

# Individualised placement and support programme for people unemployed because of chronic pain: a feasibility study and the InSTEP pilot RCT

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## Plain English summary

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## Plain English summary

Chronic pain is a common cause of disability and unemployment. Individualised placement and support is a package of care that aims to rehabilitate people and get them back into paid employment. It is effective for people with severe mental health conditions, but no one knows if it works for patients with chronic pain. This research aimed to determine the feasibility of a future randomised trial to test if individualised placement and support improves quality of life or other health outcomes in this group.

We conducted in-depth interviews with patients, doctors, nurses, employment support workers and employers, as well as a small-scale pilot trial. All of the groups interviewed supported the value of the intervention and the pilot trial. The Patient Advisory Group helped review trial documentation and produced a standardised treatment-as-usual booklet for comparison with individualised placement and support.

However, despite experimenting with a range of methods, recruiting patients proved challenging, particularly from general practices, where employment status is not recorded systematically. More efficient recruitment was achieved through pain services. Overall, we recruited and randomised 50 participants, 22 of whom received individualised placement and support and 28 of whom received treatment as usual. There were no adverse events and both groups found their 'intervention' acceptable. Returned questionnaires were completed well by all participants; however, we experienced significant levels of non-returns, particularly among those receiving the individualised placement and support, possibly related to starting work.

Overall, we believe that a trial would not be feasible if recruiting through general practices, but may be feasible via pain services. Challenges would be complex clients, retention over 12 months in both arms, integrating individualised placement and support with pain services and ensuring that the intervention was delivered as intended across multiple sites. The full report comments on how such challenges might be addressed.



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## This report

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