



Individual Placement and Support: Impact beyond jobs

Insights from the frontline
of Employment Services

Acknowledgements

For more information on Shaw Trust's impact and the content of this report, please contact Julie Leonard, Chief Impact Officer at partnerships@shaw-trust.org.uk. We are grateful to David Harper, Anthony Dandrea, Saad Ahmad, Braden Pearce, Suzi Arnold-Fry, Ann-Marie Hall, Liz Vinton, Alana Coia, Keith Savage and Cristina Pop for their contributions to this report. We also thank Adam Whitworth and his team who designed the Individual Placement and Support Cost-Benefit and Outcomes Model which we used to model the benefits and return on investment of IPS PC.

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Executive summary

Shaw Trust is Britain's largest provider of Individual Placement and Support (IPS) services. We have supported over 19,000 people in eight IPS programmes, delivering both IPS Primary Care services for people with physical or mental health conditions, and IPS Secondary Care services for people with more severe mental health conditions.

This report summarises our impact to date and offers lessons learned to support practitioners, commissioners and partners in their delivery of future local employment support services.

Since 2019, we have supported

19,116

people on
IPS programmes



73%

joined our
IPS Primary
Care Services

27%

joined our IPS
Secondary
Care Services

Across our IPS services,

14,495

people were unemployed
when they were referred
onto an IPS programme

4,263

people were still in
employment when
they were referred



358

people were
otherwise inactive

The impact we've had over the years



9:1 ROI

£9.22 benefits accrued over three years for every £1 spent on IPS PC services



88%

of people say they improved or maintained their mental health



3

month average to get into employment



30

hours of work per week



£32,000

average annual salary of an IPS participant going into full time work



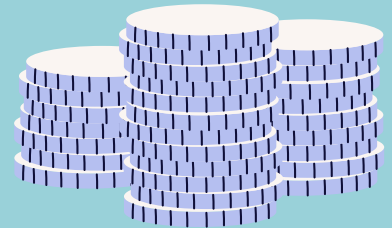
95%

would recommend our services

Spotlight on our work in 2024

£20.5m

exchequer gains accrued over 3 years from IPS PC employment outcomes including NHS savings, social security payment savings, increases in direct tax and national insurance



7,140

people completed IPS programmes



44%

of those found or sustained work vs. a target of 40%

73%

then sustained work beyond 13 weeks vs. a target of 70%

68%

of those sustained work beyond 26 weeks vs. a target of 60%

59%

reported improved mental health



85%

reported improved or maintained wellbeing



About us

Shaw Trust is the UK's largest employment charity. Our vision is a future where good employment is accessible to all in society irrespective of life circumstances. We're driving change by designing and delivering innovative programmes which support employment and social integration.

At Shaw Trust, we believe that work is part of the foundations of a good life. Good work not only supports people's health and wellbeing, it has a positive impact on family and friends, and leads to greater social inclusion. It also has knock-on benefits for local communities, health and care systems and supports the wider prosperity of communities.



Our local impact

We've been helping people into work for over 40 years. Understanding local needs has always been central to the way we work. We engage communities, healthcare providers and employers, matching skills with local demand.

By working this way, we create positive and lasting impact for communities, joining up services through a 'single front door' to improve access, outcomes and efficiency across the system.

In this report, we share lessons from the frontline, built over years of delivering local employment support programmes for people with a wide range of complex needs.



Introduction

Millions of working age people in the UK are classed as 'economically inactive', meaning they are not in employment and not actively looking or available for work. From September to November 2024, ONS reports there were 9.3 million economically inactive people – more than a fifth of the working age population.

Economic inactivity is a big problem, costing the UK economy billions each year in lost productivity, tax revenue losses, and increased care and support costs. There are also significant social impacts, as high levels of people out of work in communities can deepen inequalities, leading to long-term dependency on benefits and generational poverty. This in turn can have a knock-on effect on health and wellbeing, as not being in work can lead to social isolation, reduce

a person's quality of life, and contribute to mental health problems – further driving care and support costs.

Economic inactivity isn't just a problem for central government. It has serious impacts on local government too, driving higher social care and health costs, increasing demand for social housing, reducing local spending and tax revenue. This can even extend to increasing costs associated with higher rates of crime and anti-social behaviour. Britain's 'devolution revolution' means that these are issues local authorities will need to tackle quickly with localised services.

It's clear that urgent action is needed to improve community health and wellbeing, reduce inequalities, and improve local economies.



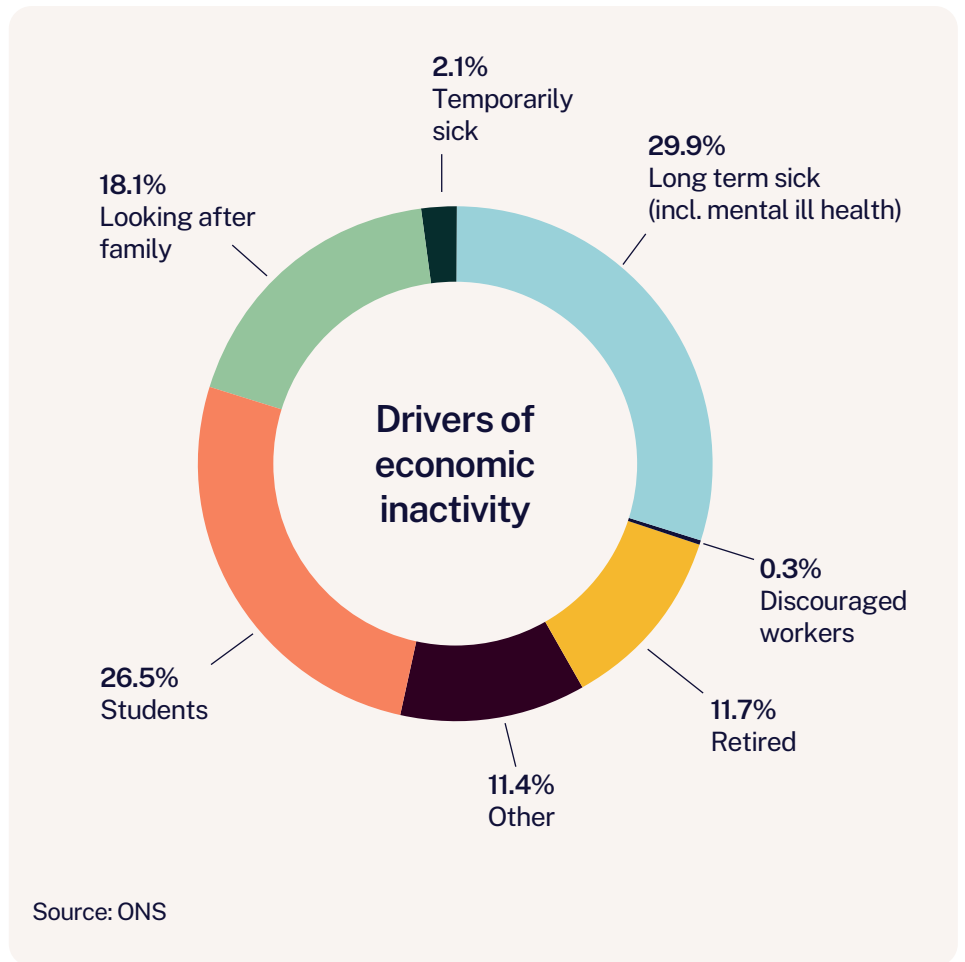
What's driving economic inactivity in the UK?

Almost a third of economic inactivity is caused by ill health, and this is a growing problem among the young. The number of 18-24 year-olds who aren't able to work due to their health has nearly doubled over the past decade.¹

These young people are more likely to:

- Live in a small town or village rather than large cities.
- Be low skilled.
- Have been workless for at least 2 years.

People can often face additional barriers which makes it even harder for them to find and keep work, such as gaps in education and skills, financial capability, challenges with relationships, insecure housing and poor personal resilience.



Mental Health

£9bn+

The cost of economic inactivity in England, with mental ill health being a leading cause

£6.5bn

The cost of mental health related sickness for those who are in work

£11.79bn

2024/25 planned NHS spend on mental health to achieve the Mental Health Investment Standard

£43bn

The cost of staff turnover

£41bn

The cost of 'presenteeism' in the workplace

37%

Of people with mental health conditions are currently in work

Source: Centre for Mental Health; NHS Mental Health Dashboard

As these numbers highlight, understanding the support required by people with mental health conditions is absolutely vital.

¹ Murphy, L. (2023). Left behind: Exploring the prevalence of youth worklessness due to ill health in different parts of the UK – June 2023. Resolution Foundation. [online] Available at: <https://www.resolutionfoundation.org/publications/left-behind/> [Accessed 27 Jan 2025].

Addressing the problem – Individual Placement Support

What is IPS?

This report examines the impact of Shaw Trust’s Individual Placement Support (IPS) programmes in improving employment and wellbeing outcomes for the people whom we’ve supported since 2019.

IPS enables people with health problems and complex barriers to get into and sustain work. It’s different because it links work and health, bringing employment professionals and health professionals together to support a person’s health and wellbeing. The underpinning ethos is that good work is good for a person’s health and wellbeing – a sentiment echoed in the 2024 Independent Investigation of the NHS in England, which called for more support from the NHS to help people get back to work.²

The kind of support IPS offers is different too – it’s more intensive than other forms of employment support, and it’s tailored to the person by, for example, working with their healthcare professional or employer. People are supported on a one-to-one basis to find work which suits their skills and preferences, with support that continues into their new job.

In a nutshell, IPS helps people with health challenges and barriers to find work – and most crucially, keep – jobs that they want to do.

The principles

IPS has been shown to be more effective the more closely it follows these eight principles:

1. Aims to get people into work
2. Open to anyone who wants to work
3. Tries to find jobs that people want to do
4. Works quickly, with job searches within four weeks
5. Employment and health professionals work together
6. Employment specialists work with employers
7. Offers time unlimited, individualised support for the person and their employer
8. Benefits counselling is included so no-one is made worse off by participating



² Darzi, A. (2024). Independent Investigation of the National Health Service in England. Department of Health and Social Care. [online] Available at: <https://www.gov.uk/government/publications/independent-investigation-of-the-national-health-service-in-england> [Accessed 27 Jan. 2025].

Does IPS work?

IPS was originally developed as a way of supporting people with severe mental health difficulties into employment. It has been so successful that it is now used to support a wider range of people, such as people with physical health issues, ex-services and prison leavers, and is now practised in 20 countries.

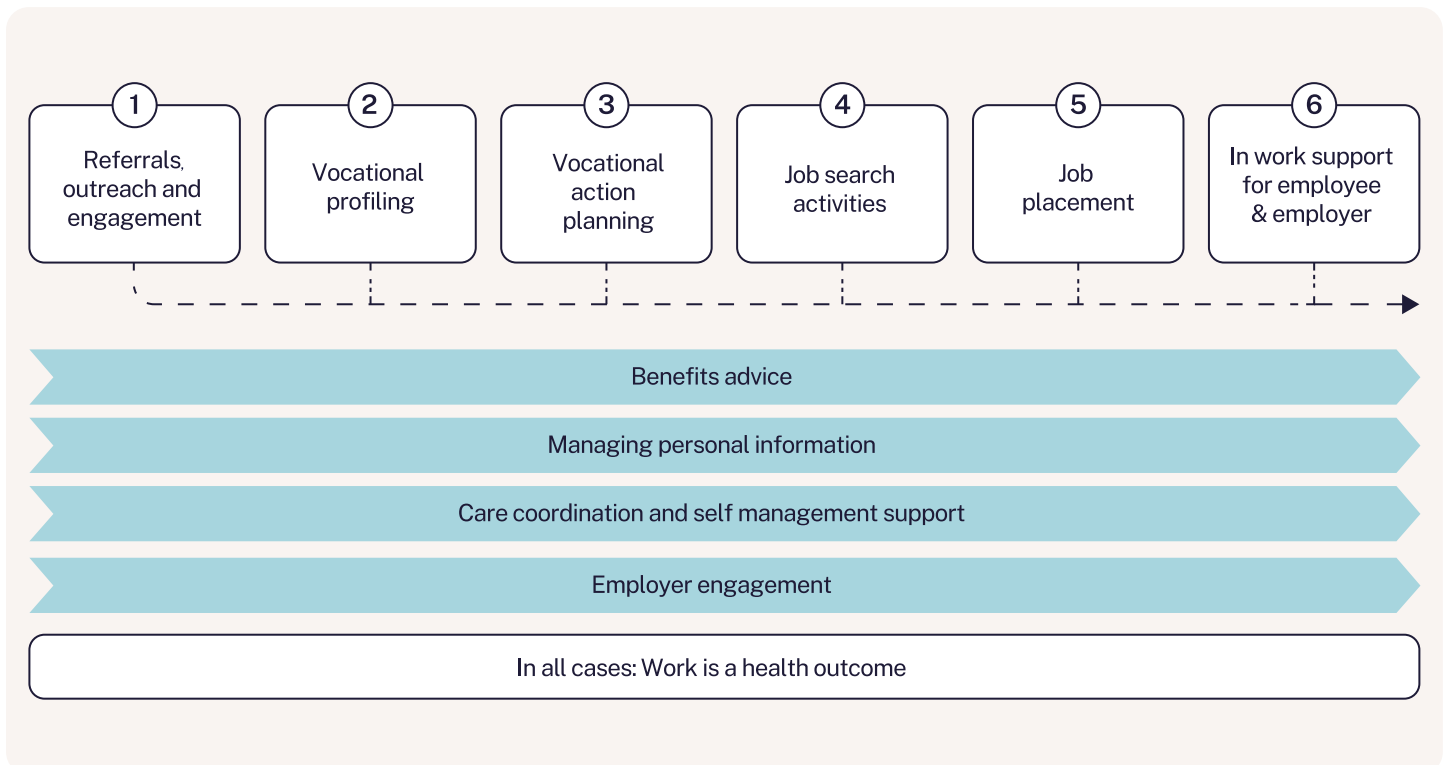
Early trials demonstrated that people who access IPS services are twice as likely to go into work compared to traditional models.³ And as IPS links employment support with health services, the journey to work can be viewed as a health outcome.

Behind the principles of the IPS model is the IPS fidelity scale, a 25-point scale which measures the quality of support given. The fidelity scale ensures that IPS services continuously improve, and provides a gold-standard for measuring the quality of an IPS service. IPS Grow are the national organisation commissioned to complete fidelity reviews on all IPS services across England.



The IPS participant journey

Once a person is referred into IPS, there are six simple steps to work:



³ IPS Grow. (n.d.). Research & Evidence -IPS Grow. [online] Available at: <https://ipsgrow.org.uk/research-evidence/> [Accessed 27 Jan. 2025].

Our IPS journey

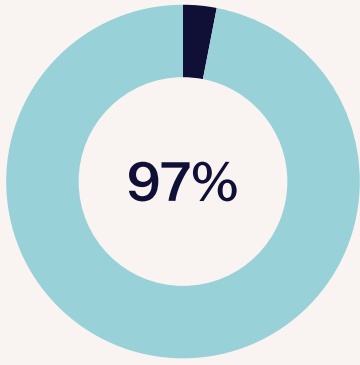
We're immensely proud to have run the first IPS Primary Care clinical trial with Black Country NHS Trust, and its success saw it being rolled out more widely by the Department for Work and Pensions.

Since 2019, we've been delivering eight IPS programmes around the country, working hand in hand with primary care, secondary care and drug and alcohol services to provide integrated support.

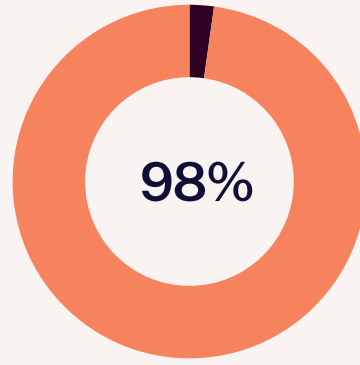


⁴ We were selected by IPS Grow to host IPS colleagues from Sweden due to our Exemplary Fidelity score and Exemplary Mark of Quality, which recognise excellent practice.

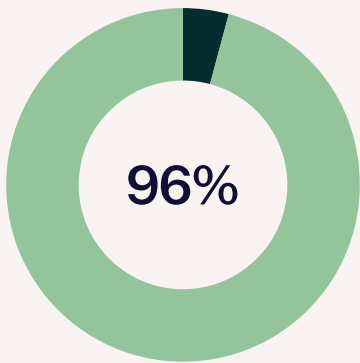
What Shaw Trust IPS participants say



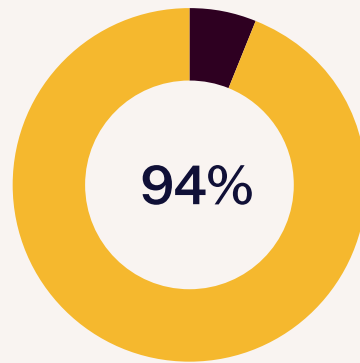
felt that their employment specialist listened to them



felt that they were treated with respect and dignity



felt supported in their preference and choice over the jobs that they wanted



felt that the service met their expectations

Shaw Trust has also achieved +64 Net Promotor Score for our IPS services, measured against a benchmark of +46 against other healthcare services according to retently.com

Shaw Trust is in the top six of IPS providers nationally

Our Kent and Medway IPS service was awarded the IPS Grow Exemplary Quality Kitemark in 2024. IPS Grow are the national organisation commissioned to complete fidelity reviews on all IPS services across England.





Case study: family feedback on Sarah, Harrow

Sarah was born with cerebral palsy, and following redundancy after over 20 years in the same retail job she was left struggling with her mental health and feelings of rejection. In May 2023, Sarah met with Shaw Trust Employment Specialist Ivan, who helped her look for work locally and explore opportunities at a jobs fair in Wembley.

With Ivan's guidance, her confidence grew, and she was supported through her first job interview in many years, which was successful. Sarah is now a Passenger Assistant, supporting disabled people with travel – a role she enjoys which has given her a new sense of purpose.

“Sarah's new confidence is amazing and she is very happy. I cannot express how much your continuous support has been vital in making such a difference and if you saw her now. You would feel so proud at how she is embracing this job. Her confidence has returned and due to the nature of her role helping young SEN children on their way to school, she has a real sense of being useful and giving something back which is a wonder to see!”

Emily, Sarah's sister

Case study: Rafik, Harrow

As a refugee in the UK, Rafik struggled to find a job. Despite volunteering and applying for numerous positions, he had no success which led to feelings of anxiety.

Rafik's Shaw Trust Employment Specialist supported him to improve his CV, complete application forms and prepare for interviews, and Rafik soon started to get more positive responses from employers.

“I learned how to apply for jobs more effectively. I attended an interview for a position at a newly opened hotel in Mayfair and was successful.

I am now working full-time and am grateful for the guidance and support that helped me secure stable employment.”



How a holistic, person-centred approach to employment improves lives

There are four key principles to an IPS service:

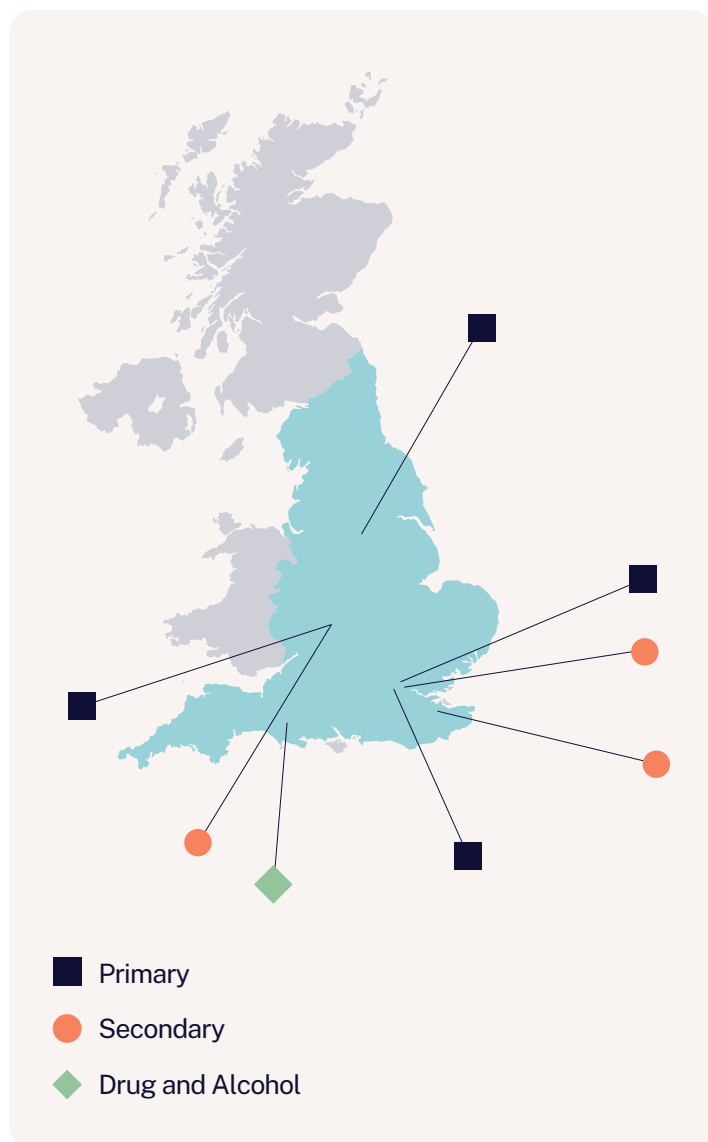
Holistic Approach: Employment specialists work with clinical teams, ensuring that a person's vocational goals are considered alongside their mental health treatment. This collaboration addresses both employment and health needs simultaneously. [NHS England]

Rapid Job Search: Swift engagement in the job search process, typically starting within four weeks. This prompt action helps people regain confidence and reduces the duration of unemployment, which can adversely affect mental health. [IPS Grow]

Person-Centered Services: IPS is open to anyone who wants to work, regardless of their mental health status. It focuses on finding work that aligns with someone's preferences and strengths, promoting a sense of purpose and self-worth. [IPS Grow]

Ongoing Support: Once starting work, continuous, individualised support to both the employee and employer is provided. This support is tailored to meet individual needs, helping people to stay in work and supporting their ongoing wellbeing. [IPS Grow]

Our IPS services across England



Four IPS Primary Care Services

For: Adults with physical or mental health conditions

Help via: Primary and community healthcare services such as their GP

Help focussed on: Early intervention closely integrated with healthcare and treatments.

Three IPS Secondary Care Services

For: People with severe mental health conditions receiving treatment

Help via: Secondary mental health services such as mental health clinics

Help focussed on: Providing intensive support closely integrated with mental health services

One drug and alcohol service

For: Adults with substance use problems

Help via: Drug and alcohol treatment services (structured treatment)

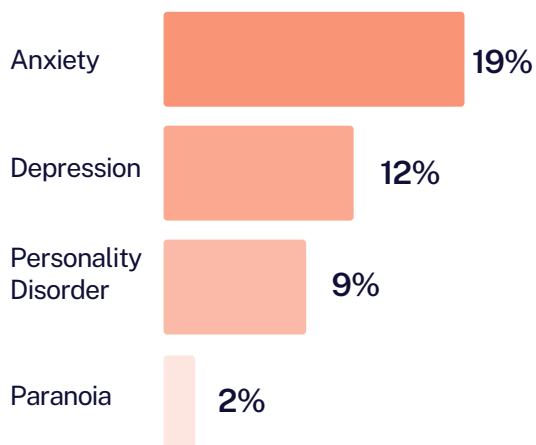
Help focussed on: Individual intensive support closely integrated into drug and alcohol treatment services

The people we support

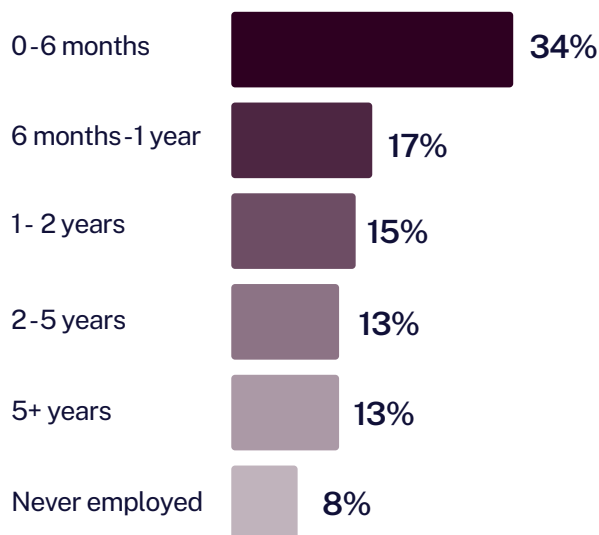
We support a wide range of people, but the majority of participants in our programmes have significant needs associated with their physical and mental health. As well as having long periods being out of work, they are often living

in insecure housing and may have challenging social environments. Across contracts, over half of the people we supported were dependent on social security.

Top 4 reported mental health conditions in IPS Secondary Care

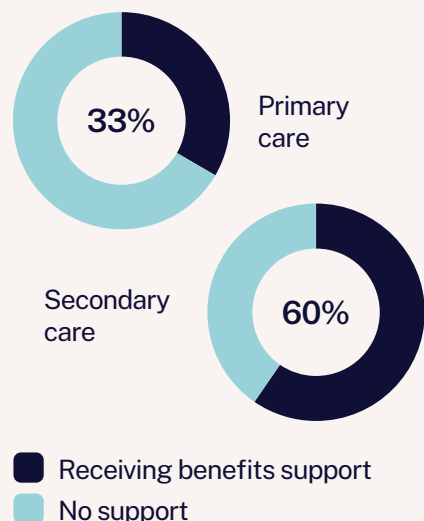


Amount of time people were out of work before starting IPS Primary Care

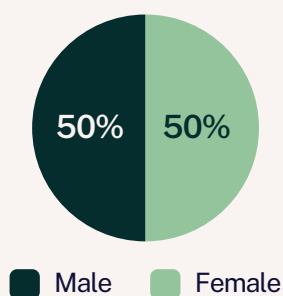


Benefits and financial support

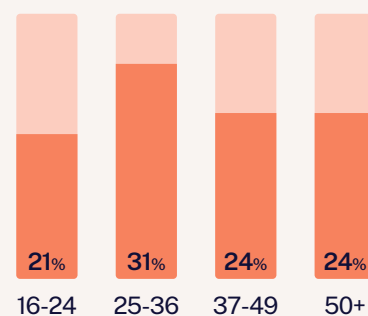
Over 40% of participants across our programmes were dependent on some form of benefits support when they joined us



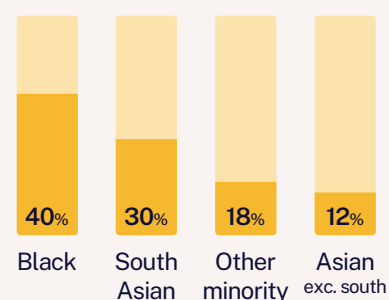
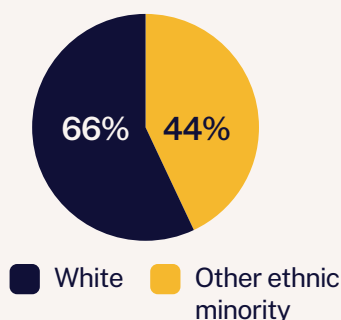
Gender



Age



Ethnicity



Employment outcomes deep dive in 2024

7140

participants completed IPS programmes in 2024

Of those,

44%

gained or sustained employment against a 40% target*

73%

of which sustained for 13 weeks or more against a 65% target

68%

of them sustained work beyond 26 weeks compared to target of 60%

£32,000

average wage

70%

into full-time roles, working 37 hours a week against a 16 hour target

*Evidence of employment outcome is set by the commissioner of each IPS programme and includes either a payslip, a self-declaration form signed by the participant and vetting by the advisor through in-work support.

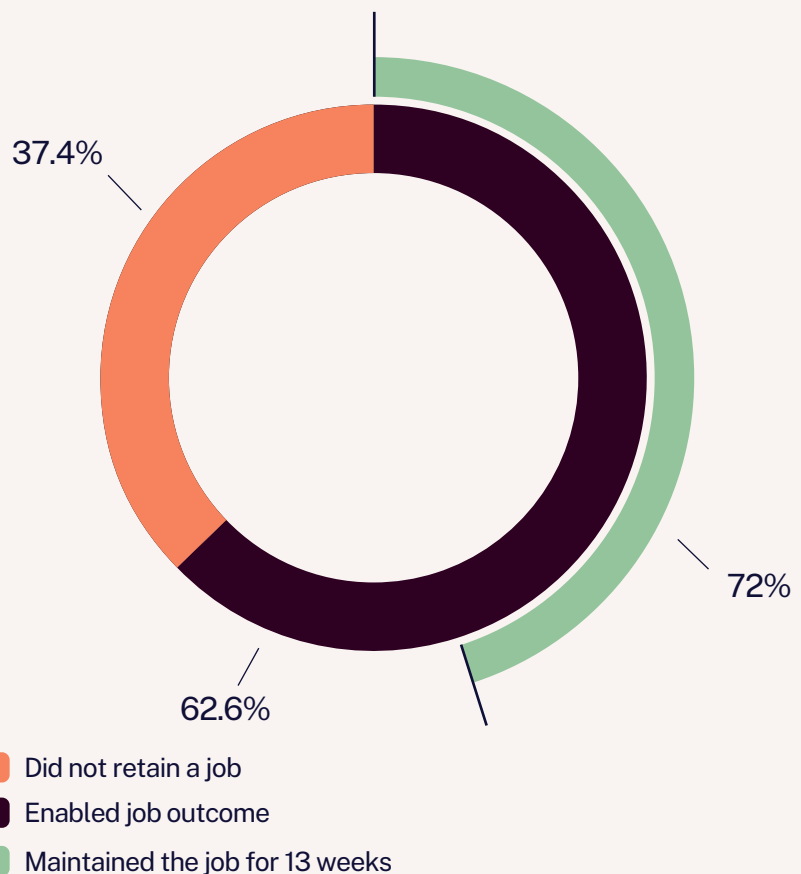
Early intervention while someone is still in work leads to better employment outcomes

62% of people who are referred to our services while still employed are able to stay in work, taking on average 60 days off sick before returning to work.

In comparison, for someone out of work, it will take them an average of 90 days to find employment.

As part of our employer strategy, we educate small and medium employers to raise awareness of the service so that we can help someone **before they fall out of work**, at no direct cost to their employers. IPS can serve as a complimentary Employee Assistance Programme (EAP) for organisations that are not able to afford this level of employee support in-house. For large companies, IPS adds value to existing EAP programmes, enhancing employee retention, reducing recruitment costs and improving levels of morale.

IPS increases the likelihood a person will stay in work



Diversity of roles

Achieving meaningful employment requires placing people in the jobs and sectors that they want to work in.

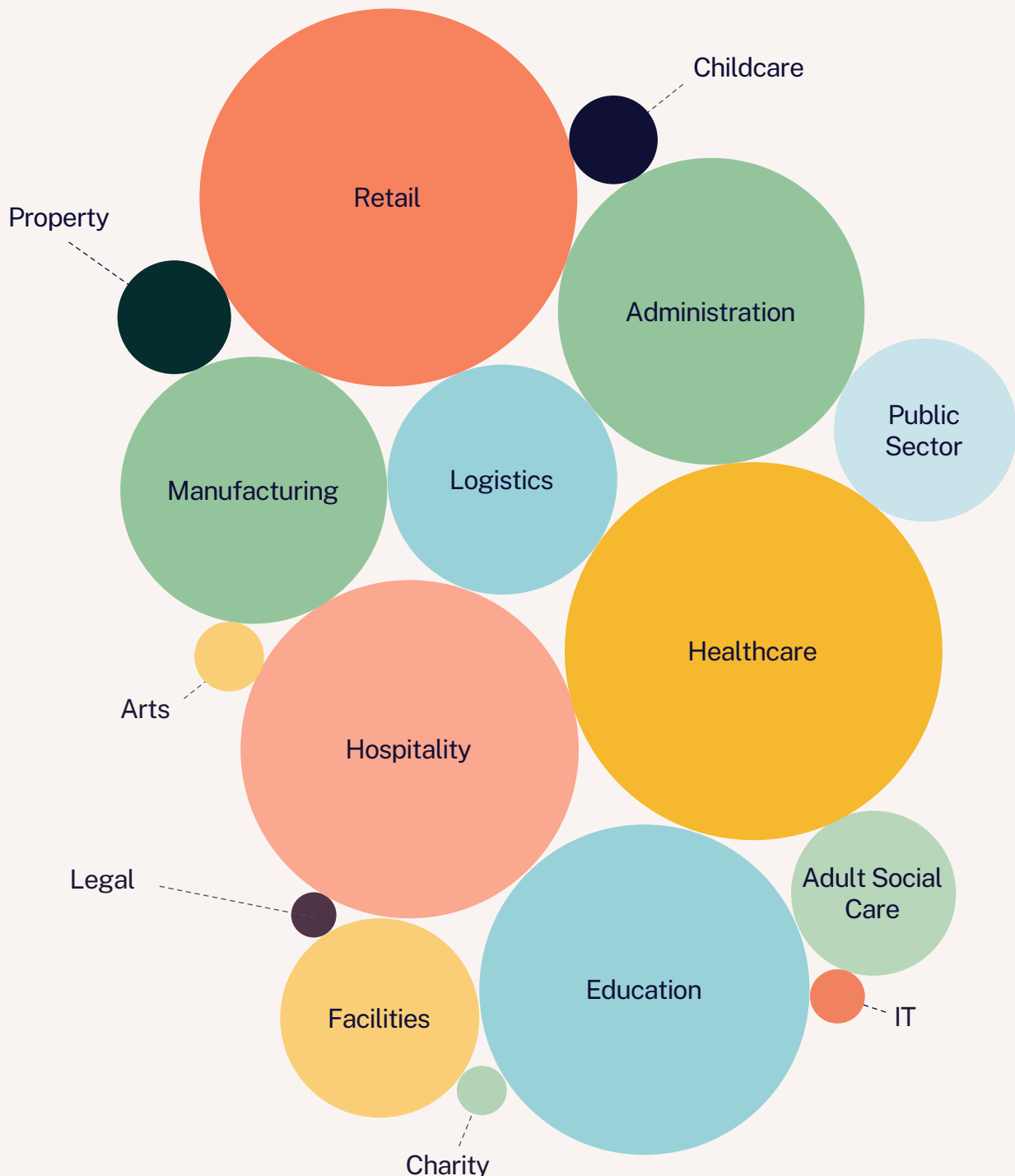
Employment specialists work with each participant to match their interests and skills to their work outcome.

The IPS target for diversity of jobs is that no single role or sector should make-up 25% of jobs

achieved. In our programmes, our largest sectors for jobs were retail (12%) and healthcare (10%), across many different job titles. This is well-ahead of the IPS target.

Our Fidelity Item 19 score shows that we help our participants access different types of roles 85% to 100% of the time.

Types of roles achieved by IPS participants



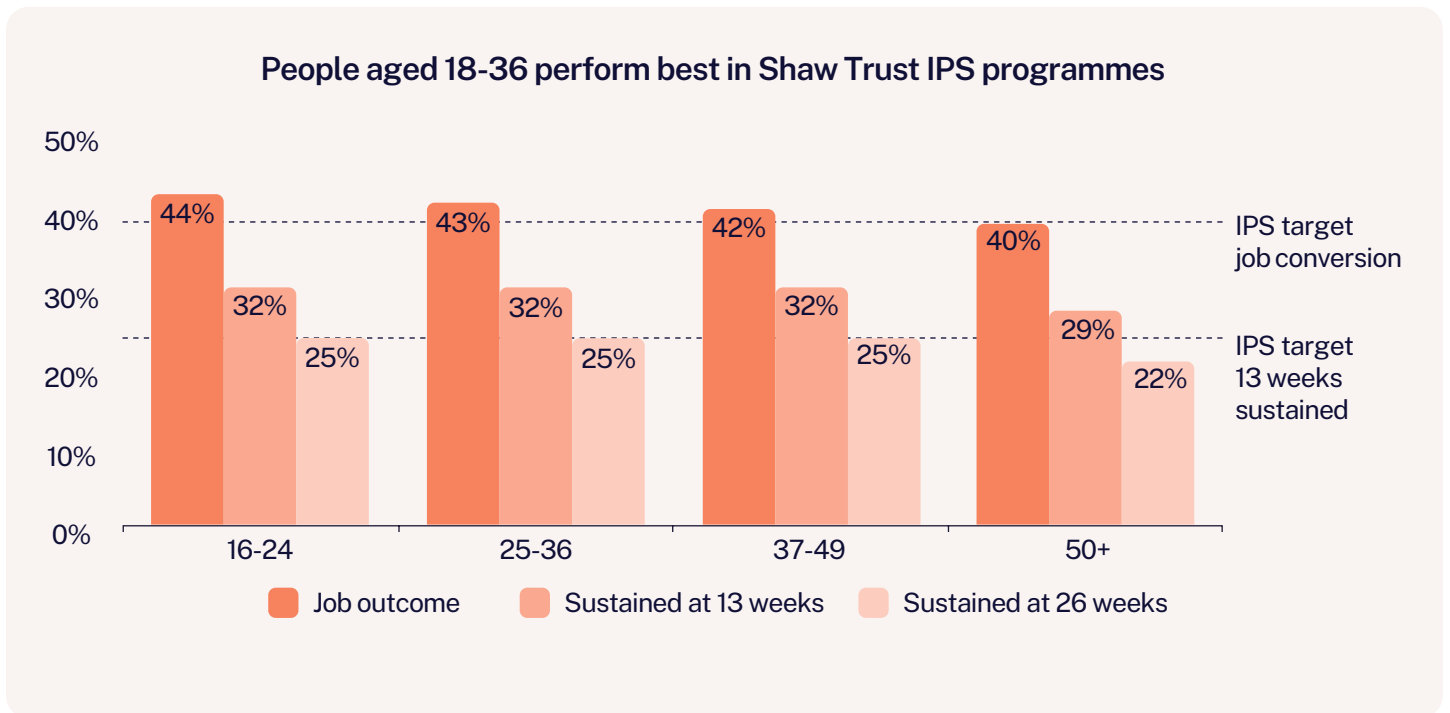
Employment outcomes by target demographics

Young people

In the UK, people aged 16-24, particularly those not in education, employment, or training (NEET), have faced significant challenges finding and keeping work since COVID-19. The pandemic led to widespread job losses in sectors like retail, hospitality, and leisure – all key employers for young workers. Disruptions to education widened skills gaps, leaving many unprepared for the world of work. Prolonged unemployment has lasting impacts, with reduced earning potential and

scarring effects on future career prospects. This has contributed to a rising skills mismatch, with employers favouring experienced workers, leaving young people trapped in cycles of unemployment and deepening inequalities and opportunities for social mobility.

Despite this challenging context, we find that young people perform as well as other age groups, if not better, in our IPS programmes.

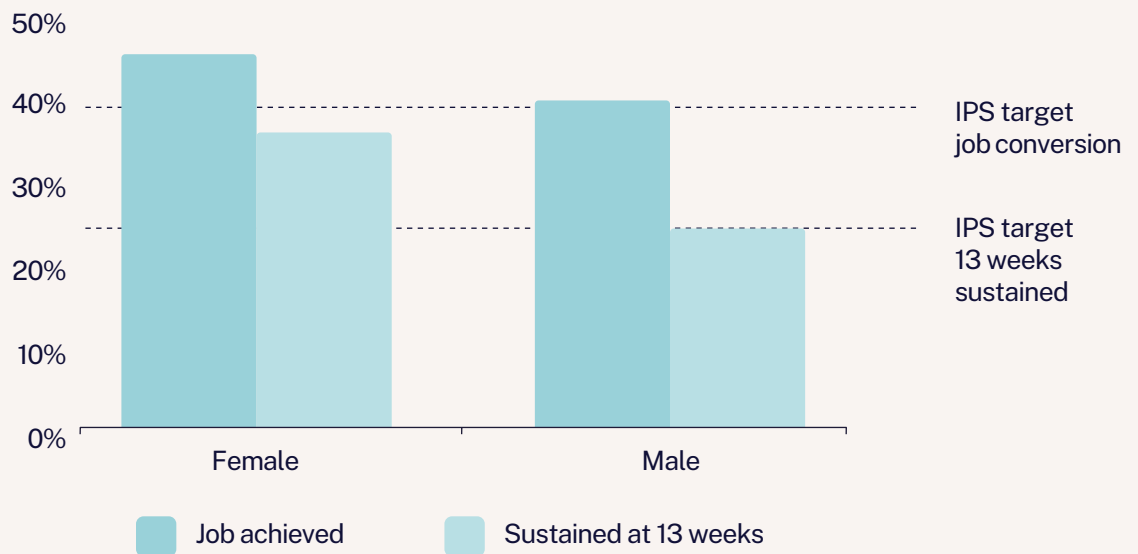


Our IPS data shows that our younger participants:

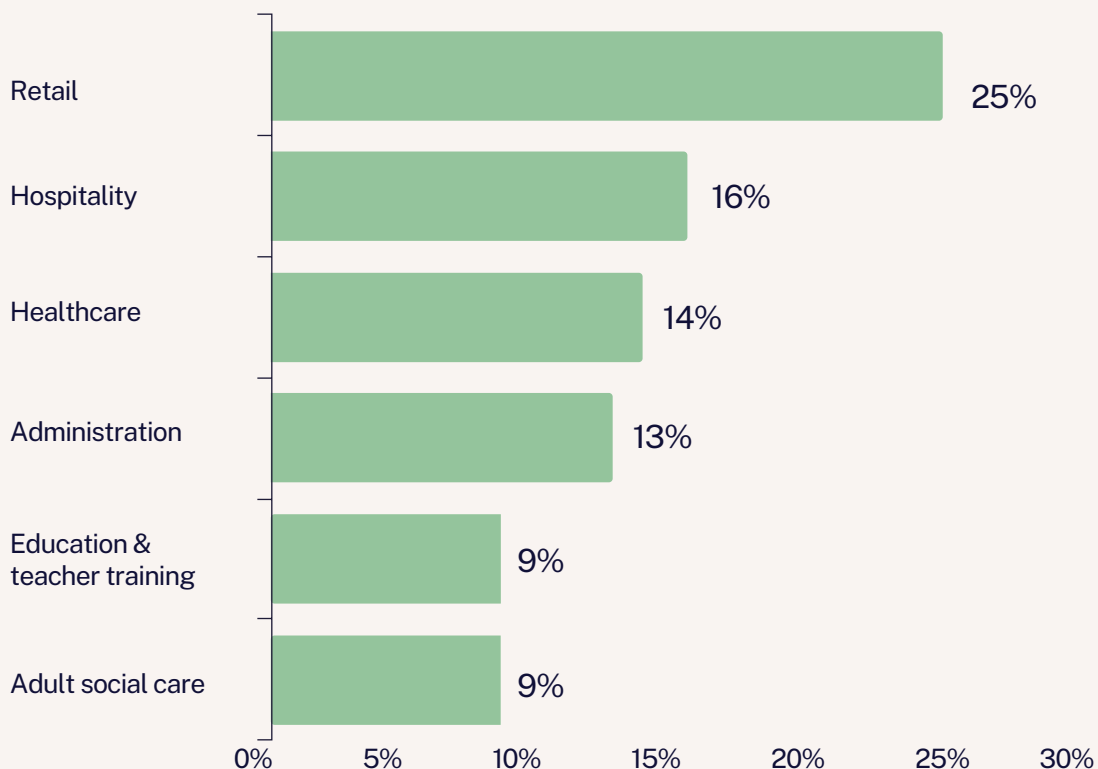
- Have a higher proportion of job starts than older people
- Prefer learning on the job rather than applying for post education training
- Don't want to follow the traditional path of university and then getting a job
- Want to avoid the debt associated with higher education
- No longer believe that having a degree will guarantee them a job

Women

Women achieve better employment outcomes than men through our IPS programmes in 2024



The top sectors where women aged 16-24 found work varied from retail and healthcare to education and beyond.



Women tend to have higher job starts and sustained work compared to men. This is in line with other IPS studies, including the 2023 University of Strathclyde research.⁵

We see a high proportion of women come to IPS after a career break, therefore starting their IPS journey with a higher skill set and prior professional experience. Their employment gaps are generally better understood by employers.

⁵ Whitworth, A., & Cullen, A. M. (2023). Evaluation of the WDP IPS Into Work Service. Scottish Centre for Employment Research, University of Strathclyde. [online] Available at: https://golab.bsg.ox.ac.uk/documents/Evaluation_of_the_WDP_IPS_Into_Work_Service.pdf [Accessed 27 Jan. 2025].

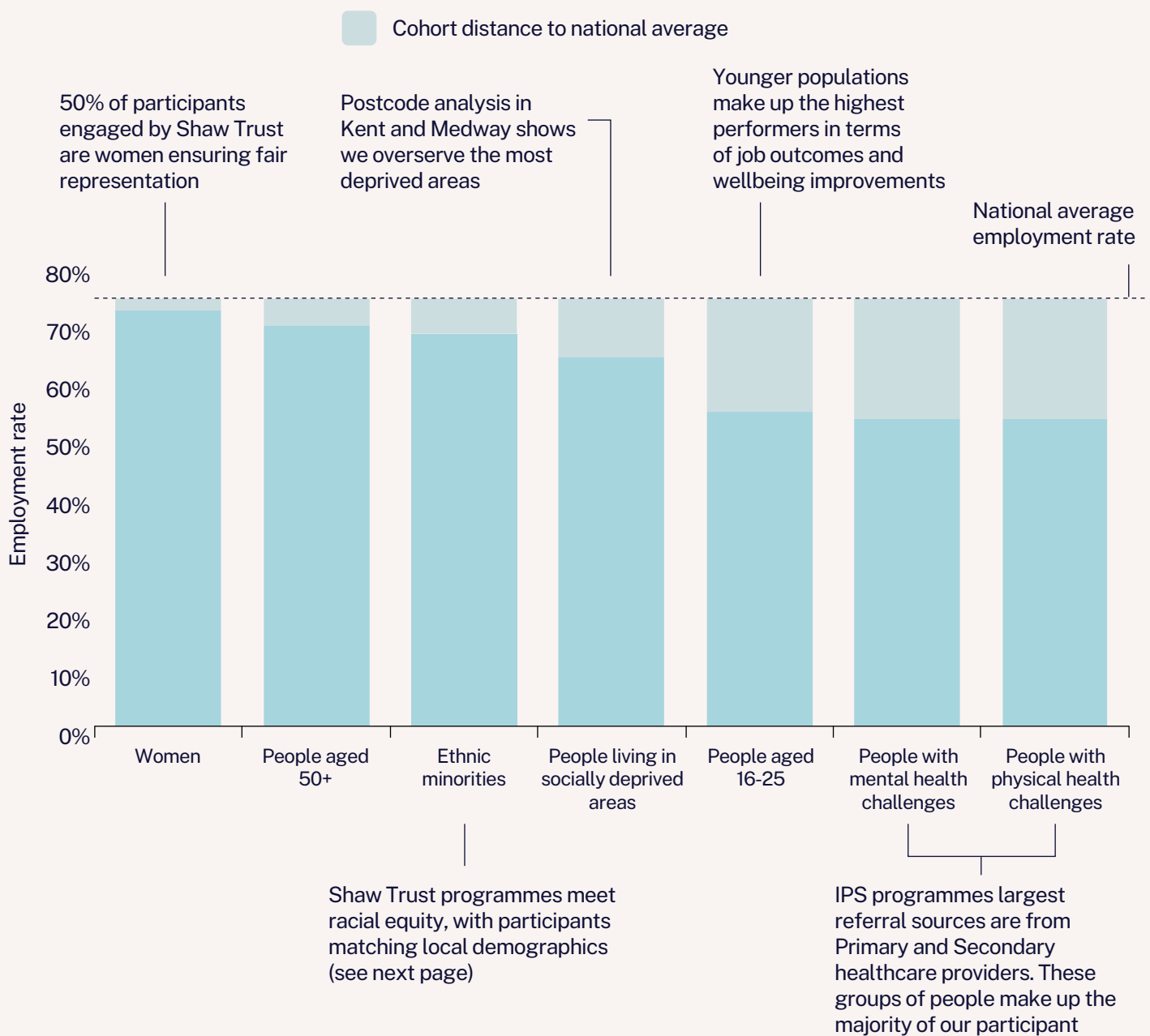
Comparing job outcomes across different cohorts

At the time of writing, the employment rate in the UK is around 75%. Different cohorts of people face unique obstacles in entering the workforce, and certain populations – such as adults with physical and mental health conditions – are further from the national average.

IPS programmes aim to say yes to every referral. They must engage the different populations that want to gain employment but face more barriers in doing so.

Employment Rates by Demographics

The graph below shows the employment rates of different cohorts compared to the national employment rate and the variance. We overlay some of our key findings for how the cohorts perform in our IPS programmes or how they are represented in our overall participant population.



Source: ONS

Reaching into the local population and maintaining race equity – case study in Birmingham IPS Primary Care

30,800

unemployed people in Birmingham City as reported in 2022 ONS figures

65%

of unemployed people are from an ethnic minority background

2,640

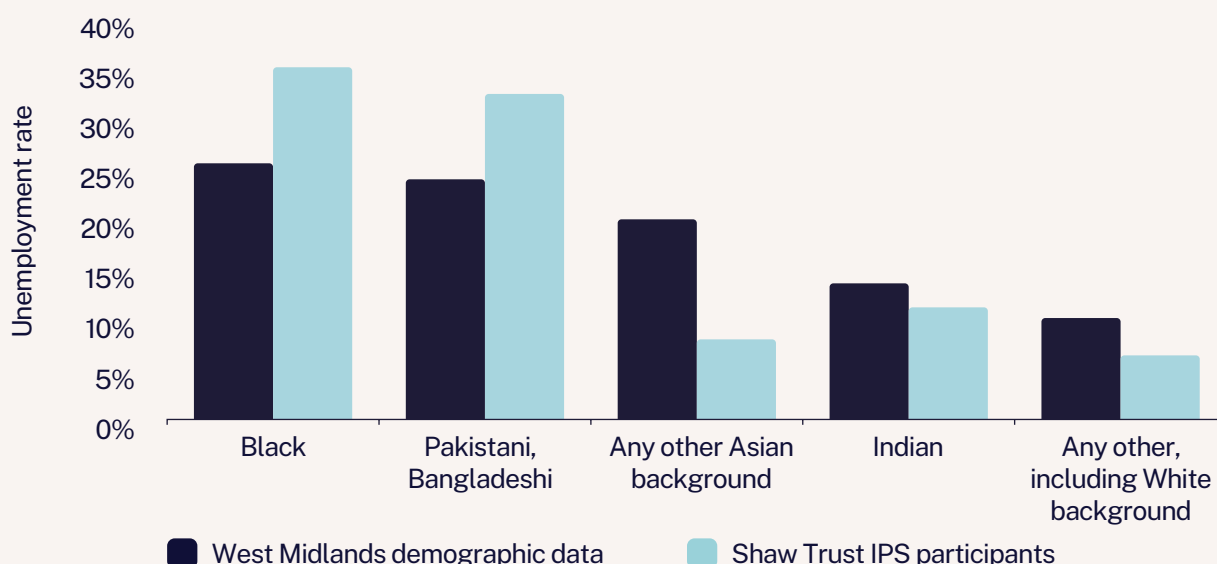
people supported by Birmingham IPS PC programme from 2021-2024

57%

of participants from an ethnic minority background

Shaw Trust supports a large number of people from Black and Pakistani/Bangladeshi backgrounds - both priority cohorts for support.

We compared the percentage of IPS participants from ethnic minority groups to the local population of unemployed people to understand if we are reaching impacted populations.



Our wellbeing impacts

Our impact goes beyond helping people find jobs – it's about improving their overall wellbeing and helping them build better lives. By taking a holistic approach which considers diverse elements of people's lives including resilience,

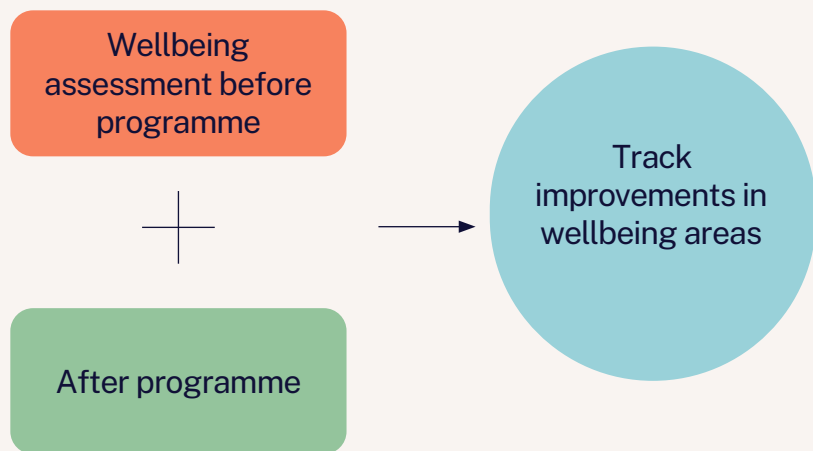
housing, and social support, we identify and tackle the challenges people face. This approach helps us create meaningful, lasting improvements for participants, whether or not they find work.

How we measure impact across all of our IPS contracts

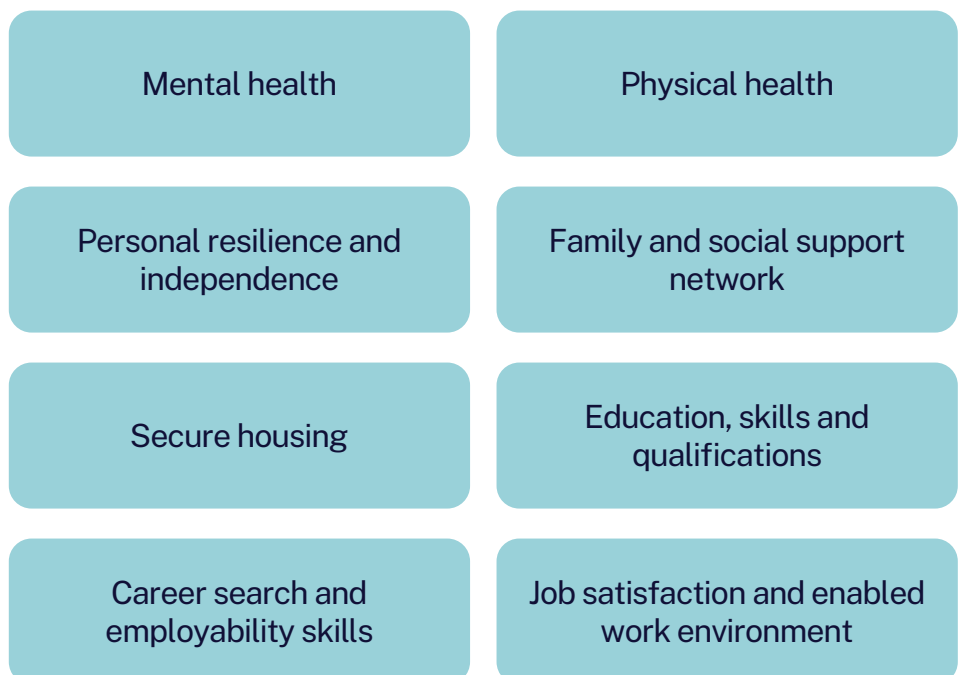
We use a suite of tools including surveys at the start, mid-point and completion of a participant's journey through our programmes. This way we can understand each person's largest blockers

to wellbeing and target our interventions and referrals. We can then measure how wellbeing scores have improved across all our IPS contracts.

By assessing people's wellbeing before and after programmes we can track how well our employment specialists are doing in driving holistic improvements.

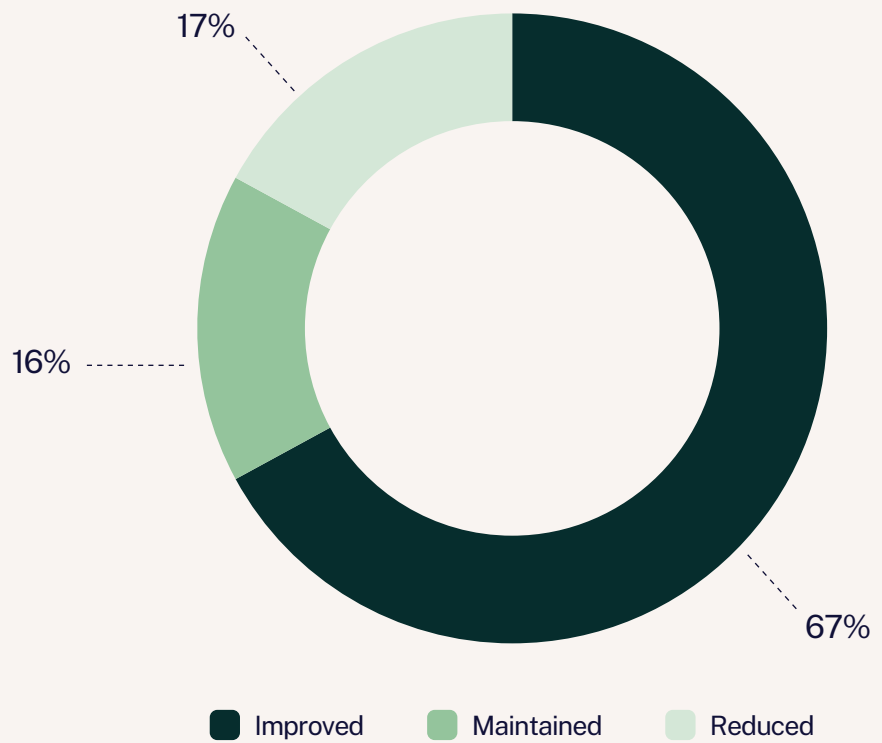


Participants report their satisfaction in eight areas of their life which contribute to their wellbeing.

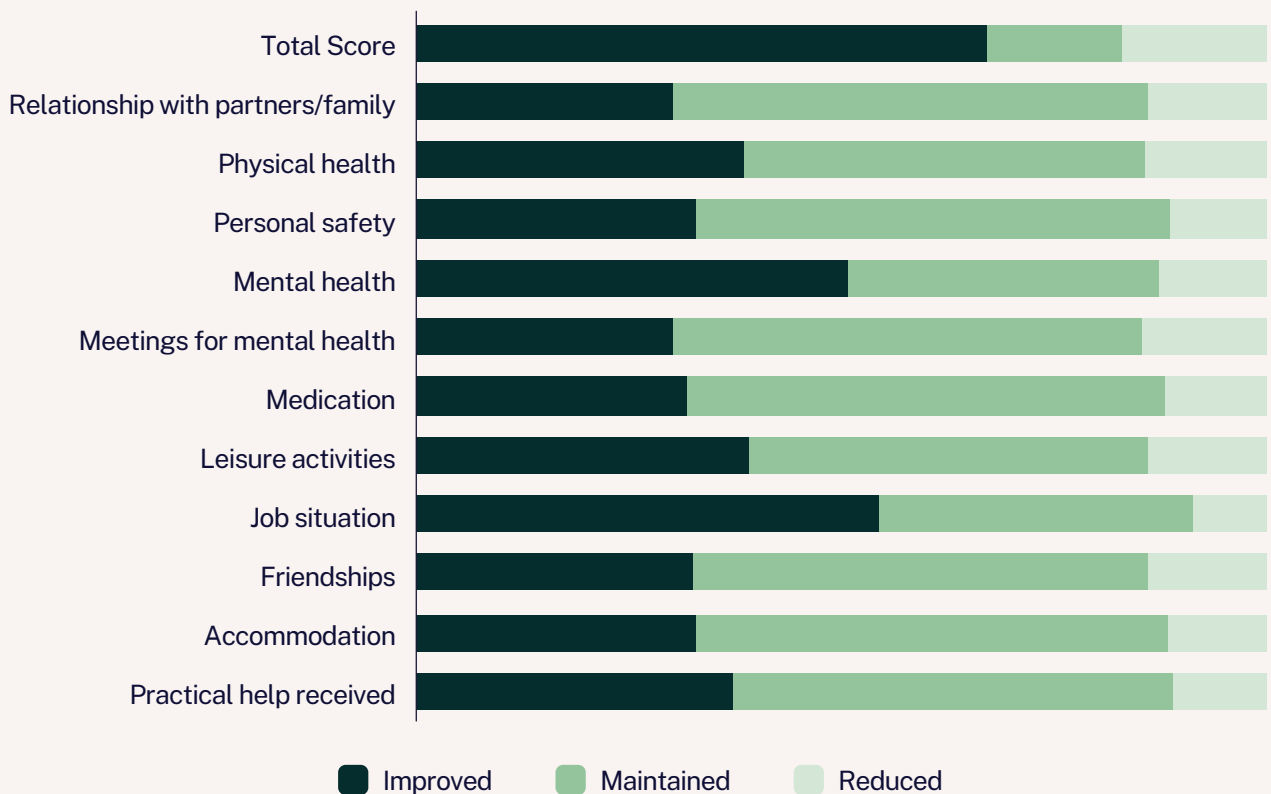


We saw improvements in wellbeing in 67% of all participants, irrespective of their job outcomes

The largest improvements were in people's mental health and job satisfaction. Overall, this data shows that IPS programmes improve wellbeing outcomes for a majority of participants.



We measured our participants satisfaction across the following areas of their lives:



Those who found employment had higher wellbeing improvements than those who did not find work

In 2024, of those IPS participants who started employment or were able to sustain employment:

73% of those who found employment showed an improvement in their wellbeing score, compared to 63% for those who did not start work

Over **85%** of those who found employment were also able to maintain their wellbeing. This is important as it shows they were able to start work without having negative impacts on their overall health

59% experienced improvements in mental health compared to 50% of those who did not find work

62% saw improvements in their job satisfaction and work environment compared to 50% of those who did not find work

Those who did not get into employment, still improved their wellbeing score. They also improved their satisfaction in more wellbeing areas than those who started work.

People who did not get a job often started at a lower wellbeing score than those who were successful. They then showed improvements across more of their wellbeing scores compared to those who entered or sustained employment. This means that IPS had a positive wellbeing impact across more areas for those who started in a worse position and who needed more support to secure employment.

We tracked the wellbeing improvements by outcome area for the median (average) participant of those who do not get jobs.

| How satisfied are you in the following area? | Before the programme | After the programme | Distance travelled in wellbeing area |
|--|----------------------|---------------------|--------------------------------------|
| Mental health | Okay | Satisfied | Improvement |
| Physical health | Okay | Satisfied | Improvement |
| Job satisfaction and employer environment? | Dissatisfied | Okay | Improvement |
| Accommodation | Satisfied | Satisfied | Improvement |
| Mental Health: Leisure activities | Okay | Satisfied | Improvement |
| Relationships with your partner/family | Very Satisfied | Very Satisfied | Maintained |
| Friendships | Satisfied | Very Satisfied | Improvement |
| Personal safety and Independence Readiness | Satisfied | Very satisfied | Maintained |
| Physical Health: medication | Satisfied | Satisfied | Maintained |
| Employability Skills: the practical help you receive | Satisfied | Very Satisfied | Improvement |
| Mental health professionals | Satisfied | Satisfied | Maintained |



Case study: Grant

Grant, an individual with autism, faced significant challenges in getting a job due to difficulties with social interaction and communication. Despite really wanting to work, he struggled to understand unspoken cues, make eye contact, and present himself well in job interviews and work environments.

With dedicated coaching, Grant embarked on a transformative journey. Through consistent practice and personalised coaching, he gradually developed the confidence and skills he needed to speak to potential employers through real-world experiences in Hounslow. By actively engaging with local employers such as pubs, restaurants, and cafés, Grant gained

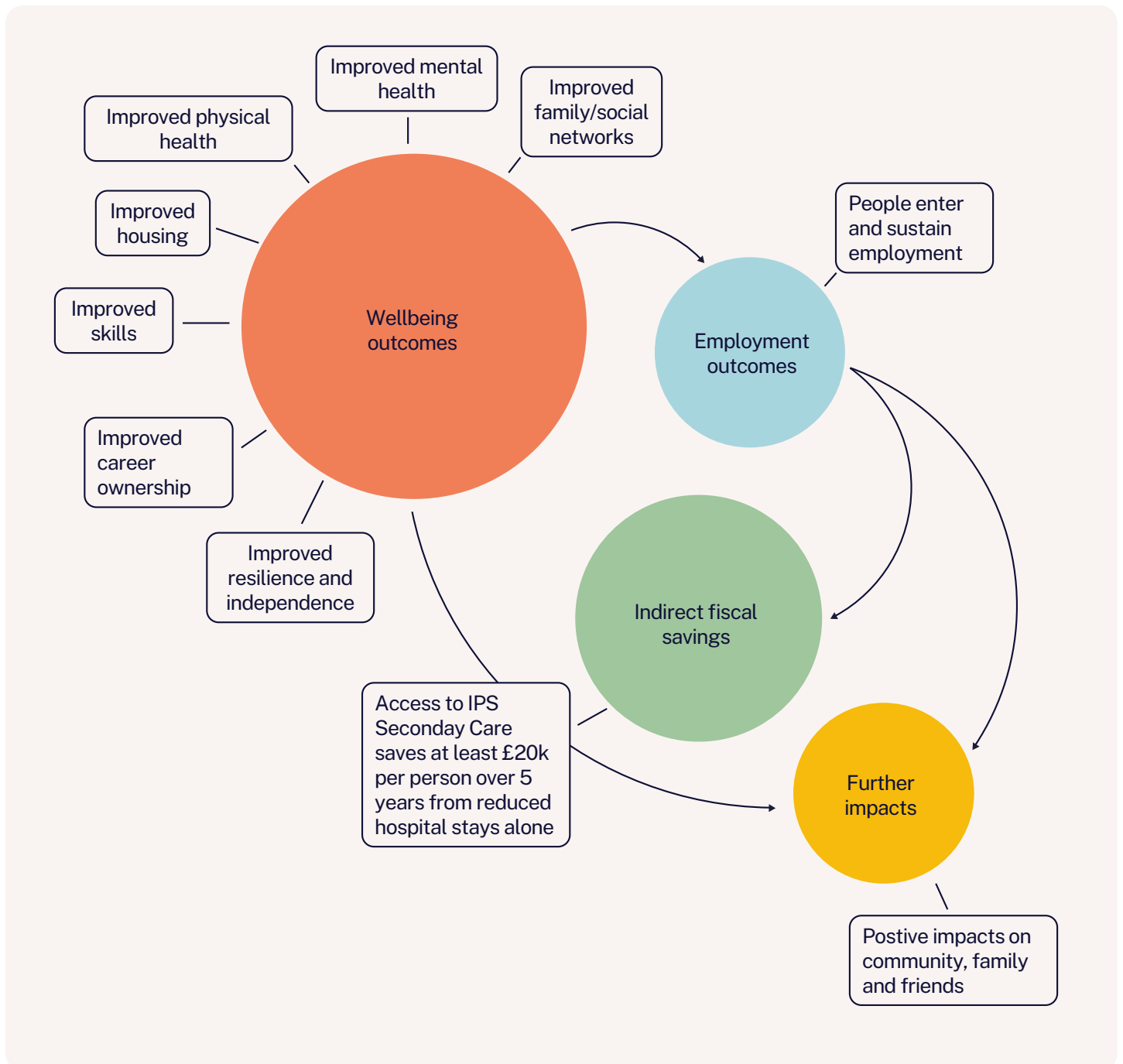
invaluable practical experience to help him start conversations, build rapport, and leave a positive impression.

During an employer engagement day in Chiswick, Grant was initially reserved and transactional. However, towards the end of the day, he was able to speak more conversationally and enthusiastically with the manager of a pub directly leading to an interview. This exemplifies the tangible impact of tailored support and mentorship.

Wellbeing impacts and knock-on benefits

Enabling adults with mental and physical disabilities to start working through employment programmes creates large savings for local systems. Work provides a sense of purpose, improved self-esteem, and better mental health outcomes, often reducing reliance on NHS

services for mental health support and chronic condition management. Financially, it decreases dependency on benefits, freeing up public funds for other priorities. The newly employed also contribute to the economy through income tax and national insurance payments.



Return on investment

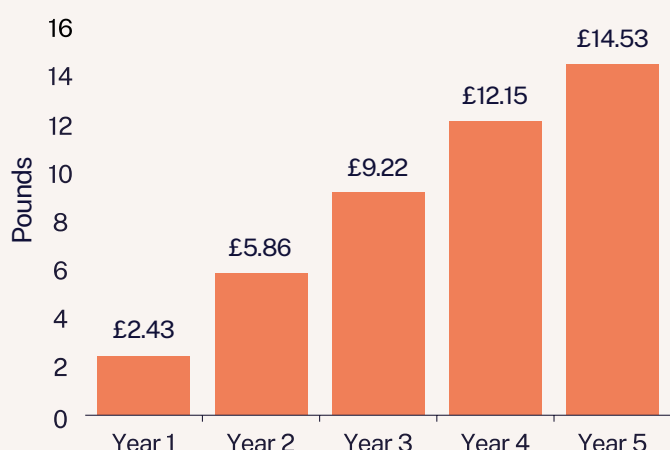
Using the existing ROI tool for IPS PC, developed by Professor Adam Whitworth⁶ and his team, we have estimated the financial benefits of Shaw Trust's IPS PC work over 12 months. Out of the 4,242 unemployed people who completed the IPS process with Shaw Trust between September 2023 and August 2024 (our financial year), 44% (1,862) started work.

This is expected to generate £20.41m of accrued financial gains for government over the next three years. This includes savings for the NHS, reductions in social security payments, and increases in direct tax and national insurance contributions. Additionally, it equates to £34m in QALY (Quality-Adjusted Life Years) gains for IPS participants over three years, representing real improvements in their health and wellbeing according to NICE guidelines.

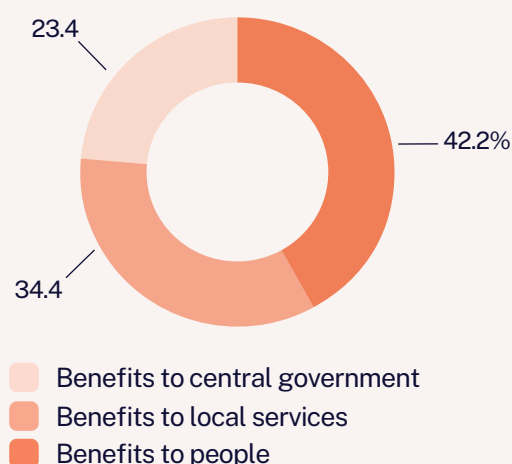
For the 2024 cohort (4,242 participants), ROI is profiled to deliver £2.43 of benefits for every £1 spent on our IPS programme in 2024 in year 1, which accrues to £9.22 of benefits over three years (see chart below for accrued ROI over 5 years). The benefits are shared between central government, local services and the individual participant in IPS PC. The figure (on the right) illustrates how the benefits are allocated between the three groups.

We anticipate that IPS SC will yield greater financial benefits, primarily due to savings for the NHS. IPS Grow estimates a £20,000 saving to taxpayers for each IPS SC participant who secures employment, due to reduced pressures on secondary care.

ROI on IPS PC for 4,242 participants in 2024



Who benefits from the ROI



| Exchequer gains (population total) | By the end of year 1 | By the end of year 2 | By the end of year 3 | By the end of year 4 | By the end of year 5 |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|
| Savings in National Health Service (NHS) spending | £431,688 | £1,102,376 | £1,753,294 | £2,296,669 | £2,710,188 |
| Savings in social security payments | £3,487,698 | £8,906,329 | £14,165,230 | £18,555,278 | £21,896,180 |
| Increases in direct tax (income tax + council tax) | £444,684 | £1,135,563 | £1,806,076 | £2,365,809 | £2,791,776 |
| Increases in employee/self-employed national insurance | £244,829 | £625,205 | £994,368 | £1,302,540 | £1,537,064 |
| Increases in employer national insurance | £417,693 | £1,066,637 | £1,696,452 | £2,222,212 | £2,622,324 |
| Total Benefits (Million £) | £5.027M | £12.836M | £20.415M | £26.743M | £31.558M |

⁶Clarke, H., Morris, D., Brennan, A., James, M., & Whitworth, A. (2024). Individual Placement and Support Cost-Benefit and Outcomes Model (IPS-MOD) version 1.0. [online] Available at: <https://osf.io/7p8ut/> [Accessed 27 Jan. 2025].

Building a local system to achieve impact

With each participant (or “client”), we create a bespoke plan to help the individual improve their employment and wellbeing outcomes. Our employment advisors connect their clients to support in their local areas – maximising the services that exist in the community and therefore improving the efficiency of the overall system.

Our advisors also build a strong employer network in each area. We support employers to create a positive working environment and then provide coaching both to the employee and employer to help sustain employment. The diagram below shows the types of services and referrals that we provide.

A local offer, connecting services in the community

To provide a bespoke support offer, our local teams build a strong network with charities and public services

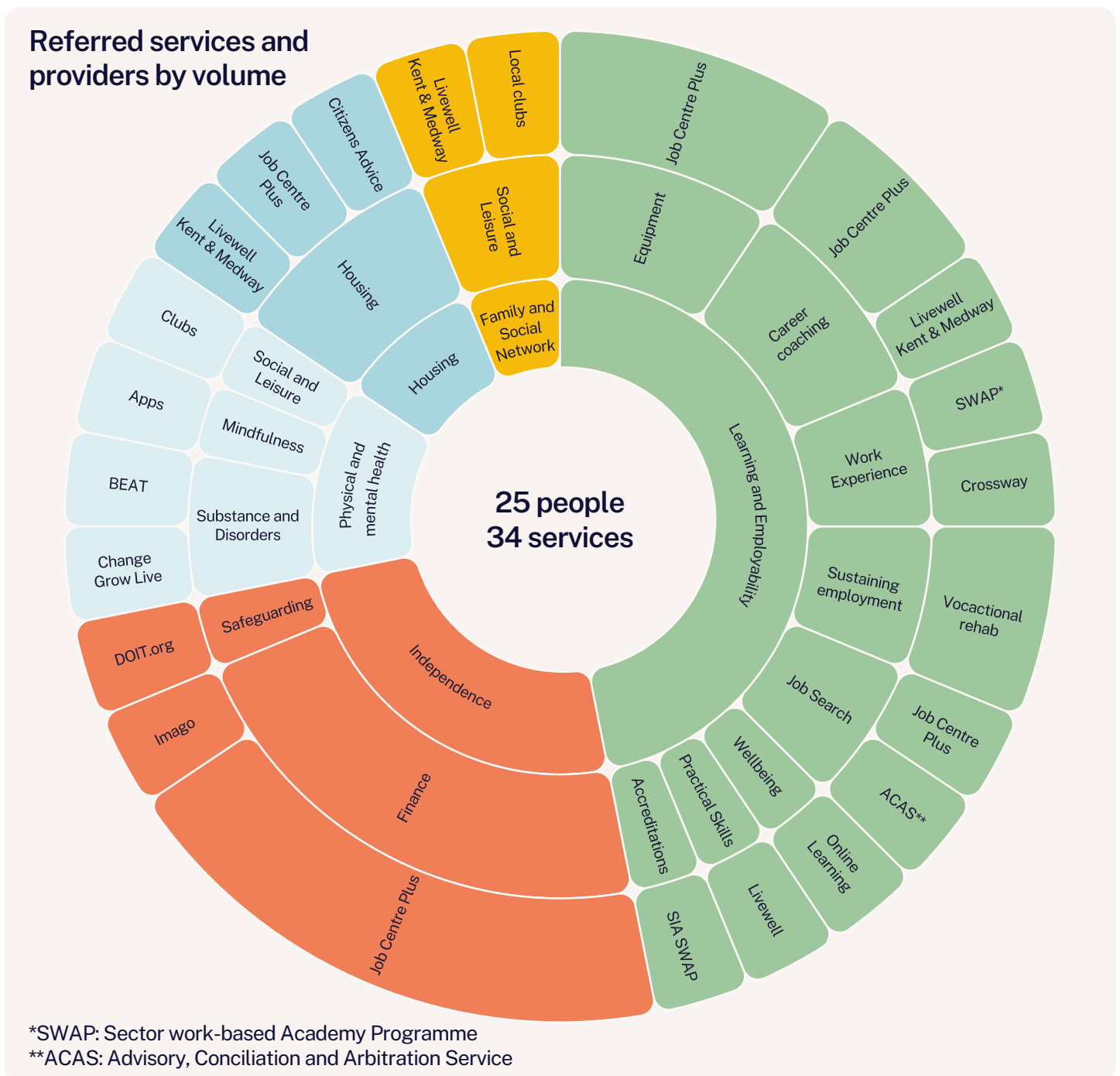


Building local integration and community partnerships

As a charity, we work very closely with local VCSEs and providers of wellbeing support, bringing our experience of working across multiple local systems to share lessons, practice and tools. This enables us to leverage the strengths of each community so that together we can provide holistic and well-sequenced support to meet our participants' needs.

This is important because it shows how Employment Advisors build a strong local network to support each person's bespoke needs. It also helps IPS commissioners consider the type of provision that needs to be accessible within their community to support IPS participants.

To illustrate the types of services that we refer people to, we undertook 25 case reviews of IPS participants journey with us. The diagram below shows the type of support people needed, the services they were referred into and the local provider that helped them. It shows that in Kent and Medway, where we undertook the care reviews, the participants most needed help in skills, learning and employability. The second most high demand support was around independence – particularly financial advice. The majority of the organisations that we referred people into for support are VCSEs.



Key recommendations and how we did this

1. Get to know residents and who you need to reach

- Use data to identify the residents in your area who need the most support.
- Create a race equity plan that allows you to compare your local demographic data to your service provision data and target your provider to achieve it.
- Work with local partners to reach into your community including religious leaders, community interest groups and public resources such as libraries.
- Track participant demographics during programme delivery to ensure your service is being delivered to those who need it. Performance figures should be meaningful and reflect the local needs.

How we increased reach and accessibility for residents

In addition to integrating services (recommendation 2), we organised large joint referral events with the Work and Health Programme, Pioneer and UKSPF programmes. This included delivering referral / information days in local settings to give residents direct awareness and access to sign up provisions. Events were hosted in public locations not associated with any government agency thereby reducing any hesitancy to attend. This was done by having a journal message sent out to large numbers of Universal Credit claimants inviting them to attend a learning session about the support on offer. This was voluntary and not mandated by JCP Work Coaches which increased engagement and conversion rates.

2. Integration between ICB, NHS, DWP and JCP

- Design the service together, including core processes, triaging systems, data sharing and reporting.
- Create an NHS integration plan that includes key contacts, desired areas of integration and key pathways to achieving integration. After your service launches use this plan to performance manage integration with your delivery partner.
- Agree communication plans locally, collaborating with local authority partners to promote the new service.

How we accelerated referrals and support – working with social prescribers

Early intervention requires efficient referral systems so that IPS providers can rapidly support someone before they fall out of work or as soon as they become unemployed. IPS needs to be embedded into Community Mental Health models with seamless touch points across the teams.

3. Early intervention to support people while still in employment

- IPS data shows high success rate of staying in employment for those who come into the programme while still employed.
- Improve data sharing and referral processes to accelerate start of IPS support.
- Work with local employers, both large and SMEs, to ensure your service offering is known and available to support your local businesses.

Shaw Trust services are on offer within multiple systems that enhance our integrations including NHS systems like EMIS, System One, IAPTUS, the Joy App and the GP Website that local primary care network GPs use for resources. In our services our teams are fully embedded with local Social prescribing services. This allows our IPS service offer to be available to residents before they fall out of work in the hope that we can support them to return to work after a period of absence and retain their current role.

Recommendations continued

4. As you deliver, identify gaps in the service and flex

- Track your participants' needs and confirm you have sufficient capacity in your local system to provide wellbeing services.
- Use tools like the Joy app, EMIS, IAPTUS & MJO to help connect your service to the systems in use.
- Create a strong local network of providers to accelerate referrals and signposting into the community.

How we identified gaps in provision and bridged support for specific cohorts

In our work with the West London Alliance (WLA), we identified a high volume of participants with special educational needs (SEND) and recognised that the service did not have sufficient specialist. In close collaboration with the local NHS, we recruited and trained five SEND mentors to work in specific NHS trusts to support SEND participants into NHS volunteer roles. We also used SEND mentors to help us target support to people with special education needs.

5. Agree and monitor key performance indicators with providers

- Reinforce primary KPI of moving people into employment.
- Robust data management and impact analysis at a local level, with a particular focus on deprived populations Core20PLUS5.
- Ensure providers can evidence the quality of their performance numbers and not just focus on 'ticking a box.'

How we did this to read 'How we agreed and monitored KPIs

There is a lot of data to set bespoke KPIs in each area. In WLA, we used the NHS Core20 most deprived areas and their plus five most common conditions and targeted our approach to those groups.

We also work closely with our commissioners to create delivery plans for submission to DWP for grant funded activities. Through close collaboration with commissioners we developed on ambitious qualitative key performance indicators. This gives us the opportunity to make a commitment to our commissioner and can evidence value for money in service delivery.

Methodology – our employment and wellbeing measures

DWP employment measures

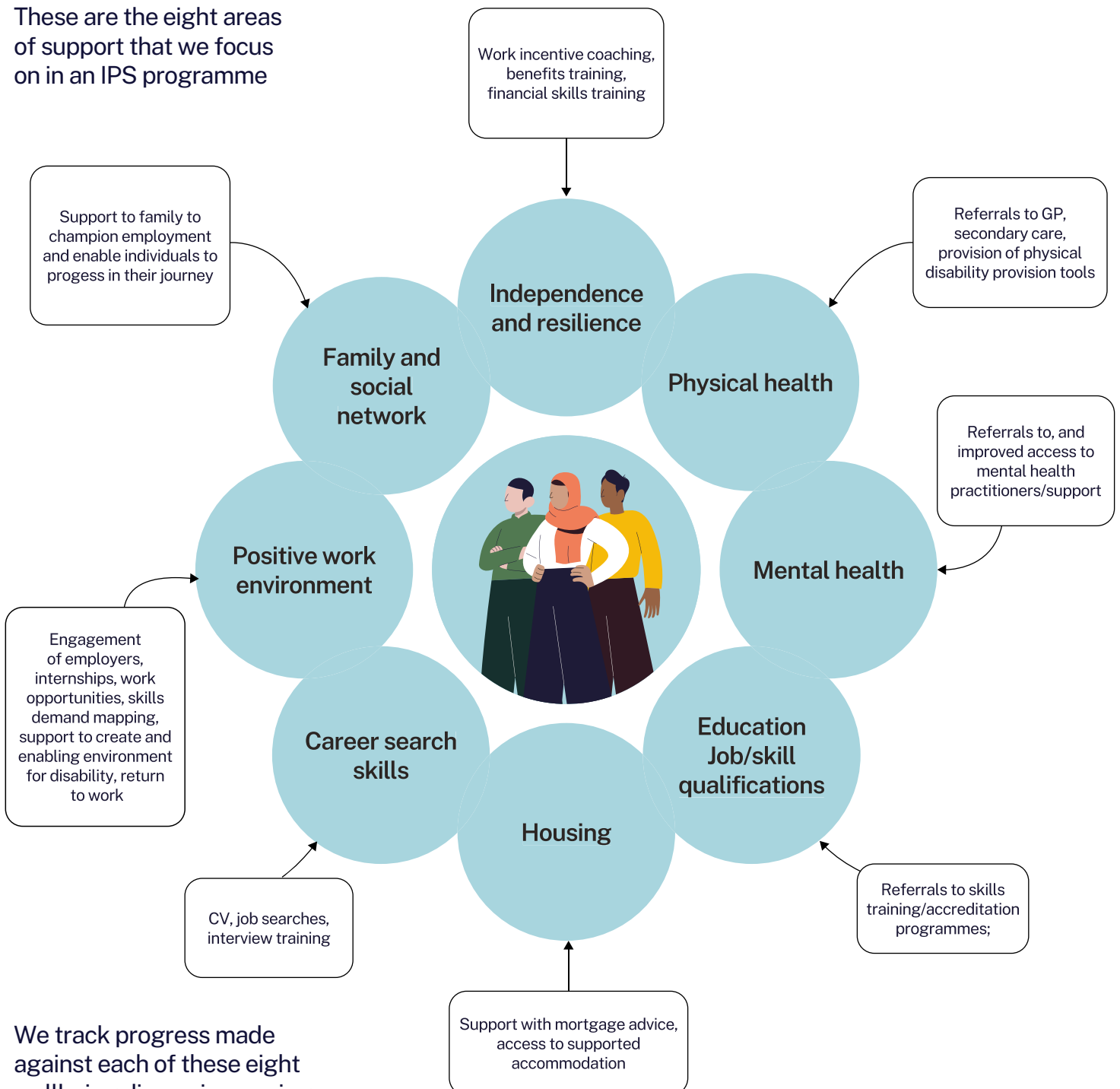
While IPS has a focus on health and wellbeing, employment outcomes are reported to DWP using the following measures:

- Number of people who entered employment, not including voluntary activities
- Number of people who sustained employment over 13 weeks
- Number of people who sustained employment over 26 weeks

Shaw Trust’s Wellbeing Impact Framework

To ensure we are driving improvements in our participants’ lives, we track progress against Shaw Trust wellbeing areas. These areas are based on the ONS Measures of National Wellbeing framework, DWP outcome measures, and are aligned with commissioner priorities. Impact reporting methodology is set out in Annex 1. Our employment advisers work with local providers to support individuals across each of these wellbeing areas.

These are the eight areas of support that we focus on in an IPS programme



We track progress made against each of these eight wellbeing dimensions, using a survey methodology set out on the next page.

How we track progress against wellbeing measures – using tools like IPS DIALOG+

We use a suite of tools including surveys at the start, mid-point and completion of a participant’s journey through the programmes that we deliver. Our contracted programmes are all bespoke to the commissioner and include different types of services and referrals to other provision available in the local areas.

IPS programmes use a survey called DIALOG+ which a participant completes at the start and end of their journey. Participants select from a seven point scale from totally dissatisfied to totally satisfied. The previous scores are not shown to them when they complete the survey at the end.

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. How satisfied are you with your mental health? 2. How satisfied are you with your physical health? 3. How satisfied are you with your job situation? 4. How satisfied are you with your accommodation? 5. How satisfied are you with your leisure activities? 6. How satisfied are you with your relationship with your partner/family? | <ol style="list-style-type: none"> 7. How satisfied are you with your friendships? 8. How satisfied are you with your personal safety? 9. How satisfied are you with your medication? 10. How satisfied are you with the practical help you receive? 11. How satisfied are you with your meetings with mental health professionals? |
|---|--|

We mapped the key questions from DIALOG+ to our Shaw Trust Wellbeing framework in order to aggregate our impact in parts of this report. This is important because it enables us to track our impact at organisational level, as well as at commissioner level. The table below show the mapping of each question to the wellbeing outcomes.

| We measure a person’s satisfaction with: | Definition | We ask how satisfied a person is with: |
|--|--|---|
| 1. Family and social support network | The presence and quality of relationships a person may have with their family, friends and the community around them. | 5: Leisure activity 6: Relationships with family 7: Friendships |
| 2. Personal resilience and independence | Readiness for financial and life independence. Key inputs include training in financial literacy, the resilience to start and sustain employment or continued education. | 10: Practical help received through Employment Advisor |
| 3. Physical health | Physical health and if they are able to access support services including medication | 2: Physical health 9: Medication |
| 4. Mental health | Mental health and whether they are able to access mental health support and medication | 1: Mental health 11: Meetings with mental health teams |
| 5. Education/job/skill Qualification | How they have accessed training for a job, acquiring new skills and other education qualifications | Not measured via DIALOG+ |
| 6. Career search and employability skills | Their skills to look for work, including whether or not they have a CV, having receiving interview training, and know how to look for work | 10: Practical help you received/ employability skills |
| 7. Job satisfaction/ positive work environment | Their job, including having a n accessible and inclusive environment for people with disabilities | 3: Job situation |
| 8. Safe housing | Personal safety and satisfaction with accommodation. | 4: Accommodation |

Our approach to systems change – using our Foundation to increase impact in local communities.

As a charitable social enterprise, we add value to everything we do by investing back into the people and communities we support. A portion of our surplus is reinvested by our Foundation to support charitable projects and innovation projects which tackle gaps in provision – with a focus on young people starting work.

Our Foundation commissions impact studies to identify any groups that are not sufficiently accessing our services or are not making as much progress as others. We then work with local partners and representatives from those target groups to understand the specific challenges they face and to identify and trial possible solutions to improve their pathways to employment.

In WLA, for example, we identified a need to better support care leavers to access employment support. We are now looking to develop a navigation service to help care experienced young people into work.



We create system change across three levels of activity:

1. Commissioned services

Delivering high quality services and programmes commissioned by local and central government and by employers

- We use our delivery excellence and partnerships with local charities to shape and deliver employability programmes which are tailored to local needs and build VCSE capability.

2. Connecting into a 'Single front door'

Creating a 'Single front door'

- Commissioned by local authorities, regional bodies, government departments, the NHS and employers, we connect services to improve people's access to local support while bringing our regional and national expertise and tools.

3. Foundation and charity shops

Leveraging our Foundation & charity shops to increase local impact

- A portion of our surplus is reinvested in our Foundation to support charitable projects and innovation which tackle gaps in provision.
- We use our data to understand how services are impacting different communities and to identify where to focus our Foundation's work. Initiatives include grants and capability support to local organisation, research on innovative practices, recognising the UK's most influential disabled leaders.
- Our national network of 33 charity shops enrich communities by providing volunteering opportunities and supporting sustainable living.

We create system change by linking activities in the communities where we work.



Commissioned services
 We help programme participants in our commissioned work to improve their employment and wellbeing outcomes.

Creating a Single front door
 We create single front door, connecting services and support across the community.
This increases the effectiveness of the local system, maximising existing provision.

Shaw Trust Foundation
 We reinvest a portion of our surplus through our Foundation. We fund research to understand the remaining gaps in provision and challenges faced by certain groups and design projects to test innovative solutions to increase our impact. Our grants and investment programme supports local partners to **extend existing or create new interventions** for people who are furthest away from employment and education.

Find out more about Shaw Trust.
Connect with us here.



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