

REPORT

Centre for
Mental Health



From prison to work

A new frontier for Individual Placement and Support

Dr Graham Durcan, Jonathan Allan and Ian S. Hamilton

Contents

| | | |
|----|----------------------------------|----|
| | Executive summary | 3 |
| 1. | Introduction | 6 |
| 2. | Summary of recent evidence | 7 |
| 3. | Implementing the project | 11 |
| 4. | Challenges facing the project | 13 |
| 5. | Findings | 15 |
| 6. | Outcomes | 18 |
| | <i>Client Experiences of IPS</i> | 19 |
| 7. | Discussion | 23 |
| 8. | Conclusion | 26 |
| | References | 29 |

Acknowledgements

Centre for Mental Health and the authors would like to acknowledge the special contribution of the following individuals: Adele Marshall, Linda Ventress, Alexis Fairclough, Maxine Clift, Professor Justine Schneider, Professor Eddie Kane, Ruth Coates and Sophie Wilson.

Executive Summary

72,000 people were released from prison in the UK last year, and roughly 90% will have some form of mental health or substance abuse need. Everyone leaving prison, and especially someone with additional needs, requires support to re-integrate into wider society.

A key aspect of integration is employment; yet only 6% of people leaving prison receive support to find competitive work. This project sought to address these gaps in provision by trialling an Individual Placement and Support (IPS) supported employment programme over three years with people leaving prison. Funded by J Paul Getty Jnr Charitable Trust, The Henry Smith Charity, and Garfield Weston Foundation, the project worked with prison leavers from eight West Midland prisons.

Key findings

In total, the project supported 21 people into competitive employment (I.E. 39% of those meeting the project inclusion criteria¹). It also provided a range of ad hoc support with securing accommodation, seeking mental health support and applying for benefits. Whilst this success rate is lower than that of IPS in its trials within secondary mental health services, it still signifies a dramatic increase in employment success when compared to people who received no support.

We also found that there was a scarcity of support services for people leaving prison. This is despite the significant and complex needs in this population, the challenges faced in re-integrating into community after prison, and the high likelihood of reoffending without timely support. For many of those we worked with, this programme was the only support they received on leaving prison.

This project unwittingly launched just as the largest reform of probation services in Britain began. The upheaval caused had a significant impact on the project's progress, and it is yet unclear whether the changes have had a positive impact on reducing reoffending.

Implementation and challenges

To evaluate the effectiveness of IPS among prison leavers, we worked with people with mental health problems leaving eight prisons across the West Midlands. Through a range of referrers such as Offender Management Units, charities and Work Programme providers, 128 people were referred to the project, 54 of whom actively engaged. These participants received support from an Employment Specialist trained in Individual Placement and Support, who focused on understanding their goals for employment, finding them a paid role and then providing support to help them maintain the role.

A key facet of IPS is that employment support should be embedded within a mental health team. However, most of our participants received no community mental health support despite having accessed mental health in-reach services whilst in prison. It is likely that having a stand-alone supported employment service, rather than one integrated within community mental health treatment detrimentally affected the project's success.

In addition, despite participants' complex and multiple needs, our project often operated in a vacuum of any other support. This meant that before the project could offer intensive employment support, it was often required to focus on more immediate needs, such as accommodation, benefits and mental health needs. This necessary initial 'stabilising' stage delayed the progress of the project's employment objectives.

The huge reforms to probation services (a critical partner) during the lifetime of this project had an impact on its ability to focus solely on employment support. The upheaval and redesign caused delays in progress, and though changes were undeniably needed, it is not yet clear whether these changes have reduced reoffending rates. In addition, probation services (in particular those offered by Community Rehabilitation Companies) often appeared

¹ The project helped two additional people into employment who did not meet inclusion criteria

remote from the person being released, with examples of little or no contact with the person they were responsible for supporting. On the whole, the people we worked with needed a higher level of support to successfully transition back into their communities than this project could provide.

Considerations for future development

The cost per head of this project was £1,508 for each of the 61 participants who had contact with the project in the community at least once (only 54 of these were seen twice or more in the community post release). This is slightly lower than that of providing a similar-sized community service (approximately £2,700 per head). In light of the multiple and complex needs of people leaving prison with a mental health problem, and the costs incurred by criminal justice and health care as a result, there is a strong case for more research to investigate the cost benefits of this type of programme.

The Government's new employment and education strategy for offenders gives some recognition of the complexity and multiplicity of need amongst those leaving prison. In order for it to be successful, it needs to match its ambitions with services that support that complex need, including poor mental wellbeing. Tailored approaches that address all these needs, such as the one described and proposed in this report, are the ones most likely to bear fruit.

Considering the challenges the project faced in implementation, if additional resources (such as 'through the gate' support and mental health care) had been available, the success rate may have been higher. Furthermore, the Transforming Rehabilitation reforms meant that the project took much longer than anticipated to 'bed in' and establish its case load.

Recommendations

1. HM Prison and Probation Service (HMPPS), the Department of Work and Pensions (DWP), Ministry of Justice (MoJ), NHS England and the Department of Health and Social Care should jointly commission a larger-scale pilot to test an adapted IPS approach to supporting prisoners with mental health difficulties into employment on release. This should be a tailored, wrap-around approach that supports a person through the prison gate and into the community. An example of such is the Engager approach, ensuring that employment specialists can focus on work outcomes while support and mentoring on other needs is provided separately. If this pilot continues to achieve improved job outcomes it should be extended nationwide. Areas with devolved arrangements that encourage joined-up commissioning, such as Greater Manchester or the West Midlands, could be ideal test sites for a pilot.
2. HMPPS should review all existing education, training and employment schemes in prisons, prioritise schemes that support people into actual employment and identify opportunities to shift towards IPS principles in order to achieve better outcomes for those seeking employment opportunities when they leave. This should include those with mental health difficulties, who should not experience discrimination or exclusion from support with education, training and employment.
3. MoJ and NHS England should mandate the National Probation Service (NPS), Community Rehabilitation Companies (CRCs) and NHS Clinical Commissioning Groups (CCGs) respectively to deliver joined-up, connected support to anyone leaving prison with a mental health difficulty. This should ensure continuity of care for all who need it:

- NPS and CRCs should ensure access to a ‘through the gate’ service that prioritises housing, access to benefits and employment support.
 - CCGs should ensure those who were on secondary care caseloads in prison are accepted immediately onto secondary care community caseloads and should commission a proactive response whilst that person stabilises in the community.
 - For those with mental health needs falling below the threshold for secondary care, CCGs should commission psychological support, similar to that provided within IAPT, but adapted for likely complex needs.
 - CCGs should have responsibility for ensuring that all those released from prison are registered with a GP.
4. NPS, CRCs and Integrated Offender Management services should have employment specialists available on-site to ensure that the appropriate resources and time-unlimited support are assigned to motivated clients, where and when they are ready for it.
 5. Engagement in IPS must never be made compulsory or part of a former prisoner’s licence conditions. It should be made easily available and encouraged, but never mandated. This is against IPS principles, it is likely to be ineffective, and employment is not a panacea for reoffending in all cases.
 6. The DWP should ensure that the Health and Work Programme provides effective support to people leaving prison and that contracts incentivise providers to adopt IPS principles, and avoid the use of conditions and sanctions on people with mental health difficulties.

1. Introduction

Between 2013 and 2016, Centre for Mental Health and partners conducted a feasibility study of an evidence-based employment support methodology, Individual Placement and Support, with a population it had not been tested on before: people with mental health problems leaving prison.

There is good evidence that real employment (i.e. competitive and paid work) for those with severe mental health problems provides independence, and that if they are appropriately supported, it can improve wellbeing and reduce the need for costly mental health interventions such as hospital stays. The evidence also supports ‘place then train’ employment support methodologies over ‘train then place’ ones, and in particular has highlighted IPS as the most effective form of employment support for people with mental health difficulties (Heffernan & Pilkington, 2011). Individual Placement and Support (IPS) has been used for several years in the UK, North America, Australia and other countries, to support people living in the community with severe and enduring mental health problems into real employment. It has also been used successfully with people with drug and alcohol problems. The research evidence base for IPS is strong, with a recent meta-analysis of 17 international Randomised Controlled Trials (RCTs) demonstrating employment outcomes reaching as high as 70% (compared to 29% for a control group in the same study – Modini *et al.*, 2016). Modini and colleagues conducted a meta-analysis of 10 RCTs and nine of these produced results significantly in favour of IPS, recipients being between two and seven times more likely to have jobs on follow-up than the controls. Even diluted forms of the IPS model have been shown to be more successful than other employment support methodologies (e.g. Burns *et al.*, 2015).

Though the reasons for offending and its desistance are complex, employment is consistently found to be one of several key factors in reducing reoffending. Centre for Mental Health set out to see whether IPS might work with those leaving prison who have mental health problems.

Previously IPS has largely been tested with people with severe and enduring mental illness living in the community. We tested it with men and women with mental health problems leaving eight West Midlands prisons. This is the first such exploration of the IPS employment support methodology in the UK and Europe, although there are two studies testing IPS with people leaving secure mental health settings (Khalifa *et al.*, 2016; & Samele *et al.*, 2018). There is only one published international study of IPS with people in the criminal justice system (Bond *et al.*, 2015), which was published in the United States and took place around the same time as our feasibility study.

Our Partners

The project was a collaborative effort which could not have taken place without the generosity of J Paul Getty Jnr Charitable Trust, The Henry Smith Charity, and Garfield Weston Foundation, who collectively provided us with sufficient funds to deliver the intervention and test it over a period of three years. Centre for Mental Health’s partners in delivering the intervention were:

- **Enable at Shropshire Council** – a provider of IPS services demonstrating high fidelity to the international IPS model, who provided employment specialists (ESs) for the project.
- **University of Nottingham** – who provided a PhD student researcher.
- **Sova** – who trained and matched volunteer mentors to support the men and women on release.
- **South Staffordshire and Shropshire Healthcare NHS Foundation Trust** – The mental health provider to most of the prisons, who helped us access the prisons and were the prime source of referral to the project.
- **Her Majesty’s Prison and Probation Service** – in particular, the Governors and staff of HMYOI Brinsford, HMP Dovegate, HMP Drake Hall, HMP Featherstone, HMP Oakwood, HMP Stafford, HMP Swinfel Hall and HMP Stoke Heath.

2. Summary of recent evidence

Poor mental health and prisoners

72,000 people were released from prison in the UK last year (Prison Reform Trust, 2017). Prisons have always held a significant number of people with poor mental health and it was in the late 1990s that the most robust study of the prevalence of mental illness in English and Welsh prisons took place (Singleton *et al.*, 1998). This established that 90% of prisoners had either a mental illness, personality disorder or addiction, and that 70% of the prison population have two or more of the above problems. Since that time, the prison population has risen by around 45% and there is no evidence to suggest that the proportion of people suffering from mental health and related vulnerabilities has reduced. More recent studies (Harding *et al.*, 2007 and Stewart, 2008) suggest that the level of need remains high, and the most recent study in England (Senior *et al.*, 2013), which screened over 3,000 prisoners in six prisons suggested that 23% of prisoners met the criteria for referral to secondary/specialist mental health care. Crucially, Senior and colleagues also found that only a quarter of these were assessed by the prison mental health in-reach services, and only a fraction over half of these were taken onto their caseloads.

Employment and offending

Offending and indeed desistance from offending are complex issues, and most offenders and particularly those with mental health problems have multiple and complex needs. The relationship between offending and employment is therefore not a straightforward one. Nevertheless, the available evidence lends strong support to the importance of employment in reducing offending. A Ministry of Justice report (2013a) found that people entering paid and taxed employment at some point in the year after release offended less (and the difference was statistically significant) than a matched group of people who did not achieve employment at any point in the year after release. The

difference in rates of reoffending between those in employment and those not was most pronounced for those on short sentences (those with a sentence of less than 12 months) – at 9.4%. However, even for those who had been given longer sentences there was a statistically significant difference in reoffending rates at 5.6%. The differences may appear small at first glance, but in terms of the costs of offending to society, these are marked changes in both human and financial terms and should justify investment in employment interventions with this population, designed to get employment on release.

Evidence on how to support people with offending histories and those leaving prison is more mixed. A recent Ministry of Justice review rated the evidence on this as “mixed/promising” (Ministry of Justice, 2013b, p. 19), but added that employment support is unlikely to be effective unless it is combined with “motivational, social, health and educational support services” (p. 19). And those with additional factors that act as a barrier to employment (such as poor mental health, learning disability and substance misuse) need additional support (Ministry of Justice, 2013b page 19).

The Washington State Institute for Public Policy (WSIPP) conduct cost benefit analyses of interventions with those in the Criminal Justice System and those who have poor mental health. WSIPP’s meta-analysis of the evidence on transitional employment and job training support, pre-release and for up to 12 months after release, found that this was cost effective with a benefit ratio of \$9.75 gained for every \$1 spent. The chances of benefits exceeding costs were 97% (WSIPP, 2017). However, the review noted that few of the programmes included in the WSIPP analysis commenced prior to release and followed the beneficiary into the community. Ministry of Justice notes that the most successful forms of pre-release employment support are linked to support and real job opportunities post-release (Ministry of Justice, 2013b page 19).

What is IPS?

Individual Placement and Support (IPS) is an evidence based intervention primarily aimed at supporting people with severe and enduring mental illness into real (i.e. competitive, paid) work. IPS has also been used successfully for people with drug and alcohol problems and there is research testing its efficacy with other populations.

All employment support methodologies can crudely be placed into one of two categories:

- ‘Train then Place’
- ‘Place then Train’

Most employment support methodologies in the criminal justice system (and wider) fall within the Train then Place category. The Train then Place methodologies place great emphasis on job readiness, preparation for entering the job market, training in job related skills, and work experience placements. In most cases, there is not a direct link to real work opportunities, and those supported by Train then Place programmes are generally left to find employment by themselves. Place then Train methodologies reverse this and put an emphasis on seeking employment first (in IPS, job searches are commenced within 4 weeks) and then supporting them to remain in work. The research evidence clearly shows that Place then Train is more effective than Train then Place, and a significant part of that evidence supports IPS.

IPS follows eight principles:

1. It aims to get people into competitive employment.
2. It is open to all those who want to work.
3. It tries to find jobs consistent with people’s preferences.
4. It works quickly.
5. It brings Employment Specialists (ESs) into clinical teams.
6. ESs develop relationships with employers based upon a person’s work preferences.
7. It provides time unlimited, individualised support for the person and their employer.
8. Benefits counselling is included.

Bond and colleagues (2012) identified 15 trials of IPS. The evidence has primarily come from

the US, but there are also studies from the UK (Burns *et al.*, 2015), Europe (Michon *et al.*, 2014) and Australasia (Killackey *et al.*, 2008). Not all evidence has been positive, and one UK study found that IPS was not significantly more successful in gaining employment than the ‘treatment as normal’ control group at a one year follow up (Howard *et al.*, 2010). Moreover, whilst at two years the differences between groups were significantly in favour of IPS, the employment uptake rate was lower than in international studies (Heslin *et al.*, 2011). However, even though the evidence base in the UK is more limited than that of the US, Heffernan and Pilkington’s systematic review of the UK evidence (2011) indicates evidence that high fidelity IPS services can “*increase the proportion of patients engaged in work or education/training over the short- to medium-term (6–18 months follow-up)*” (page 368).

Most of the research on IPS has focused on those people with severe and enduring mental illness and their journey into work. However, IPS has also been tested with other populations such as those with drug and alcohol problems: Campbell and colleagues (2009) demonstrated significantly higher levels of entry into employment for people with co-morbid mental health and substance misuse problems when compared to controls. A London-based IPS service for people with addictions achieved 40% employment outcomes (Centre for Mental Health, 2014). Mueser and colleagues (2011) found that people with dual diagnosis (mental illness and a substance misuse disorder) who received IPS were significantly more likely to gain employment than their peers in the control group – 60% vs 24%.

Beyond the Gate

Centre for Mental Health has been working in both criminal justice and employment since shortly after the turn of century, and decided to explore whether the clear needs in one setting could be met by the evidence being produced in the other. Centre for Mental Health launched a project in 2008 called Beyond the Gate, to explore the rehabilitation needs of the many people with mental health problems leaving prisons, and in particular reviewed their

access to employment. As previously stated, employment is recognised as having an impact on reducing reoffending (Ministry of Justice, 2013a). Getting into work on or soon after release offers the potential for:

- Financial independence;
- A means of funding for housing and everyday living needs;
- A move away from lifestyles which may have been associated with previous offending;
- Engagement in meaningful activity which increases life satisfaction.

Additionally, as has been demonstrated with IPS (Burns *et al.*, 2009), employment could also offer a means of supporting wellbeing, both in terms of clinical symptoms and social functioning.

Beyond the Gate was an exploration of the potential for a methodology such as IPS among offending populations, reviewing what was currently in place.

The programme visited some 70 different projects, initiatives and services over 18 months and found that although the prevalence of poor mental health was high in prisons, diagnosis of a mental health problem meant that a prisoner was less likely to be included in employment support programmes and schemes. However, it also indicated that with the right approach, a great many more prisoners (including those with poor mental health) could be helped towards employment. The published report of the project *Beyond the Gate* (Centre for Mental Health, 2010) made the following recommendations:

1. Employers, with their knowledge of the real needs of businesses, should play a key role in developing effective employment pathways for people with offending histories. Criminal justice agencies should proactively seek employers to get involved with offenders and demonstrate the business benefits of doing this.
2. Existing employment programmes for offenders needed a change of emphasis, with a focus on entry to paid employment instead of job preparation or training alone. The principles of IPS should inform the design and delivery of employment support in the criminal justice system.

3. Offenders with mental health problems should be included in all employment programmes and a pragmatic approach should be taken to recruitment to prevent the unnecessary exclusion of people with mental health problems or those lacking formal training or qualifications.
4. Employment programmes in prisons needed to extend 'through the gate', providing in-work support for as long as it is needed or transferring to a service that can. Support for housing, health and welfare payments was also crucial.
5. Further investigation was perceived to be needed, in order to understand the crucial role prison mental health teams have in ensuring open access to prison vocational services for people with mental health problems, as an integral part of their treatment and recovery.

During the course of the project, Centre for Mental Health and partners identified a number of initiatives and services that were offering 'IPS-esque' services, often having come to this through trial and error and realisation that prisoners with complex needs required more support and bespoke approaches to achieving real employment outcomes. They found that prisoners with vulnerabilities did not, on the whole, benefit (and sometimes were excluded from) larger programme approaches to employment support (e.g. Work Programme). *Beyond the Gate* found that IPS, as an evidence-based methodology, offered real potential as a means of achieving employment outcomes and other benefits for people leaving prison.

Centre for Mental Health then set about seeking funding for the project and partnerships with relevant agencies who could help deliver the key aspects of such a project.

People leaving prison with mental health problems and IPS

At the time of launching the project in the summer of 2013, there had been no published research on using IPS or similar methodologies with people with mental health problems leaving prison. However, a similar project had launched in the US a year prior to our own (Bond *et al.*,

2015). This involved a control trial of IPS where it was found that the IPS group achieved greater overall outcomes compared with alternative support (31% vs 7%) and though these were more modest results compared to previous IPS research, they were statistically significant. However, differences in hospitalisation rates and further involvement with justice services were not statistically significant at a one-year follow-up point.

Khalifa and colleagues (2016) had launched a study of IPS with patients leaving secure mental health settings, and had published

their methodology, a randomised control study. This study was subsequently discontinued around six months after launch, and the lessons learned from this study, including the barriers and challenges faced were published in a separate paper (Talbot *et al.*, 2018). Samele and colleagues (2018) conducted a pilot study of patients of a forensic mental health service being supported into employment using IPS. The study engaged with 57 people and 4 (7%) of these were helped into competitive employment and a further 8 (14%) gained paid employment through a painting and decorating scheme created in the 2nd year of the project.

3. Implementing the project

The original plan was to have a staged implementation of the project on just three prison sites. These were an adult male category C training prison, a juvenile detention centre, and an adult female prison, thereby enabling examination of IPS's potential with three different populations. The aim was to work with people being released to a few selected areas of the West Midlands, to provide opportunities for employment specialists to develop relationships with local employers, in keeping with the model of IPS in community settings. However, both the juvenile and women's facilities are part of much smaller estates when compared to the male prisoners' estate. Both juvenile and women's prisons included in this project took people from a much wider area than just the West Midlands, and even some prisoners in the male category C prison came from other parts of the country, meaning that relatively few people were being released into the areas we had chosen. Additionally, the project unwittingly launched at the same time as Transforming Rehabilitation (TR), the most significant reform to English and Welsh probation and rehabilitation services in recent history. This had a major impact on how the project 'bedded in' (it considerably delayed it) and functioned.

To increase the critical mass of referrals, we engaged with five more prisons (all serving adult males). Most of the prisons had the same mental health provider – the South Staffordshire and Shropshire NHS Foundation Trust.

The project began with a single employment specialist increasing to three at the midway point, but equivalent to 2.3 whole time equivalent over the course of the project.

It was anticipated that the main source of referrals would be the mental health in-reach teams in the prisons and these were the largest single referrer throughout the course of the project. Given the evidence indicates that many prisoners with mental health problems are not supported by in-reach services (e.g. Senior *et al.*, 2013) the employment specialist also sought referrals from:

- Offender Management Units/Resettlement Teams;
- Work Programme providers;
- Charities such as Yellow Ribbon, Saltbox, Mind and Rethink;
- National Probation Service (NPS) and Community Rehabilitation Companies (CRCs);
- Integrated Offender Management (IOM) teams.

Most of the above were prison-based except for IOM teams, multi-agency teams working with prolific offenders in the community. IOM made referrals of recently released prisoners and in some cases, these had been contacted by the employment specialist prior to release. Another source of referral was the project researcher, who in visiting the prisons and various agencies was given details of people meeting the criteria for the project, who reportedly wanted to work.

Ideally, the employment specialist received a referral several weeks in advance of the earliest expected date of release, so that they could work with them in advance for a period of 4-6 weeks. In practice, some referrals were made much earlier and some releases were much more unpredictable, for example there were cases of prisoners being released early and with little or no notification to the referrer or employment specialist.

The employment specialists liaised with the mental health in-reach team and other agencies in the prison (such as resettlement teams) and, critically, probation (either the NPS or CRCs). The latter proved problematic for much of the life of the project (see chapter 4).

If the person being released had particularly complex needs and was likely to be socially isolated on release, then a referral was made to Sova, who would try to match them to a community volunteer mentor. The employment specialist would work closely with the Sova volunteers' coordinator and the mentor.

The employment specialists made connections both within and outside of the prisons, and this included forging relationships with national companies (for example Timpson and Greggs) that offered work experience placements, and were willing to consider people supported by the project for employment.

There are several differences in the way IPS operated in this project compared to how it is normally deployed in the community. IPS normally embeds its employment specialist within the community mental health team supporting the person wanting work. For the purposes of this project the employment specialist worked with the prison-based mental health teams, so that there was initial engagement before release. The specialists went on to attempt not only to engage with that person in the community, but also with the 'receiving' mental health team. This meant potentially engaging with multiple teams across the West Midlands. In the event, very few of those referred to the project who actively engaged received any mental health support in the community, falling short of the threshold for secondary care, although many had received the equivalent secondary care support in the prison and had ongoing needs on release.

Testing engagement was another challenge for the project. Over the course of the project, the period spent in cells increased for many prisoners, due to reductions in staffing and recruitment issues (Durcan, 2016). And of course, the regime in any prison can be monotonous, so an opportunity out of one's cell to meet someone new might mean that more prisoners would be willing to have an initial meeting than actually wanted to take up the project.

Additionally, motivation may change after release. Not all those referred to the project had actively sought referral and some other services in the prison had referred their clients without consulting them. For these reasons, the project team decided that at least two successful community contacts were required before full acceptance onto the employment specialist's caseload. This is not to say that active job hunting took place soon after the second contact for all those seen in the community. Some people had much more pressing needs, such as finding accommodation, accessing benefits, finding funds for clothes and food, and meeting physical and mental health needs. For most of those that the project worked with there was limited or no other support. Probation services were often not able to meet their needs or respond in a timely way, and very few had the support of a mental health service.

4. Challenges facing the project

Transforming Rehabilitation

The project launched in the summer of 2013, the same year that Transforming Rehabilitation (TR) commenced, the single most significant reform to rehabilitation, offender management and English and Welsh probation services in recent times. TR had a significant impact on the project throughout its three-year life span and particularly so during the first two years. Initially, the most obvious impact was difficulty in engaging with probation services, a critical partner in any project concerned with re-entry/resettlement into the community. The difficulty with engaging appeared to be a result of uncertainty and an apparent low morale resulting from the consultation period; and later, as a response to the upheaval created as the organisational changes came in to place. It had been expected that probation services would support people ‘through the gate’ and in finding accommodation, especially for those still serving sentences in the community.

The reforms that TR introduced included the disbanding of 35 public sector probation trusts which provided probation services across England and Wales, and the creation of two new entities:

- A public sector National Probation Service (NPS) to work with high risk offenders in prison, the community, and with all offenders in courts;
- Independent sector-led Community Rehabilitation Companies (CRCs) working with medium and low risk offenders in prison and the community.

In addition to taking on medium and low risk offenders, people released from prison following short sentences (less than 12 months) for the first time became the responsibility of probation, i.e. new CRCs. It is recognised that CRCs face a shortage of funding (National Audit Office, 2016) due to the funding model and information they based their business case on. Their business volumes have been lower than anticipated, resulting in less income for CRCs, and this has impacted on provision of services.

The initial effect of the reforms on the project was a difficulty in liaising with both prison-based and community-based probation staff. This meant planning for release was difficult, and where a release occurred earlier than expected, there was no warning of this. As communication with probation was particularly difficult during the first two years, simply knowing where a person had been released to was often very difficult.

On a number of occasions early in the project, people who had been referred to the IPS intervention were recalled to prison by probation for breaching their supervision conditions. Some of these were minor breaches that might have been avoided by better communication between the project and probation. Indeed, very similar breaches were avoided towards the end of the project, when probation services were better established, and it became possible to form working relationships with them.

Probation services throughout the life of the project, and particularly those offered by CRCs, appeared quite remote and distant from the person being released, and there were some examples where there was little or no contact between the CRC and the person they were responsible for supervising. In a small number of cases the CRC appeared to use the IPS employment specialist’s contact with the person as a proxy for their own. In several cases, the person released under supervision had no accommodation to go to, and the employment specialist had to find this for them.

Complex need and continuity

In addition to the challenges that TR posed, the project had to deal with the complexity and multiplicity of need that is typical of those leaving prison, but often in a vacuum of any other support. So, as well as often very minimal support from probation, there was rarely much support from other services. A prime example was mental health services. A total of 63 referrals were received from the inreach team, i.e. those who had met secondary care criteria whilst in the prison. However, only nine people referred to the project by the inreach team were accepted

and received support from community mental health services. Some of the literature on prison mental health services has indicated 'mission creep' (e.g. Brooking *et al.*, 2005), i.e. some in-reach services felt pressurised to see people who might not normally have met secondary care thresholds. It is therefore possible that some of those worked with by prison mental health would always have fallen below community secondary care criteria. However, a recent national consultation by Centre for Mental Health (Durcan, 2016) suggested that thresholds for secondary care services have risen in recent years. Anecdotally, prison mental health in-reach staff have reported additional resistance to accepting people referred from a prison mental

health team. This resistance appears to be over concerns, often unfounded, that such referrals offer greater risk and should be directed to 'forensic' mental health services. In reality, few if any of the people taking part in the project would meet the criteria for such a specialist service, which are in any case very 'thin on the ground' and not available across much of the country.

It is well established that prisoners often face accommodation difficulties on release. As stated above we found that this was the case for several of those referred to the project, and that the project's employment specialist had to 'pick up the slack' in terms of support in this area, to stabilise someone on release.

5. Findings

In all, 128 men and women were referred to the project. Some people were happy to engage with the project whilst in prison, but were not motivated to seek employment on release. So, contact in prison was not necessarily a good indicator of real engagement. Additionally, on release the first contact with a person was often concerned with helping them stabilise (finding accommodation, registering them with a GP etc). Some people had been referred without having an understanding of what they had been referred to, and once met by the employment specialist, stated that they did not wish to work. The project therefore decided that real engagement should be measured from the point at which a person had a second face-to-face community contact with an employment specialist.

54 people chose to actively engage with the project (i.e. they were seen a minimum of twice in the community), representing 42% of all those referred. 21 of these (39%) were helped into competitive employment.

A total of 61 people were seen face-to-face at least once after release from prison, and two of these were also helped into competitive employment. Therefore in total, 23 people were helped into employment by the project.

It is important to note that all of those seen in the community (and some who were not) had numerous other forms of contact with the project, such as telephone calls, text messages and emails.

Characteristics of those entering employment via the project

Most of those referred to the project were men; only nine women were referred. This is understandable as seven out of the eight prisons

involved in the project were male prisons. Because referrals from the women's prison (HMP Drake Hall) were part of the much smaller women's prisons estate, many of the women were from outside the West Midlands and from areas that the project could not achieve the necessary level of support. Despite this, five women did actively engage with the project and two were helped into employment; one in the West Midlands and one in Manchester. The latter was one of the exceptions the project team made in working with someone 'out of area'.

The average age of both those referred to the project and those who engaged with it was 32 years old. The age range for those referred was 18-51 and both extremes were in the engaged group. The age range for those that did not engage was 23-45. The vast majority of those referred to the project (around 80%) came from white British backgrounds. This group accounted for about 85% of those who engaged with the project.

Offending

Those who met the criteria and engaged in the project had broadly similar backgrounds of offending to all those were referred to the project. Table 1 shows the overall proportion, in referred and engaged groups, of offence leading to their most recent conviction. The one exception to this is in the small number of people convicted of a sexual offence, where only one out of the eight referred engaged with the project on release.

For those that engaged with the project, 44 (82%) were either prolific offenders or had significant offending histories, and all had been in prison at least twice before.

Table 1: Most recent offence of referred and engaged participants

| Offence type | Referrals | % of total | Engaged | % of total |
|----------------|-----------|------------|---------|------------|
| Acquisitive | 78 | 61% | 33 | 61% |
| Violent (high) | 21 | 16% | 9 | 17% |
| Violent (low) | 5 | 4% | 3 | 6% |
| Sex Offending | 8 | 6% | 1 | 2% |
| Drug dealing | 4 | 4% | 3 | 6% |
| Other | 12 | 9% | 5 | 9% |

Table 2: Primary diagnosis of referred and engaged participants

| Diagnosis | Referrals | % of total | Engaged | % of total |
|--------------------------------|-----------|------------|---------|------------|
| Psychosis (any) | 20 | 16% | 8 | 15% |
| Depression | 32 | 25% | 11 | 20% |
| Anxiety | 8 | 6% | 4 | 7% |
| Mixed Depression and Anxiety | 11 | 9% | 6 | 11% |
| Substance Misuse | 17 | 13% | 11 | 20% |
| ADHD | 11 | 9% | 5 | 9% |
| Autistic Spectrum | 3 | 2% | 2 | 4% |
| Personality Disorder | 16 | 13% | 5 | 9% |
| Obsessive Compulsive Disorder | 1 | 1% | 1 | 2% |
| Post-Traumatic Stress Disorder | 7 | 5% | 1 | 2% |
| Unknown | 2 | 2% | 0 | 0% |

Reoffending

The project did not have a long enough follow-up period with many of those that engaged to form any conclusion about the project's impact on reducing reoffending. The research being conducted alongside the project followed 27 people who received the IPS intervention and a control group, 25 people, who did not. Slightly more of the IPS group reoffended within 12 months than the non-IPS group, but this was not a statistically significant difference, and very few from either group reoffended in any case. However, it is important to note that all IPS participants who offended did so after disengaging with the IPS service.

The data on those who engaged with the project indicates that eight participants (15%) re-entered prison; five of these had not committed new offences per se, but were recalled for breaching supervision conditions (including missing probation appointments). Several of these recalls to prison occurred during the earlier stages of the project when communication between probation services and the project were at their most difficult. Only one person who was helped into employment by the employment specialists re-entered prison over the course of the project, and this was a remand for a suspected new offence.

Employment specialists were able to intervene to prevent several potential recalls later in the project, and often reminded project participants of probation appointments. On some occasions, they accompanied participants to these appointments. This was all dependent on good communication with probation services and being informed about appointments. The Sova mentor coordinator also provided this type of support to several people referred for mentoring. The research component of the project found that 17.9% of IPS participants were recalled compared with 40% of service as usual participants. The stabilising work carried out by IPS staff, and engagement with probation services, may be reflected in this large difference in recalls.

Mental health

Table 2 on page 16 outlines the primary diagnosis given to each participant referred to and engaged in the project. Both groups sometimes had more than one mental health problem; table 2 gives the main mental health problem that each was identified with.

Mental health support in the community

The mental health practitioners from within the prison referred 65 people to the project (accounting for 52.4% of all referrals), and 63 of these referrals came from the secondary care prison in-reach service. Whilst some would have completed their episode of care, most remained on a caseload with the prison in-reach team in their establishment until they left prison. It is not known how many of these were referred to community mental health teams, but many are likely to have had ongoing mental health needs.

What is known is that only nine of the total 128 people referred to the project were accepted onto the caseloads of community mental health teams (CMHTs). Thus the vast majority of those referred to the project had no mental health support on leaving prison, beyond what in some cases

a GP could offer. It should be noted that this was a group with multiple and complex needs. Four of the nine people accepted onto CMHT caseloads had a main diagnosis of psychosis. However, this means that the other 16 people with a main diagnosis of psychosis, many of whom could be expected to have ongoing needs and to have been referred to secondary care in the community, were not accepted onto CMHT caseloads. This is all the more concerning as it is reasonable to assume these people were especially vulnerable and that release from prison is, for many, a fraught and traumatic time.

Referral source

Most of those referred to the project who engaged were from three sources: mental health (primarily the in-reach team); Probation/IOM; or the project's researcher. These sources accounted for 64% of referrals (46% coming from mental health alone), and for those that engaged, the three sources accounted for 74% (54% from mental health alone). The remaining referrals came from a variety of sources working in the prisons, and from the main voluntary and community sector providers.

Previous working experience

The data on work experience prior to coming into the project (both for those that were referred to the project, and those who engaged and met project criteria) is incomplete. However, it indicates that at least two thirds of those (both referred and meeting criteria) were not working prior to coming into prison and had limited or no work experience. In addition, of the sample of actively engaged participants involved in the research component, 42.9% (12) stated that they hadn't had a competitive job² in the five years prior to custody, whilst 17.9% (5) stated that they had never had a competitive job. The average time in unofficial³ or competitive employment in their lifetime was also just 4.6 years. These statistics may be a reflection of the poor working history of this population.

² A full or part-time job subject to income tax, national insurance

³ An 'off the books' form of employment

6. Outcomes

Of the 54 people who met the project inclusion criteria (i.e. were seen at least twice after their release), 21 (or 39%) were helped into competitive employment, gaining a total of 38 jobs between them (as many changed employment over the course of the project). Two further people, who saw the employment specialist in prison and had only one face-to-face contact in the community, also had their entry into competitive employment facilitated by the project. So, a total of 23 people were supported into real work.

Of the 33 people seen twice who were not successful in achieving employment, eleven disengaged; one moved out of area; one had a mental health relapse requiring admission; and seven were recalled to prison for breach of license conditions or were remanded/sentenced to custody for suspected or actual offending. Therefore, the majority of those who chose to engage with the project and remained stable in the community were supported into jobs. Not all of those helped into jobs chose to continue with active support; indeed, four chose not to.

Seven participants were helped into two or more jobs over the course of the project: one had a total of six jobs, another had four, two had three jobs each and the remaining three participants had two jobs over the course of the project.

With some rare exceptions, most project participants had few educational or vocational qualifications and so the employment outcomes were mostly for unskilled jobs; typically cleaning, labouring, warehouse work and retail. The project often supported its participants in achieving some work entry certificates, such as the Construction Skills Certification Scheme (CSCS) card.

40 of those who engaged with the project had help in preparing CVs. 31 made job applications (196 applications in total), and 27 achieved a job interview (51 job interviews in total). 21 participants were helped onto training courses (26 courses in total): nine of these achieved jobs during the course of the project, and 12 did not (though some may have still been on training places at the project's conclusion). 14 participants were helped into work experience placements (18 placements in total).

Mentoring and additional support

18 of those who met the project criteria agreed to be referred to Sova and were successfully paired with a volunteer mentor. The unpredictable nature of release from prison for many of the participants made it difficult for pre-release engagement, which would have been the ideal. There were several cases when a volunteer mentor was available, but the participant was released to a more distant locality, making the arrangement impracticable. As has been stated previously, the project often had limited notice of where someone was to be released to, and indeed sometimes learned of a release after the event.

Sova's volunteer mentor coordinator, like the employment specialist, found that in addition to recruiting and supporting mentors, they had to provide direct stabilising support to several of those people released, and in effect carried a small caseload of some of the most complex cases. The latter was not part of the role that the project had envisaged at the outset.

Client experiences of IPS

Case Study 1: 'John'



Background

John is 33 years old and described how he had a difficult upbringing; always being “dragged from pillar to post” by his family, followed by the death of his mother at 15 years old. For him, these experiences prompted the onset of his mental health difficulties – and at the time he tried to jump off a bridge and attempted a drug overdose.

John committed his first offence at 16. Introduced to drugs when he was 14, he states that substance use would take him away from negative thoughts and feelings, and before he knew it, he was addicted and using harder drugs. Once addicted, John stated that he was:

“...always thinking about my next fix, how can I get the money, and when an opportunity arises when you’re on drugs I would take it ...”.

Indeed, for the offence that led to his imprisonment he needed money for his next fix and committed two burglaries and a theft while he was on the run from the police. This offence landed him in prison for over two years. John has been in and out of prison frequently throughout his life, spending over ten years there.

Upon release, he admitted that he was always in recovery from substance misuse, and that he was nervous about adjusting back into the community. Shortly after his release, he stated that he had suicidal thoughts.

John was often truant from school and never completed his education. He had only worked for a total of two years in his lifetime, which was mainly cash-in-hand work. However, he had not engaged in competitive or voluntary work in the five years before prison and only had prison qualifications. No one has ever helped John gain employment and he had no help pre-release to get into work.

John wants to gain employment and get off benefits:

“I just wanna ... be able to earn money, get a decent wage, have my own place with my partner, and be able to do things ... you can’t do anything on benefits. I’ve had the benefits life for years.”

As a result, he was referred to the IPS service and a week later, he had an appointment with an employment specialist.

The IPS intervention:

John explained that he wanted to gain employment, but he faced multiple barriers:

- Prolific offending history through years of drug dependency;
- No formal employment history, as John was paid unofficially;
- Big gaps between the jobs he had had;
- No CV or references.

As John was on Employment Support Allowance (ESA), advice was to initially focus on working less than 16 hours to comply with his ESA benefit rules. This type of work was viewed as easier to source and would allow him to gain legitimate employment, references, and help build and enhance his CV. John was keen on this option, and was given a CV skills screener to complete to enable the employment specialist (ES) to draft his CV. Four weeks later John met the ES again at a local café.

The ES arrived early and there was a poster advertising a job vacancy. They spoke to the cashier who introduced them to the café manager. The ES explained what their organisation did and the client group they worked with. The employer was open to working with ex-offenders, as they had another member of staff with a similar background. The ES explained about John and the manager was keen to see his CV. As John had worked in the servery whilst in prison, the café was a natural fit for him, although he was open to all areas of employment to gain experience and earn money.

When the ES arrived back at the office, they typed his CV and emailed it to him, asking him to go to the café the following morning and introduce himself to the café manager. It was explained to John that he would more than likely gain an informal interview. John did this, and as a result, was offered a work trial. John completed his work trial successfully and was subsequently offered a position within the café. He was enjoying his job, and the feedback from his employer at that time was extremely positive.

John went on to complete his probation licence conditions and was deselected from the Integrated Offender Management service. He decided to leave his role after a few months and instead went into self-employment sales. He also provided feedback about the service:

“This is the first ever time I’ve ever had support so it’s given me more confidence, you know what I mean, knowing that there is support out there ... I told them [Probation]...that there needs to be more people put forward to use [the service]...”

Client experiences of IPS

Case Study 2: 'James'



Background

James is 32 years old. He was self-employed, working full time, and everything was going well. However, prison ended this employment. He has one previous offence, a sexual assault when he was 29, and is now on the Sex Offenders Register. He gained a four-year sentence as a result, and served two years of this in prison.

James has been given a diagnosis of obsessive compulsive disorder (OCD) and generalised anxiety disorder (GAD) by a psychiatrist. He agrees with these diagnoses and is taking medication. He states that his mental health difficulties began around his early 20s, but it was only last year that he was given these diagnoses. His mental health difficulties began gradually – he worries a lot, gets anxious when in groups, and even with medication, these symptoms can come on suddenly. Sometimes, James will have to pop into a side street to compose himself and gather his thoughts when around town.

James had an accident when he was 26, falling off a ladder and banging his head and noticed changes in himself – he could also have an undiagnosed Traumatic Brain Injury.

James feels very lonely and hopeless about the future; he previously had a good social network but lost much of this following his offence. He is keen to get back into work but sees his conviction as the main barrier. He goes on to say:

“Money would be a benefit, I don’t like being on benefits, I like to be independent, the routine, bit of self-respect as well.”

James has thought about going back into self-employment, although explained that his Probation Officer wasn’t allowing this and was actually discouraging him:

“They said they’d rather have me in a job where I’m in one place at the moment.”

This makes job attainment very difficult for James.

The IPS intervention:

James was first met by an employment specialist within Prison when the prison in-reach team referred him to the service. The employment specialist went through his referral information and they had some initial discussions around previous employment, his conviction, and where he was being released. During subsequent pre-release meetings, the employment specialist suggested the need to clarify license conditions with his Probation Officer (PO) along with specific risk information due to the nature of his offence. Consequently, a full risk assessment was also obtained from the in-reach team along with details of his care plan.

Avenues of work were explored; however, this was challenging. James was not allowed access to email, internet, or with people under the age of 18 years old, including his own children. Nearer his release, it was still unknown where he would be residing as accommodation was yet to be identified. This made any enquiries and the exploration of employer contacts about work impossible at this stage. However, his in-reach worker confirmed where he would be living around a month later, just prior to his release.

During the initial meeting with an employment specialist, James expressed that he was interested in media production and would like to pursue this on release, along with some DJing. He had five subsequent meetings in the community which included many phone calls, texts, liaising with doctors, hostels, and his PO on numerous occasions. The employment specialist also had to set up and solely use his Universal Job match account (a Government online scheme to support job hunting, now replaced by the Find A Job service) as he was not permitted to use the internet. Voluntary work was explored, but this was soon deemed unsuitable by the employment specialist and probation due to the potential contact with children within the community whilst working.

James was soon permitted email access, and both he and his employment specialist could search for employment. However, he had to change his accommodation as a result of an incident which led to other residents finding out about his conviction. This made him vulnerable to attack and he was immediately relocated. This heightened his anxiety, and he didn't feel comfortable in the area he was placed within. It additionally meant the need to re-focus his job search in a different area. James was also keen to return to the area he was previously in, which would further complicate job searches.

James and the employment specialist worked hard to gain employment, and the employment specialist also helped him generate realistic employment goals which he agreed with. He was aware that he had to fill the large gap in his employment history. However, through consistent personalised support, over 80 positions were applied for in total for James, and competitive employment was gained within a nightclub as a bar kitchen assistant – a role which suited James and that he enjoyed. Following this, like many clients, James decided to end his engagement with the service as he was employed and felt he no longer needed support.

7. Discussion

The cost of providing IPS for those leaving prison

The total cost of providing the employment specialists was £275,000, or a fraction under £92,000 per year of the project:

- Employment specialist salaries: £156,016
- Employment overhead: £63,151
- Management overhead: £22,333
- Travel: £33,500

The project was staffed by a full time senior employment specialist (ES) for the full three years, and two employment specialists (one working for two years, and one for one year). The total ES resource was 2.3 full time equivalent.

This works out at £1,508 per head per year for the 61 people who had contact with the project in the community, or £1,704 per head for those that met inclusion criteria. Using either figure, the caseload size was in the region of 24 people. Centre for Mental Health estimates that the cost per annual placement on an IPS employment specialist caseload in the community is £2,700 (Parsonage *et al.*, 2016), and so this project came in under that. This project faced exceptional barriers and challenges, e.g. a massive national reform affecting a vital partner (probation) through Transforming Rehabilitation. Without the challenges, it is possible that the project could have commenced normal working much earlier, meaning a greater number of people could have been supported by the project and the average cost per head further reduced. In addition, a significant amount of Employment Support time was given over to stabilising people in the community, a task we had hoped probation services might have been more involved in.

People who leave prison typically have multiple and complex needs, in addition to mental health problems, including poor education, limited work experience, problems with substance misuse, experience of psychological trauma, social isolation, unstable housing or homelessness, and no access to funds. In terms of job market, they face the double jeopardy of having both mental health problems and criminal records.

There is therefore a strong case for additional investment for some stabilisation support: ideally, a service that provides ‘through the gate’ intervention, and some time-limited support in the community. This is considered below alongside the costs.

Was the project’s offer really IPS?

During the last year of the project, its fidelity to the IPS model was reviewed and it was shown to have ‘fair fidelity’. The prison setting, the nature of releases from prison and other factors made compliance with aspects of the IPS model difficult. There were issues in offering rapid job searches, because often the release date was somewhat unpredictable, and many of those participating in the project did not have a fixed address to return to (or had restrictions on them returning to a previous address). Hence, if they were found accommodation prior to release (some were not) there was limited or no notice to the project as to where this would be. This often prevented any job hunting or building of bridges with potential employers prior to release. There were several instances where no accommodation had been found for people, some of whom were technically still on sentence, and it was the employment specialist (ES) or mentor coordinator who found the accommodation.

The IPS standard is to begin job searching within 30 days from the first meeting. For some of those released, job searching could not be rapid as considerable effort was needed to stabilise them in the community. This included linking them with health care services, sorting out benefit payments, finding accommodation and giving grants for basic survival (e.g. small grants to buy another set of clothing, bedding, kitchen utensils etc. and also food bank vouchers). The considerable effort that had to be put into stabilising some clients in the community detracted from the core role of job searching and employer engagement.

The service was embedded to a degree in the prison in-reach service, but this was spread across eight sites and it was not possible to embed IPS employment specialists in the

community mental health teams (as would be the 'norm' in community-based IPS services). Nor indeed was there much point as so few referrals from the in-reach team were accepted on to community caseloads.

Critically as a feasibility pilot, the project was time-limited and the longest period of support any released participant could receive was two years, but in most cases support in the community was for a much shorter period. The project did not and could not make an offer of time unlimited support – one aspect of a high fidelity service. However this is a common issue and many IPS services now deliver IPS LITE (Burns *et al.*, 2015).

To counter this, it was planned from the outset that, wherever possible, project participants would be transferred to a community IPS service when this project ended. The ES visited IPS services across the West Midlands during the first year of the project. However, such services were not present in all localities and where they were present, they were embedded in community mental health teams, and only a small number of those referred to the project were accepted by such teams.

Adapting the model

It is clear that many of those the project worked with needed much more support than the project could offer, in areas the project team were not skilled or knowledgeable about. It was also clear that this support needed to be in place at the moment of release and preferably involve pre-release engagement with participants and joint planning with them. There are a number of 'through the gate' type schemes operating across prisons. One with an emerging evidence

base is the Engager model (see box overleaf), which is designed to be used for people with mild to moderate mental health problems leaving prison – those who would fall below the threshold of community mental health services. It is currently being evaluated and is part of a longitudinal research study. It is an example of an additional support component that might be available to people participating in IPS on release from prison. Engager provides robust (albeit time-limited) stabilisation support, which would be in place at the moment of their leaving, but like IPS it engages whilst the person is still in prison and plans with them what needs to be in place to help them on release.

Engager workers are employed currently on Band 4, and if we were to base this on the upper midpoint of the band (point 15), the costs of providing this role per annum would approximate to:

- Salary plus 40% overhead: £30,800
- Management overhead: £ 3,000
- Travel: £ 4,500

This combined with the cost of the ES would make the cost per client per year, based on 25 clients on their caseload, in the region of £3,000. This is significantly more than the estimated community IPS costs, but is to be expected with a population where the needs are more complex, other support is often not in place and where the potential benefits (costs and otherwise) are considerably greater. IPS should involve integration into a community mental health rehabilitation service, which would include community psychiatric nurses, occupational therapists and social workers. Such services come at a considerably higher cost than the proposed IPS and Engager model.

Lessons from Engager: towards developing principles for the resettlement of people with vulnerabilities

Engager is a programme of research and practice development focused on people leaving prison with common mental health problems. It is led by the University of Plymouth and Manchester University in partnership with Centre for Mental Health, Exeter University, University College London, City University - London, Kings College, University of South Wales, St Georges - University of London, Leeds Community Healthcare, Avon & Wiltshire Mental Health Partnership NHS Trust, and Devon Partnership Trust.

The following lessons for successful resettlement have emerged from the exercise:

- Liaise with key services before release to find out when key appointments are and make sure they are practical.
- Release day is a vital time for building trust and engagement: meet the released person at the gate, take them to and attend their release day appointments (this is particularly important for supporting drink/drug abstinence on release day and thus engagement with other key services).
- Informal communication such as via text message is important to maintain contact and engagement.
- Assertive contact in the community even in the face of setbacks (e.g. substance misuse).
- Use of inevitable setbacks to gain trust and develop coping skills and a 'shared understanding' of barriers and challenges, and how they might be overcome.

Developing a 'shared understanding' between the released person and the practitioner

- Work together with the released person to understand the thoughts and feelings that are related to behaviours they consider problematic (e.g. offending or drinking).
- Use day to day crises to understand what happens in recurring problems in the community, to support a shared understanding.
- Use this understanding to develop personal goals.
- Develop a written record of the shared understanding that can be shared with other key agencies.

Working on goals and developing a 'shared action plan'

- Match personal goals to available resources (the released person themselves/the practitioner/other services & practitioners/family/friends/peers).
- Liaise and advocate to get other people to work around the person's goals.
- Use a written 'shared action plan' to communicate to other practitioners how their work supports the person's goals.

Working on relationships

- Support good communication between participants and involved practitioners.
- Model good relationships and communication.
- Train in social and communication skills.

8. Conclusion

The period 2013 to 2016 was, on reflection, probably the worst time to test the feasibility of any rehabilitation-orientated project. The Transforming Rehabilitation consultation period and subsequent reform created huge upheaval in probation services, with whom a functioning relationship was critical to the project. Both the National Probation Service, and the Community Rehabilitation Companies remain in difficulty. In the case of CRCs, the funding formula under which they were contracted was flawed and has resulted in less funding than expected (National Audit Office, 2016), and hence they are unable to offer the range of services initially anticipated. So, though our project was launched during the early stage of reform, when the upheaval was at its most pronounced, it is likely that even if launching the project now, there would be difficulties in probation services offering the level of support needed by their clients.

There is no question that probation and the whole area of rehabilitation required reform. Centre for Mental Health (and others) had conducted research that demonstrated significant shortcomings in rehabilitation services prior to Transforming Rehabilitation (Durcan, 2008 & Centre for Mental Health, 2008). The impact the reforms are having on reducing offending is unclear (Ministry of Justice, 2018a), and a fuller picture will not be possible until later in 2018 (Ministry of Justice, 2017). Just over 28.7% of adults have proven reoffending within a year of release, based on data from the first quarter of 2016 (Ministry of Justice, 2018a), which was “unchanged from the previous quarter...and has decreased by around 2 percentage points since 2005” and “has remained broadly flat over time” (page 1). Over this period the offending rate “has fluctuated around 28% and 31%” (page 1).

A joint report by the inspectorates of prisons and probation published in June 2017 states:

“...the only performance target for CRCs relating to Through the Gate is to complete resettlement plans in the prescribed timescale. There is no contractual obligation to address the needs that have been identified...” (Criminal Justice Joint Inspection, 2017, page 7)

They further report that 10% of the sample (including both CRC and NPS cases) they reviewed were homeless on the day of release (page 26). Only 6% of their sample had been helped into employment by prison or probation services on release; a further 11% had found their own jobs, but the vast majority were unemployed on release or deemed unavailable for work.

Our findings and those such as the Criminal Justice Joint Inspection suggest that Transforming Rehabilitation is yet to deliver a significant improvement in the experience of those leaving prison.

Though not all those referred to the project were under the care of the mental health in-reach teams in the prisons, close to half were. Another significant challenge in supporting those in the project on leaving prison concerned continuity of that mental health care. In 2016, Centre for Mental Health published the findings of a national consultation across England and Wales (Durcan, 2016) exploring the interface between mental health and criminal justice. Prison mental health practitioners from across England and Wales consistently commented that thresholds of entry to NHS community mental health services, whilst always having been high, had risen further still. Community mental health teams were seen as being under more pressure and less responsive to referrals from their peers in prison. This was also the experience of the project. Out of all the referrals to the project, all having complex needs and all having mental health problems, only nine people were accepted onto community mental health team caseloads.

Most people who go to prison have multiple and complex needs, and imprisonment itself often impacts on that need further. For example, many people on leaving prison will have limited access to funds; many will move into unstable and short-term accommodation; some will be homeless, and most will be unemployed. The group of people this project worked with had additional vulnerabilities, especially poor mental health, but often coupled with problematic use of substances. The most significant support received by many of those referred to the project

was from the project itself, and for some it was the only source of support. Support from probation services for those leaving prison and on license was often negligible and most were not going to receive any specialist support for their mental health problems.

The Government's new employment and education strategy for offenders (Ministry of Justice, 2018b) gives some recognition of the complexity and multiplicity of need amongst those leaving prison. In order for it to be successful, it needs to match its ambitions with services that support that complex need, including poor mental wellbeing. Tailored approaches that address all these needs, such as the one described and proposed in this report, are the ones most likely to bear fruit.

This project achieved a 39% job outcome for those that engaged with it, which is modest when compared with the international research evidence on community-based IPS services, and of course it was a relatively small number of people helped. The project was time-limited and could not offer support beyond the life of the project, and in most cases, there was no available community IPS service to pass people on to. We were not able to follow people beyond the life of the project and do not know if those that achieved employment sustained it.

Interventions such as IPS would be much easier to offer in a less disjointed system. Nevertheless, although the number of people who were helped into employment was small, this presents a significant proportion of those who met the project's entry criteria, and one could expect even greater success if other services were more stable and responsive. Greater results might also be expected with some adjustments to the IPS model offered to those leaving prison. Additional support in achieving stability even for a short period post release would very likely have a significant impact and help to achieve greater employment outcomes.

Recommendations

1. HM Prison and Probation Service (HMPPS), the Department of Work and Pensions (DWP), Ministry of Justice (MoJ), NHS England and the Department of Health and Social Care should jointly commission a larger-scale pilot to test an adapted IPS approach to supporting prisoners with mental health difficulties into employment on release. This should be a tailored, wrap-around approach that supports a person through the prison gate and into the community. An example of such is the Engager approach, ensuring that employment specialists can focus on work outcomes while support and mentoring on other needs is provided separately. If this pilot continues to achieve improved job outcomes it should be extended nationwide. Areas with devolved arrangements that encourage joined-up commissioning, such as Greater Manchester or the West Midlands, could be ideal test sites for a pilot.
2. HMPPS should review all existing education, training and employment schemes in prisons, prioritise schemes that support people into actual employment and identify opportunities to shift towards IPS principles in order to achieve better outcomes for those seeking employment opportunities when they leave. This should include those with mental health difficulties, who should not experience discrimination or exclusion from support with education, training and employment.
3. MoJ and NHS England should mandate the National Probation Service (NPS), Community Rehabilitation Companies (CRCs) and NHS Clinical Commissioning Groups (CCGs) respectively to deliver joined-up, connected support to anyone leaving prison with a mental health difficulty. This should ensure continuity of care for all who need it:

- NPS and CRCs should ensure access to a ‘through the gate’ service that prioritises housing, access to benefits and employment support.
 - CCGs should ensure those who were on secondary care caseloads in prison are accepted immediately onto secondary care community caseloads and should commission a proactive response whilst that person stabilises in the community.
 - For those with mental health needs falling below the threshold for secondary care, CCGs should commission psychological support, similar to that provided within IAPT, but adapted for likely complex needs.
 - CCGs should have responsibility for ensuring that all those released from prison are registered with a GP.
4. NPS, CRCs and Integrated Offender Management services should have employment specialists available on-site to ensure that the appropriate resources and time-unlimited support are assigned to motivated clients, where and when they are ready for it.
 5. Engagement in IPS must never be made compulsory or part of a former prisoner’s licence conditions. It should be made easily available and encouraged, but never mandated. This is against IPS principles, it is likely to be ineffective, and employment is not a panacea for reoffending in all cases.
 6. The DWP should ensure that the Health and Work Programme provides effective support to people leaving prison and that contracts incentivise providers to adopt IPS principles, and avoid the use of conditions and sanctions on people with mental health difficulties.

References

- Bond, G., Drake, R. & Becker, D. (2012) Generalizability of the Individual Placement and support (IPS) model of supported employment outside the US. *World Psychiatry*. 11: 32-39
- Bond, G., Jung, Kim S., Becker, D., Swanson, S., Drake, R., Krzos, I., Fraser, V., O'Neill, S. and Frounfelker, R. (2015) A controlled trial of supported employment for people with severe mental illness and justice involvement. *Psychiatric Services*. 66(10): 1027-1034
- Brooker, C., et al. (2005) *An Evaluation of the Prison In-Reach Collaborative*. Sheffield: School of Health and Related Research, University of Sheffield.
- Burns, T., Catty, J., White, S., Becker, T., Koletsi, M., Fioritti, A., Rossler, W., Tomov, T., van Busschbach, J., Wiersma, D. and Lauber, C. (2009) The Impact of Supported Employment and Working on Clinical and Social Functioning: Results of an International Study of Individual Placement and Support. *Schizophrenia Bulletin*. 35(5): 949–958
- Burns, T., Yeeles, K., Langford, O., Vezquez Montes, M., Burgess, J. and Anderson, C. (2015) A randomised controlled trial of time-limited individual placement and support: IPS-LITE trial. *British Journal of Psychiatry*. 207(4) 351-356
- Campbell, K., Bond, G. and Drake, E. (2009) Who Benefits From Supported Employment: A Meta-analytic Study. *Schizophrenia Bulletin*. 37(2) 370–380
- Centre for Mental Health (2008) *On the Outside: Continuity of care for people leaving prison*. London: Centre for Mental Health.
- Centre for Mental Health (2010) *Beyond the Gate: Securing employment for offenders with mental health problems*. London: Centre for Mental Health.
- Centre for Mental Health (2014) *Briefing 48: Employment Support & Addiction: What works?* London: Centre for Mental Health.
- Criminal Justice Joint Inspection (2017) *An Inspection of Through the Gate Resettlement Services for Prisoners Serving 12 Months or More*. Manchester: Her Majesty's Inspectorate of Probation
- Department for Work and Pensions (2012) *The Work Programme*. London: Department for Work and Pensions.
- Durcan, G. (2016) *Mental health and criminal justice: experiences across England and Wales*. London: Centre for Mental Health.
- Durcan, G. (2008) *From the inside: experiences of prison mental health care*. London: Centre for Mental Health.
- Harding, C., Wildgoose, E., Sheeran, A., Beckley, G. and Regan, E. (2007) *Study to Undertake a Mental Health Needs Assessment Across Kent and Medway Prison Estate*. Maidstone: Kent and Medway NHS and Social Care Partnership Trust.
- Heffernan, J. and Pilkington, P. (2011) *Supported employment for persons with mental illness: Systematic review of the effectiveness of individual placement and support in the UK*. *Journal of Mental Health*. Volume 20(4) 368-380
- Heslin, M., Howard, L., Leese, M., McCrone, P., Rice, C., Jarrett, M., Spokes, T., Huxley, P. & Thornicroft, G. (2011) Randomized controlled trial of supported employment in England: 2 year follow-up of the Supported Work and Needs (SWAN) study. *World Psychiatry*. 10: 132-137
- Howard, L., Heslin, M., Leese, M., McCrone, P., Rice, C., Jarrett, M., Spokes, T., Huxley, P. & Thornicroft, G. (2010) Supported employment: randomised controlled trial. *British Journal of Psychiatry*. 196(5): 404–411.
- Killackey, E., Jackson, H. & McGorry, P.D., (2008) Vocational intervention in first-episode psychosis: individual placement and support v. treatment as usual. *British Journal of Psychiatry*. 193(2): 114-120

- Khalifa, N., Talbot, E., Schneider, J., Walker, D., Bates, P., Bird, Y., Davies, D., Brookes, C., Hall, J. & Vollm, B. (2016). Individual placement and support (IPS) for patients with offending histories: the IPSOH feasibility cluster randomised trial protocol. *BMJ Open*, 6:7. Doi: 10.1136/bmjopen-2016-012710
- Mueser, K., Campbell, K. & Drake, R. (2011) The effectiveness of supported employment in people with dual disorders. *Journal of Dual Diagnosis* 7 (1-2) 90-102
- Michon, H., van Vugt, M., van Busschbach, J., Stant, A., van Weeghel, J. & Kroon, H. (2014) Effectiveness of Individual Placement and Support for People With Severe Mental Illness in the Netherlands: A 30-Month Randomized Controlled Trial. *Psychiatric Rehabilitation Journal* Vol. 37(2) 129–136
- Ministry of Justice (2013a) *Analysis of the impact of employment on re-offending following release from custody, using Propensity Score Matching*. London: Ministry of Justice [Online] Available at: www.gov.uk/government/uploads/system/uploads/attachment_data/file/217412/impact-employment-reoffending.pdf [Accessed 30 May 2018]
- Ministry of Justice (2013b) *Transforming Rehabilitation: a summary of evidence on reducing reoffending*. London: Ministry of Justice [Online] Available at: www.gov.uk/government/uploads/system/uploads/attachment_data/file/243718/evidence-reduce-reoffending.pdf [Accessed 30 May 2018]
- Ministry of Justice (2017) *Final and Interim Proven Reoffending statistics for the Community Rehabilitation Companies and the National Probation Service*. London: Ministry of Justice
- Ministry of Justice (2018a) *Proven Reoffending Statistics Quarterly Bulletin, January 2016 to March 2016*. London. Ministry of Justice
- Ministry of Justice (2018b) *Education and Employment Strategy*. London: Ministry of Justice
- Modini, M., Tan, L., Brinchmann, B., Wang, M., Killackey, E., Glozier, N., Mykletun, A. & Harvey, S. (2016) Supported employment for people with severe mental illness: systematic review and meta-analysis of the international evidence. *The British Journal of Psychiatry*, 209(1): 14-22
- National Audit Office (2016) *Transforming Rehabilitation*. London: National Audit Office
- National Audit Office (2017) *Mental Health in Prisons*. London: National Audit Office
- Parsonage, M., Grant, C. and Stubbs, J. (2016) *Priorities for mental health: Economic report for the NHS England Mental Health Taskforce*. London: Centre for Mental Health
- Prison Reform Trust (2017) *Bromley Briefings Prison Factfile, Autumn 2017*. London: Prison Reform Trust
- Samele, C., Forester, A. and Bertram, M. (2018) An evaluation of an employment pilot to support forensic mental health service users into work and vocational activities. *Journal of Mental Health*. 27 (1) 45-51
- Singleton, N., Meltzer, H. and Gatward, R. (1998) *Psychiatric Morbidity Among Prisoners in England and Wales*. Office for National Statistics: London.
- Stewart, D. (2008) *The Problems and Needs of Newly Sentenced Prisoners: Results from a national survey*. Ministry of Justice Research Series 16/08. London: Ministry of Justice.
- Senior, J., Birmingham, L., Harty, M., Hassan, L., Hayes, A., Kendall, K., King, C., Lathlean, J., Lowthian, C., Mills, A., Webb, R., Thornicroft, G. & Shaw, J. (2013) Identification and management of prisoners with severe psychiatric illness by specialist mental health services. *Psychological Medicine* 43:1511–1520.
- Talbot, E., Bird, Y., Russell, J., Sahota, K., Schneider, J. and Khalifa, N. (2018) Implementation of individual placement and support (IPS) into community forensic mental health settings: Lessons learned. *British Journal of Occupational Therapy*. 81 (6) 338-347
- WSIPP (2017) *Adult Criminal Justice: Employment counseling and job training (transitional reentry from incarceration into the community)*. Washington State: WSIPP. [Online] Available at: www.wsipp.wa.gov/BenefitCost/Program/557 [Accessed 30 May 2018]

From prison to work: A new frontier for Individual Placement and Support

Published June 2018

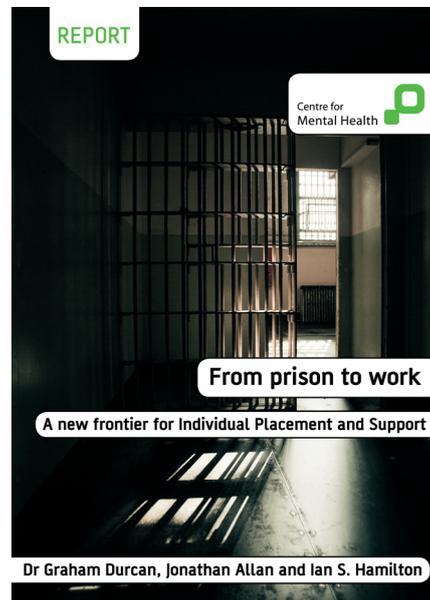
Photograph: istock.com/fhogue

£10 where sold

Centre for Mental Health is an independent charity and relies on donations to carry out further life-changing research. Support our work here:
www.centreformentalhealth.org.uk

© Centre for Mental Health, 2018

Recipients (journals excepted) are free to copy or use the material from this paper, provided that the source is appropriately acknowledged.



Centre for
Mental Health



Centre for Mental Health

Office 2D21, South Bank Technopark,

90 London Road, London SE1 6LN

Tel 020 7717 1558

www.centreformentalhealth.org.uk

Follow us on social media: @CentreforMH

Charity registration no. 1091156. A company limited by guarantee registered in England and Wales no. 4373019.