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# From prison to work

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Enable:  
what we do



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- IPS in IAPT (previously)
- Thrive IPS in Sandwell
- Other supported employment services in Shropshire and Wolverhampton
- Work and Health sub contractor
- Transitions and work
- BBO employment
- Promote understand mental illness
- Promote mental health & wellbeing
- Challenge inequality & disadvantage
- Drive through change and improvement to policy and practice
- Amplify the real experiences of those most
- Shine a light on world class services and Innovation

Why focus on employment?



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- ❑ Only 6% prison leavers are helped into employment on release (a further 11% get jobs themselves)
- ❑ Being in work a major factor in desistance
- ❑ Employment also supports mental health recovery for many
- ❑ Yet prisoners with mental health problems often excluded from existing employment & training programmes

Individual  
Placement &  
Support



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- ❑ 'Place then train' approach to supported employment
- ❑ Strong evidence base from 17 international trials
- ❑ Now widely used in NHS mental health services
- ❑ Also tested in addiction services, primary care and with armed forces veterans

IPS principles



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- ❑ No exclusions
- ❑ No compulsion
- ❑ Rapid, assertive job search based on preference & ability
- ❑ Co-located with health support
- ❑ Benefits advice
- ❑ Time unlimited support in work

# The Plan



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- Engage in prison, help in the community to find a job
- Work with referrals from the Prison In Reach team of (the then) SSSFT
- Work with people discharged from 3 Midlands prisons
- Work across a 60 mile radius from each prison
- The team
  - IPS Team leader, 2 x Employment Specialists
  - Started with 1, increased to 3

## Changes (1)



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- ❑ Launched at the time of biggest shakeup of criminal justice system
- ❑ Transforming Rehabilitation launched
- ❑ Prison roles changed
- ❑ Probation / offender management changed
- ❑ Changed the areas where people were discharged to.

## Changes (2)



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- ❑ Expanded the prisons worked with (N=8)

Also referrals from:

- ❑ offender management Units
- ❑ Voluntary organisations
- ❑ National probation Service
- ❑ Integrated Offender Management Teams
- ❑ Project researcher



## IPS: how it worked



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This project worked as closely as possible to the IPS model but there were some differences:

- ❑ Relationships with prison based mental health workers and CMHT's
- ❑ Working with non-employment issues
- ❑ Geographical patches

Testing IPS  
with prisoners



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□ Collaboration with:

- JP Getty Charitable Trust, Henry Smith Charity and Garfield Weston Foundation
- Enable
- Sova
- South Staffordshire and Shropshire Healthcare NHS Foundation Trust
- HM Prison and Probation Service
- University of Nottingham

## Implementation



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- ❑ Worked with eight prisons in the West Midlands (including one women's prison)
- ❑ Employment specialists got referrals through prison mental health services
- ❑ Support provided before and after release: adapting IPS to meet specific needs
- ❑ Total of 128 referrals, 54 people fully engaged & met criteria and 21 (39%) got competitive employment

## Challenges



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- ❑ Transforming Rehabilitation
- ❑ Unpredictability of release dates and locations
- ❑ Lack of continuity of care following release:  
only 9 of 63 people referred by inreach teams  
got help from community mental health  
services
- ❑ Importance of meeting basic needs and  
stability: money and shelter
- ❑ 'compliant' clients

Service user  
experiences



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- *"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."*
- *"This is the first time I've ever had support so it's given me more confidence, knowing that there is support out there..."*

## Recommendations (1)



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- ❑ Government and executive agencies should commission larger-scale adapted IPS pilot
- ❑ HMPPS should review and adapt existing employment & training schemes using IPS principles
- ❑ The Health and Work Programme should adopt IPS principles
- ❑ No one should be mandated to participate in employment programmes

## Recommendations (2)



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- ❑ NHS and Probation services should be mandated to deliver continuity of care for prison leavers with mental health problems
- ❑ Anyone on inreach caseload should be supported proactively by community mental health services
- ❑ For those below threshold, adapted primary care/IAPT offer should be provided



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# Thank you

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