half of the staff (45%) said that they did not routinely record this for their clients (figure 3).
- Staff were just as confident discussing clients physical health or disabilities (78%) as they were mental health (82%) in relation to their employment needs.
- Two thirds of staff felt they had a good understanding of employment support services available for people with mental health illnesses and how to refer into them, showing an awareness of the local services that may be able to support clients.

- Staff (service providers) were mixed in their views regarding the client referrals received; one staff member felt the referrals were good but other staff members said the referrals they received were not always suitable for the programme. One member of staff said they have noticed an improvement in this from the beginning to interim time point.

5.3.2 IPS staff interview and focus group feedback

- Staff also took part in an interview and focus group to share their views on employment and health.
- One interview was conducted with a staff member from the Camden Recovery and Rehabilitation Team and one staff focus group was conducted with 11 members of staff from the same team.
- Three key themes were identified for staff from the interviews:
 - Staff experience of supporting clients into employment
 - Collaborative working with staff on the pilot
 - Staff perceptions of the impact of support on clients
- Two key themes were identified from the focus group:
 - Staff perceptions of their own role and how employment support fits in
 - Staff perceptions of the pilot

Interview

Three key themes emerged from the staff interview.

Staff experience of supporting clients into employment (KPI 8, staff showing positive distance travelled regarding confidence and skill around mental health and employment)

- The staff member said they felt that employment was not always suitable for all of their clients due to their additional mental health needs:
 - *‘the majority of the clients that I have still have an element of psychosis going on in their lives so actually, employment education isn’t high on their priorities.’*
- They felt their role did not allow them to dedicate as much time as they would like to employment. Due to their lack of time, they also did not feel confident in supporting people into employment. They felt that their role was to help people with factors that contribute towards employment and so specialist support and targeted staff members such as on this programme was useful:
 - *‘I wouldn’t have been able to do that without the employment advisors that work here, it takes a lot of time... consistent support, that’s something that Twining’s were able to offer here which worked really well.’*

- They felt there was a lack of appropriate opportunities for clients to get into employment and so the support that was provided by the pilot was particularly important:
 - *‘I’ve got a couple of clients I can think of would like to have gone into IT based roles, even as a volunteer but it’s just not enough around.’*
- They expressed their disappointment that the pilot was coming to an end.

Collaborative working with staff on the pilot

- The staff member found the referral process for referring clients was simple and easy to do and felt that the pilot met its requirements from their perspective.
- Having feedback from the employment support staff working with clients on the pilot regarding the clients progress was useful:
 - *‘[I’m] really impressed with the level of work that they did and also they fed back as well so told us how clients were getting on, I got feedback from clients, so overall the service has been amazing.’*
- The staff member felt that the pilot could be improved by including volunteering as a step towards employment.

Staff perceptions of the impact of support on clients (KPI 7, improved client mental wellbeing)

- The staff member noted that their clients responded positively to support. They noticed an increase in client’s knowledge and confidence. The support had a positive impact on their ambition and career goals:
 - *‘One of the clients who’s actually in paid employment, her confidence has increased unbelievably, she wasn’t really isolated but her confidence was really low and she’d previously worked but then became really unwell and hadn’t worked for a very long time, so it’s done a lot for her self-esteem I think.’*

Focus group

Two key themes emerged from the staff focus group.

Limited capacity of staff in their own role and how employment support fits in:

- Staff felt they could not support clients themselves with employment due to capacity issues. Their current workloads meant they were at full capacity and despite their best efforts, offering clients additional support was not always feasible:
 - *“I will try to help clients where I can by finding out information but I’m not an employment specialist, I don’t have time to help them with that.”*

Pilot highly valued by staff:

- Staff felt the pilot was fulfilling a much needed role in providing employment support. They saw employment as being part of the recovery process for their clients :
 - *“[the support] was not just something they [clients] do on the side but an integral part of their recovery.”*
- Staff were not aware that the programme was being delivered as an 18 month pilot. They were under the impression that the funding had come to an end and so the programme had been terminated. They felt that the programme ended *“abruptly”*, causing some upset amongst their clients. They felt the pilot was not long enough to see any positive outcomes for their clients.
- Staff felt that the support provided was excellent, especially the way in which the employment specialists *“worked with people to understand where they’re coming from and support them into the employment they wanted, rather than just forcing them into work.”* They felt the support provided by the employment support advisors at the pace of the client was beneficial to them.

5.3.3 Work and Wellbeing

- Five members of staff from Hillside Clubhouse and Future Path (the two joint providers)
 - Three staff from Hillside Clubhouse and two from Future Path.
 - Staff were mixed from those working directly with clients and management level staff.
- Three key themes were identified for staff:
 - Staff experience of supporting clients into employment
 - Collaborative working with staff on the pilot
 - Staff perceptions of the impact of support on clients

Staff experience of supporting clients into employment (KPI 3 and 10, supporting clients to address their barriers and obstacles)

- All of the staff were committed to supporting people. Staff were very experienced but still felt they were learning from this pilot:
 - *“[my understanding of employment services] increased hugely... it’s an area where I would score commissioners highly, that they’ve been good at getting the network of providers together and there are ample opportunities to share information about what people are doing.”*
- Staff from both providers found it unusual to have two providers delivering the pilot because they are used to working as sole providers:
 - *“we then ended up as the two highest scoring bidders in a room together being asked was there an appetite to work together. Not having met the other provider, knowing anything about their track record.”*

Staff experience of supporting clients into employment (KPI 3 and 10, supporting clients to address their barriers and obstacles)

- Staff felt that the IPS principles are good but it is an American model and not all the principles were suitable for the current programme in terms of meeting the needs of client group:
 - *“the notion that you immediately start job search or as soon as possible, sounds good but you have to mitigate that against whether or not people are ready.”*
- Staff adhered to the IPS principles on this pilot but the pilot was flexible enough for each provider to be able to add their own organisational approach, which meant that they could deliver their part of the pilot with their own unique organisational approach:
 - *“the two respective organisations could layer their own unique model on top of that, so we didn’t try and clone each other, we could still be Hillside and Future Path.”*

Collaborative working with staff on the pilot

- Staff highlighted some of the ways they tried to work in collaboration with partners in order to help clients and reflected on what they might do differently next time:
 - *“[over] a 12 week period [of iCope support], we would often get referrals at 8-10 weeks and then so people have usually finished... people are then not getting the support from the therapist at the time they were meeting a new person and talking about work... We did talk about that in one of the iCope meetings, they were very receptive to that but I think if we were doing things again, that’s one of the things we would try and do.”*

Staff perceptions of the impact of support on clients (KPI 8, improved client mental wellbeing)

- Staff felt that the programme had a positive impact on the clients they worked with, through a combination of the moral and practical support they had offered:
 - *“that’s the empowerment thing... so this programme has been instrumental because it’s been 85% moral support but within that, there’s been practical support”.*
- Staff commented that it was not always about getting people into work but helping them take steps towards it e.g. ensuring the client has a stable housing situation. This would then ensure the individual has a stable foundation from which to consider employment. This is a positive client outcome, but it is not necessarily reflected in monitoring data:
 - *“[a client I worked with] out of the blue got housed and his whole perspective... has changed around but when an IPS programme is saying, employment is at the heart of it although it’s a holistic programme, if someone’s priority No. 3 is employment, then that’s what it is, housing/health or health/housing, then employment”.*
- Overall, staff felt the pilot was not long enough to see the long term outcomes for clients

5.4 Economic evaluation

5.4.1 IPS

- As part of the evaluation of the Camden IPS pilot, a cost minimisation analysis was conducted to assess the economic impact of the pilots against the mainstream, existing provision Mental Health Working (MHW). This was assessed in terms of:
 - the costs of initial job outcomes
 - the number of clients who have sustained employment at six months, as a percentage of the total number of job outcomes (there are no costs relating to jobs sustained).
- Mental Health Working
 - The MHW programme was designed to support those with mental health conditions into employment. The data has not been separated out into those with severe and enduring conditions and those with common mental health conditions, as it has for the Camden employment pilots. Therefore it is not a direct comparison but provides an estimate of the costs associated with supporting clients into employment.
 - The MHW programme was delivered in Camden over a four year contract. The full contract value for 16/17 was £363,327. MHW supported 87 individuals into employment (number of job outcomes) during this time.
 - The cost per job outcome is £4,220
 - The jobs sustained over the same period are shown in table 4:

Table 4: Number of jobs sustained in MHW

	Jobs sustained Aug 15 – Mar 16	Jobs sustained as percentage of total job outcomes (106)
3 months	42	39%
6 months	36	33%
12 months	22	20%

Camden IPS

- The pilot was funded for 18 months at a cost of £148,000
- The pilot obtained job outcomes for 30 people, making it a cost of £4,933 per job outcome.
- The jobs sustained over the same period are shown in table 5:

Table 5: Number of jobs sustained in Camden IPS

	Jobs sustained	Jobs sustained as percentage of total job outcomes (30)
6 months	8	26%

Comparison of Camden IPS and Mental Health Working

Table 6: Number of jobs sustained in Camden IPS and MHW

	Camden IPS	Mental Health Working
Cost per job outcome	£4,933	£4,177
Percentage of jobs sustained at six months	26%	33%

- The figures in table 6 show that Camden IPS was more costly per job outcome than Mental Health Working. The two programmes were similar in the percentage of jobs retained at six months.
- Camden IPS was focussed on people with severe and enduring mental health conditions (including a large proportion of Care Plan Approach clients). This client group traditionally requires more intensive support and is further away from the labour market than those supported by Mental Health Working.

The Camden IPS pilot was also compared to other services available to support people into employment, both those with mental health needs and those without.

Table 7 shows a list of different services ranging from the **Work Programme**, supported employment services for learning disability, **IPS and IPS EQOLISE**⁸

- The **Work Programme** is an integrated package of support providing personalised work-focused help for a wide range of benefit claimants e.g. Jobseekers' Allowance (JSA) and Employment and Support Allowance (ESA) claimants. The support is offered for two years and is tailored to individuals in helping them back in to employment. The focus of the programme is to support participants to achieve sustained employment.
 - The programme supports people with a wide range of needs and is not exclusive to those with mental health needs.
- The **IPS EQOLISE** study looked at five different European countries providing IPS services and the cost to provide the service. The research has shown that the average cost per job outcome is approximately £8,000- £9,000.
 - This figure does not take into account other sources of support that an individual may have received to get into employment e.g. attending an employability or ESOL course.
 - It also does not look at the wider context of support that an individual may receive and it doesn't factor in the complexity of people's disability or size of service.

Table 7: Number of jobs sustained in Camden IPS

Type of employment service (national and mental health specific)	Cost per job outcome
Working Capital (support for ESA clients) 2015-2017	c. £3,500
Work Programme 2010-2017	c.£2,100
IPS EQOLISE costs 2008	£9,440
Camden IPS	£4,933
Mental Health Working	£4,177

- The cost for an adult accessing the Improving Access to Psychological Therapies (IAPT) service for low intensity treatment (for lower level mental health conditions) was £493 and for high intensity treatment (for more severe mental health conditions) was £1416. The costs are based on an individual on low intensity treatment receiving an average of five sessions and an individual on high intensity treatment receiving an average of eight sessions.
- Table 7 shows the costs of supporting someone into employment is significantly higher than an individual accessing one course of high or low intensity IAPT sessions.
- However, this does not have the long term advantage of securing a job, both in terms of the individual's income and the decreased reliance on hospital and other services.
- Camden IPS also engaged more clients over the course of the pilot, so it could be anticipated that sustained service costs would reduce over a longer time period.

5.4.2 Work and Wellbeing

As part of the evaluation of the Camden Work and Wellbeing pilot, a cost minimisation analysis was conducted to assess the economic impact of the pilots against the mainstream, existing provision, Mental Health Working (MHW). This was assessed in terms of:

- the costs of initial job outcomes
- the number of clients who have sustained employment at six months, as a percentage of the total number of job outcomes (there are no costs relating to jobs sustained).

Mental Health Working

The MHW programme was designed to support those with mental health conditions into employment. The data has not been separated out into those with severe and enduring conditions and those with common mental health conditions, as it has for the Camden employment pilots. Therefore it is not a direct comparison but provides an estimate of the costs associated with supporting clients into employment.

- The MHW programme was delivered in Camden over a 4 year contract. The full contract value for 16/17 was £363,327. MHW supported 87 individuals into employment (number of job outcomes) during this time
- The cost per job outcome is £4,177
- The jobs sustained over the same period are shown in table 8:

Table 8: Number of jobs sustained in MHW

	Jobs sustained Aug 15 – Mar 16	Jobs sustained as percentage of total job outcomes (106)
3 months	42	39%
6 months	36	33%
12 months	22	20%

Camden Work and Wellbeing

- The pilot was funded for 18 months at a cost of £150,000
- The pilot obtained job outcomes for 44 people, making it a cost of £3,409 per job outcome.
- The jobs sustained over the same period are shown in table 9:

Table 9: Number of jobs sustained in Camden Work and Wellbeing

	Jobs sustained	Jobs sustained as percentage of total job outcomes (44)
6 months	30	68%

Comparison of Camden Work and Wellbeing and Mental Health Working

Table 10: Number of jobs sustained in Camden IPS and MHW

	Camden Work and Wellbeing	Mental Health Working
Cost per job outcome	£3,409	£4,177
Percentage of jobs sustained at six months	68%	33%

The figures in table 10 show that Mental Health Working was more costly per job outcome than Camden Work and Wellbeing. Camden Work and Wellbeing was also more successful in sustaining jobs at six months, with a higher percentage of clients that were supported into employment still sustaining it at 6 months.

The Camden Work and Wellbeing pilot was also compared to other services available to support people into employment, both those with mental health needs and those without.

Table 11 shows a list of different services ranging from the **Work Programme**, supported employment services for learning disability, **IPS and IPS EQOLISE**⁹

- The **Work Programme** is an integrated package of support providing personalised work-focused help for a wide range of benefit claimants e.g. Jobseekers' Allowance (JSA) and Employment and Support Allowance (ESA) claimants. The support is offered for two years and is tailored to individuals in helping them back in to employment. The focus of the programme is to support participants to achieve sustained employment.
 - The programme supports people with a wide range of needs and is not exclusive to those with mental health needs.
- The **IPS EQOLISE** study looked at five different European countries providing IPS services and the cost to provide the service. The research has shown that the average cost per job outcome is approximately £8,000- £9,000.
 - This figure does not take into account other sources of support that an individual may have received to get into employment e.g. attending an employability or ESOL course.
 - It also does not look at the wider context of support that an individual may receive and it doesn't factor in the complexity of people's disability or size of service.

Table 11: Client engagement KPIs and outcomes

Type of employment service (national and mental health specific)	Cost per job outcome
Working Capital (support for ESA clients) 2015-2017	c. £3,500
Work Programme 2010-2017	c.£2,100
IPS EQOLISE costs 2008	£9,440
Camden Work and Wellbeing	£3,409
Mental Health Working	£4,177

The cost for an adult accessing the Improving Access to Psychological Therapies (IAPT) service for low intensity treatment (for lower level mental health conditions) was £493 and for high intensity treatment (for more severe mental health conditions) was £1416. The costs are based on an individual on low intensity treatment receiving an average of five sessions and an individual on high intensity treatment receiving an average of eight sessions.

- Table 6 shows the costs of supporting someone into employment is significantly higher than an individual accessing one course of high or low intensity IAPT sessions.

- However, this does not have the long term advantage of securing a job, both in terms of the individual's income and the decreased reliance on hospital and other services.
- Camden Work and Wellbeing also engaged more clients over the course of the pilot, so it could be anticipated that sustained service costs would reduce over a longer time period.

6.0 IPS progression of pilot from interim to the end of the pilot

- The interim data collection (both qualitative and quantitative) showed that the pilot was progressing well in terms of the support offered to clients. However, the survey data and the ongoing monitoring data collected highlighted staff concerns around the client referrals that were being received.
- This was addressed over the course of the pilot by raising awareness of the employment pilot and the target client group.
- The qualitative data collection was repeated at the end of the pilot to evaluate the pilot as a whole from the perspective of clients and staff.

7.0 Summary

7.1 IPS

Quantitative findings

- Some of the KPIs set at the beginning of the pilot were deemed to be less relevant as the pilot progressed by the providers. For example, supporting clients with their physical health was not directly related to the aims of the pilot. Any improvements reported by clients in this regard were an additional bonus for the pilot.
- More clients were referred to the pilot than originally anticipated, suggesting there is a clear need for the service.
- 30 clients achieved paid employment and 8 of those sustained that employment beyond six months. The pilot took longer than anticipated to mobilise at the beginning (approximately four months) and so the period of working with clients was limited. Therefore clients may have entered employment after the end of pilot.
- The findings show that the pilot has impacted those clients that are most in need of support, with 66% of clients who took part in the pilot and completed the questionnaire reporting improved wellbeing.
- 86 of the 118 clients that were engaged were Care Plan Approach (CPA) clients. CPA clients have more complex needs, are at most risk or have mental health problems compounded by disadvantage and often need support from multiple agencies. Engaging these clients is an achievement for the pilot.

Qualitative findings

Clients

- Three key themes were identified for clients:
 - *Impact of employment support on health and wellbeing.* Clients found it useful to have tailored advice specifically around mental health in the workplace.
 - *Experience of Camden Work and Wellbeing.* Clients reported an increase in confidence and knowledge and it's had a positive impact on their career goals.
 - *Suggestions for pilot improvements.* They would have liked the support to go on for longer.

Staff

- Three key themes were identified for staff:
 - *Staff experience of supporting clients into employment.* They noted that their clients responded positively to support.
 - *Collaborative working with staff on the pilot.* Feedback from programme staff regarding clients was useful.
 - *Staff perceptions of the impact of support on clients.* They noticed an increase in client's knowledge and confidence in seeking employment.
- Two key themes were identified from the focus group:
 - *Limited capacity of staff in their own role and how employment support fits in.* Offering clients additional support i.e. employment support was not always feasible.
 - *Pilot highly valued by staff.* Staff saw employment as a key part of their client's recovery

Economic findings

- The economic evaluation is a very basic comparison of the costs associated with each job outcome, calculated by dividing the total cost of the programme by the number of job outcomes achieved.
- It is not a detailed analysis and does not take into account the wider savings or return on investment there may be if someone with mental health needs enters employment instead accessing day services etc.
- The evidence from previously published data shows that it is more expensive to support people with mental health needs into employment due to their more complex needs (e.g. the needs for additional support / interventions). However, employment has favourable long term outcomes for clients, such as economic independence. It becomes cost-effective in the long-term as people have better health outcomes (including mental health).

7.2 Work and Wellbeing

Quantitative findings

- Some of the KPIs set at the beginning of the pilot were deemed to be less relevant as the pilot progressed by the providers. For example, supporting clients with their physical health was not directly related to the aims of the pilot. Any improvements reported by clients in this regard were an additional bonus for the pilot
- More clients were referred to the pilot than originally anticipated, suggesting the service was needed.
- 159 people received help to improve their employability, including help with benefits and lifestyle issues. This means that over 75% of people referred to the programme received support and moved closer towards entering work.
- In addition to this, almost a quarter (23%) of clients who accessed the service showed a decrease in their GAD and/or PHQ score, suggesting their mental health improved whilst on the programme. Some of the clients may have accessed additional mental health support (e.g. IAPT services) and so this cannot solely be attributed to the employment pilot. However, this is an achievement for the pilot and supports the principle that employment should be viewed as a health outcome.
- 44 of those engaged with the programme (27%) were supported into work. This is a significant improvement on previous programmes, including Mental Health Working and the Work Programme.
- 30 of these job outcomes were achieved within the last six months of the pilot. As the pilot developed and matured, performance improved and more outputs were secured each quarter. It is possible that performance levels would continue to improve and more sustained job outcomes (of 6 months or more) would have been achieved if the pilot had continued.

Qualitative findings

Clients

- Three key themes were identified for clients:
 - *Impact of employment support on health and wellbeing.* Clients found it useful to have tailored advice specifically around mental health in the workplace.
 - *Experience of Camden Work and Wellbeing.* Clients reported an increase in confidence and knowledge and it's had a positive impact on their career goals.
 - *Suggestions for pilot improvements.* They would have liked the support to go on for longer.

Staff

- Three key themes were identified for staff:
 - *Staff experience of supporting clients into employment.* Staff were able to deliver the pilot within their own organisational approach.
 - *Collaborative working with staff on the pilot.* Staff felt supporting clients in conjunction with other support would be most beneficial for them.
 - *Staff perceptions of the impact of support on clients.* They noted that their clients responded positively to support and noticed an increase in client's knowledge and confidence in seeking employment.

Economic findings

- The economic evaluation is a comparison of the costs associated with each job outcome, calculated by dividing the total cost of the programme by the number of job outcomes achieved.
- It is not a detailed analysis and does not take into account the wider savings or return on investment there may be if someone with mental health needs enters employment instead accessing day services etc.
- The evidence from previously published data shows that it is more expensive to support people with mental health needs into employment due to their more complex needs (e.g. the needs for additional support / interventions). However, employment has favourable long term outcomes for clients, such as economic independence. It becomes cost-effective in the long-term as people have better health outcomes (including mental health).

8.0 Conclusions and next steps

- Camden IPS and Camden Work and Wellbeing has been successful in engaging with clients and supporting them to access employment support.
- The evaluation of the pilot has contributed to the evidence base of how to effectively support those with mental health needs into employment. The evaluation shows that the employment support pilots improve confidence and knowledge of entering work for people and is in line with the commitment of the council to reduce inequalities under the Camden Plan.
- This pilot employment project integrated employment support into a mental healthcare setting, improving joint working through co-location and a more integrated approach to Camden residents. In Camden IPS 30 people with severe and enduring mental health conditions were supported into work during the pilot. 118 clients were engaged, 86 of which have been Care Plan Approach (CPA) clients. CPA clients have more complex needs, are at most risk or have mental health problems compounded by disadvantage, and need support from multiple agencies.

- In Camden Work and Wellbeing 44 people with common mental health conditions were supported into work during the pilot.
- People with mental ill health are often difficult to engage in healthcare services¹² and engaging these groups in a support service is a positive aspect of the pilots.

Camden IPS

- The majority of health workers surveyed at the interim point recognised that employment was an important part of health recovery and felt that there were significant benefits to having support from dedicated and specialist employment advisors. This supports the notion that integrating employment and health leads to improved outcomes for residents and clinicians.
- The provider experienced difficulty in maintaining contact with clients once they had been supported into employment. This accounts for the lower than anticipated number of sustained outcomes.
- There were delays in integrating the pilot in health care settings. In particular, the honorary contracts took approximately four months to obtain and staff were unable to work within an NHS setting until these had been approved. Interim findings support this but found that issues around integration had been resolved by the final evaluation This has since been resolved as part of Camden's new IPS contract.

Camden Work and Wellbeing

- Over time, performance improved and more outputs were secured each quarter.
- Almost a quarter (23%) of clients demonstrated an improvement in their mental health during the pilot.
- 159 people received help to improve their employability, including help with benefits and lifestyle issues. This means that over 75% of people referred to the programme received support and moved closer to being work ready.
- Co-location was integral to the success of the pilot. Staff working in Job Centre Plus locations allowed for a greater number of referrals to the project and greater awareness of how to support people with mental health conditions.
- Both clients and staff felt that the programme needed to be provided for longer to be able to fully assess the benefits of the programme for clients.

Next steps

- The evaluations have highlighted areas of the pilot delivery that has worked well and areas where there may still be challenges. The report will be shared with partners locally and nationally and be used to inform commissioning decisions and shape future employment projects. Following on from the success of the IPS programmes, Camden Council, Camden Clinical Commissioning Group (CCG), Mental Health and Employment Partnership and the Work and Health Unit jointly commissioned a three year IPS programme to be delivered in the borough.

9.0 References

1. Marmot, M. and Bell, R. (2012). Fair society, healthy lives, *Public Health*, Vol. 126, Supplement 1, pages S4-S10
2. MIND (2014) We've got work to do for better mental health. Transforming employment and back-to-work support for people with mental health problems
3. Healthy Minds, Healthy Lives: Widening the Focus on Mental Health, Annual Public Health Report 2015 Camden and Islington, accessed from https://www.camden.gov.uk/ccm/cms-service/stream/asset/?asset_id=3429115&
4. Unemployment ratio by borough, Trust for London. Accessed from <https://www.trustforlondon.org.uk/data/unemployment-rate-borough/>
5. Stevenson and Farmer (2017), Thriving at Work: a review of mental health and employers, Department for Work and Pensions and Department of Health report. Accessed from <https://www.gov.uk/government/publications/thriving-at-work-a-review-of-mental-health-and-employers>
6. The NHS Five Year Forward View for Mental Health (2016) , accessed from <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>
7. Waddell G Burton K A (2006) Is work good for your health and well-being? Department for Work and Pensions
8. The Camden Commission factsheet, Focus on...WORKING AGE ADULTS, accessed from <https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=4&ved=0ahUKEwju0qj-36bVAhWrBcAKHYJpD6EQFgg4MAM&url=https%3A%2F%2Fopendata.camden.gov.uk%2Fdownload%2Fvy9z-3f96%2Fapplication%2Fpdf&usq=AFQjCNE9vdXt0nX69VhS-LYbEn3GLEOELQ>
9. Burns, T., Catty, J. and EQOLISE Group (2008). IPS in Europe: the EQOLISE trial. *Psychiatr Rehabil J.*, Spring;31(4):313-7. doi: 10.2975/31.4.2008.313.317.
10. Braun, V. and Clarke, V. (2006). Thematic analysis.
11. Radhakrishnan, M., Hammond, G., Jones P. B., Watson, A., McMillan-Shields, F. And Lafortune, L. (2013). Cost of Improving Access to Psychological Therapies (IAPT) programme: An analysis of cost of session, treatment and recovery in selected Primary Care Trusts in the East of England region, *Behaviour Research and Therapy* 51 (2013) 37e45
12. Dixon, L. B., Holoshitz, Y. and Nossel, I. Treatment engagement of individuals experiencing mental illness: review and update, *World Psychiatry* 2016;15:13–20

10.0 Appendix

Full project KPIs

IPS

Target group	Camden clients with severe and enduring mental health needs and are engaged in secondary mental health services
Timescale	Start date Jan 2016 (18 Months)
Funding	Total £150,000
Location	Co-located within C&I Trust. The pilot may also have the option to deliver services flexibly in other locations across Camden
Referrals	Referrals - Trust's secondary care mental health teams Early Intervention Service and North Camden Rehabilitation and Recovery. Self-referrals - where the individual is already known to these services.
Eligibility	Open to unemployed and economically inactive Camden clients 18+ who have a diagnosed severe and enduring mental health condition and are engaged in specialist mental health services through C& I Trust. Users must not be on the Work Programme.
KPI –outcome 1	192 referrals assessed
KPI –outcome 1	140 clients engaged
KPI –outcome 1	90% of clients are on CIFT/MIS
KPI –outcome 1	40 clients achieving paid employment
KPI –outcome 2	100 recorded employer contacts
KPI –outcome 2	75% of clients in work after 6 months
KPI –outcome 3	70% of clients reporting improved mental wellbeing during their journey
KPI –outcome 4	120 staff showing positive distance travelled re confidence and skill re MH and employment

WORK AND WELLBEING

Target group	Camden clients with common mental needs who are engaged in IAPT and JCP Services
Timescale	Start date March 2016 (15 Months)
Funding	Total £150,000
Location	Co-located with north and south IAPTs services and Kentish Town JCP and delivery will take place flexibly in other locations across Camden
Referrals	IAPTs services and Kentish Town JCP.
Eligibility	People in the above services aged 18+ and out of work
KPI –outcome 1	200 unemployed Camden residents with common mental health issues referred to the programme
KPI –outcome 1	200 referred residents screened for suitability
KPI –outcome 1	150 Camden residents starting on the programme and receiving support to address their barriers/obstacles
KPI –outcome 1	150 benefits advice sessions delivered
KPI –outcome 2	[Estimated] 90 residents scoring >9 on either/both tools recommended for IAPT
KPI –outcome 2	- [Estimated] 60 residents referred to IAPT - [Estimated] 45 residents receiving CBT
KPI –outcome 2	- [Estimated] 38 improved mental health of participants via IAPT - [Estimated] 38 improved mental health of participants via PC coping strategy support
KPI –outcome 3	150 participants assessed for lifestyle needs
KPI –outcome 3	[Estimated] 56 participants with improved physical health
KPI –outcome 4	150 participants assessed for employability, barriers and obstacles
KPI –outcome 4	140 support plans in place
KPI –outcome 4	- 300 vacancies sourced for clients - 135 clients matched to at least one relevant vacancy
KPI –outcome 4	6 employer contacts made per week
KPI –outcome 4	- 40 Participants moving into relevant full-time employment - 15 Participants moving into relevant part-time employment
KPI –outcome 4	10 Participants progressing from part-time to full-time employment
KPI –outcome 4	49 participants accessing in-work support 44 participants (80%) sustaining employment
KPI –outcome 4	72 participants not in employment reporting higher levels of motivation and confidence

Data collection plan

IPS AND WORK AND WELLBEING

Data collected	Purpose	Method and Key Data	Time point
Numbers and types of clients being referred, accessed, engaged	Process Evaluation	Monitoring Data	T ₀ , T ₁ , T ₂
Referral route	Process Evaluation	Monitoring Data and Survey with Staff*	T ₀ , T ₁ , T ₂
Dropout/lack of attendance	Process Evaluation	Monitoring Data and Survey with Staff*	T ₀ , T ₁ , T ₂
Were the correct target group being accessed?	Process Evaluation	Monitoring Data and Survey with Staff*	T ₀ , T ₁ , T ₂
Is the data being recorded properly?	Process Evaluation	Monitoring Data and Survey with Staff	T ₂ for Camden IPS pilots only
Pilot adherence to the IPS principles?	Process Evaluation	Survey with Staff and Pilot Clients Interviews and/or workshop optional	T ₂ for Camden IPS pilots only
Were there any problems with delivery of the model?	Process Evaluation	Survey with Staff and Pilot Clients Interviews and/or workshop optional	T ₂ for Camden IPS pilots only
Have targeted clients gained employment? Any job interviews attended?	Outcome Evaluation	Monitoring Data	T ₁ , T ₂
Have targeted clients gained sustained employment?	Outcome Evaluation	Monitoring Data	T ₁ , T ₂

What types of activities have clients engaged with? (training/education/volunteering)	Outcome Evaluation	Monitoring Data	T ₁ , T ₂
Has client wellbeing improved (confidence, self-belief in employment skills, aspiration)	Outcome Evaluation	Survey with Pilot Clients* (using validated measures like Warwick-Edinburgh Mental Wellbeing Survey (WEMWBS) and Roseburg's Self-Esteem Scale (SES)) Interviews at T ₁ and T ₂	Interviews at T ₂ for Camden IPS pilots only
Have service providers (NHS/JCP staff) confidence/knowledge/skills in engaging Camden clients with mental health issues on employment improved?	Outcome Evaluation	Survey with Staff and Service Providers* (using KAP surveys) Workshop/Focus Group at T ₁ and T ₂	T ₂ for Camden IPS pilots only
Which pilot delivers the best outcomes for people with mental health conditions client in Camden?	Outcome / Economic Evaluation	Utilising elements of Social Return on Investment (SROI) Analysis	T ₀ , T ₁ , T ₂
Which has the best value for money?	Economic Evaluation	Cost per Outcome Analysis	T ₀ , T ₁ , T ₂

Qualitative methods

IPS

- For the end stage of data collection, semi-structured interviews were conducted with one member of staff and four clients. Staff feedback was also obtained from 11 members of staff from the wider team through a focus group.
- Staff were recruited from the two teams who referred clients into the service, Camden Rehabilitation and Recovery service (R&R) and Camden Early Intervention Service (EIS). The survey was sent to all staff in the two teams for completion and they were asked to indicate if they would be interested in taking part in an interview. Staff that expressed an interest were contacted to arrange a suitable time.
- The evaluation was focused on aspects of the outcome evaluation around client's experiences of taking part in the pilot and staff experience of delivering it.

WORK AND WELLBEING

- For the end stage of data collection, semi-structured interviews were conducted with staff and clients. 10 interviews were conducted in total:
 - Five members of staff
 - Five clients who have been participating in the pilot for different lengths of time
 - Three females and two males took part, varying in ages. They were selected by staff.
- The end evaluation was focused on aspects of the outcome evaluation around client's experiences of taking part in the pilot and staff experience of delivering it.
- Staff were recruited from the two joint providers (Hillside Clubhouse and Future Path). All staff were contacted and asked to indicate if they would be interested in taking part in an interview. Staff that expressed an interest were contacted to arrange a suitable time.
- For IPS and Work and Wellbeing, all clients engaged in the programme were asked if they would like to participate in interviews by the service provider. Interviews were organised with those that were interested in taking part.
- All participants (staff and clients) were provided with an information outlining the details of the study and what participation would involve and were asked to sign a consent form before the interview / focus group. Clients were given a £10 high street shopping vouchers as a thank you for taking part in line with the Council's rewards and recognition policy.
- The data was analysed using a thematic analysis approach¹⁰. The interview and focus group recordings were transcribed. The researcher familiarised themselves with the data and coded it for themes.

Economic evaluation methods

The IPS and Work and Wellbeing pilots were also compared to other services available nationally to support people into employment, both those with mental health needs and those without.

The pilots were compared with the following employment support programmes:

- The **Work Programme** is delivered nationally by Job Centre Plus. It is an integrated package of support providing personalised work-focused help for a wide range of benefit claimants e.g. Jobseekers' Allowance (JSA) and Employment and Support Allowance (ESA) claimants. The programme supports people with a wide range of needs and is not exclusive to those with mental health needs.
- **Mental Health Working** is the current employment support offer for those with mental health needs in Camden
- The **IPS EQOLISE** study looked at five different European countries providing IPS services and the cost to provide the service.

A cost analysis was conducted looking at the costs of initial job outcomes and the number of clients who have sustained employment at six months.

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