



EUROPE

Evaluation of IPS Grow

Final report

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This study was produced by an independent research team and its conclusions may not reflect the views of NHS England and NHS Improvement or the Department of Work and Pensions.

Abbreviations

CMHT	Community Mental Health Teams
CoP	Community of Practice SSD
DWP	Department of Work and Pensions
ES	Employment Specialist
IPS	Individual Placement and Support
JCP	Jobcentre Plus
KPI	Key Performance Indicator
NHS	National Health Service
PHE	Public Health England
RL	Regional Lead for Individual Placement and Support (IPS)
TA	Technical Assistance
STP	Sustainability and Transformation Partnerships

Glossary

Assertive engagement	Steps taken by ES to re-engage clients with the IPS service (measured in the IPS-25 fidelity scale). ³²²
Communities of Practice	Shared learning and networking events for Individual Placement and Support (IPS) services across the country.
Community Mental Health Teams	A group of mental health practitioners such as counsellors, case managers, service coordinators, nurses, substance abuse counsellors, medication prescribers, peer specialists, or others. ³²³
Employment Specialist	The individual who provides support and guidance to clients to identify their best job match. ³²⁴
Employment Supervisor / IPS team leader	The individual who manages a team of Employment Specialists (ES), providing supervision, training, caseload management and role modelling. ³²⁵
Fidelity action plan	A written plan that outlines steps to improve fidelity to the IPS supported employment approach. ³²⁸
Fidelity review report	A way of measuring whether a service is delivering best practice IPS according to the IPS-25 fidelity scale. ³²⁹
Field mentoring	Support and training to IPS practitioners as they perform their work. For instance, a supervisor meets with a practitioner and client working on the career profile to model or observe the practitioner's listening skills.
Follow-along support	One of the phases of support provided to clients by Employment Specialist after they have secured a job. ³³⁰
IPS-25 Fidelity scale	Defines and measures the critical ingredients of IPS and their implementation level to identify the degree to which programs have applied the model. ³²⁷
New / Aligning / Expanding	This typology denotes: <i>New</i> IPS service: funding supports the development of a new IPS service where no other services exist; <i>Aligning</i> IPS service: funding supports current employment services to align with IPS principles; <i>Expanding</i> IPS service: funding expands existing IPS services. ³²⁶
Sustainability and Transformation Partnerships (STP)	Partnerships made between National Health Service (NHS) organisations and local councils to run healthcare services more effectively. ³³¹
Third-sector provider	Services run, either in part or in full, by a third-sector organisations rather than an NHS mental health trust. ³³²

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1. Introduction

In 2019 and 2020, the rate of employment among working-age adults with a mental illness in England was 25 percentage points lower¹ (at 52 per cent in 2019/2020)² than in the general population (77 per cent in 2020).³ Despite progress towards bridging this gap, more needs to be done. Over 1 million adults aged 19-64 in England were in contact with secondary mental health services⁴ in 2019⁵, but only 8 per cent of working-age adults (aged 18-69) receiving secondary mental health services and under the Care Programme Approach⁶ were in paid employment.⁷

Individual Placement and Support (IPS) refers to a suite of evidence-based practices that support people with serious mental illness into employment.⁸ IPS has spread across the globe, supported by a growing evidence base that includes 27 randomised controlled studies.⁹ Support is provided by a team of

¹ NHS. 2020. 'NHS Outcomes Framework Indicators - August 2020 Release'. As of 4 February 2021:
<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/august-2020>

² Nuffield Trust. 2020. 'Supporting People in Employment'. [Note that the number (51.5 per cent in Quarter 1 2019/20) has been rounded]. As of 4 February 2021:
<https://www.nuffieldtrust.org.uk/resource/supporting-people-in-employment>

³ ONS. 2021. 'A01: Summary of labour market statistics'. [Note that the number (77.1 per cent in Quarter 1 2020) has been rounded]. As of 4 February 2021:
<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/summaryoflabourmarketstatistics/current>

⁴ Secondary mental health services require a GP referral. They include hospitals, some psychological wellbeing services, community mental health teams, crisis resolution and home treatment teams, assertive outreach teams and early intervention teams.

⁵ NHS. 'Mental Health Services Monthly Statistics'. As of 4 February 2021:
<https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/mental-health-data-hub/mental-health-services-monthly-statistics>

⁶ The Care Programme Approach is used in secondary mental health services to assess, plan, review and coordinate care, treatment and support for people with complex needs relating to their mental health or learning disabilities.

⁷ NHS. 2019. '1F - Proportion of adults in contact with secondary mental health services in paid employment'. As of 4 February 2021:
<https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-outcomes-framework-ascof/current/indicator-files/1f---proportion-of-adults-in-contact-with-secondary-mental-health-services-in-paid-employment>

⁸ See: Drake, R. E. 2020. 'Introduction to the special issue on Individual Placement and Support (IPS)'. *International. Psychiatric Rehabilitation Journal* 43(1): 1;

Modini, M., Tan, L., Brinchmann, B., Wang, M.J., Killackey, E., Glozier, N., Mykletun, A. & Harvey, S.B. 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;

Bond, G.R., Drake, R.E. & Campbell, K., 2016. 'Effectiveness of individual placement and support supported employment for young adults'. *Early intervention in psychiatry* 10(4): 300-307.

⁹ Drake, R.E. 2020. See above for details.

Employment Specialists (ES), who are based in mental health services and work closely with clinical teams. The employment support received by clients is additional to any activities undertaken as part of the mental health service. Clients work with an ES, who helps them find a job and, if they are successful, provides in-work support for both the client and employer.

IPS follows eight principles:¹⁰

- 1) **Competitive employment:** Jobs that are open to everyone (not just those with disabilities), based in community settings and paying at least minimum wage or the same wage that others with similar duties receive.
- 2) **Integration with treatment:** ES are members of multidisciplinary mental health teams that meet regularly to review client progress.
- 3) **Zero Exclusion:** Every person who wants to work is eligible for IPS, regardless of diagnosis, symptoms, work history or any other gatekeeping criteria.
- 4) **Attention to client preferences:** Support is client-led. The client's preferences determine the job search, the nature of ES support, and if, how and when to disclose information about the client's psychiatric disability to the employer.
- 5) **Benefits planning:** Provision of accurate, understandable and relevant information about a client's choices and entitlements reduces the possibility that fear of losing their benefits prevents them seeking employment.
- 6) **Rapid job search:** The process starts within 28 days of joining the programme to honour and meet the client's desire to work.
- 7) **Systematic job development:** ES develop relationships with employers to learn about the work environment, the employers' work needs, and the nature of the job opportunities available, and to assess the fit with the client's preferences.
- 8) **Time-unlimited support:** Job supports are individualised and continue for as long as the client wants and needs the support.

IPS has proved to be effective in helping people with severe mental illness into employment.¹¹ A systematic review showed that IPS is more than twice as likely to lead to competitive employment as traditional vocational rehabilitation, and its benefits remain evident over a long time.¹² Compared to clients receiving standard treatment only, participants in IPS programmes achieve better job outcomes (e.g. job tenure and income) and a possible improvement in their quality of life.¹³

¹⁰ Based on IPS Works website. 'The 8 principles of IPS'. As of 4 February 2021:

<https://ipsworks.org/index.php/what-is-ips/>

¹¹ Suijkerbuijk YB, Schaafsma FG, van Mechelen JC, Ojajärvi A, Corbière M, & Anema JR. 2017. 'Interventions for obtaining and maintaining employment in adults with severe mental illness, a network meta-analysis'. *Cochrane Database of Systematic Reviews*, Issue 9. Art. No: CD011867.

¹² Modini, M., Tan, L., Brinchmann, B., Wang, M.J., Killackey, E., Glozier, N., Mykletun, A. & Harvey, S.B. 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

¹³ Frederick, D. E., & VanderWeele, T. J. 2019. 'Supported employment: Meta-analysis and review of randomized controlled trials of individual placement and support'. *PloS one* 14(2): e0212208;

Richter, D. & Hoffman, H. 2019. 'Effectiveness of supported employment in non-trial routine implementation: Systematic review and meta-analysis'. *Social Psychiatry and Psychiatric Epidemiology* 54(5): 525–531.

The IPS-15 scale was developed to measure fidelity to the IPS model (the degree of exactness with which practice follows IPS practice – see Box 1) and has been shown to have good psychometric properties¹⁴, including predictive validity.¹⁵ It was adapted to a 25-point scale known as the Supported Employment Fidelity Scale, which is now widely used in research and practice internationally, including in the UK and this evaluation.¹⁶ The rationale for using fidelity scales to guide implementation is that interventions successfully replicating the IPS principles achieve better employment outcomes.¹⁷

National Health Service (NHS) England and NHS Improvement have demonstrated their intent to increase access to IPS services by adopting *The Five Year Forward View for Mental Health* in 2016, which included a commitment to double access to IPS services nationally by 2020/2021, opening it up to approximately 20,000 people.¹⁸ Further commitments were outlined in the February 2019 *NHS Long Term Plan*,¹⁹ which pledged to support an additional 35,000 people with severe mental illnesses into employment by 2023/24 (a total of 55,000 people per year). By 2028/29, NHS England and NHS Improvement aim to extend IPS to 50 per cent of the eligible population, benefiting up to 115,000 people.

To achieve these targets, NHS England and NHS Improvement have centrally-held transformation funding to allocate directly to specific Sustainability and Transformation Partnerships (STPs) (Figure 1). A total of 44 STPs bring together NHS, local authority and other healthcare organisations to run services in a more coordinated way, agree priorities, and plan how to improve residents' health.²⁰ Different IPS providers may operate within STPs across different sites.

In 2019, each provider within an STP applied for Wave 2 funding from NHS England and NHS Improvement and received funding for either *new*, *aligning*, or *expanding* IPS services in their local areas:



- **New IPS service:** the funding supports the development of a new IPS service where no other services exist
- **Aligning IPS service:** the funding supports current employment services to align with IPS principles
- **Expanding IPS service:** the funding expands existing IPS services.

¹⁴ Bond, G. R., Becker, D. R., Drake, R. E., & Vogler, K. M. 1997. 'A Fidelity Scale for the Individual Placement and Support Model of Supported Employment'. *Rehabilitation Counseling Bulletin* 40: 265-284.

¹⁵ Bond, G. R., Becker, D. R., & Drake, R. E. 2011. 'Measurement of Fidelity of Implementation of Evidence-based Practices: Case Example of the IPS Fidelity Scale'. *Clinical Psychology: Science and Practice* 18(2): 126-141; Bond, G. R., Peterson, A. E., Becker, D. R., & Drake, R. E. 2012. 'Validation of the revised individual placement and support fidelity scale (IPS-25)'. *Psychiatric Services* 63(8): 758-763.

¹⁶ Bond, G.R., Peterson, A.E., Becker, D.R. & Drake, R.E., 2012. 'Validation of the Revised Individual Placement and Support Fidelity Scale (IPS-25)'. *Psychiatric Services* 63(8): 758-763.

¹⁷ Lockett, H., Waghorn, G., Kydd, R. & Chant, D. 2016. 'Predictive validity of evidence-based practices in supported employment: a systematic review and meta-analysis'. *Mental Health Review Journal* 21(4): 261-281.

¹⁸ NHS. 2016. 'The Five Year Forward View for Mental Health'. As of 4 February 2021: <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

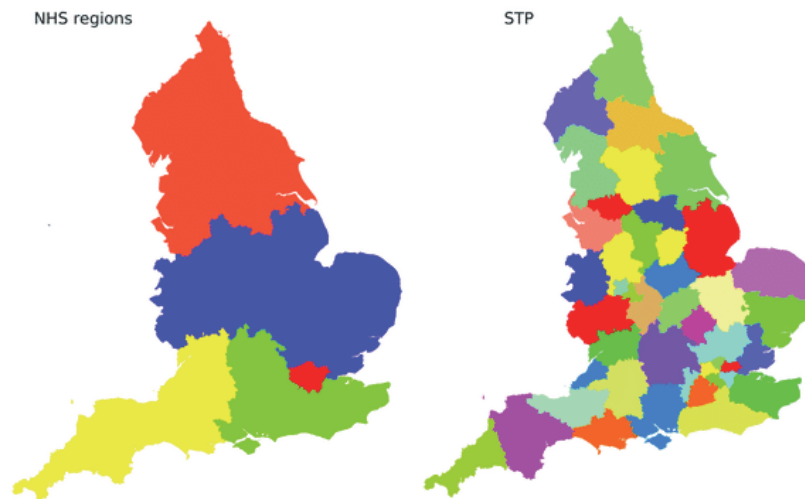
NHS. 2016. 'Implementing the Five Year Forward View for Mental Health'. As of 4 February 2021: <https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf>

¹⁹ NHS. 2019. 'NHS Long Term Plan'. As of 4 February 2021: <https://www.longtermplan.nhs.uk/online-version/>

²⁰ NHS. 'Integrated care: Sustainability and transformation partnerships'. As of 4 February 2021: <https://www.england.nhs.uk/integratedcare/stps/>

Most STPs applied for funding for a combination of areas (i.e. some applied for *aligning* current employment support services with IPS as well as creating completely *new* IPS services; others applied for *expanding* existing services as well as creating *new* IPS services, and yet others applied for all three types of funding: *expanding*, *new* and *aligning*).²¹

Figure 1: Boundaries of 5 NHS Regions (left), and 44 STPs right)



Source: Allen, M., Pearn, K., Villeneuve, E., Martin, J. & Stein, K. 2019. 'Planning and Providing Acute Stroke Care in England: The Effect of Planning Footprint Size'. *Frontiers in Neurology*. 10. 150. 10.3389/fneur.2019.00150.

A separate portion of transformation funding goes towards a central support initiative (IPS Grow),²² which aims to facilitate delivery of high-quality IPS services among existing and new services within secondary mental health care. IPS Grow aims to (i) speed up the time taken to deliver high-quality IPS (measured by fidelity score) and (ii) ensure sustainable services.

This report presents the overall findings of the IPS Grow evaluation, which has been jointly funded by NHS England and NHS Improvement and the Department for Work and Pensions (DWP) Work and Health Unit.

²¹ In each STP, there are specific local areas that may implement IPS. As IPS is implemented in secondary mental health services (e.g. in hospitals), one mental health hospital may be introducing a new IPS service, while another psychological wellbeing service in the same STP may be expanding its existing IPS service.

²² IPS Grow (homepage). 2021. As of 4 February 2021: <http://ipsgrow.org.uk/>

2. The intervention (IPS Grow) and its evaluation (approach, questions and methods)

2.1. The role of implementation support in the context of implementing IPS programmes

As outlined above, IPS Grow provides technical assistance (TA) supporting IPS implementation. The effect of TA and training on the effectiveness of programme implementation is an area of important extensive research,²³ since performance improvements depend on the quality of implementation. Even evidence-based practices may not work if they are not well implemented.²⁴

The different elements of TA support can be classified into five groups: *preparation* for the provision of TA, *development* of a TA plan, *implementation* of TA, *evaluation* of the effects of TA, and *sustainability* of technical-assistance-facilitated changes.²⁵

2.1.1. It is important to pay explicit attention to the fidelity of technical assistance and intervention practices

A recent review points to **11 core elements of TA** most often present in evaluations and associated with positive changes in the programmes implemented (see Table 6, Annex A.1.).²⁶ This research also shows that **intensive TA is associated with more positive changes to programme outcomes** than less intensive TA.

²³ See: Nilsen, P. 2015. 'Making sense of implementation theories, models and frameworks'. *Implementation Science* 10(1): 1-13;

Durlak, J. A. 2015. 'Studying program implementation is not easy but it is essential'. *Prevention Science* 16(8): 1123-1127;

Wandersman, A., Chien, V. H., & Katz, J. 2012. 'Toward an evidence-based system for innovation support for implementing innovations with quality: tools, training, technical assistance, and quality assurance/quality improvement'. *American journal of community psychology* 50(3-4): 445-459;

Kirk, M. A., Kelley, C., Yankey, N., Birken, S. A., Abadie, B., & Damschroder, L. 2015. 'A systematic review of the use of the consolidated framework for implementation research'. *Implementation Science* 11(1): 72;

Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. 2009. 'Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science'. *Implementation science* 4(1): 1-15.

²⁴ Durlak, J.A. 2015) – see above for details.

²⁵ Dunst, C. J., Annas, K., Wilkie, H., & Hamby, D. W. 2019. 'Review of the Effects of Technical Assistance on Program, Organization and System Change'. *International Journal of Evaluation and Research in Education* 8(2): 330-343.

²⁶ Dunst et al. 2019 – see above for details.

2.1.2. Growing research suggests that technical assistance improves practices in vocational rehabilitation

There is also a growing body of research on the role and function of implementation support in establishing IPS practices.²⁷ A conceptual framework has been developed to assist IPS funders and policymakers, implementers, and researchers in considering a range of factors (beyond fidelity) to improve vocational rehabilitation for people with severe mental illness (see Figure 18, Annex A.1).²⁸

In this conceptual framework, TA is classified as one the dimension expected to directly improve practices in vocational rehabilitation. Other dimensions that facilitate improvements include programme intensity, programme fidelity, quality of programme delivery, ES expertise, programme evaluation and feedback, quality of mental health treatment, removal of non-evidence-based practices and participant responsiveness (see Figure 18, Annex A.1).

2.2. IPS Grow supports the national expansion of IPS services in England

Implemented by a consortium of IPS experts led by Social Finance,²⁹ IPS Grow is a partnership programme that supports the expansion of IPS services across secondary mental healthcare services in response to the *NHS Long Term Plan*.

IPS Grow comprises a team of Regional Leads (RL)³⁰ and a National Lead who provide hands-on practical support and advice for designing, implementing, and delivering IPS services. IPS Grow leads work with STPs and commissioners to plan the expansion and sustainment of IPS services.

Support offered by IPS Grow to local IPS services include³¹:



- 1) **Technical Implementation Support:** including fidelity reviews and follow-up fidelity action plans
- 2) **Workforce Development:** tools, strategies and practical help to support effective staff recruitment and training, driven by a marketing lead. Available tools include e-learning materials, an IPS workspace within the FutureNHS Collaboration Platform³² and an online resource of guidance documents, templates and more
- 3) **Data Tools and Performance Standards:** data and reporting tools to help services capture impact and performance and develop standardised key performance indicators/targets, championed by an analytical lead.

²⁷ Lockett, H., Waghorn, G., & Kydd, R. 2018. 'A framework for improving the effectiveness of evidence-based practices in vocational rehabilitation'. *Journal of Vocational Rehabilitation* 49(1): 15-31;

Lockett, H., Waghorn, G., Kydd, R., & Chant, D. 2016. 'Predictive validity of evidence-based practices in supported employment: A systematic review and meta-analysis'. *Mental Health Review Journal* 21(4): 261-281

²⁸ Lockett et al. 2018 – see above for details

The IPS Grow Consortium of experts includes the Centre for Mental Health, Enable (Shropshire), Southdowns IPS Services (Sussex), South West London & St George's Mental Health NHS Trust and Central & NW London NHS Foundation Trust.

³⁰ These regions include: East of England, London, Midlands, North East and Yorkshire, North West, South East, South West – they do not align with NHS England's regions.

³¹ IPS Grow. 2021. 'What is IPS?' As of 4 February 2021:
<https://ipsgrow.org.uk/what-is-ips/about-ips-grow/>

³² FutureNHS Collaboration Platform. 2021. As of 4 February 2021:
<https://future.nhs.uk/connect.ti/IPSWorkspace/grouphome>

To understand the type and scope of support IPS Grow provides, it is important to recognise the variability of IPS services it supports. Some of these variations derive from adaptation to local circumstances, while others result from a failure of understanding or capacity. IPS Grow supports three main areas: new, aligning and expanding IPS services (see section 1). The level and form of support needed by each IPS is likely to differ both within and across STPs.

2.3. This evaluation uses a theory-based approach and mixed methods to examine the impact of IPS Grow on funded IPS services

2.3.1. Our evaluation is based on a logic model that sets out how IPS Grow is intended to support IPS services

Our evaluation focuses on the portion of transformation funding that supports IPS Grow rather than the overall funding for STP areas. We aim to provide independent evidence to NHS England and NHS Improvement, the Department for Work and Pensions, IPS Grow and other audiences about IPS Grow's impact on the maturity of new IPS services after two years of funding (see Box 1). Given that impact measurement requires an experimental or quasi-experimental evaluation design (which was impractical to apply in the context of IPS Grow design and implementation), our evaluation focuses on the role and contribution of IPS Grow using a theory-based evaluation approach.³³

Box 1: Definitions of maturity and fidelity

Maturity is commonly understood as an advanced or developed form or state.³⁴ It is associated with gaining experience over time, implying evolutionary progress where from an initial to a desired final stage (the target).³⁵ There are many models to assess maturity. We use the level of fidelity to IPS (see below), measured at approximately 6 and 12 months of service operation, as a proxy for IPS maturity. This allows us to detect any change in fidelity (i.e. maturity), but it is not free from limitations. This is because IPS maturity is variable – it can show improvements as well as deteriorations – and can also be measured and interpreted as fidelity over a long(er) period of operation.

Fidelity can be explained as the degree to which the detail and quality of an original model (IPS in this case) are successfully copied or replicated.³⁶ The IPS fidelity scale defines the critical ingredients of IPS and measures their implementation to differentiate between programs that have fully implemented the model and those that have not.³⁷ The levels of IPS fidelity are:³⁸

- **Exemplary:** a practice scoring 115-125 points
- **Good:** a practice scoring 100-114 points

³³ Theory-based evaluation is an approach in which attention is paid to theories of policymakers, programme managers and other stakeholders about how the programme is meant to work. See: Rogers, P., Petrosino, A., Huebner, T. A. & Hacs, T. A. 2000. 'Program Theory Evaluation: Practice, Promise, and Problems'. *New Directions for Evaluation* 87: 5-13.

³⁴ Cambridge English Dictionary. 2021. 'Maturity'. As of 4 February 2021: <https://dictionary.cambridge.org/dictionary/english/maturity>

³⁵ Mettler, T. 2011. 'Maturity assessment models: a design science research approach'. *International Journal of Society Systems Science* 3(1-2): 81-98.

³⁶ Cambridge English Dictionary. 2021. 'Fidelity'. As of 4 February 2021: <https://dictionary.cambridge.org/dictionary/english/fidelity>

³⁷ Becker, D.R., Swanson, S.J., Reese, S.L., Bond, G.R. & McLehman, B.M. 2015. 'Supported employment fidelity review manual: A companion guide to the evidence-based IPS Supported Employment Fidelity Scale'. Dartmouth Psychiatric Research Center.

³⁸ Bond, G.R., Peterson, A.E., Becker, D.R. & Drake, R.E. 2012. 'Validation of the revised individual placement and support fidelity scale (IPS-25)'. *Psychiatric Services* 63(8): 758-763.

- **Fair:** a practice scoring 74-99 points
- **Not yet supported employment:** a practice scoring 73 points or less.

Source: Cambridge English Dictionary, Mettler (2011), Becker et al. (2015), Bond et al. (2012).

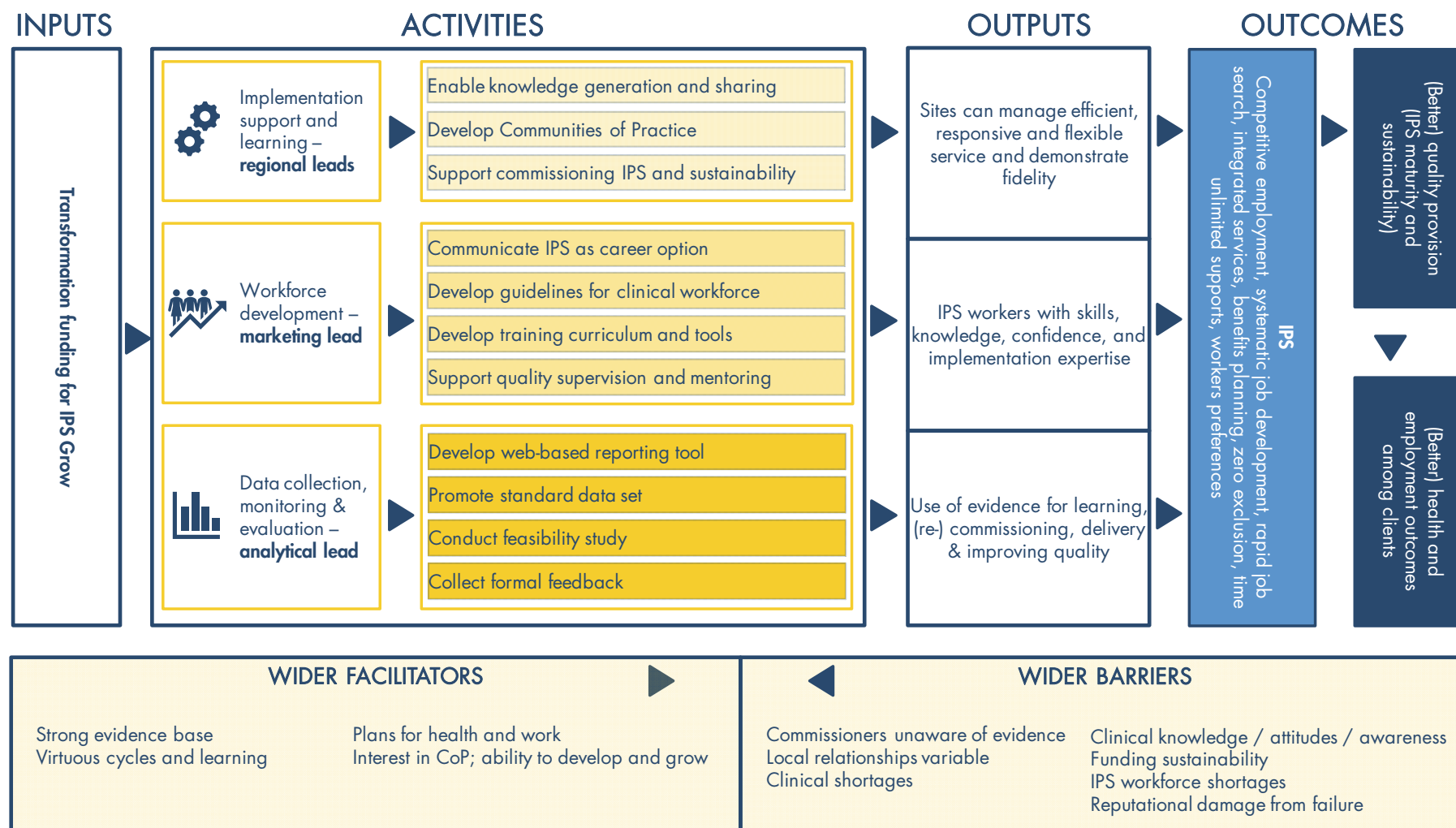
Together with representatives from NHS England and NHS Improvement, DWP, the IPS expert consortium and the IPS Grow team, our evaluation team developed a theory-based logic model³⁹ depicting our initial understanding of IPS Grow⁴⁰ (see Figure 2 and Annex B.1.1. for more detail). This model provided a framework for the study to guide the evaluation design (by identifying the processes to be explored, possible causal mechanisms and key factors potentially contributing to change) as well as data collection and analysis.

The model does not attempt to explain the logic behind IPS, which brings people with mental health conditions into employment. Rather, the logic model outlines processes that play a supportive role in implementing and improving IPS services (the remit of IPS Grow). The logic model also explores how these processes could be more effective and, as a result, are most likely to improve IPS quality and speed up the implementation of high quality IPS.

³⁹ For simplicity's sake, we refrain from using the terms *Theory of Change* or *Theory of Action* prevalent in the evaluation literature. See: Funnell, S.C. & Rogers, P. J. 2011. 'Purposeful Program Theory: Effective Use of Theories of Change and Logic Models'. San Francisco: Jossey-Bass/Wiley.

⁴⁰ IPS Grow and the evaluation team are the model's main audience; other potential audiences (e.g. policymakers and clients) might need a different version that expands on aspects beyond this evaluation's scope, e.g. cost-effectiveness of IPS Grow support.

Figure 2: The logic model illustrating how IPS Grow supports IPS implementation



Source: Authors' own elaboration, based on the stakeholder workshop.

2.3.2. Our evaluation aims to answer seven evaluation questions, using a combination of methods

Our evaluation aims to assess IPS Grow's support for IPS implementation in different contexts. In addition to the logic model (Figure 2), we draw on several data collection methods to address seven key evaluation questions specified by NHS England and NHS Improvement and DWP:

1. How did IPS maturity change during the initial two years of support?
2. How were the IPS services organised within the local healthcare system?
3. What were the activities and outputs of the IPS services that received support?
4. What support did each service receive from IPS Grow?
5. How was IPS Grow perceived by its key audiences? Were any elements of support felt to be missing, and were there any suggested changes?
6. Do organisational factors or support levels account for variation in IPS maturity?
7. What key elements of IPS Grow allowed new IPS services to achieve good fidelity to the IPS model?

We used a combination of methods to address these questions:

- **Two rounds of semi-structured telephone interviews** with a total of 26 stakeholders, including 24 local IPS practitioners, clinical team members, local commissioners from eight STPs, and two NHS England and NHS Improvement Regional Leads.
- **Two focus groups with IPS Grow RL**, including nine participants in total.
- **Two case studies** focused on **Communities of Practice (CoPs)** which included non-participatory observation in four events and 16 follow-up semi-structured interviews with participants.
- **Two rounds of an online survey** with local IPS practitioners (77 and 80 responses respectively).
- **A targeted documentation review** (including funding applications from 21 STPs, administrative data on mental health, and IPS Grow management information) drawing on the **fidelity reviews of seven services** and action plans/reports arising from these reviews.

Each data collection activity was conducted twice: once between September 2019 and January 2020⁴¹ (Round 1), and again between May 2020 and September 2020 (Round 2). Further information on each method and its application to the above evaluation questions can be found in Annex B.1.

2.3.3. Although the COVID-19 outbreak affected the timing and nature of data collection, we were able to adapt and continue our evaluation

The outbreak of COVID-19 and the ensuing lockdown in March 2020 impacted the day-to-day functioning of IPS Grow and IPS services throughout the country, necessitating adaptation in our methods of evaluation.

Although some data collection efforts were delayed (e.g. the survey, fidelity reviews and interviews), all data collection went ahead in virtual formats. Some changes were required for the methods used in the CoP case studies (where events and their observations were conducted remotely), and to the scoring used in the

⁴¹ Except Round 1 of the survey, which took place in April-May 2020 due to delays brought about by COVID-19.

fidelity reviews (to ensure service scores were not penalised where face-to-face contact was not possible because of COVID-19). Further information on this can be found in Annex B.3.2.

3. Findings

3.1 How did IPS maturity change during the initial two years of support?

Summary

Seven services underwent two rounds of fidelity reviews as part of the evaluation. We found that:

- Services generally improved their fidelity to the IPS principles and practices over time
- Staffing structures, rapidity of job search and focus on client interest and skills were in place from the early days of IPS service operation
- Other aspects of IPS maturity improved markedly over time, including integration with and support from clinical teams, and discussions around disclosure
- Some aspects of IPS maturity did not improve, however. These included team supervision, universal client access, liaison with Jobcentre Plus, and engagement with employers
- There was insufficient evidence for some types of support because of the newly established nature of services.

This section aims to examine *if* and *how* IPS service maturity evolved over the first two years of IPS Grow's support. As explored in section 2.3, we use fidelity to the IPS model as a proxy for IPS maturity. This section draws primarily on findings from two rounds of fidelity reviews conducted in seven services (within seven STPs) using the IPS-25 scale.

These findings are augmented, where possible, by data from the documentation review and interviews to explore reasons *why* maturity changed or did not change over time (although conclusions in this area remain limited).

Box 2: Information on how fidelity reviews are conducted and used

- Fidelity reviews aim to provide a review of IPS service quality by comparing practice and performance against the 25-item IPS fidelity scale
- Conducted by two or three reviewers, they involve a combination of documentation review, observations and interviews, culminating in scoring, feedback and recommendations against each of the 25 items (see Table 7, Annex A.2. for the full list of items)
- For each item, reviewers assign a score between 1 and 5 depending on how successfully an item has been implemented (see Table 12, Annex B.1.3. for more detail)
- A maximum of 125 points are possible, and overall scores are classified according to fidelity level (categorised from highest to lowest as *exemplary*, *good*, *fair* or *not supported employment* – see Table 11, Annex B.1.3).
- More information on the scoring and labels can be found in Annex B.1.3.

3.1.1. Services improved their fidelity to IPS principles and practices over time

All seven services included in the fidelity reviews increased their fidelity review scores between Round 1 and Round 2.

In Round 1, three services received scores suggesting they were not yet supporting employment. Two services demonstrated *good* fidelity, and the remaining two demonstrated *fair* fidelity. By Round 2, all services were delivering at least *fair* fidelity, with three delivering *good* fidelity.

Table 7, Annex A.2, shows the scores services achieved in each of the 25 items on the IPS-25 fidelity scale in Rounds 1 and 2 respectively, and the change in each score over time.



**By 2020, all
examined services
delivered IPS to at
least fair (or good)
fidelity**

Table 1: Fidelity scores achieved in Round 1 and Round 2 fidelity reviews (ordered by highest to lowest in Round 2 fidelity score)

Service	Classification	Round 1 score (position)	Level of fidelity achieved in Round 1	Round 2 score (position)	Percentage change over time	Level of fidelity achieved in Round 2
Service 1	Expanding	87 (3)	Fair	106 (3)	22%	Good
Service 2	Aligning	75 (4)	Fair	90 (6)	20%	Fair
Service 3	Expanding	104 (1)	Good	111 (1)	7%	Good
Service 4	Aligning	59 (7)	Not supported employment	98 (5)	66%	Fair
Service 5	New	72 (5)	Not supported employment	93 (4)	29%	Fair
Service 6	Expanding	103 (2)	Good	110 (2)	7%	Good
Service 7	Aligning	71 (6)	Not supported employment	93 (4)	31%	Fair

Note: The levels of fidelity are *not supported employment* (score 73 and below), *fair* (score 74-99), *good* (score 100-114), and *exemplary* (score 115-125).

Source: Fidelity review reports for seven IPS services, produced by RAND Europe and IPS Grow.

All examined services demonstrated improvement on their previous scores, with the lowest scoring services generally showing the most progress. This is reflected in the fidelity-review report overviews, which showed how services worked to address the areas for development identified in their previous fidelity review.

One exception to this improvement narrative is Service 2, which demonstrated the least progress and scored the lowest in Round 2 – despite scoring as *fair*. While the overview in the fidelity-review report does not explain this finding, Table 7 (Annex A.2) indicates that Service 2 did not make similar progress to other services in terms of informal integration, collaboration with the DWP, the role of the employment supervisor, and executive team support for supported employment.

- 3.1.2. Some elements of good fidelity to the IPS model were already in place when IPS services were set up, and these tended to improve over time



Staffing structures were in place and working well for most services from the beginning. Items 1-3 of the fidelity scale focus on the staffing set-up in each service, examining the caseload size held by ES (Item 1), the type of work undertaken by them (Item 2) and the extent of specialism across ES in a team (Item 3).⁴²

Most services taking part in the fidelity reviews scored highly in all three items in both rounds, indicating that **their staffing structures and profiles were suitable from the outset** (Round 1) and continued to improve as the service matured (Round 2). With one exception, caseload sizes did not exceed 20 and there were no reported staffing challenges.

The fidelity review reports also confirmed that **ES offered employment support only** (rather than clinical support or support in other non-employment related issues). The single exception to this (Service 4) had repositioned itself within a broader vocational service; the ES initially held mixed caseloads of IPS and non-IPS clients, supporting clients with broader vocational needs beyond employment needs. Due to the pressure placed on mental health trusts during the initial months of the COVID-19 outbreak, the fidelity review reports for four services indicated that, between March 2020 and September 2020, ES were required to take on non-employment work on a part-time and limited basis to support the clinical team (Services 1, 3, 4, 5). In all but one case, this included infrequent ‘wellbeing checks’ with clients rather than full redeployment. By September 2020, all services reported they had returned to a sole focus on employment.

IPS services worked to find jobs rapidly from the beginning

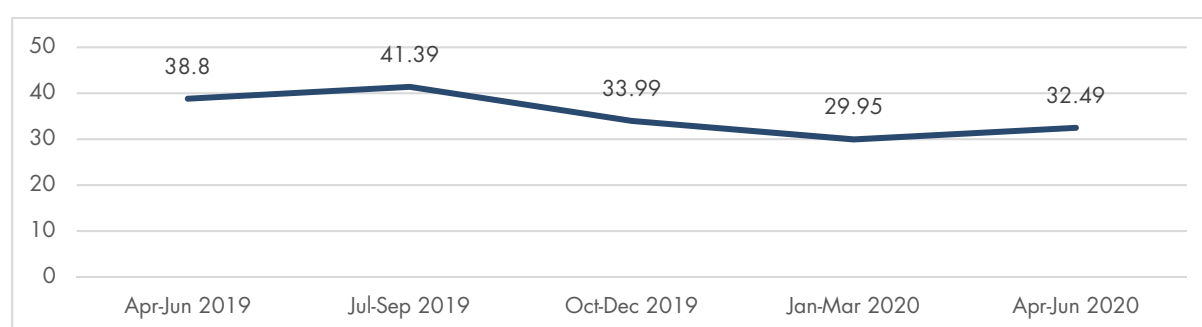
One of the principles of IPS is to ensure a rapid and immediate job search once the client and ES begin working together. In Item 15 (*rapid job search for a competitive job*), fidelity reviewers measured the time between programme entry (defined as the start of the vocational profile) and the client’s first contact with an employer to score each service.

⁴² More information on each of the 25 items on the IPS-25 scale can be found in Becker et al (2015).

By Round 2, **all services made rapid first contact with employers** within either 40 days (Services 1, 3, 4, 7) or 30 days (Services 2, 5, 6) of a client joining the programme. This represented a slight improvement from Round 1, where many services did not adequately track this metric (Round 1, Services 2, 3, 4, 5, 6).

Data reported by all services on the IPS Grow reporting tool suggests that the seven services in the fidelity review were broadly typical, with an average of 35 days between the start of a client's vocational profile and their first face-to-face contact with an employer (see Figure 3).⁴³

Figure 3: Average number of days between the start of a client's vocational profile and their first face-to-face employer contact between April 2019 and June 2020 for services using IPS Grow reporting tool



Note: In the IPS-25 fidelity scale, <30 days = 5; 31-60 days = 4; 51-150 days = 3; 151-270 days = 2; 270+ days = 1.

Source: IPS Grow quarterly reports from April 2019-June 2020

ES aimed to find jobs that aligned with clients' interests and skills from the start

A key principle of IPS is that ES should aim to find jobs consistent with clients' preferences. When joining the service, clients and ES work together to develop a vocational profile for the client that identifies their skills, likes/dislikes, strengths/weaknesses and job ambitions/plans. The vocational profile is designed to be a 'live' document continually updated with clients' experiences in IPS. The information included is intended to help clients and ES identify well-matched jobs consistent with the client's preferences.

The vocational profiles used by services included in the fidelity review conformed to good practice guidelines in terms of how they were designed and then used. While this was evident in both Rounds 1 and 2, there were some small improvements: by Round 2, services had introduced vocational assessment documentation that captured more relevant information as required by the IPS manual and that could be updated (Services 4, 7). Ongoing weaknesses included a lack of detail about recent negative experiences in work (Services 5, 6, and 7), short-term work plans (Service 3), and failure to consult clinical teams or family members (Services 2 and 4).

⁴³ IPS Grow quarterly reports from April 2019 to June 2020

3.1.3. Many aspects of IPS maturity improved markedly over time

IPS team structures became more established over time



By Round 2, **all seven services had an IPS team that functioned as an employment unit – with a team leader, regular team meetings and group-based supervision** – and met good fidelity standards (Item 7). In two *aligning* services (Services 2 and 7), this represented a significant improvement from Round 1. In both cases, this was because team leaders and/or ES were only recently in post at the time of the Round 1 reviews, meaning that regular team meetings and supervision had not yet taken place. This was rectified by Round 2, however. Small changes that led to improvements in other services included implementing weekly group supervision (Services 5 and 6) or simply gaining more team leaders as the service continued to roll out (Service 1).

Almost all sites improved in terms of how closely ES worked within the clinical team, with some cultural shifts in clinical teams around employment

Integration within clinical teams is one of the eight IPS principles and a key component of the IPS model.

The integration of IPS services within clinical teams improved considerably between Round 1 and Round 2 (Item 4: *integration through frequent team member contact*). In Round 1, the fidelity-review reports indicate that ES were not yet sufficiently integrated within clinical teams to change practice and promote employment for clients in all but one service. ES could not always actively contribute to clients' clinical records, faced various barriers to attending weekly clinical meetings, and did not always actively participate in these clinical meetings. As a result, ES could not always help the team consider employment for people who had not yet been referred. However, by Round 2, all but one service scored highly on this item. Further exploration of factors that, according to interviewees, could facilitate or hinder integration - and thus potentially affect fidelity - can be found in section 3.2.

Discussions around disclosure and managing personal information improved over time **Methods by which ES discussed whether, when and how clients might share personal information and mental health conditions with employers and others** also improved (Item 13). In Round 1, services demonstrated a range of disclosure practices with various scores (see Table 7, Annex A.2). Across the services reviewed, personal information management was noted as a weakness by the IPS Grow team, leading to the development of specific personal-information-management training.⁴⁴ By Round 2, almost all services improved their practice. They met at least ‘adequate’ fidelity by capturing personal information, sharing preferences in documentation with the client, discussing advantages and disadvantages with clients, and revisiting conversations with clients (Services 1, 3 and 7).

Despite the continued variety, the provision of benefits-counselling practices provision generally improved over time

Provision of benefits-counselling to clients (advice about how benefits may be affected by employment) is a key IPS principle. Services demonstrated a range of practices in the fidelity reviews, but **all seven services implemented benefits-counselling by Round 2** (Services 1, 2, 4 and 7).

Evidence emerged over time that services achieved diverse job outcomes with a range of employers in a competitive labour market

By examining clients’ employers and job titles, fidelity reviewers can check for signs of excessive commonality – indicating that the support clients received may not have been individually tailored to their particular needs and preferences.

As services achieved more job starts – and could offer more evidence in fidelity reviews – the diversity of employers and job outcomes improved considerably over time. In Round 1, all *new* or *aligning* services scored the lowest score possible for these items, because they did not have sufficient job starts (Services 1, 2, 4 and 5). By Round 2, evidence showed that all services matched clients with a diversity of jobs and employers. Across Rounds 1 and 2, services consistently found permanent and competitive employment for clients.

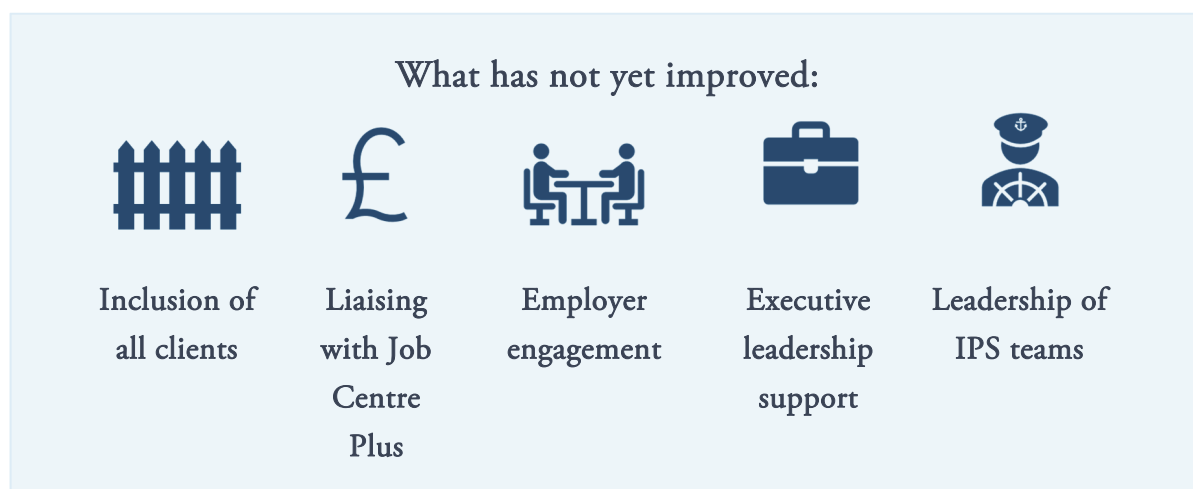
Over time, mental health trusts demonstrated greater support for IPS services

One item on the fidelity scale relates to the support given to the IPS service by the wider mental health trust and its executive team (Item 10).

Scores improved considerably between Rounds 1 and 2, suggesting that **mental health trusts focused more on competitive employment.** Trusts with *expanding* services tended to score highly in Round 1, a trend that continued in Round 2 (Services 1, 3 and 6). However, trusts with *aligning* or *new* services took longer to establish visible IPS marketing materials and include employment questions in initial assessment or review meetings – aspects that are both used in the fidelity-review scale to assess implementation (Services 2, 4, 5 and 7).

⁴⁴ IPS Grow Summary Progress Report: March 2020

3.1.4. Other aspects of IPS maturity have not yet improved for many services



Some weaknesses remained in the supervision provided to ES by team leaders in *new* and *aligning* services

As explored above, IPS teams' operation as a unit improved over time (Item 7). However, **the margin by which IPS team leaders or employment supervisors improved to meet good fidelity by Round 2 (Item 8) was inconsistent**. While a few low-scoring services in Round 1 reached adequate fidelity by Round 2 (Services 1 and 4), several *aligning* and *new* services did not (Services 2, 5 and 7). In two services, this was because of internal team restructuring that, while intended to improve fidelity, resulted in too much supervisory responsibility for team leaders (Service 2) or, conversely, not enough responsibility (Service 5). In the remaining service, the team leader's 'newness' in their post meant they had not yet taken on all responsibilities at the time of the review (Service 7). In their February 2020 progress report, IPS Grow recognised the team-leader role as a common weakness across fidelity-reviews.

Access to IPS support in most services was limited by clinical gatekeeping, which did not improve over time.

Another key principle of IPS is that services are available to all those who want to work, regardless of their physical or mental health. This is reflected in Item 9 of the IPS fidelity scale (*zero exclusion*), which measures the extent to which all potential clients can access IPS support.

In both Rounds 1 and 2, a proportion of clients in almost all services were unable to access IPS employment support service because they were perceived by clinical staff as not yet ready to take up employment. Only one *expanding* service demonstrated improvement in this area by Round 2 (Service 1), and others continued to struggle. The fidelity reviews report that some clinicians stated they would not refer a client who was 'too unwell' (or otherwise not ready for work), while others expressed their support for anyone who asked to work (Services 2, 3, 4 and 7). While several services reported self-referral routes (where a client could self-refer rather than relying on a clinician's referral), this was not always in use (Service 5) or subject to gatekeeping (Service 7).

Of those services with no evidence of exclusion, both were *expanding* (Services 1 and 6) and potentially benefited from a stronger starting influence on clinical-team culture than *aligning* or *new* services. They also

benefited from established good practices, including regular service promotion to clients and clinicians to encourage referrals and self-referrals, e.g. visits to inpatient units (Service 6).

Where there *was* evidence of exclusion, interviewees attributed this to a lack of understanding between IPS practitioners and clinicians about the role and importance of employment,⁴⁵ and to some clinicians' belief that certain clients were too unwell to work.⁴⁶

Employer engagement is still at an early stage of development across most services

One of the key principles of IPS is that ES develop relationships with employers based on clients' preferences.

Throughout both rounds fidelity-review rounds, **employer engagement remained in its early stages for almost all services**, many of which scored poorly in at least one of the two relevant fidelity items (Items 17 and 18). While some *expanding* services increased the amount of weekly face-to-face employer contact by Round 2 (Services 1, 3 and 6), only two met adequate fidelity. Reports noted that employer-contact logs (where any contact with employers on clients' behalf is logged) were not yet maintained consistently (Round 1: Services 2, 3, 4 and 7; Round 2: Services 1, 2 and 3), included contacts that did not 'count' towards fidelity⁴⁷ (Services 5 and 6), or were not reviewed by team leaders or used in ES supervisions (Services 1, 6 and 7).

Similarly, employer-engagement quality varied from service to service, and those that struggled in Round 1 continued to struggle in Round 2.⁴⁸ Common weaknesses included:

- ES lacking confidence or being new to this aspect of the role, requiring further support (Round 1: Services 1 and 7; Round 2: Service 7)
- Employer engagement carried out for specific jobs rather than more generally (Round 1: Services 1, 4 and 6; Round 2: Services 2, 6 and 7)
- Inconsistent practices within ES teams for approaching employers, logging information, and developing relationships beyond initial contact (Round 2: Services 1, 3, 4 and 7)
- Effect of the COVID-19 outbreak on ES' ability to engage with employers (usually undertaken face-to-face) for some services (Services 3, 5, 6 and 7). Team leaders were also less able to provide field mentoring⁴⁹ due to COVID-19-related restrictions (Services 1, 2, 4 and 5).

⁴⁵ Round 1: 8 interviewees from 4 sites – 4 local stakeholders, 3 IPS practitioners, 1 IPS regional lead; Round 2: 4 interviewees from 4 sites – 2 IPS practitioners, 1 clinical staff member and 1 local stakeholder

⁴⁶ Round 1: 2 interviewees from 2 sites – 1 local stakeholder and 1 IPS practitioner; Round 2: 2 interviewees from 2 sites – 1 IPS practitioner and 1 local stakeholder

⁴⁷ For example, contacts relating to a client's in-work support or not considered meaningful to fidelity were logged, e.g. an email to an employer in response to a vacancy, rather than a phone call, face-to-face contact or video conference contact that established a personal relationship with an employer. For more information on this item, please see the IPS fidelity manual.

⁴⁸ While one service (Service 2) increased considerably, this was because the site had neglected to organise observation of employer engagement in Round 1, rather than any change in practice.

⁴⁹ (when the team leader supports and mentors ES in employer engagement)

However, the fidelity reviews also reported innovative ways of overcoming COVID-19 restrictions, including virtual team mentoring (Service 6) and group-based peer-mentoring employer engagement (Service 5).

There is some evidence that the **limited improvement in employer engagement affected other aspects of fidelity**. Services that had not yet implemented fidelity Item 16 (*individualised job search*) in Round 1 (i.e. were not yet matching at least 50 per cent of their clients to work that reflected their interests and job ambitions) did not improve over time (Services 4 and 6). The fidelity reviews suggest this was linked to employer-engagement limitations: a lack of employer contacts meant that job brokering was rare, with clients' jobs depending primarily on available vacancies rather than their own preferences (Services 4 and 6).

IPS services' relationships with Jobcentre Plus (JCP) were affected by the COVID-19 outbreak, but work was ongoing to develop this in the future

Item 6 measured the extent of collaboration between the IPS team and Government DWP programmes and their contractors. Most services scored low on this item in Round 1 because relationships were newly established, and contact tended to be infrequent and ad hoc (Services 1, 2, 4 and 6). The exceptions were two *expanding* services (Services 3 and 6) that already had good relationships in place.

Following Round 1, **IPS services' ability to build better relationships with the DWP/JCP and collaboratively support clients was heavily affected by COVID-19**. Many services reported challenges collaborating with DWP/JCP after March 2020 because DWP/JCP staff were redeployed or very busy due to the increased demand for Universal Credit during the initial stages of the COVID-19 outbreak (Services 1, 3, 4, 5 and 7). One service that experienced a breakdown in collaboration with DWP/JCP also had a lower score for item 12 (*benefits counselling*) because the JCP/DWP staff could no longer provide benefits calculation during this time (Service 3).

However, while a few services were unable to overcome these barriers and improve their scores (Services 1 and 3), most services registered some improvement. In some instances, this was due to work that took place before March 2020 (Services 4 and 7). While joint-working plans were disrupted by JCP staff's redeployment during COVID-19, services reported that JCP/DWP staff and IPS teams were both in touch and developing plans to work more closely in the future. Service 6, where the relationship was already strong, reported minimal disruption (with meetings simply moving online).

Services lagged behind in demonstrating their mental health trust executive leadership buy-in

As explored above, services showed improvement in how far mental health trusts supported IPS teams (Item 10). However, **services did not demonstrate significant backing for supported employment from their executive leadership team**. In Round 1, *expanding* services tended to score higher, which remained true in Round 2 (Services 1, 3 and 6). However, services that initially scored poorly did not unanimously improve. Two *aligning* services showed improvement from a very low starting point: one had an established steering group and organised clinical backing for supported employment (Service 4). However, these services experienced ongoing struggles to adequately collect, understand and share employment data (Service 7), source relevant marketing materials (Service 4), and share clients' stories (Service 4). These challenges were

recognised by IPS Grow in their March 2020 progress report and raised by some interviewees, who felt that it was difficult to secure and maintain senior executive buy-in in both Rounds 1 and Round 2.⁵⁰

3.1.5. There was insufficient evidence for some items because of the impact of COVID-19 and the newness of services



ES were not yet working in community settings, but evidence was limited due to COVID-19

In IPS, ES are meant to meet both clients and employers in community settings as well as clinical services. Therefore, high fidelity requires ES to spend 65 per cent or more of their time in the community (Item 24).

Services varied in how much time ES spent in the community, with no substantial improvement between Round 1 and 2. Of the four sites with low scores in Round 1, three continued to score poorly in Round 2 (Services 4, 5 and 6). Following a decision by the fidelity reviewers, Item 24 was scored using diary entries from February and March 2020 of Round 2, because the COVID-19 outbreak and subsequent government restrictions prohibited face-to-face and in-community working from March 2020 until September 2020. As a result, Round 2 scores for this item reflect the state of play only a few months after Round 1, which may contribute to the limited improvement seen.

Services were still not established enough to score highly on time-unlimited support

IPS principles state that client and employer support should be individualised and time-unlimited; support should continue even after a client finds employment or reduces their engagement with the service. This is measured in several ways in the IPS 25 fidelity scale: Items 22 (*individualised follow-along support*), Item 23 (*time-unlimited follow-along supports*) and Item 25 (*assertive engagement and outreach*).

Most services could not provide evidence of follow-along support by Round 1 because they were so recently established, with minimal job outcomes or disengaged clients (Services 1, 2 and 5). A lack of formalised protocols for these three items emerged as a clear theme across services (Services 1, 4, 5 and 6). Some services improved by Round 2 as they gained more job outcomes and supported more people in work (Services 1, 2 and 3). Other services did not, however. Common weaknesses included the late introduction

⁵⁰ Round 1: 6 interviewees from 3 sites – 4 local stakeholders, 1 IPS practitioner, 1 IPS regional lead; Round 2: 3 interviewees from 3 sites – 2 IPS practitioners, 1 clinical staff member

of in-work support to clients (Services 5 and 6), failure to record the in-work support given (Services 2 and 7), or failure to offer the full range of support to clients (Services 3 and 6).

Minimal improvement was seen in how services carried out assertive re-engagement of clients (Item 25). The evidence suggests that services struggled to meet fidelity due to COVID-19 restrictions, when home visits or joint visits with clinicians were prohibited (Services 3 and 4).

3.2. How were the IPS services organised within the local healthcare system?

Summary:

- Many STPs combined funding for diverse local areas across different providers and levels of IPS experience
- We created a typology of IPS service-organisation models based on the 21 funding applications reviewed
- The typology includes four profiles of typical IPS services and their characteristics, in terms of requested funding, previous IPS experience and provider type.

The local healthcare system in England involves a range of actors with the provision of IPS. This section explores provider types and service contexts in funding applications, presenting a draft typology of typical IPS providers.

This section draws on findings from the **documentation review** (including funding applications from a sample of 21 STPs and IPS Grow management information) and two rounds of **fidelity reviews** and **interviews** to capture any changes related to the organisation of IPS services within the local healthcare system.

3.2.1. Many STPs combined funding for a diverse range of local areas

A review of funding applications from 21 STPs shows that STPs applied for Wave 2 transformation funding for a diverse range of areas, in terms of prior IPS experience and provider type.

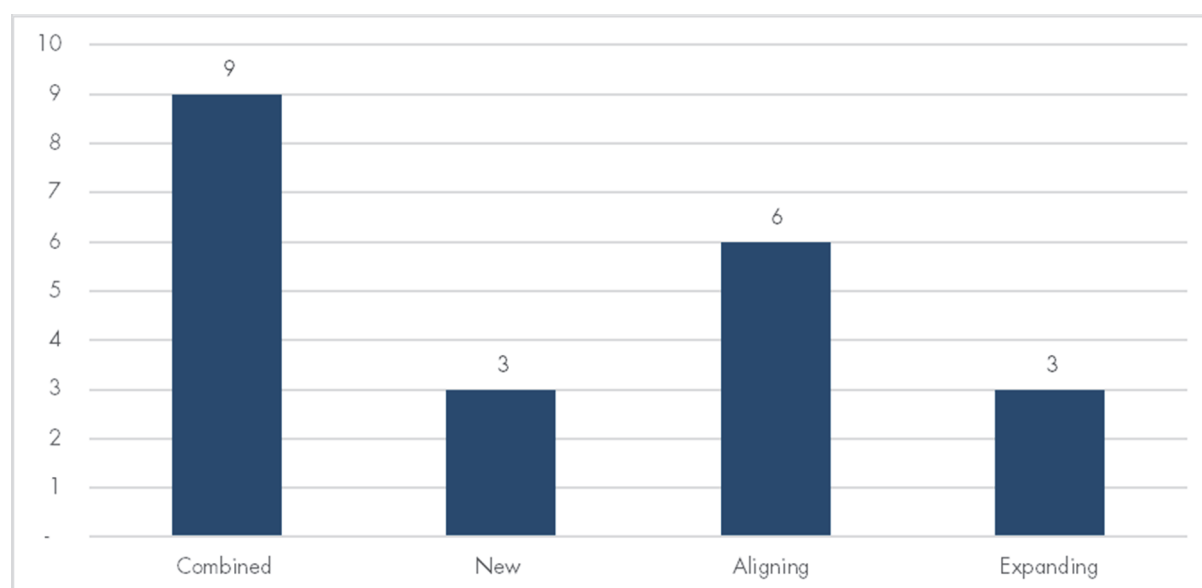
Services with **varied experience in IPS** applied for funding, as Figure 4 shows. The majority had services ranging in experience within the STP, applying for *aligning* and *new* IPS services,⁵¹ *expanding* and *new* IPS services,⁵² and *expanding*, *aligning* and *new* services as a result.⁵³

⁵¹ Humber Coast and Vale, South East London, South Yorkshire and Bassetlaw, West Yorkshire and Harrogate.

⁵² Cheshire and Merseyside, Cumbria and North East, North Central London, South West London.

⁵³ Derbyshire.

Figure 4: Prior experience with IPS within the 21 sampled STP applications

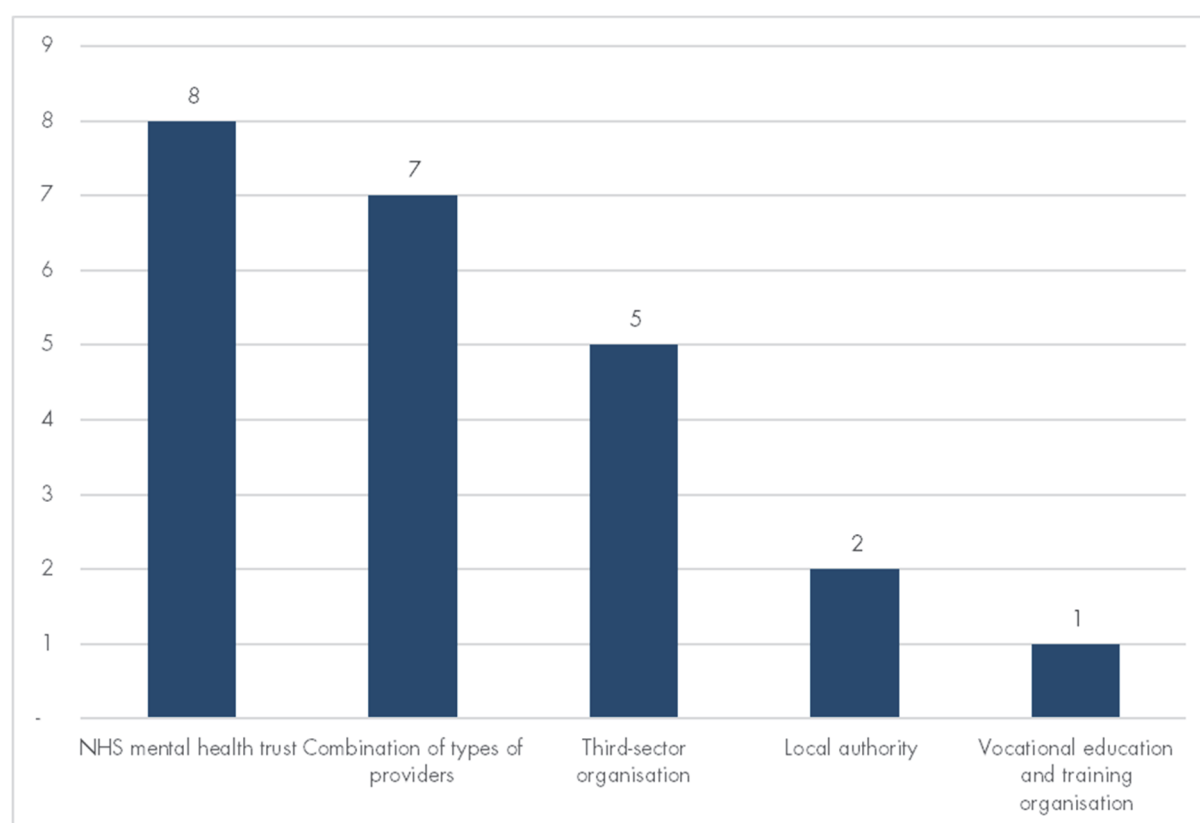


SOURCE: sample of 21 funding applications

NOTE: For definitions of *aligning*, *expanding* and *new* services, please see the Glossary.

The funding applications also demonstrate that **various providers** received Wave 2 funding and planned to deliver IPS (see Figure 5). The majority intended to deliver IPS through an NHS mental health trust, a combination of organisations or a third-sector organisation. In addition, all 21 funding applications involved at least one organisation providing (or shortly due to provide) secondary mental health support. Around half of the applications (11 out of 21) included those who were already providing employment support.

Figure 5: Provider types applying for IPS funding within the 21 sampled STP applications



SOURCE: sample of 21 funding applications

As indicated by the supporting survey, interview and documentation-review data, IPS services were usually provided either by individual NHS trusts (where NHS trusts directly managed and delivered IPS by hiring ES staff) or by local NHS Trusts in partnership with third-sector organisations (where mental health trusts subcontracted the third-sector organisations to hire ES, who were then embedded in local NHS mental health teams).⁵⁴

3.2.2. We created a typology of different IPS service-organisation models

In order to identify and categorise service types, we created a draft typology of IPS service organisation models based on the review of 21 funding applications i. Our typology focused on three main aspects:

- £ (i) **The level of funding** in each STP
- 🏷️ (ii) **The type of service provider**
- 🔄 (iii) Whether the STP applied for funding for *expanding*, *aligning*, or *new* services, or a **combination** of the three.

To create our draft typology, we calculated the number of STPs within each category, analysed the likelihood of each category across STPs, and used these results to create four likely profiles of IPS organisations. This typology is not an exact classification and does not attempt to capture all possible and

⁵⁴ Round 1: 12 interviewees from 6 sites - 5 IPS practitioners, 4 local stakeholders, 3 clinical staff members; Round 2: 8 interviewees from 4 sites – 6 IPS practitioners, 1 clinical staff member and 1 local stakeholder.

existing scenarios. Rather, it aims to illustrate the most common configurations among the STPs examined. Table 1 provides an overview of the number of examined STPs that fit each category of the typology.

Table 1: Number of STPs that fit each category within the draft typology

Category	Number of STPs	Likelihood of occurrence (% of overall)
Funding		
Low (less than 500 K)	6	29%
Medium (500 – 1000 K)	11	52%
High (more than 1000 K)	4	19%
Type of service provider⁵⁵		
NHS only	6	29%
Voluntary only	5	24%
Combined	8	38%
Local authority only	2	9%
Previous experience with employment support		
Expanding service(s)	3	14%
Aligning service(s)	6	28%
New service(s)	3	14%
Combined	New, aligning, expanding service(s)	1
	New, aligning service(s)	4
	New, expanding service(s)	4

Source: Authors' elaboration based on review of funding applications.

Based on the occurrence of each category, we found that:

- STPs in the medium **funding** range constitute the largest share of all STPs
- A larger proportion of STPs applied for funding to support services with **different previous experiences** of employment support compared to those applying for *new, aligning* or *expanding* services only

⁵⁵ IPS Alignment refers to both the work of the clinical and employment support teams. However, as noted above, this assessment focuses on the employment support teams as the proposals evaluated had this focus.

- Of STP combining funding proposals for a combination of services across STPs, most included one or several new services
- STPs applying for funding for a combination of **IPS providers**, NHS providers, and third-sector providers constitute a relatively similar proportion of the examined applications
- However, the number of STPs applying for funding for an IPS provider offering *new* services or *expanding* IPS services only, and where the provider was a local authority, constitutes a smaller number of funding proposals than other types.

Based on the overview in Table 1 and the likelihood of each type occurring, we created four different profiles of likely IPS service organisations (Table 2).

Table 2: Four profiles of likely IPS services applying for funding

Likelihood of occurrence	Low	Profile 1 Funding: More than £1,000k (high) Type of provider: Local authority Applying for services that are: Expanding
		Profile 2 Funding: Less than 500k (low) Type of provider: Voluntary Applying for services that are: New
		Profile 3 Funding: Between £500 – 1,000k (medium) Type of provider: NHS – Mental Health Foundation Trusts Applying for services that are: Aligning
	High	Profile 4 Funding: Between £500 – 1,000k (medium) Type of IPS provider applying for funding: Combined – voluntary partners, local authority and mental health foundation trusts working together Applying for services that are: Combined: (the context from which STPs are applying for funding varies between services but is likely to include funding for at least one new service)

Source: Authors' elaboration based on review of 21 sampled funding applications.

Of these profiles:

- **Profiles 1 and 2:** Constitute the largest proportion of IPS proposals and are principally distinguished by their level of funding (which lies in the medium range) and their application context (either for services that have different levels of IPS service provision or are for aligning services)
- **Profile 3:** Constitutes a relatively large proportion of the IPS proposals but is smaller than Profiles 1 and 2 because of the (lower) level of funding
- **Profile 4:** Constitutes a small number of the IPS proposals, which are strongly differentiated from other profiles in terms of the type of IPS provider and the context from which they are applying for funding.

Further characteristics of each of these profiles and their likelihood of occurring across the 21 individual STPs are provided in Table 2.

3.3. What were the activities and outputs of the IPS services that received IPS Grow support?

Summary:

- Good fidelity IPS involves supporting clients throughout six phases of an employment journey: referral, initial engagement, vocational profile building, job seeking, job starting, follow-along support
- Services consulted in this evaluation generally operated the IPS model as intended:
 - Referrals to IPS grew over time but declined after March 2020
 - Clients and ES worked together to build vocational profiles used in job seeking
 - ES provided tailored support to clients in job seeking
 - ES provided other employment-related support to clients (including benefits advice, managing personal information and further training)
 - Employer engagement was often challenging, but ES had practices in place to help
 - Arrangements were in place to facilitate integration between ES and clinical teams, and to record barriers and facilitators
 - The number of clients starting employment grew in 2019 but dipped in 2020
 - ES were starting to support clients who were in work, but this phase was new to many services

This section explores the activities and outputs of services receiving IPS Grow support:

- We begin by outlining the steps of employment support involved in the IPS model (according to good fidelity)
- We then draw upon information from the **documentation review** (particularly the quarterly data on service outputs provided by services through the IPS Grow reporting tool), from **interviews** (with 26 representatives from eight STPs) and from **fidelity reviews** (representing seven services in seven STPs) to provide a snapshot of how IPS services supported clients and the resulting outputs.

3.3.1. Good fidelity IPS includes supporting clients in six phases of an employment journey



Referral to IPS

Client enters the IPS service via self-referral or clinician-referral



Engaging with clients for an initial meeting

ES gets in touch with the client to set up an initial meeting (ideally in a community-setting). Client is added to the Employment Specialist's caseload.



Building a vocational profile

ES works with client to create vocational profiles (recording and assessing their strengths, interests, weaknesses and ambitions). ES and client use these to determine job goals and begin the job-search.



Job seeking

ES works with the client to find employment consistent with the goals set out in their vocational profile. The job search process is rapid and highly individualised to the client. ES also provides other employment-related support, often alongside clinicians.



Job start

ES helps client prepare for and begin employment after successfully finding a job.



Supporting a client in work

ES typically continues supporting both the client and the employer by providing a variety of follow-along assistance, e.g. regular check-in calls, contributions to plans or strategies to help clients thrive at work, reasonable adjustment requests, and attendance at performance reviews.

Source: Adapted from the six phases in Item 3 of the IPS fidelity manual. Becker et al., 2015

3.3.2. Services included in the evaluation generally operated the IPS model as it was intended

Referrals grew over time but decreased after March 2020, likely due to COVID-19

Quarterly-report data shows that **referrals to IPS services and ES-caseload size increased over time**. After growing rapidly between April and December 2019, referrals stabilised until March 2020 and then fell considerably between April and June 2020.⁵⁶ Similarly, while the average caseload increased steadily until December 2019 (peaking at around 18 clients per full time equivalent ES), this fell again in March 2020. This likely reflects the challenges services faced in receiving referrals during the early days of the COVID-19 pandemic (as noted by the IPS Grow summary progress and interim reports from May and June 2020).⁵⁷

In their interviews, ES described receiving referrals from care coordinators and Community Mental Health Team members,⁵⁸ emphasising the important role that occupational therapists might play in supporting client referrals⁵⁹ and describing ‘warm handovers’ to facilitate the process.⁶⁰



Clients and ES worked together to build vocational profiles

As outlined in section 3.1.2, evidence from the fidelity reviews suggests that vocational profiles in these seven services were put together and used in a way that was consistent with good fidelity. Interviewees explained that once patients were referred, ES met with them to create their vocational profile, including their past work experience, educational history, and current preferences and goals for paid employment.⁶¹ Creating this profile sometimes included an informal conversation around the client’s goals and a timeframe for achieving them.⁶² Interviewees stressed the importance of this profile in matching clients’ to jobs they were genuinely interested in.⁶³ As one interviewee put it, ‘[the vocational profile is] about getting to know

⁵⁶ IPS Grow quarterly reports from April 2019-June 2020 (see Figure 8).

⁵⁷ IPS Grow Implementation Report: March 2020; IPS Grow Implementation Report: May 2020; IPS Grow Implementation Report: June 2020.

⁵⁸ Round 2: 3 interviewees from 2 sites – 2 IPS practitioners, 1 local stakeholder

⁵⁹ Round 2: 1 IPS practitioner

⁶⁰ Round 1: 1 IPS practitioner

⁶¹ Round 1: 6 interviewees from 3 sites – 4 IPS practitioners, 2 local stakeholders; Round 2: 5 interviewees from 3 sites – 3 IPS practitioners, 2 clinical staff members.

⁶² Round 1: IPS practitioner

⁶³ Round 2: 3 interviewees from 2 sites – 1 clinical staff member, 1 IPS, 1 local stakeholder

the person, and the referral needs to come from a place where the person really wishes to work and has identified that as a goal'.⁶⁴

Data from the IPS Grow reporting tool indicates that the **number of clients with vocational profiles increased over time** between April 2019 and March 2020 but fell by more than half during April-June 2020, likely due to the challenges in service operation during the COVID-19 crisis.

ES provided tailored support to job-seeking clients

Interviewees described various ways in which they supported clients, including:

- **Performing online job searches**
- **Approaching local employers** through face-to-face meetings
- **Helping clients write a CV**, cover letters, job applications and with interview skills⁶⁵
- **Using motivational approaches** to help clients identify their personal strengths, skills and job interests⁶⁶
- **Providing job interview training**, focusing on skills and techniques and providing clients with the opportunity to have mock interviews with real employers who then give feedback.⁶⁷

In one IPS service, for example, ES encouraged clients to interview the ES about their job – to help clients better understand what it means to be an employer.⁶⁸ Another service found that replacing interviews with one-day work trials could be a successful way of improving job outcomes, linking clients with apprenticeship providers, colleges, and adult learning providers.⁶⁹

Employment Specialists provided other employment-related support to clients throughout the job-seeking process

Aside from direct job-seeking support, ES provided other employment-related support to clients, including:

- **Providing benefits advice:** ES helped clients explore the impact employment might have on their benefits and income,⁷⁰ often by referring clients to other organisations for benefits advice (consistent with good fidelity).⁷¹
- **Encouraging clients to approach employers themselves** and conduct their own research about possible employers in their area.⁷² For example, one STP gave clients access to an online system

⁶⁴ Round 2: 1 local stakeholder

⁶⁵ Round 1: 7 interviewees from 4 sites – 4 IPS practitioners, 3 local stakeholders.

⁶⁶ Round 2: 1 IPS practitioner – taken from: <https://ipsgrow.org.uk/wp-content/uploads/2020/03/1.8-Clinical-myth-buster.pdf>

⁶⁷ Round 2: 2 interviewees from 2 sites – 2 IPS practitioners

⁶⁸ Round 2: 1 IPS practitioner

⁶⁹ Round 2: 1 local stakeholder

⁷⁰ Round 1: 1 IPS practitioner; Round 2: 3 interviewees – 2 IPS practitioners from 3 sites, 1 clinical staff member)

⁷¹ Round 2: 1 IPS practitioner (IPS-F-2)

⁷² Round 1: 3 interviewees from 3 sites – 3 IPS practitioners

they set up to show which employers were available, enabling clients to perform their own research about employers.⁷³

- **Discussing the disclosure of mental health conditions** to potential employers (and reasonable adjustments) with clients.⁷⁴
- **Jointly working with clinicians** to support clients, by providing tailored support for clients off sick from work⁷⁵, discussing their recovery,⁷⁶ and providing motivational interview support.⁷⁷
- **Referring clients onto courses or training**, including workshops on motivation⁷⁸ or mental health awareness training.⁷⁹

Employer engagement was often challenging, but ES reported a range of practices to help

Interviewed ES described how they approached potential employers to enquire about vacancies, introduced their clients, and provided support with the recruitment processes. Survey, interview and fidelity-review evidence (see section 3.1.4) indicates that **employer engagement was considered challenging**.⁸⁰ One interviewee described employer engagement as the ‘most daunting’ phase of IPS, while a few interviewees from Round 1 felt that improving employer engagement was a priority for improving their outcomes.⁸¹ In Round 2, interviewees from different IPS services expressed concern about the disruption to services caused by the lockdown and its potentially detrimental effect on employer-engagement fidelity scores.⁸²

Nonetheless, interviewees described how they conducted employer engagement in their local area⁸³, proactively building relationships with potential employers⁸⁴ and discussing their clients’ skills and strengths with them⁸⁵. Some interviewees described creative approaches to improving employer engagement, including:

- **Focusing on internal employer engagement** within the NHS first, to build ES’ confidence⁸⁶
- **Contacting employers in a structured way**, ensuring employers were not contacted more than once and engagement was recorded on an online system showing employer availability⁸⁷

⁷³ Round 1: 1 local stakeholder

⁷⁴ Round 1: 1 IPS practitioner

⁷⁵ Round 1: 1 IPS practitioner

⁷⁶ Round 1: 3 interviewees from 3 sites – 1 IPS practitioner, 1 clinical staff member, 1 local stakeholder

⁷⁷ Round 1: 1 local stakeholder

⁷⁸ Round 1: 2 interviewees from 1 site - 1 IPS practitioner, 1 clinical staff member

⁷⁹ Round 1: 1 IPS practitioner

⁸⁰ Round 1: 5 interviewees from 3 sites – 2 IPS practitioners, 2 clinical staff members, 1 local stakeholder; Round 2: 3 interviewees from 3 sites – 2 IPS practitioners, 1 clinical staff member

⁸¹ Round 1: 5 interviewees from 4 sites – 2 IPS practitioners, 2 clinical staff members, 1 local stakeholder

⁸² Round 2: 7 interviewees from 5 sites – 4 IPS practitioners, 2 clinical staff members, 1 local stakeholder

⁸³ Round 1: 5 interviewees from 4 sites – 2 IPS practitioners, 2 clinical staff members, 1 local stakeholder

⁸⁴ Round 1: 2 interviewees from 2 sites – 1 local stakeholder and 1 clinical staff member; Round 2: 1 clinical staff member

⁸⁵ Round 2: 1 IPS practitioner

⁸⁶ Round 2: 1 local stakeholder

⁸⁷ Round 1: 1 local stakeholder

- **Working alongside the third-sector provider’s business development team** to link employer engagement with the business development team’s outreach work about mental health workplace-wellbeing training.⁸⁸

IPS teams put arrangements in place to facilitate integration with clinical teams, noting common challenges and barriers

Integration is an important aspect of IPS success, as discussed in section 3.2. Interviewees outlined a range of arrangements to ensure integration in the services examined, including:

- Giving IPS staff honorary contracts to work within the NHS system⁸⁹
- Embedding ES in mental health teams and sharing office space with clinical team colleagues (in line with good fidelity)^{90 91}
- Attending clinical, multidisciplinary and steering group meetings (in line with good fidelity), allowing ES to discuss caseloads, introduce the IPS team to clinical teams and take part in broader strategic thinking^{92 93 94 95}
- Sharing information (including clinical notes) between ES and clinical teams,⁹⁶ and having access to case-management programmes such as *Rio*⁹⁷ and *Navigo*⁹⁸
- Providing ES with the same training other NHS staff receive for using software such as *System 1*.⁹⁹

Interviewees suggested that **embedding and collocating** ES in clinical teams helped integration.¹⁰⁰ This arrangement allowed ES to directly approach clinical staff to address any issues¹⁰¹, making it easier to follow up referrals immediately and provide rapid feedback.¹⁰² Integration of ES’ notes with clinical care plans allowed for more accessible and rapid support for finding suitable employment.¹⁰³ **Strong relationships with senior management** were also considered an important facilitative factor in successful integrations.¹⁰⁴

⁸⁸ Round 2: 1 IPS practitioner

⁸⁹ Round 2: 2 interviewees from 2 sites – 1 local stakeholder, 1 IPS practitioner

⁹⁰ Round 1: 1 IPS practitioner; Round 2: 2 interviewees from 2 sites – 2 IPS practitioners

⁹¹ Round 2: 2 interviewees from 2 sites – 1 clinical staff member, 1 IPS practitioner

⁹² Round 2: 11 interviewees from 4 sites – 7 IPS practitioners, 2 clinical staff members, 2 local stakeholders

⁹³ Round 2: 1 IPS practitioner

⁹⁴ Round 2: 1 clinical staff member

⁹⁵ Round 2: 1 local stakeholder

⁹⁶ Round 2: 5 interviewees from 4 sites – 3 IPS practitioners, 1 local stakeholder, 1 clinical staff member

⁹⁷ Round 2: 1 IPS practitioner

⁹⁸ Round 2: 1 IPS practitioner

⁹⁹ Round 2: 1 IPS practitioner

¹⁰⁰ Round 1: 8 interviewees from 4 sites – 3 IPS practitioners, 3 clinical staff members, 2 local stakeholders

¹⁰¹ Round 1: 1 IPS practitioner

¹⁰² Round 1: 3 interviewees from 3 sites – 1 IPS practitioner, 1 local stakeholder, 1 clinical staff member

¹⁰³ Round 1: 1 IPS practitioner

¹⁰⁴ Round 2: 1 IPS practitioner

What made integration easier?

Co-location with clinical team



Building relationships with clinical managers



What made integration harder?

Clinical gatekeeping



Accessing NHS data



Interviewees also commented upon integration **challenges**, with some concerned this had not yet been achieved.¹⁰⁵ **Clinicians were sometimes reluctant to discuss IPS with all their clients**, choosing not to refer clients they considered ‘unready’ for employment (see section 3.1.4).¹⁰⁶ ES employed by third-sector organisations were **sometimes unable to access restricted NHS data** (such as patient electronic health records).¹⁰⁷ Evidence from some of the fidelity reviews suggests that COVID-19 introduced technical difficulties for ES joining regular meetings remotely (Services 2 and 7).

The number of clients starting employment grew over 2019 but dipped in 2020

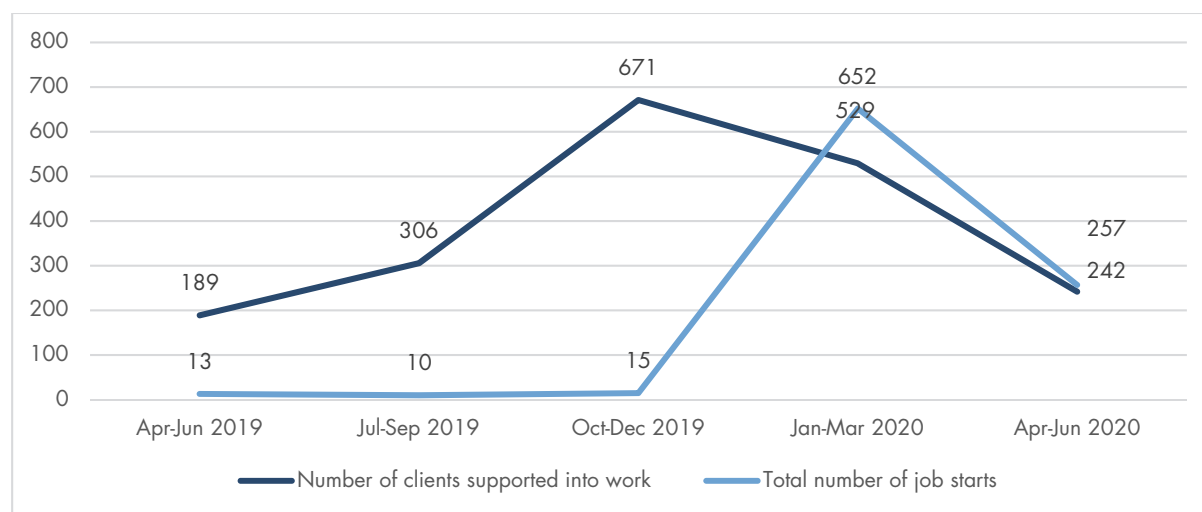
Data from the IPS Grow reporting tool shows that the number of clients supported into work grew between April and December 2019 (Quarter 1-3) before dipping from January 2020 (Quarter 4) and falling further after March 2020 (Quarter 1 of 2020), as shown in Figure 6. The decrease in job starts is likely due to the impact of the COVID-19 outbreak and ensuing societal lockdown.

¹⁰⁵ Round 1: 5 interviewees from 3 sites – 3 local stakeholders, 1 IPS practitioner, 1 clinical staff member; Round 2: 5 interviewees from 4 sites – 3 IPS practitioners, 2 clinical staff members

¹⁰⁶ Round 2: 3 interviewees from 3 sites – 2 IPS practitioners and 1 clinical staff member

¹⁰⁷ Round 1: 2 interviewees from 1 site – 1 local stakeholder, 1 clinical staff member. Round 1: 1 local stakeholder; Round 2: 1 IPS practitioner

Figure 6: Number of clients supported into work and job starts in the quarters between April 2019 and June 2020



Source: IPS Grow quarterly reports from April 2019 to June 2020

However, clients in employment appear to be working longer hours since March 2020. Between April 2019 and June 2020, clients worked an average of 11.6 hours per week, with small fluctuations between April 2019 and January 2020 (as seen in Figure 21, Annex A.3). Despite the impact of the COVID-19 lockdown on job starts, the average number of hours worked for all clients in paid employment actually increased to 23.25 hours during the period of April-June 2020.



**Clients worked
longer hours after
March 2020**

ES were starting to support clients who were in work, but this was new to many services. For many services, information and data on follow-along support appears to be limited due to their ‘newness’, meaning that there were not yet many clients requiring in-work support. Because they were so new, some services who underwent fidelity reviews could not yet demonstrate that their teams carried out job coaching (Round 1: Services 1, 2 and 4; Round 2: Services 2 and 4) or follow along support (Round 1: Service 2; Round 2: Service 1).

Regardless, a few interviewees consulted in Round 2 reported that their services provided ongoing support to clients after starting a job¹⁰⁸, including the production of ‘wellbeing in work’ plans.¹⁰⁹

Some emerging data suggests that **clients were able to sustain employment**, although this was more challenging in 2020. Figure 22, Annex A.3, presents the number of clients who sustained work for 13 weeks and 26 weeks respectively between April 2019 and June 2020. While the numbers gradually increased between April 2019 and December 2019, they fell from January 2020 to June 2020. This is likely to indicate the impact of the COVID-19 outbreak on the economy rather than any shortcomings in IPS services.

¹⁰⁸ Round 2: 3 interviewees from 2 sites – 2 IPS practitioners, 1 local stakeholder

¹⁰⁹ Round 2: 1 IPS practitioner

3.4. What support did each service receive from IPS Grow?

Summary:

- Many services received support around service planning, implementation and integration:
 - The most frequently-used types of support included workshops and informal advice
 - Almost all survey respondents received some fidelity support
 - Communities of Practice (CoPs) provided knowledge sharing and support.
- IPS Grow provided support relating to service specification, data tools, and evaluation, with mixed uptake:
 - Survey respondents reported using a range of support offered in service specifications and operating procedures
 - Most types of data- and reporting-support offered were taken up by at least some survey respondents, including the IPS Grow reporting tool.
 - Fewer survey respondents reported taking up monitoring and evaluation support.
- Support in terms of workforce development included advice from RL, sharing good practice, workshops and online training:
 - Recruitment support was an important part of the IPS Grow offer
 - Survey respondents commonly took up coaching, advice and training by RL
 - Workshops and training were part of the IPS Grow support offer in many areas
 - Online resources were hosted on a website platform used regularly by most respondents.
- Regional Leads provided multi-faceted support across all three workstreams of IPS Grow
- Barriers hindering the uptake of some aspects of IPS Grow's support included time constraints, limited understanding of the role of IPS Grow, accessibility issues, and regional factors.

This section examines the range of IPS Grow support offered to services via three workstreams and how they helped address challenges and strengthen capacity.

As explored in section 1, the support offered by IPS Grow to local IPS services includes¹¹⁰:



1) Technical Implementation Support



2) Workforce Development



3) Data Tools and Performance Standards

This section draws on **interviews, fidelity reviews, survey data, and observations of CoPs and documentation reviews** from across both rounds to describe the type of support IPS Grow provided to services. This section also considers barriers that affected services' uptake of IPS Grow support. However, further consideration of how the support level received, organisational factors and services' maturity interact can be found in section 3.6.

¹¹⁰ This information is taken from the IPS Grow website: IPS Grow. 2021. 'What is IPS Grow?' As of 4 February 2021: <https://ipsgrow.org.uk/what-is-ips/about-ips-grow/>

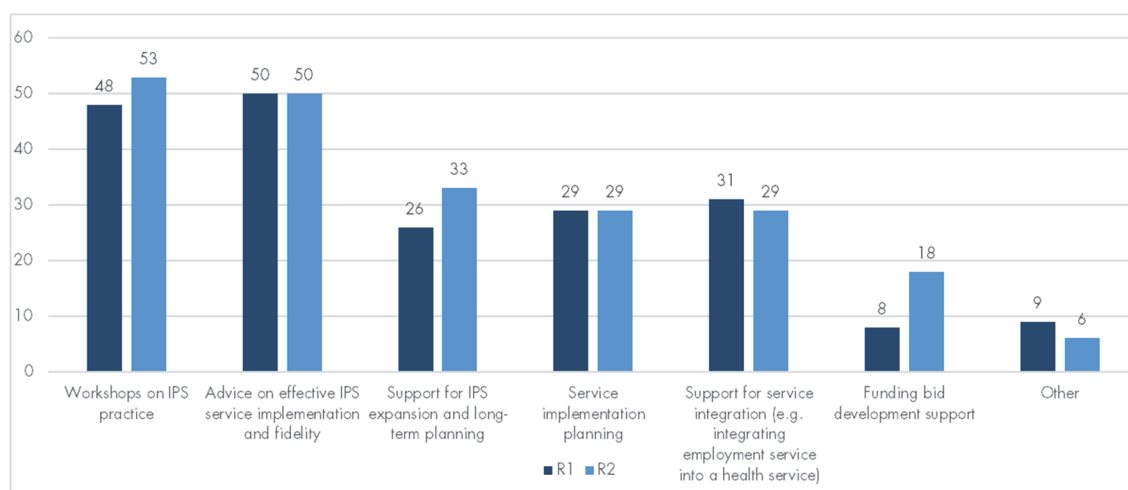
3.4.1. Many services received support around service planning, implementation and integration

Workshops and informal advice were the most frequently used resources from IPS Grow's implementation support offer

As set out in section 2.1, IPS Grow aimed to support services in implementing good quality IPS. Figure 7 shows that **workshops on IPS practice** (62 per cent in Round 1; 66 per cent in Round 2)¹¹¹ and **advice on effective IPS service implementation** (64 per cent in Round 1; 63 per cent in Round 2)¹¹² were most frequently taken up by survey respondents.

Over 60% attended workshops on IPS practice and received advice on effective implementation

Figure 7: 'What type of IPS Grow support have you received for service planning and implementation? Please mark all that apply'



Note: Ordered from most used to least used.

Source: Online survey.

We know from section 3.3.2 that integration was an important focus for services as they began to deliver IPS. According to survey respondents, interviewees and fidelity reviews, IPS Grow had support in place to address this. Several survey respondents reported **receiving support from IPS Grow to integrate IPS with clinical teams** (40 per cent in Round 1; 36 per cent in Round 2)¹¹³. Half of the fidelity action plans identified actions for RL to improve integration (Services 4, 5, 6 and 8).

¹¹¹ Round 1: 48/78; Round 2: 53/60

¹¹² Round 1: 50/78; Round 2: 50/80

¹¹³ Round 1: 31/78; Round 2: 29/80

Support offered by IPS Grow to improve integration included:

- RL attending clinical steering meetings¹¹⁴
- Various resources available on the IPS Grow website, such as template partnership agreements and honorary contract application forms¹¹⁵
- RL delivering workshops to clinical teams with the idea of improving integration and reducing exclusion
- Liaising with senior trust staff about trust processes.¹¹⁶

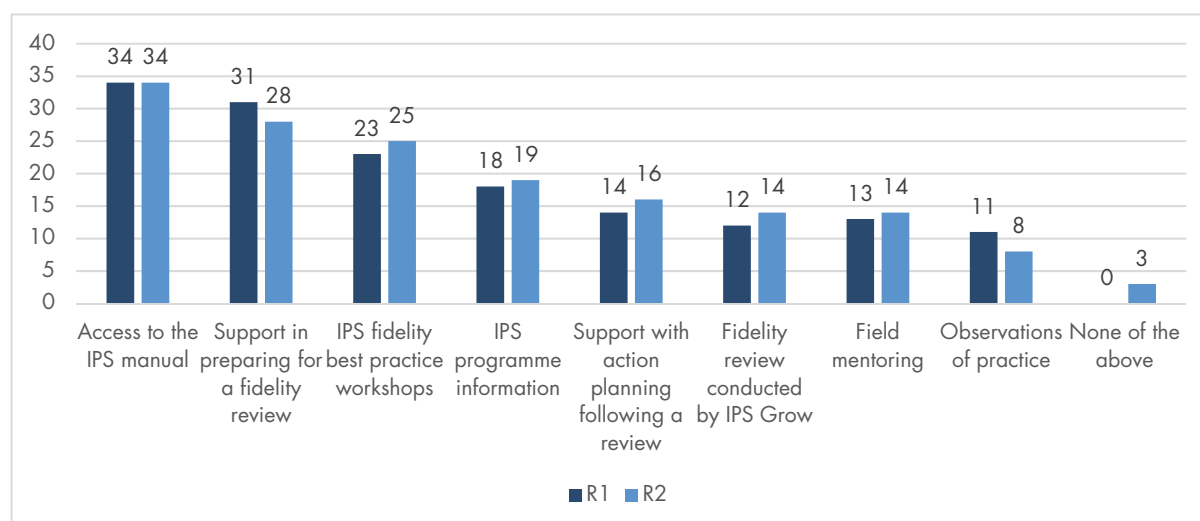


IPS Grow supported services
in improving the integration
of IPS with clinical teams

Almost all survey respondents received some sort of support with fidelity

IPS Grow also aimed to support services to achieve fidelity to the IPS model. Figure 8 shows that this support often included **access to the IPS manual**, which sets out the criteria by which fidelity reviews are conducted (44 per cent in Round 1; 43 per cent in Round 2)¹¹⁷ and **support in preparing for a fidelity review** (40 per cent in Round 1; 35 per cent in Round 2) and **attending a workshop on best practice for fidelity reviews** (30 per cent in Round 1; 31 per cent in Round 2).

Figure 8: 'What type of IPS Grow support have you received in relation to IPS fidelity?'



Note: Organised from most to least used.

Source: Online survey.

¹¹⁴ Services 5 and 6

¹¹⁵ This information is taken from the IPS Grow website: IPS Grow. 2021. 'Resources & Templates'. As of 4 February 2021: <https://ipsgrow.org.uk/ips-provider-community/free-ips-resources/>

¹¹⁶ This information is taken from the IPS Grow website: IPS Grow. 2021. 'Resources & Templates'. As of 4 February 2021: <https://ipsgrow.org.uk/ips-provider-community/free-ips-resources/>

¹¹⁷ Round 1: 34/78; Round 2: 34/80

Communities of Practice (CoPs) provided knowledge sharing and supported IPS teams

IPS Grow established CoPs in each of the seven regions to support networking, good-practice sharing, help IPS supervisors and act as a space for sharing challenges, stories and empowerment. More information on themes, topics and how these were run can be found in Annex B.1.4.

Evidence from case study interviews and observations of virtual CoP events suggests that CoPs met these expectations.



Communities of Practice
aimed to facilitate **networking**,
empower providers, and
support supervisors

CoPs supported networking and good-practice sharing to overcome challenges:¹¹⁸

- **Example:** many of the observed IPS services faced challenges during the COVID-19 lockdown to continuing employer engagement as normal, connecting with the rest of the team in their service, maintaining motivation in the team, and working with clients who might need more attention. A May 2020 London CoP event focused specifically on sharing good-news stories and hearing about the solutions found by other services in adjusting to and solving some of these challenges.¹¹⁹

CoPs provided a space for supporting emotional resilience and empowerment: presentations and activities focused on creating a space for participants to share challenges, solutions and good-news stories to help providers see the importance and value of their work.¹²⁰

- **Example:** A presentation at the East of England event in December 2019 focused on treating clients 'holistically', e.g. pointing them towards other services (such as smoking cessation services) rather than exclusively focusing on their employment needs.

CoPs provided support to IPS team leaders on how to manage and motivate IPS teams:

- **Example:** A virtual June 2020 CoP event aimed to support IPS with field mentoring, including presentations about how mentoring is linked to the fidelity scale and an interactive session about 'mentoring do's and don'ts.'

CoPs also provided a venue for RL to offer individual support to clients from IPS services. One RL took the initiative to organise drop-ins for ES to discuss some of the challenges they face, which one interviewee felt had increased ES motivation in their team.¹²¹ In another case, the RL helped the service create a business plan to find solutions for the redeployment of half an ES team during COVID-19.¹²² One

¹¹⁸ Round 1 and 2: 2 facilitators and 8 participants

¹¹⁹ Round 1: participant

¹²⁰ Round 1: 1 facilitator

¹²¹ Round 2: 1 participant

¹²² Round 2: 1 participant

facilitator also noted their provision of advice to senior managers about strategy, development and implementation issues (such as ensuring clinical integration).¹²³

Support might also be in the form of ongoing communication with RL after events. Interviewees reported that they regularly communicate with RL through informal one-to-one chats (with both service managers and ES), email exchanges, forms, and weekly meetings.¹²⁴ In the observed events, participants were encouraged to contact RL if they had any questions or needed support.¹²⁵ For instance, in the June 2020 CoP event, IPS Grow updated participants about changes made to the IPS reporting tool. The RL encouraged participants to follow up with them after the event if they had questions or required a one-to-one meeting to solve challenges with the tool.

IPS Grow evidence indicates that **CoPs took place regularly – between two and five each month between December 2019 and June 2020** (see Table 8, Annex A.4).¹²⁶ The average number of attendees per CoP grew after March 2020 (presumably as a result of CoPs becoming virtual), and this growth was sustained over time.

3.4.2. IPS Grow provided support relating to service specification, data tools and evaluation with mixed uptake

Survey respondents reported using a range of support offered in service specifications and operating procedures

**48% of survey
respondents used IPS
Grow Key Performance
Indicators (KPIs)**



To ensure IPS services had the necessary specifications and procedures for running a smooth service and achieving fidelity, IPS Grow supported them in various ways, largely via online resources and guidance.

While many survey respondents used the **key performance indicators** provided by IPS Grow in their service (48 per cent in Round 1; 46 per cent in Round 2)¹²⁷, fewer reported using the other resources available in this area, e.g. template specifications.

Fidelity-review action plans suggest that **RL played an important role in providing tailored service-specification support.** Action plans for services showed that RL were

responsible for helping services develop assertive engagement protocols,¹²⁸ waiting list protocols,¹²⁹ case-management standards,¹³⁰ service specifications, and key performance indicators,¹³¹ vocational profiles and

¹²³ Round 2: 1 participant

¹²⁴ Round 2: 1 participant

¹²⁵ Round 2: 1 participant

¹²⁶ While CoPs did occur prior to December 2019, no data regarding their frequency or attendance was available.

¹²⁷ Round 1: 37/78; Round 2: 37/80

¹²⁸ Round 1: Service 1, Service 8 APs

¹²⁹ Round 1: Service 1 AP

¹³⁰ Round 1: Service 7 AP

¹³¹ Round 1: Service 7 AP

action plan¹³² and various marketing material – including formats facilitating the sharing of recovery stories.¹³³

Most types of data and reporting support offered were taken up by at least some survey respondents

While around half of survey respondents used the IPS Grow reporting tool to submit quarterly returns ...

As well as providing specifications for developing a well-implemented and high-fidelity service, IPS Grow aimed to support services in measuring and recording their success.

The **IPS reporting tool and spreadsheet** was the primary IPS Grow resource in this area, and was used by services to report and monitor team performance and service delivery (see Figure 23, Annex A.4). Approximately half of the survey respondents reported **using the reporting tool to submit quarterly returns** across the two survey rounds (46 per cent in Round 1; 53 per cent in Round 2)¹³⁴. A similar number of respondents also **used the IPS**

Grow spreadsheet to track performance standards (50 per cent in Round 1; 53 per cent in Round 2)¹³⁵.

Documentation-review data suggests that uptake of the data reporting tool was more mixed, particularly regionally. For instance, although a total of 253 users signed up across England in September 2020, the reporting tool was not used at all in the North East and Yorkshire regions.¹³⁶ The frequency of use also indicates poor uptake of the reporting tool; there were only between 55 and 72 active users on the site between February and June 2020.¹³⁷ Similarly, not all of the seven fidelity-review services used the reporting tool consistently, resulting in recommendations that four services do so to help track dates and types of job starts (Service 5, Service 4, and Service 3), ES caseloads (Service 4), ES performance targets, and to generally improve processes (Service 2).

Fewer survey respondents reported taking up monitoring and evaluation support

IPS Grow offered other support to help services monitor and evaluate their services more generally (see Figure 24, Annex A.4.)

Survey responses suggests that **monitoring and evaluation support was not widely received or used**. While a few reported some onsite support implementing a monitoring framework (18 per cent in

... Under a fifth of survey respondents used monitoring and evaluation tools provided

¹³² Round 1: Service 8 AP

¹³³ Round 1: Service 5, Service 7 APs (definition required here – APs haven't yet been defined in the text and are not in the abbreviation list)

¹³⁴ Round 1: 36/78; Round 2: 42/80

¹³⁵ Round 1: 39/78; Round 2: 42/53

¹³⁶ IPS Grow Data Dashboard June 2020

¹³⁷ IPS Grow Data Dashboard June 2020

Round 1; 16 per cent in Round 2)¹³⁸, fewer reported familiarity with other types of support offered by IPS Grow (see Figure 24, Annex A.4).

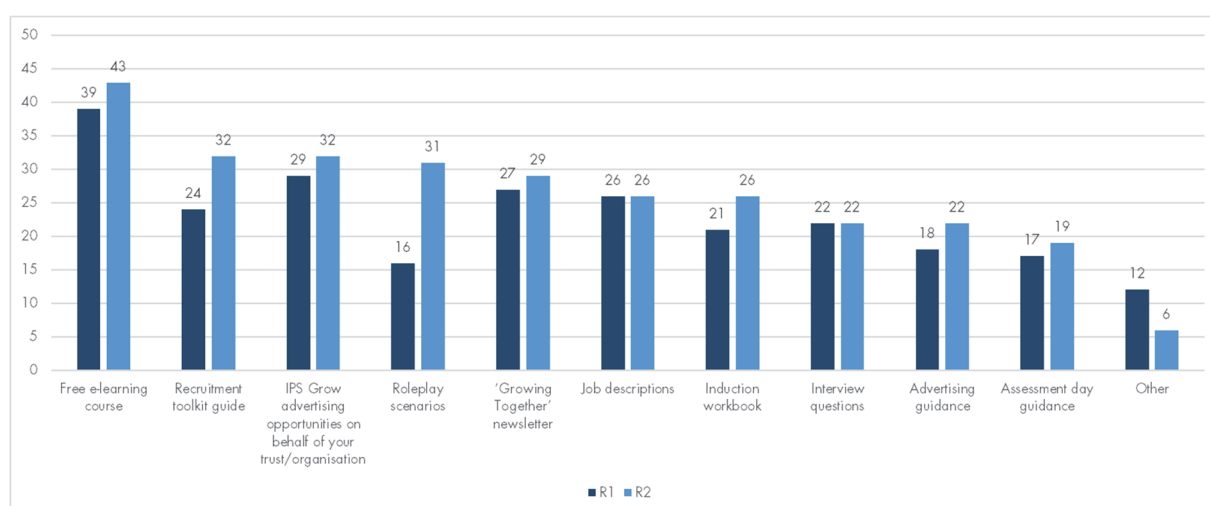
3.4.3. Support in workforce development included advice from RL, good-practice sharing, workshops and online training

Recruitment support was an important part of IPS Grow's offer

Interview, survey and documentation-review data suggest that **overcoming recruitment and retention challenges constituted a major component of IPS Grow's implementation support**. This support included assessment-day guidance, an induction workbook, and help with job descriptions and e-learning courses.¹³⁹

Survey respondents reported that they used the **free e-learning course most frequently** (50 per cent in Round 1; 54 per cent in Round 2)¹⁴⁰. The **recruitment toolkit guide** and **opportunities to advertise roles through IPS** were also frequently used to support recruitment.

Figure 9: 'What type of IPS Grow support have you received for recruitment support? Please mark all that apply'



Note: Organised from most used to least used.

Source: Online survey.

Data from the documentation reviews and interviews shows that **IPS Grow's recruitment support included external consulting and individual support from RL:**

- In February 2020 and March 2020, IPS Grow worked with *Talent Works International*¹⁴¹ to research what ES do and how their role might be externally perceived. Talent Works International

¹³⁸ Round 1: 14/78; Round 2: 13/80

¹³⁹ IPS Grow Report: 'One Year On'

¹⁴⁰ Round 1: 39/78; Round 2: 43/54

¹⁴¹ Talent Works International is a leading provider of global recruitment.

also provided IPS Grow with digital assets (e.g. marketing materials) to recruit ES more effectively online.¹⁴²

- RL helped some interviewees with recruitment and retention challenges, e.g. by sitting on interview panels¹⁴³

Survey respondents commonly took up RL coaching, advice and training

When asked about the support received for workforce development and management (Figure 24, Annex A.4), survey respondents most frequently referred to individual RL support. This included coaching and advice for individual roles (46 per cent in Round 1; 48 per cent in Round 2)¹⁴⁴ and training delivered by RL (46 per cent in Round 1; 48 per cent in Round 2).¹⁴⁵ Respondents also received other support in this area from RL (including training co-ordination, field-mentoring support and staff-training consultation). Many had drawn upon particular IPS Grow resources, including service policies, guidelines and business cases (33 per cent in Round 1; 39 per cent in Round 2).¹⁴⁶



**Advice and training
from IPS Grow RLs
were most used to
develop IPS
workforce**



**Training courses and
workshops were an
important part of IPS
Grow support**

Workshops and training were part of the IPS Grow support offer in many areas

IPS Grow offered various opportunities for services to participate in formal training workshops. While this type of training and development sits within the workforce-development workstream, **survey respondents often received training courses spanning a wide range of support.** The free e-learning resource was the most frequently cited recruitment support (Figure 25, Annex A.4), for example, while workshops on IPS practice were the most common support type for service planning and implementation (Figure 7).

Training provided by IPS Grow RL through workshops, field mentoring and coaching were also popular workforce-development supports (Figure 25, Annex A.4).

By June 2020, IPS Grow reported delivery of **16 training workshops to almost 500 attendees** in areas such as vocational profiling, employer engagement, myth-busting for clinical teams, case management, and how to provide effective in-work support to both clients and employers.¹⁴⁷ By September 2020, a further

¹⁴² IPS Grow Summary Progress Report: February 2020

¹⁴³ Round 2: 2 interviewees from 1 site – 1 clinical staff member, 1 IPS practitioner; Round 1: 9 interviewees from 5 sites: 5 IPS Practitioners, 3 local stakeholders, 1 clinical staff member; Round 2: 2 interviewees from 2 sites – 1 clinical staff member, 1 NHS regional lead

¹⁴⁴ Round 1: 36/78; Round 2: 38/80

¹⁴⁵ Round 1: 36/78; Round 2: 38/80

¹⁴⁶ Round 1: 26/78; Round 2: 31/80

¹⁴⁷ IPS Grow Interim report to NHS England, 21 July 2020.

nine workshops were developed (although data on attendance between June and September 2020 was not available).¹⁴⁸

Fidelity-review action plans also included plans for services to undertake the IPS Grow website's training to improve their fidelity scores. Three action plans recommended that ES complete follow-along support training (Service 4, Service 5 and Service 1), while other suggestions included myth-busting training to facilitate ES confidence presenting IPS to clinical teams (Service 7), employer-engagement training (Service 7), and training on disclosure and access to work (Service 3). One action plan suggested looking into IPS Grow training more generally and focusing on training opportunities to improve team leaders' learning and experience (Service 2).

Online resources were hosted on a website platform used regularly by most respondents

A review of resources available on the IPS Grow website and FutureNHS Collaboration Platform demonstrate that multiple resources were available to services, covering all three of the workstreams.¹⁴⁹

Survey responses demonstrate a strong uptake of IPS Grow's online resources. Respondents reported most frequent use of the IPS Grow website (50 per cent in Round 1; 55 per cent in Round 2)¹⁵⁰, webinars (52 per cent in Round 1; 51% in Round 2)¹⁵¹, and workspace on the FutureNHS Collaboration Platform (53 per cent in Round 1; 43% in Round 2)¹⁵².

Similarly, almost all of the fidelity-review action plans aimed to draw upon IPS Grow's library of resources, including guidance on supervision and field mentoring (Service 1 and Service 2), disclosure (Service 5 and Service 8), marketing (Service 4), client recovery stories (Service 6), individualised follow-along support (Service 1) and templates for vocational profiles and action plans (Service 4).

Around half of
respondents said that
they used the IPS
Grow website and
FutureNHS
Collaboration IPS
Platform

¹⁴⁸ IPS Grow Report: 'One Year On'.

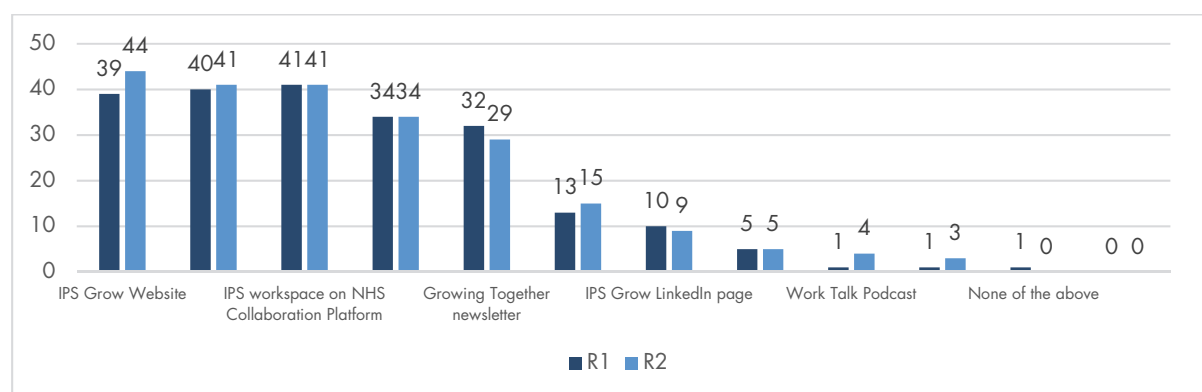
¹⁴⁹ IPS Grow. 2021. 'What is IPS?' As of 4 February 2021:
<https://ipsgrow.org.uk/what-is-ips/about-ips-grow/>

¹⁵⁰ Round 1: 41/78; Round 2: 44/80

¹⁵¹ Round 1: 40/78; Round 2: 41/80

¹⁵² Round 1: 41/78; Round 2: 34/80

Figure 10: 'Which IPS Grow resources have you used so far?'



Note: Ordered from most to least used.

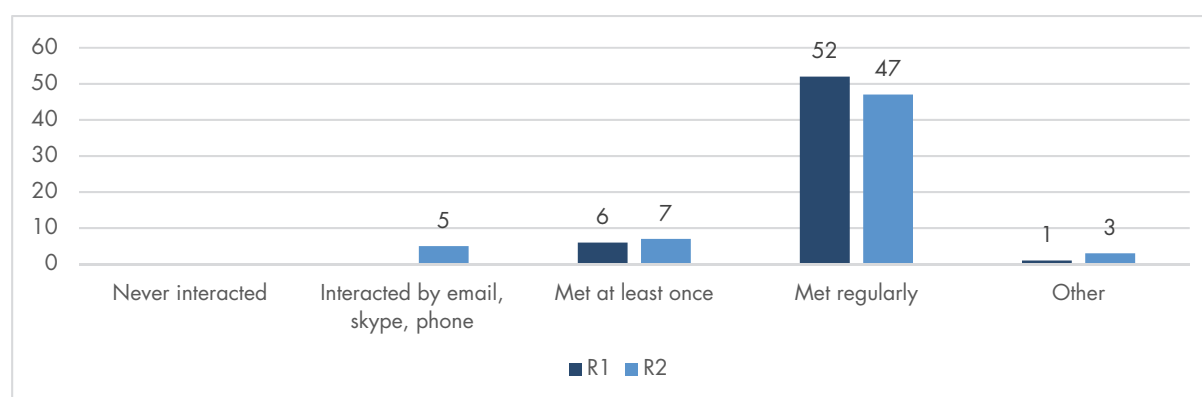
Source: Online survey.

3.4.4. Regional Leads provided multi-faceted support across all three IPS Grow workstreams

As outlined above, the IPS Grow team included several RL who provided support to IPS services in particular regions. Evidence from all three workstreams suggests that RL provided varied and tailored support to IPS services.

Most survey respondents reported that they met or communicated regularly with their RL (88 per cent in Round 1; 76 per cent in Round 2)¹⁵³. The slight decline in Round 2 is likely due to the shift to remote working in response to COVID-19. While there were no reports of interactions via email, skype or phone in Round 1, five respondents (4 per cent) reported using these methods in Round 2.

Figure 11: 'Have you met with your IPS Grow Lead to discuss your service support needs?'



Note: Organised by level of regularity

Source: Online survey

¹⁵³ Round 1: 52/59; Round 2: 47/62



IPS Grow Regional Leads connected IPS services

RL support was one of the most important and frequently used IPS Grow resources. In all areas of support identified in the survey questions,¹⁵⁴ at least one option in each involved the support, training, advice or involvement of the RL in some way. Of all types of IPS Grow support for service planning and implementation, the most frequently used were workshops on IPS practice and advice on effective implementation (see Figure 7): both delivered by IPS Grow RL. . Similarly, with respect to workforce-development support, most respondents reported that their service received coaching and advice (provided by IPS Grow RL) and training delivered by IPS Grow RL (see Figure 25, Annex A.4).

Interviewees explained that **IPS Grow RL supported IPS services holistically**. Many interviewees described how RL facilitated **networking** between services in other ways, particularly in larger regions where, as one interviewee pointed out, conversations ‘don’t just happen’; they rely on RL to bring services together and share local learning.¹⁵⁵ Furthermore, the fidelity-review action plans developed with RL in Round 1 encouraged some services to share guidelines/protocols from other trusts to support better team-leadership practice¹⁵⁶ and clinical note writing.¹⁵⁷ One of Service 7’s action points in Round 1 was developing links with another local IPS site to mentor the team leader and invite external clinicians to talk to local clinicians about IPS and the zero exclusion principle. Importantly, Service 7 completed this action point.¹⁵⁸ Together, these examples highlight the importance of locally-sourced support for services and IPS Grow’s role in facilitating connections between them.



IPS Grow Regional Leads provided mentoring, personal training, and facilitated discussions

IPS Grow RL also provided **mentoring, personal training and facilitation** – which fidelity-review action plans suggest were important for improving fidelity. Employer engagement was recognised as a key development area in four services, and addressed via mentoring and training sessions (Service 5, Service 4, Service 6 and Service 1). RL support also extended to workshops on various topics, including zero exclusion (Service 3), rapid job search (Service 3) and disclosure (Service 5). Other regular support included catch-ups between IPS Grow leads and team leaders (Service 4), advice on improving the sharing of client stories (Service 7), and internal audit support (Service 4). However, the variation in detail between action plans suggests that such support was likely more widespread.

¹⁵⁴ recruitment support, support for service implementation and planning, workforce development and support, service specifications and/or operating procedures, data management and reporting, monitoring and evaluation, IPS fidelity

¹⁵⁵ Round 2: 3 interviewees from 3 sites – 2 IPS practitioners, 1 clinical staff member (IPS-C-4, IPS-G-9, CT-E-11)

¹⁵⁶ Round 1: Service 5 AP

¹⁵⁷ Round 1: Service 4 AP

¹⁵⁸ Round 1: Service 7 AP

3.4.5. Some barriers hindered the uptake of some aspects of IPS Grow's support



Time constraints and delays could be a hindrance

Time constraints and delays to service mobilisation

When asked what factors acted as a barrier in the uptake of support, many survey respondents cited **time constraints** (38 per cent in Round 1; 40 per cent in Round 2)¹⁵⁹. **Delays in getting started** were also a common challenge faced in accessing IPS Grow support (15 per cent in Rounds 1 and 2)¹⁶⁰.

Limited understanding of IPS Grow's role

Fewer survey respondents mentioned barriers relating to the nature of IPS Grow's support (e.g. a lack of clarity or relevancy), as shown in Figure 26, Annex A.4. Similarly, only a few interviewees noted barriers relating to IPS Grow's support and communication.

However, a few interviewees reported **an occasional lack of understanding within services about the role IPS Grow might play**, which hindered their uptake of support.¹⁶¹ This seemed to be the case when new and pre-existing roles overlapped in aligning services. Two interviewees highlighted

the now-obsolete position of *Network Coordinator* as an example of this initial confusion.¹⁶² Anecdotal data from Round 1 also indicate that some stakeholders were not yet sufficiently aware of IPS Grow.¹⁶³ In the second focus group, several RL indicated that the strength of their relationships with CCGs varied between areas, suggesting that this could affect IPS Grow support if commissioners are more engaged with IPS Grow in some areas than others.¹⁶⁴

Poor communication may be a further limiting factor in these situations. For example, one interviewee flagged the poor links between IPS Grow and the third-sector organisations their service is embedded in,¹⁶⁵ suggesting this may be because the latter's considerable previous experience with IPS lessened their need to consult with IPS Grow.



Some services were unsure about the role of IPS Grow

Issues with accessibility

There were a few issues relating to technical access to tools and resources. Interviewees experienced technical difficulties when attempting to attend IPS Grow meetings during the start of the COVID-19 pandemic.¹⁶⁶

¹⁵⁹ Round 1: 30/78; Round 2: 32/80

¹⁶⁰ Round 1: 12/78; Round 2: 11/80

¹⁶¹ Round 2: 3 interviewees from 2 sites – 1 IPS practitioner, 1 clinical staff member, 1 local stakeholder

¹⁶² Round 2: 2 interviewees from 1 site - 1 clinical staff member, 1 local stakeholder

¹⁶³ Round 1: 2 interviewees from 2 sites - 1 IPS regional lead, 1 clinical staff member

¹⁶⁴ Round 2: 2 IPS regional leads

¹⁶⁵ Round 2: 1 clinical staff member

¹⁶⁶ Round 2: 2 interviewees from 2 sites - 1 IPS practitioner, 1 clinical staff member

Interview data also points to issues with the user-friendliness of the IPS Grow reporting tool, with some services initially unsure how to use the tool and of the opinion that it was not user-friendly.¹⁶⁷

Size of the regions within IPS Grow remits

One barrier that emerged from interviews was the grouping of large, geographically- and culturally-disparate areas into a single 'region' receiving support from one RL.¹⁶⁸ Several interviewees pointed out that being grouped within a region containing many different STPs poses a barrier to support provision and uptake. As one interviewee noted, some regions have eleven STPs while others have only two, yet both regions are allocated the same RL – affecting RL capacity to provide quality support to all services in their region.¹⁶⁹ According to the interviewee, this is especially the case when some services are newly established and tend to drain resources faster, taking support away from other IPS services in the region. Moreover, and as pointed out by another interviewee, having many STPs within a single region also makes it challenging for RL to travel between the different sites to provide training and other in-person support.¹⁷⁰

3.4.6. IPS Grow supported services throughout the COVID-19 pandemic



IPS Grow adapted to offer virtual support during the COVID-19 outbreak

The COVID-19 pandemic led IPS Grow to rapidly adapt to an unprecedented challenge that resulted in the redeployment of IPS team members, the emergence of new challenges for IPS services and the cancellation of training and events. Likewise, the evaluation of IPS Grow's support had to quickly adapt to the huge changes brought about by the pandemic. This included modifying the survey and interview questions to capture the impact of COVID-19 on IPS services, including the type and quality of support offered by IPS Grow during this time.

Findings from the documentation review illustrate how IPS Grow began to organise training and events to help services combat COVID-19-related challenges, including virtual job-retention training and case conferencing.¹⁷¹ In the North East and Yorkshire regions, a webinar was organised to deliver key messages to providers about service restoration and recovery after COVID-19.¹⁷² Moreover, in the second focus group interview, RL picked up on the greater ease with which services can join meetings and network online.¹⁷³ However, some services have struggled to engage with IPS Grow support during COVID-19 because they are unable to access particular types of technology, including virtual platforms like Zoom.¹⁷⁴

According to a few interviewees, IPS Grow support they benefited from during COVID included **keeping in touch** when teams were redeployed and giving IPS team members the confidence to push senior

¹⁶⁷ Round 2: 2 interviewees from 2 sites – 2 IPS practitioners

¹⁶⁸ Round 2: 3 interviewees from 3 sites – 2 IPS practitioners, 1 NHS regional lead

¹⁶⁹ Round 2: 1 NHS regional lead

¹⁷⁰ Round 1: 1 IPS practitioner

¹⁷¹ IPS Grow Summary Progress Report: February 2020

¹⁷² IPS Grow Summary Progress Report: May 2020

¹⁷³ Focus Group 2: 1 regional lead

¹⁷⁴ IPS Grow Summary Progress Report: May 2020

management to re-form teams faster than anticipated.¹⁷⁵ Another interviewee noted that IPS Grow **kept services updated** on developments through their e-newsletter, which helped them learn from other services' experiences.¹⁷⁶ Interview data also suggests that some services drew on IPS Grow's support to conduct 'in house' **fidelity-review audits** in lieu of the more formal reviews that were cancelled.¹⁷⁷ In addition, Round 2 fidelity reviews showed that Service 1 used an IPS Grow template to develop their recovery plan when returning to IPS work following COVID-19 welfare checks.

When asked what other resources IPS Grow could have provided during the COVID-19 outbreak, **most respondents suggested nothing more was needed.**¹⁷⁸ A few felt that further support could be provided to help services maintain or raise morale in the team,¹⁷⁹ support ES with managing reduced caseloads, working remotely and conducting remote employer engagement,¹⁸⁰ or ensure job retention and increase referrals to the services.¹⁸¹

¹⁷⁵ Round 2: 2 interviewees from 2 sites – 1 IPS practitioner and 1 clinical staff member

¹⁷⁶ Round 2: 1 participant

¹⁷⁷ Round 2: 5 interviewees from 3 sites – 3 IPS practitioners, 1 local stakeholder, 1 clinical staff member

¹⁷⁸ No. of respondents who suggested that nothing more was needed in terms of IPS Grow resources during COVID-19: 5/21 in Round 1 and 6/16 in Round 2

¹⁷⁹ No. of respondents who felt that further support could be provided to help services maintain or raise morale in the team during COVID-19: 3/16 in Round 2

¹⁸⁰ No. of respondents who felt that more support could have been provided to ES managing reduced caseloads, working remotely and conducting remote employer engagement during COVID-19: 4/21 in Round 1

¹⁸¹ No. of respondents who said that more resources could be provided to ensure job retention and increase the number of referrals to the services: 2/16 in Round 2

3.5. How was IPS Grow perceived by its key audiences? Were any elements of support felt to be missing, and were there any suggested changes?

Summary:

- Overall, IPS Grow's support was perceived positively by its key audiences
- Resources and tools that were widely used were generally considered helpful, especially those provided by Regional Leads:
 - Resources and advertising opportunities helped support recruitment
 - RL support was most valuable for service implementation and planning support
 - RL guidance and access to resources helped with IPS workforce development
 - Template Key Performance Indicators (KPIs) and service specifications were most helpful for service and operating procedures
 - Fewer respondents were positive about tools supporting data collection, monitoring and evaluation, indicating low take-up
- Stakeholders valued RL responsiveness, accessibility and knowledge of IPS, which made it easier for them to access support
- CoP events were well-received by participants because they helped services to network, share learning and find resources (including by adapting during COVID-19)
- There were a few suggestions for how IPS Grow support could improve further, including:
 - Variety in the frequency and focus of CoPs
 - Providing clearer usage guidance for some resources and tools
 - Improving communication between the different stakeholders involved in IPS.

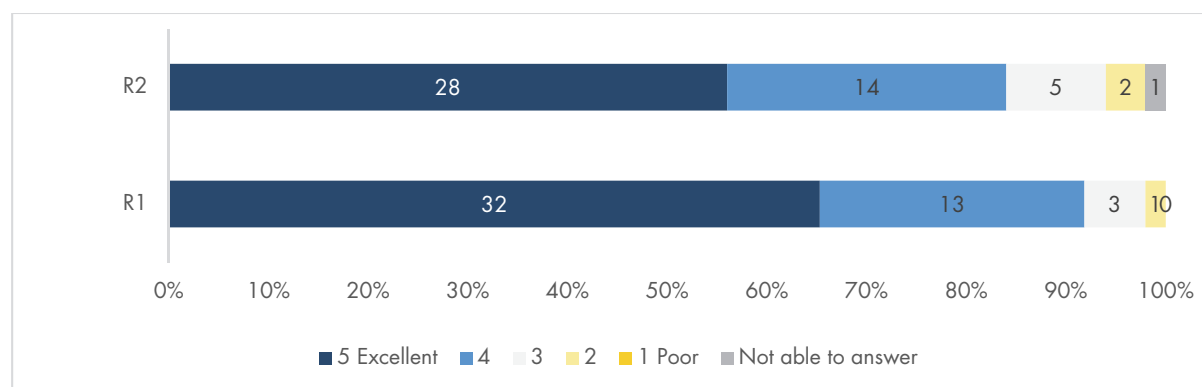
This section explores how IPS Grow's support of IPS services has been perceived by key stakeholders, including RL themselves, NHS England and NHS Improvement RL, IPS practitioners and team leaders, clinical team members and other local stakeholders. Drawing on **survey, documentation review, interview**, and CoP **case-study** data, this section outlines overall perceptions, as well as gaps in support and suggested changes to improve IPS Grow's future support.

3.5.1. Overall, IPS Grow's support was perceived positively by its key audiences

92% of survey
respondents rated the
quality of IPS Grow
support as 4 or 5 (where

The key audiences consulted in this evaluation were generally positive about IPS Grow support. Most survey respondents in Rounds 1 and 2 rated the quality of IPS Grow support as *excellent* (Figure 12) and the majority would recommend it to other services (See question 35, Annex B.5).

Figure 12: ‘How would you rate the quality of IPS Grow support you received overall? Please note that 1 equals poor and 5 equals excellent.’



Source: Online survey.

Similarly, feedback from multiple interviewees (representing clinicians, IPS team members and local stakeholders, such as commissioners or local charities) was very positive about the support received.¹⁸² For instance, all those interviewed during observations of the first two CoPs reported an overall positive impression about IPS Grow’s support.¹⁸³ Terms used to describe their support included ‘brilliant’¹⁸⁴, ‘wonderful’, ‘really, really positive’¹⁸⁵ and ‘really good’.¹⁸⁶

The following sections provide more detailed insights on stakeholders’ perceptions of different aspects of IPS Grow support across all three workstreams.



86% would recommend
IPS Grow support to
other services

3.5.2. Resources and tools were generally perceived as helpful, although not all respondents had a view on them

Survey responses show that **IPS stakeholders generally found IPS Grow’s resources and tools helpful**. However, as some were not frequently used (e.g. respondents selected ‘N/A’), it was not possible to capture perceptions of all aspects of support as (see Figure 13 and Figure 14 in this section and Figure 28, Annex A.4, for more information). As explored in section 3.4, the most frequently used resources were most likely to be considered helpful.

¹⁸³ Round 1: 10 interviewees from 5 sites – 4 IPS practitioners, 4 local stakeholders, 2 clinical staff members; Round 2: 5 interviewees from 4 sites – 2 clinical staff member, 2 IPS practitioners, 1 local stakeholder

¹⁸⁴ Round 1: 1 participant

¹⁸⁵ Round 2: 1 participant

¹⁸⁶ Round 2: 1 participant

In general, interviewees rated **online resources as an important resource for services to stay up to speed with the latest developments**.¹⁸⁷ One interviewee reported that the IPS Grow website had been very helpful in accessing the partnership agreements and reporting tool,¹⁸⁸ while another felt the website was particularly useful for very new services starting from scratch.¹⁸⁹

Resources and advertising opportunities helped support recruitment

Approximately half of survey respondents reported that the *Growing together* newsletter, free e-learning course, induction work book and IPS Grow advertising opportunities were helpful or extremely helpful (see Figure 27, Annex A.5). However, survey responses suggest that other recruitment-support resources were only infrequently used, with large proportions unable to respond.



E-learning course and
advertising opportunities
helped support **recruitment**

Service implementation and planning support from RL was valued

More than half of the survey respondents found that RL support was helpful or extremely helpful in service implementation and planning. Support included advice on effective IPS service implementation and fidelity, **support for service integration**, and **support for IPS expansion** and long-term planning.

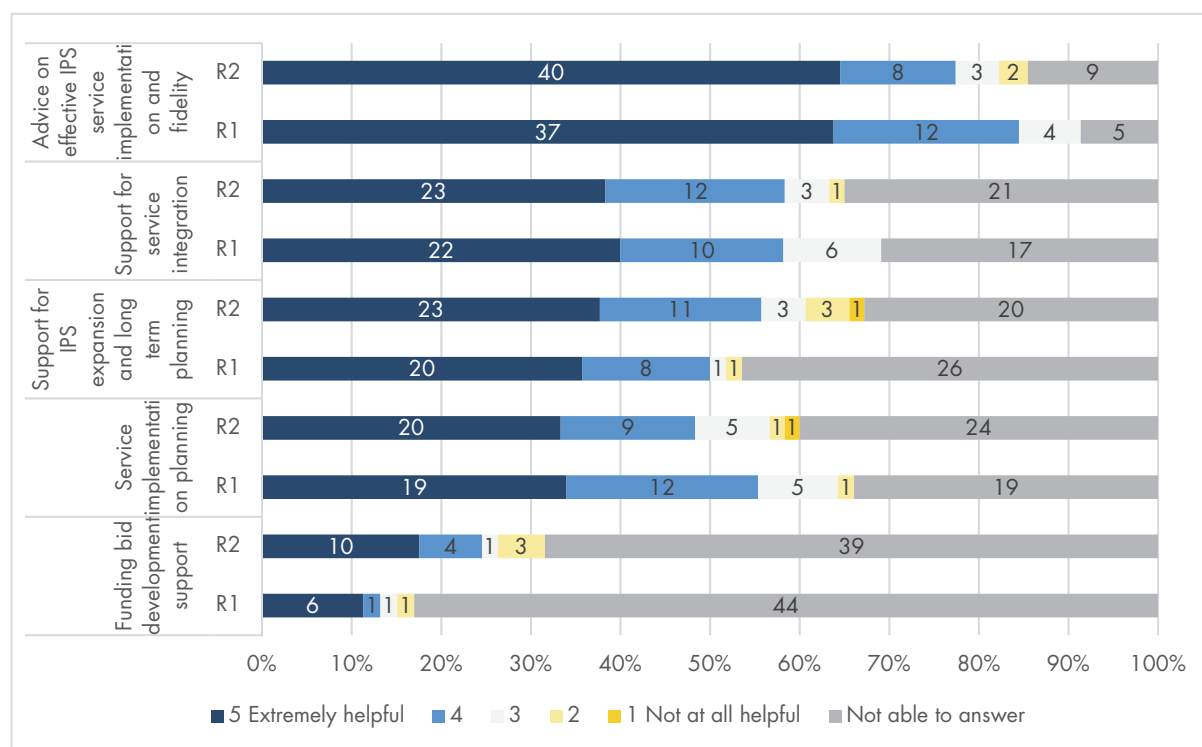
Other aspects of service implementation and planning were perceived as less helpful. Relatively few respondents perceived **funding-bid development support** as particularly helpful across the two rounds of the survey; the majority were not able to answer (reflecting the low levels of uptake seen in section 3.4.1).

¹⁸⁷ Round 2: 5 interviewees from 3 sites – 2 IPS practitioners, 2 clinical staff members, 1 local stakeholder

¹⁸⁸ Round 2: 1 clinical staff member

¹⁸⁹ Round 2: 1 clinical staff member

Figure 13: 'On a scale of 1 to 5, where 5 is extremely helpful and 1 is not at all helpful, how helpful have you found the following support [in relation to service planning and implementation]?'



Note: Organised from most to least helpful.

Source: Online survey.



Support from Regional Leads (coaching, advice, training) was most helpful in workforce development.

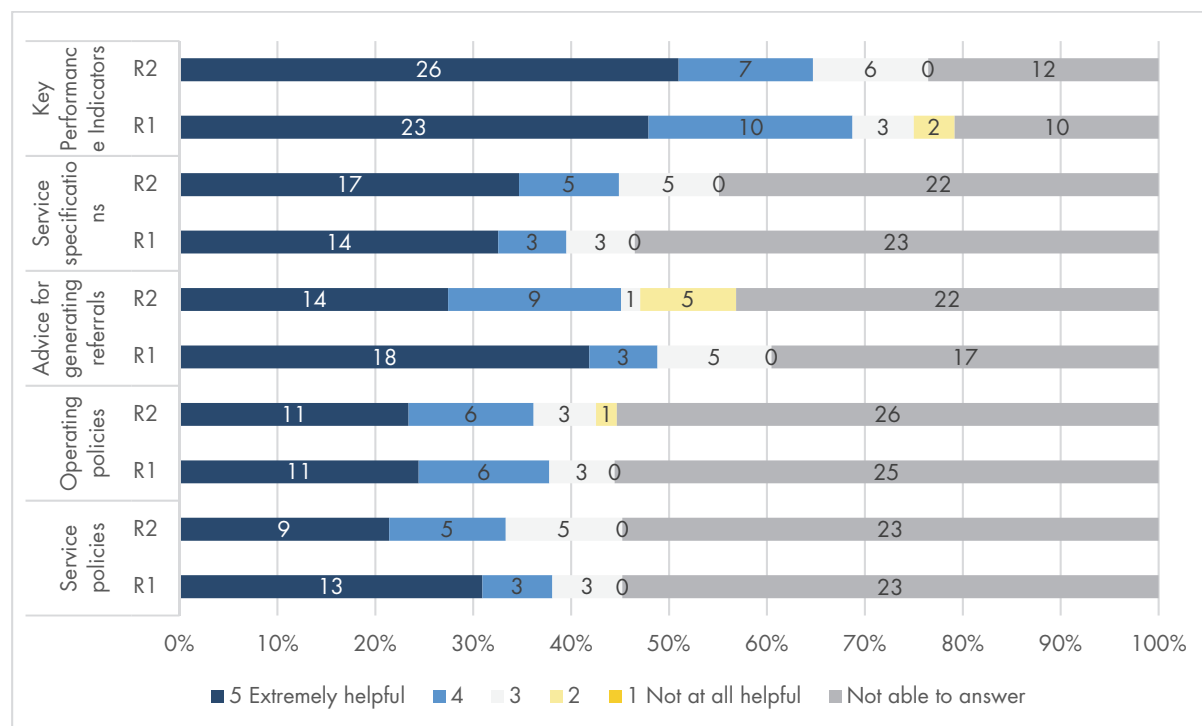
Access to resources and guidance from RL helped with IPS workforce development

Many survey respondents found **support delivered by IPS Grow RL** (including training, role-specific coaching and advice, and field mentoring support) *helpful or extremely helpful in supporting and developing IPS staff skills* (see Figure 25, Annex A.4). Access to guidelines and policies was also helpful for around half of the respondents who used them. The remainder were largely marked 'N/A', indicating they had not been used.

Template KPIs and service specifications were most helpful in terms of service and operating procedures

Survey respondents were generally positive about the tools and resources for service procedures and/or operating procedures offered by IPS Grow (see Figure 14), particularly around key performance indicators and template service specifications. Fewer survey respondents, however, appear to have used or benefited from operating policies and service policies.

Figure 14: ‘On a scale of 1 to 5, where 5 is extremely helpful and 1 is not at all helpful, how helpful have you found the following tools/resources relating to service specifications and operating procedures?’



Note: Organised from most to least helpful.

Source: Online survey.

Fewer respondents were positive about tools supporting data collection, monitoring and evaluation, indicating low take-up

Compared to other tools offered by IPS Grow, survey respondents generally expressed a more neutral or critical stance when asked about data-management and reporting tools and resources. More respondents were critical in Round 2 than in Round 1. Regardless, the majority who expressed an opinion considered the tools to be helpful – particularly the reporting tool, IPS Grow standard spreadsheet, and workshops explaining how to use these tools (see Figure 23, Annex A.4).



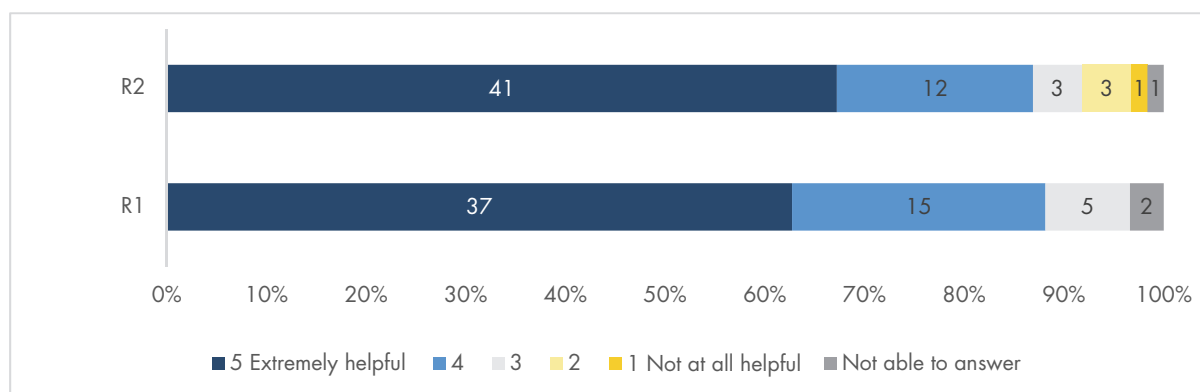
Monitoring and evaluation support was less helpful than other types of support

As indicated in Figure 30, Annex A.5, a large proportion of respondents in both Rounds 1 and 2 answered ‘N/A’ when they were asked to rate the monitoring and evaluation tools. These findings correspond to those in section 3.4.2, which suggest that monitoring and evaluation tools were less frequently used.

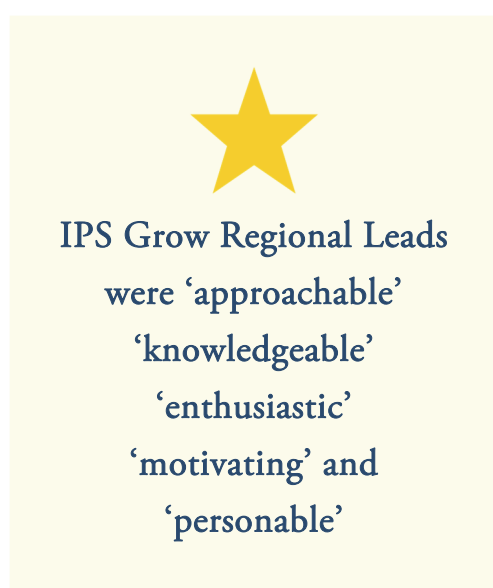
3.5.3. Stakeholders valued RL responsiveness, accessibility and IPS knowledge, which made it easier for them to access support

Survey respondents were also asked to rate how helpful their engagement with their IPS Grow Lead was in identifying their support needs. As seen in Figure 15, a great majority of respondents in both rounds rated this role as *extremely helpful*.

Figure 15: 'On a scale from 1 to 5, where 5 is extremely helpful and 1 is not at all helpful, how helpful has the engagement with your IPS Grow Lead been in identifying your support needs?'



Source: Online survey.



Many interviewees (across different groups and in both rounds) reported that the role of RL was a particularly successful aspect of IPS Grow's support.¹⁹⁰ They indicated that their RL had been **personable, available, accessible and/or communicative**.¹⁹¹ Many interviewees also commended RL for being a **key source of knowledge** about the IPS model and its fidelity:¹⁹² several interviewees marvelled that they could ask their RL any question about the fidelity scale and receive a prompt reply.¹⁹³

Similarly, the support provided by RL was highlighted as a key aspect of IPS Grow support in open-text responses across both rounds of the survey (66 per cent in Round 1; 87 per cent in Round 2)¹⁹⁴. Respondents referred to their RL **enthusiasm**, **IPS knowledge** and **responsiveness**. In interviews with CoP

¹⁹¹ Round 1: 10 interviewees from 4 sites – 4 local stakeholders, 4 IPS practitioners, 2 clinical staff members

¹⁹² Round 2: 4 interviewees from 4 sites – 2 IPS practitioners, 1 clinical staff member, 1 NHS England Regional Lead

¹⁹³ Round 1: 4 interviewees from 2 sites – 2 local stakeholders, 1 IPS practitioner, 1 clinical staff member; Round 2: 4 interviewees from 3 sites – 3 IPS practitioners, 1 clinical staff member

¹⁹⁴ Round 1: 19/29; Round 2: 20/23

attendees, IPS Grow RL were also described as **approachable, inclusive, knowledgeable, supportive, enthusiastic, professional, and motivating.**¹⁹⁵

RL accessibility made it easier for interviewees to find and take up IPS Grow support.¹⁹⁶ One interviewee mentioned that, as well as their ready response to service queries, their RL also initiated contact and built relationships – qualities that were strongly valued by their IPS service.¹⁹⁷ In-person visits were also mentioned as examples of RL accessibility,¹⁹⁸ to such an extent that one service was surprised to find their RL did not live near the service location, as they had travelled there so often.¹⁹⁹ This echoes a remark made by a case-study interviewee, who commended their RL for in-person visits to answer their IPS questions.²⁰⁰ One interviewee suggested that having one go-to person instead of contacting multiple people to find an answer increased the support's accessibility.²⁰¹



IPS Grow Regional Leads made finding support easier

A few interviewees reported that **RL support was particularly helpful in certain contexts.** A few interviewees (including RL in the second focus group) alluded to how welcome IPS Grow's support was to mental health services, which sometimes lack infrastructure and clear leadership.²⁰² One quality-improvement manager explained that their IPS Grow RL provided good service specifications and helped establish the IPS model for their area²⁰³. Another senior implementation manager mentioned that regular contact with their IPS Grow RL worked really well in helping the team understand the teething problems they faced, put measures in place and ask urgent questions.²⁰⁴

¹⁹⁵ Round 1: 2 CoP participants; Round 2: 4 CoP participants

¹⁹⁶ Round 2: 5 interviewees from 4 sites – 3 IPS practitioners, 2 local stakeholders

¹⁹⁷ Round 2: 1 local stakeholder

¹⁹⁸ Round 2: 2 interviewees from 2 sites – 1 IPS practitioner, 1 local stakeholder

¹⁹⁹ Round 2: 1 IPS practitioner

²⁰⁰ Round 2: 1 CoP participant

²⁰¹ Round 2: 1 IPS practitioner

²⁰² Round 2: 3 interviewees from 3 sites – 2 Regional Leads, 1 NHS England Regional Lead

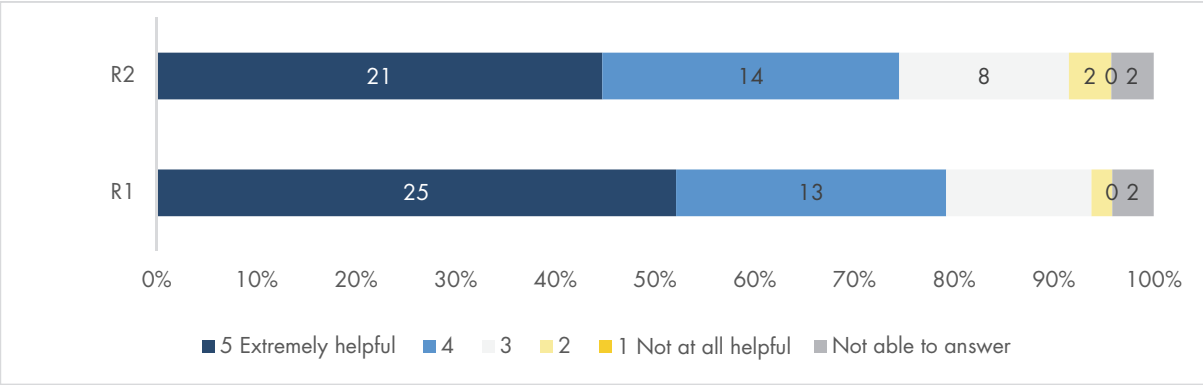
²⁰³ Round 1: 1 local stakeholder

²⁰⁴ Round 1: 1 IPS practitioner

3.5.4. CoP events were well-received by participants because they helped services network, share learning and find resources

Most of the survey respondents in Rounds 1 and 2 found the CoP events extremely helpful (see **Error! Reference source not found.**).

Error! Reference source not found. ‘On a scale of 1 to 5, where 5 is extremely helpful and 1 is not at all helpful, how helpful have you found the Community of Practice?’



Source: Online survey.



When asked about the extent to which they agreed that CoPs were helpful (see Figure 31, Annex A.5), survey respondents *agreed* or *strongly agreed* that **CoPs helped them network and meet new people in the IPS community** (60 per cent in Round 1; 55 per cent in Round 2)²⁰⁵. Similar feedback was given by many interviewees,²⁰⁶ who reported that they appreciated CoPs because they enabled them to **spend time with colleagues**²⁰⁷, **meet others** in the same role²⁰⁸, and **receive good-practice advice and guidance** from colleagues.²⁰⁹ As discussed in section 3.4.1, the collaboration and networking opportunities at CoPs seemed to **result in some services connecting informally** outside of events.²¹⁰ Such networking tended to occur during breaks, when participants from different services could chat informally and exchange contact details. Moreover, several interviewees said that contact and mutual learning with other IPS teams in CoPs enabled them to **create links outside of their service.**²¹¹

As shown in Figure 31, Annex A.5, many survey respondents also *agreed* or *strongly agreed* that CoPs supported their **learning**, helping them use resources, information or ideas more effectively, gain a better

²⁰⁵ Round1: 29/48; Round 2: 28/51
²⁰⁶ Round 2: 1 CoP facilitator, 5 CoP participants
²⁰⁷ Round 1: 1 CoP facilitator
²⁰⁸ Round 2: 1 CoP participant
²⁰⁹ Round 1: 1 CoP participant
²¹⁰ Round 2: 1 CoP facilitator
²¹¹ Round 1: 3 CoP participants, 1 facilitator; Round 2: 3 CoP participants

understanding of wider IPS developments, and develop service practice. Respondents also agreed that CoP attendance helped IPS team leaders **develop leadership skills** (72 per cent of respondents in Round 1 and 73 per cent in Round 2 either *agreed* or *strongly agreed* with this statement)²¹².

When asked what their most valuable learning from the CoP was, the most common response was the **opportunity to learn from other teams and services** about challenges, solutions and experiences.²¹³ Others mentioned that the CoP helped them find **examples of good practice**,²¹⁴ find out about specific fidelity items²¹⁵ and gain knowledge about employer engagement (5 per cent in Round 1; 16 per cent in Round 2)²¹⁶. Moreover, a case-study interviewee said that IPS Grow's regular updates gave them ideas on supervising their team, supporting their staff and implementing positive change in their service.²¹⁷ Networking and good-practice sharing were two CoP aspects participants highlighted as helpful in the two events observed in 2020.²¹⁸



Finally, many survey respondents either *agreed* or *strongly agreed* that CoP attendance had given them a **better understanding of available IPS Grow resources** (81 per cent in Round 1; 91 per cent in Round 2)²¹⁹. Interviewees also explained that updates provided by IPS Grow or NHSE and Improvement about the future of IPS were a very helpful component of CoP,²²⁰ and gave examples of resources they had discovered through the CoP (the Future Collaboration Platform, sharing relevant material, such as articles, via email, IPS newsletters, and regular updates from IPS RL).²²¹

²¹² Round 1: 34/48; Round 2: 35/49

²¹³ No. of respondents who said that the most valuable learning from the CoP was the opportunity to learn from other teams and services about challenges, solutions and experiences: 21/39 in Round 1 and 21/37 in Round 2

²¹⁴ No. of respondents who mentioned that the CoP helped them find examples of good practice: 11/39 in Round 1 and 10/37 in Round 2

²¹⁵ No. of respondents who said that the most valuable learning from the CoP was finding out about specific fidelity items: 6/39 in Round 1 and 5/37 in Round 2

²¹⁶ Round 1: 2/39; Round 2: 6/37

²¹⁷ Round 2: 1 participant

²¹⁸ Round 2: 1 CoP facilitator, 1 CoP participant

²¹⁹ Round 1: 38/47; Round 2: 43/50

²²⁰ Round 1: 1 CoP facilitator; Round 2: 2 CoP participants

²²¹ Round 2: 2 CoP participants

During COVID-19, CoP events adapted to continue and provided important opportunities to connect with other services

Two survey respondents in Round 2 noted in open-text questions that CoPs provided important support during the COVID-19 pandemic. One interviewee said that the collaboration and networking elements of CoPs was particularly helpful for staff during the COVID-19 lockdown – when they were worried, isolated, returning to work or temporarily moved to other types of work – and that it was important to hear positive stories and a ‘business as usual’ approach.²²²

IPS Grow’s internal evaluation found that events that were at least half-a-day long gave services a good chance to connect. Moreover, although events were virtual during the COVID-19 lockdown, internal-evaluation interviewees found that them more focused.²²³

3.5.5. There were a few suggestions for how IPS Grow support could improve further

Variety in the frequency or focus of CoPs

Though many stakeholders commended CoPs, several stakeholders also suggested ways that events could improve. These included:

- **Improving knowledge sharing across regions:** scheduling more events to bring services from across the country together, creating a task force to share best-practice in the local context, and inviting RL from other regions to learn from their experiences²²⁴
- **Changing the frequency and duration:** shorter, more frequent events for smaller groups.²²⁵ Views differed in terms of whether CoPs were more helpful when online²²⁶ (where some challenges in virtual access could be difficult) or in-person (which involved travel costs and time)
- **Focusing more on fidelity items:** A stronger focus on fidelity was echoed as a point of improvement for IPS Grow outside of CoP events²²⁷
- **Focusing more on other topics** (including recruitment and management)²²⁸ **or particular roles** (e.g. for ES²²⁹ or service managers specifically²³⁰)
- **Improving knowledge capture after events.**²³¹

²²² Round 1: 1 CoP participant

²²³ IPS Grow Data Dashboard June 2020

²²⁴ Round 2: 2 interviews – 1 clinical staff, 1 CoP participant

²²⁵ No. of respondents who indicated shorter, more frequent events for smaller groups: 2/33 in Round 1 and 3/37 in Round 2.

²²⁶ No. of respondents who suggested that CoPs should run virtually permanently: 2/37 in Round 2. No. of respondents who reported challenges in attending virtually: 2/33 in Round 1 and 3/37 in Round 2/

²²⁷ No. of respondents who suggested that CoP should focus more on fidelity items: 2/33 in Round 1 and 3/37 in Round 2.

²²⁸ No. of respondents who suggested that a focus on recruitment and management would be helpful: 1/33 in Round 1.

²²⁹ No. of respondents who suggested a focus on particular roles (including specifically for ES): 2/33 in Round 1.

²³⁰ No. of respondents who suggested focusing on service managers: 1/33 in Round 1 and 2/37 in Round 2.

²³¹ Round 2: 1 CoP facilitator

Providing clearer guidance for certain resources and tools

Some respondents indicated that some of the tools provided by IPS Grow and the guidance and communication on their usage could be unclear. For example, a couple of interviewees found that the FutureNHS Collaborative Platform could be confusing and was inconsistently used by services ²³², while another said that online resources such as the reporting tool require clearer guidance from the start.²³³

Interviewees suggested a range of beneficial additions to IPS Grow support, including more training/workshops on job retention,²³⁴ workshops on fidelity for all new ES,²³⁵ provision of more in-depth understanding of the IPS model and how it might change,²³⁶ support with training managers,²³⁷ best-practice standardisation,²³⁸ and more opportunities for collaboration.²³⁹

Improving communication between different IPS stakeholders

Although communication from IPS Grow was generally well-received, anecdotal evidence from individual interviewees suggests room for improvement. A few interviewees felt IPS Grow could communicate the role of the different stakeholders involved in IP more effectively,²⁴⁰ which echoes findings mentioned in section 3.4.5 on confusion about the role of IPS Grow.

A few individuals suggested that more clarity about how IPS Grow could ‘fit’ into trusts and their ideal role,²⁴¹ and better communication and alignment between NHS England RL, commissioners and IPS Grow RL, could be helpful.²⁴²

²³² Round 2: 2 CoP participants

²³³ Round 2: 1 local stakeholder

²³⁴ Round 2: 2 interviewees from 2 sites - 1 IPS practitioner, 1 clinical staff member

²³⁵ Round 2: 1 IPS practitioner

²³⁶ Round 2: 1 local stakeholder

²³⁷ Round 2: 1 IPS practitioner

²³⁸ Round 2: 1 IPS practitioner

²³⁹ Round 2: 1 clinical staff member

²⁴⁰ Round 2: 4 interviewees from 3 sites - 1 IPS practitioner, 1 clinical staff member, 1 local stakeholder, 1 NHS England regional lead

²⁴¹ Round 2: 1 clinical staff member

²⁴² Round 2: 1 clinical staff member

3.6. Do organisational factors or support levels account for variation in IPS maturity?

Summary:

This section considers the impact of organisational factors on IPS services' maturity and their ability to access IPS Grow support

- As may be expected, *expanding* services were likely to score higher in fidelity reviews than *new* or *aligning* services
- However, both *aligning* and *new* services showed more improvement over time than *expanding* services
- We found no evidence to show whether IPS provider type affects service fidelity
- However, where services with third-sector providers demonstrated high fidelity, common features were evident. These included:
 - Good access to and integration of clinical systems
 - Strong communication and collaboration between senior executives
 - Regular catch-ups and communication between IPS employment supervisors and clinical team managers
 - Existing links with employers, charities and JCPs
- Other organisational factors, including location and senior buy-in, may affect services' self-reported maturity
- Finally, services' organisational factors may affect how successfully IPS Grow can support services

This section explores factors that account for the variation in IPS maturity. It draws on data from the **fidelity reviews** of seven services, supported by stakeholders' perceptions as reported through the **survey**, **case studies**, and **interviews**.

3.6.1. We consider the impact of organisational factors on IPS services' maturity and ability to access IPS Grow support

While fidelity reviews are not designed to provide detailed and systematic information on overarching barriers and facilitators of maturity, they offer some information to assess whether the level of support received accounts for the variations in services' maturity. Reports and action plans sometimes included discussion of more general factors that hindered or facilitated service-fidelity improvements, which occasionally mentioned IPS Grow. In particular, accessing IPS Grow support was sometimes recommended as a way to improve fidelity items. However, they did not always record whether this took place or the reasons why.

To fully answer this evaluation question, information on the *dose* or *level* of IPS Grow support is needed, i.e. how much of the intended support was received. However, what constitutes IPS Grow support is diverse, with various facets and workstreams (as outlined in section 3.4). **IPS Grow does not appear to recognise or provide different levels of support** so much as different *types* of support. As a result, it has proved difficult to quantify the dose. We therefore rely on qualitative data from interviews, surveys, fidelity reviews and stakeholder consultations. Using this data, we can assess the impact organisational factors had on services' maturity and the extent to which they accessed and used IPS Grow's support.

The organisational factors that we examined included the **service's prior experience with IPS** from which the service received funding (if they are *expanding*, *aligning* or *new*) and the **type of service provider** (whether NHS or third-sector), as included and outlined in the draft typology explored in section 3.2.2. Other factors, such as the **region**, **location** and **internal structures** of the related NHS trust, are identified from other collected data and explored where relevant.

3.6.2. As may be expected, *expanding* services were likely to score higher in fidelity reviews than *new* or *aligning* services

We analysed variation in Round 2 fidelity scores according to Wave 2 transformation funding, i.e. whether services were classified as *new*, *aligning* or *expanding*,

All seven services included in the fidelity reviews received Wave 2 funding. Three were classified as *expanding*, three as *aligning* and one as *new*. As explored in section 3, all services' fidelity scores improved over time.

The three *expanding* services performed better than the others in both Rounds 1 and 2 of the fidelity reviews; they ranked as the highest-scoring services in both rounds (see Table 3) and all achieved good fidelity by Round 2. This is likely because their previous IPS experience helped them establish an existing foundation of *fair* or *good* fidelity elements on which to build continued improvements.

Table 3: Fidelity scores in Round 1 and Round 2 fidelity reviews (organised by Round 2 scores)

Service	Classification	Round 1 score (position)	Level of fidelity achieved in Round 1	Round 2 score (position)	Percentage change over time	Level of fidelity achieved in Round 2
Service 3	Expanding	104	Good	111	7%	Good
Service 6	Expanding	103	Good	110	7%	Good
Service 1	Expanding	87	Fair	106	22%	Good
Service 4	Aligning	59	Not supported employment	98	66%	Fair
Service 7	Aligning	71	Not supported employment	93	31%	Fair
Service 5	New	72	Not supported employment	93	29%	Fair
Service 2	Aligning	75	Fair	90	20%	Fair

Note: Expanding services are highlighted. The levels of fidelity are 'not supported employment' (score 73 and below), 'fair' (score 74-99), 'good' (score 100-114), 'exemplary' (score 115-125). See Table 11, Annex B.1.3. and Table 12, Annex B.1.3. for more information.

Source: Fidelity review reports for seven services, produced by RAND Europe and IPS Grow.

However, IPS Grow RL who took part in a focus group suggested that high-performing sites might experience 'fidelity drift' as services reach maturity in the first one-to-two years and become complacent in their attitude towards the model.²⁴³ While no RL had yet observed this in the services they supported, one pointed towards evidence from 18 Centres of Excellence indicating a slip in recent performance reviews, highlighting the importance of keeping the IPS Grow infrastructure in place²⁴⁴

Expanding services scored higher in terms of having a strong focus competitive employment within the mental health trust (Item 10) and executive team support for supported employment (Item 11). The *expanding* services were also more likely to have well-established team leaders (Item 8), pre-existing relationships with JCP (Item 6), a clinical-team culture encouraging employment (Item 9), and more evidence of individualised and time-unlimited follow-along support (Items 22 and 23). There was little

²⁴³ Focus Group 2: 3 Regional Leads

²⁴⁴ Focus Group 2: 1 Regional Lead

difference in the scores or improvement achieved by *new* and *aligning* services in Round 1 and 2 (although we note that only one *new* service was included in the analysis).

3.6.3. However, both *aligning* and *new* sites showed more improvement over time than *expanding* services

Nonetheless, *new* and *aligning* services demonstrated more improvement over time than *expanding* services (see section 3.1). This was likely because such services had a lower starting point upon which to build, as fewer aspects of IPS were demonstrably in place in Round 1 of the fidelity reviews. In particular, the three sites classified as *not yet delivering IPS* in Round 1 (i.e. received scores of less than 73) demonstrated particularly strong improvement, with increases of approximately one-third (Services 5 and 7) to two-thirds (Service 4).

Table 4: Fidelity scores achieved in Round 1 and Round 2 fidelity reviews (organised by percentage change over time)

Service	Classification	Round 1 score (position)	Level of fidelity achieved in Round 1	Round 2 score (position)	Percentage change over time	Level of fidelity achieved in Round 2
Service 4	Aligning	59 (7)	Not supported employment	98 (5)	66%	Fair
Service 7	Aligning	71 (6)	Not supported employment	93 (4)	31%	Fair
Service 5	New	72 (5)	Not supported employment	93 (4)	29%	Fair
Service 1	Expanding	87 (3)	Fair	106 (3)	22%	Good
Service 2	Aligning	75 (4)	Fair	90 (6)	20%	Fair
Service 3	Expanding	104 (1)	Good	111 (1)	7%	Good
Service 6	Expanding	103 (2)	Good	110 (2)	7%	Good

Note: Aligning and new services are highlighted. The levels of fidelity are 'not supported employment' (score 73 and below), 'fair' (score 74-99), 'good' (score 100-114), 'exemplary' (score 115-125).

Source: Fidelity review reports for seven services, produced by RAND Europe and IPS Grow.

3.6.4. We found no evidence to show whether IPS provider type affects service fidelity

In the seven services that underwent fidelity review, those where third-sector providers wholly or partially provided IPS services tended to have higher fidelity scores than those where IPS was only provided by mental health trusts (Table 5). However, given that all *expanding* services were third-sector providers, this is likely due to their prior IPS experience rather than the quality of services provided by particular provider types. Indeed, a review of individual scores (Table 5) suggests no particular area where third-sector providers scored higher or lower than other providers.

Table 5: How Round 2 fidelity review scores varied between services with different types of providers

Service	Type of service	Type of provider	Round 2 score (position)	Level of fidelity achieved in Round 2
Service 3	Expanding	Third-sector provider	111	Good
Service 6	Expanding	Third-sector provider	110	Good
Service 1	Expanding	Third-sector provider	106	Good
Service 4	Aligning	Mental health trust	98	Fair
Service 7	Aligning	Mental health trust	93	Fair
Service 5	New	Mental health trust	93	Fair
Service 2	Aligning	Third-sector provider	90	Fair

Note: Services ordered by highest to lowest in Round 2 fidelity scores. The levels of fidelity are 'not supported employment' (score 73 and below), 'fair' (score 74-99), 'good' (score 100-114), 'exemplary' (score 115-125).

Source: Authors' elaboration based on fidelity review reports.

Where services with third-sector providers achieved high fidelity, common features were evident

While evidence about the impact of the type of provider on fidelity is lacking, our analysis found some features of third-sector providers that helped these services operate successfully. Understanding these features may help design future support for third-sector providers that is as useful as possible.

Where third-sector providers delivered IPS to *fair* or *good* fidelity:

- **ES employed by the third-sector provider could access clinical systems and fully and formally integrate into the team** (Services 1, 3 and 6). In Service 2, the lowest scoring service by Round 2 of the reviews, this was not the case. The majority of ES were unable to access clinical notes, which affected the service's ability to perform. Interviewees also recognised this problem in some IPS services provided by third-sector providers (see section 3.4.5).²⁴⁵
- **At a senior-executive level, there was good communication and collaboration between the third-sector provider and the NHS trust.** Third-sector provider CEOs might be included in IPS steering groups (Service 1) or have regular catch-ups with the NHS trust senior leaders (Services 1, 3 and 6). Service 2 – the lowest scoring service by Round 2 –struggled to achieve this level of senior integration.
- **IPS employment supervisors and clinical team managers communicated well, engaging in regular catch-ups to discuss the progress and performance of ES** (Services 1, 3 and 6). When third-sector organisations employ ES, they may be supervised by both the third-sector provider (usually the IPS team leader) and the clinical team's manager (not usually focused on employment). In services that scored highly, the two managers communicated well about the ES they both oversaw. Good practice was seen in Service 6, where some ES were employed by a third-sector provider while the IPS team leader was employed by the mental health trust, meaning that the ES were supervised by both the IPS team leader and by a third-sector supervisor. The fidelity review found good formal and informal communication levels between the two supervisors, which was designed to ensure helpful, unduplicated support. There was even joint working to support employer engagement in the area.
- **There were existing links with employers, charities and JCP.** Interviewees reported that third-sector organisations often had strong employment cultures and good networks with employers, local charities and other key stakeholders like JCP already. While interviewees did not suggest how these connections improved their fidelity or maturity, their information indicates these networks might help collaborations with the DWP/JCP, work incentives, and planning and engaging with employers. Indeed, this is supported by evidence from the fidelity reviews to some extent. For service 6, the fidelity-review report suggests the IPS team benefited from the third-sector provider's existing expertise in employment support and local employer networks, developing these in a way that supported IPS maturity. In Service 1, the third-sector provider also had a benefits specialist who helped IPS staff support clients and share existing connections to JCP.

²⁴⁵ Round 1: 4 interviewees from 2 sites - 2 local stakeholders, 1 IPS practitioner, 1 clinical staff member; Round 2: 1 IPS practitioner

3.6.5. Other organisational factors, including location and senior buy-in, may also affect maturity

Some interviewees suggested other organisational factors might impact service fidelity, which may be an important consideration in future IPS services' possible needs and features.

A few interviewees felt that **location** was an important organisational factor that could affect how successfully an IPS service could run. Interviewees highlighted the benefits associated with particular locations, e.g. more employers, job opportunities and scope for shared resources in city-based services.²⁴⁶

Some IPS Grow RL who took part in focus groups also felt that the **support of particular senior individuals** was important for services to improve their fidelity. A few suggested that supportive STP leads were important in facilitating high fidelity scores,²⁴⁷ while another RL perceived supportive Commissioners to be more influential than STP leads in their region.²⁴⁸ An interviewee with oversight of several IPS services within a region felt that building relationships with senior management facilitated more successful integration and implementation of IPS maturity.²⁴⁹

3.6.6. Services' organisational factors may affect how successfully IPS Grow can support services

As investigated in Sections 3.4.4 and 3.4.5, some organisational factors may make it easier for services to access and benefit from effective IPS Grow support. These may be important considerations for future research, to explore their impact on maturity and understand the barriers and facilitators to accessing IPS Grow support.

Representatives of the IPS Grow team considered that IPS Grow leads could work most effectively when **services were well-established**.²⁵⁰ In particular, IPS Grow RL reported that services with well-established executive-sponsored steering committees that they were invited to were particularly useful. A partnership agreement between IPS Grow and services that focused on shared fidelity and included regular review meetings was another useful pre-condition.²⁵¹ This reflects aspects of good IPS fidelity to some extent, indicating it was easier for IPS Grow leads to support already-strong services set up according to IPS fidelity. As explored in section 3.1.4, many services in the 21 funding applications intended to set up a steering group.

However, impressions from other interviewees within the NHS England and NHS Improvement Regional Lead team and clinical teams within STPs suggest that **those from more established services might, conversely, be less willing to take up support from IPS Grow** because they were confused about its role or felt they required less support. This was especially true when the IPS Grow RL role appeared to overlap with other service roles.²⁵² In at least one service, the lack of communication between the IPS Grow RL and

²⁴⁶ Round 2: 1 clinical staff member; Focus Group 2: 1 Regional Lead

²⁴⁷ Focus Group 2: 2 Regional Leads

²⁴⁸ Focus Group 2: 1 Regional Lead

²⁴⁹ Round 2: 1 IPS practitioner

²⁵⁰ As discussed in the *One Year On* report (produced by the IPS Grow team to reflect upon practice a year into support)

²⁵¹ IPS Grow – One Year On.

²⁵² Round 2: 3 interviewees from 3 sites – 2 clinical staff members and 1 NHS England Regional Lead

an IPS service employer was attributed to their service's extensive experience with IPS, which lessened the need to consult with IPS Grow for support.²⁵³

As discussed in section 3.4.5, a few interviewees flagged **regional** factors that might affect the extent of support received by services.²⁵⁴ In particular, they noted that a single IPS Grow RL sometimes covered a large, geographically- and culturally-disparate area in some cases.²⁵⁵ One interviewee suggested that such grouping might affect the RL capacity to provide support to all services in that region.²⁵⁶

²⁵³ Round 2: 3 interviewees from 3 sites – 2 clinical staff members and 1 NHS England Regional Lead

²⁵⁴ Round 2: 3 interviewees from 3 sites – 2 IPS practitioners, 1 NHS England Regional Lead

²⁵⁵ Round 2: 2 interviewees from 2 sites – 2 IPS practitioners

²⁵⁶ Round 2: 1 NHS England Regional Lead

3.7. What key elements of IPS Grow helped new services achieve good fidelity to the IPS model?

Summary:

- This section identifies three key elements of IPS Grow support that helped services achieve good IPS fidelity using data collected and presented in the rest of the report
- Although IPS Grow supported efforts towards good fidelity, there is as yet no evidence to show whether this has an impact on fidelity scores
- **IPS Grow Regional Leads' IPS knowledge** was a key and helpful aspect of fidelity support
- **CoPs** helped share learning about fidelity
- **IPS Grow online resources** (including their forum, templates, e-learning and training) may also have been useful in improving fidelity.

This section explores the key elements of IPS Grow support that helped services introducing IPS achieve good IPS fidelity.

Throughout the evaluation, limited data was gathered from services categorised as entirely *new*. However, evidence from the **fidelity reviews** explored in Sections 3.6.2 and 3.6.3 suggests that the challenges faced by *new* services were often similar to those experienced by services at other stages (especially *aligning* services).

Data stemming from stakeholder consultation in **interviews**, **online surveys** and **observations** of CoPs also provide useful insights on which IPS Grow services they felt had been most helpful for achieving good fidelity to the IPS model and might be most helpful for improving fidelity in the future. As explored in section 3.1, fidelity-review reports and action plans do not set out to detail key facilitators of maturity, but can provide helpful contextual insights into the type of IPS Grow support considered most helpful by the fidelity reviewers (themselves IPS Grow leads).

In responding to this evaluation question, we therefore considered findings from other evaluation questions and data-collection methods to present an overall assessment of three IPS Grow support elements that emerged as most valuable in improving services' fidelity (either now or in the future).

3.7.1. Although IPS Grow supported efforts towards good fidelity, there is as yet no evidence to show whether this had an impact on fidelity scores

Survey and interview data indicate that fidelity support was an important part of IPS Grow's assistance often taken up by services.

As outlined in section 3.4 (Figure 8), almost all survey respondents reported receiving some fidelity support from IPS Grow. In total, 64 per cent of survey respondents reported receiving advice on effective IPS service implementation and fidelity,²⁵⁷ making it one of the most frequently received types of service-planning and

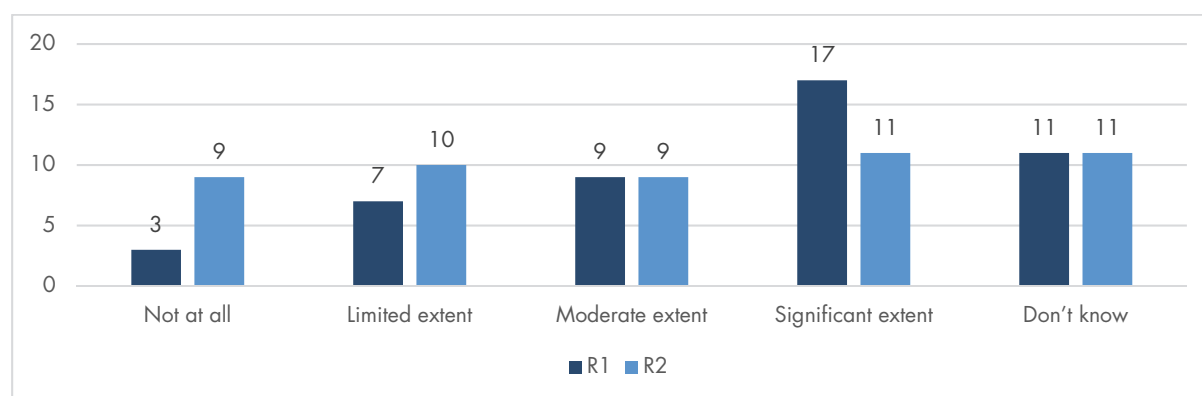
²⁵⁷ No. of respondents who reported receiving advice on effective IPS service implementation and fidelity: 50/78 in Round 1 and 50/80 in Round 2

implementation support (Figure 7). Opinions on how helpful fidelity advice was were also positive, with 65 per cent overall rating it as *extremely helpful*²⁵⁸ (see section 3.5).

Further data from the survey provides more detail on the type of fidelity support offered and received. When asked the extent to which IPS Grow had contributed to changes in their maturity over time, there was limited consensus in survey respondents' answers – as shown in Figure 16.

Differences in responses emerged between Rounds 1 and 2 in particular. In Round 1, respondents were more likely to indicate that IPS Grow *moderately* or *significantly* contributed to improving their fidelity-review scores than in Round 2 (45 per cent in Round 1; 28 per cent in Round 2).²⁵⁹ Responses were more evenly split in Round 2, with more respondents suggesting IPS Grow had limited or no influence (10 per cent in Round 1; 19 per cent in Round 2)²⁶⁰. In both Rounds 1 and 2, a large number of survey respondents did not know how much of an impact IPS Grow had (23 per cent in Round 1; 22 per cent in Round 2).²⁶¹

Figure 16: 'To what extent do you think IPS Grow contributed to [the] change [in fidelity scores over the last 3 months]?'



Note: Organised from less to more.

Source: Online survey.

Most interviewees in Rounds 1 and 2 reported they had not yet had fidelity reviews, often because their services were very new²⁶² or because their review had been cancelled due to COVID-19.²⁶³ However, when asked what service changes they expected from IPS Grow's support in the coming years, several interviewees anticipated that IPS Grow would focus on improving their fidelity-review scores.²⁶⁴

²⁵⁸ No of respondents who rated fidelity advice as extremely helpful: 37/58 in Round 1 and 40/62 in Round 2

²⁵⁹ Round 1: 26/47; Round 2: 19/50

²⁶⁰ Round 1: 21/47; Round 2: 28/50

²⁶¹ Round 1: 11/47; Round 2: 11/50

²⁶² Round 1: 9 interviewees from 4 sites – 4 IPS practitioners, 3 local commissioners, 2 clinical staff members

²⁶³ Round 2: 5 interviewees from 3 sites – 2 IPS practitioners, 1 local commissioner, 1 clinical staff member

²⁶⁴ Round 2: 3 interviewees from 2 sites – 2 IPS practitioners, 1 local stakeholder

3.7.2. IPS Grow Regional Leads' IPS knowledge was a key and helpful aspect of fidelity support

The role IPS Grow RL played in delivering support consistently emerged as important in the data collected. As explored in Section 3.5.3 many survey respondents felt their IPS Grow RL had been essential in identifying and improving their services support needs. When discussing aspects of IPS Grow's support that helped achieve fidelity, it is perhaps unsurprising that the support provided by IPS Grow RL was considered most helpful by many interviewees.

When asked about supports and barriers to achieving good maturity and fidelity, **the most common factor interviewees cited as helping them reach good maturity was their IPS Grow RL.**²⁶⁵ In particular, they felt IPS Grow RL knowledge of the IPS model helped improve services fidelity. As explored in more detail in Section 3.5.3, interviewees reported that their RL knowledge about fidelity and their willingness to help services was an invaluable support. An STP where the RL worked closely with the trust's Area Manager – developing implementation plans to ensure staff engagement at all levels in the trust – is a good example. By connecting the IPS team to the HR, contact and clinical teams in their local NHS trust, they improved STP integration. Interviewees reported that this same RL also supported the zero-exclusion fidelity item and thus increased referrals.²⁶⁶

There is also evidence suggesting that **the support of IPS Grow RL will be valuable in helping services improve fidelity in the future.** This is clear from the IPS Grow team's point of view in their role as fidelity reviewers; fidelity review action plans frequently include actions for IPS Grow leads, demonstrating the importance their individual knowledge and time was expected to play in improving fidelity.

All action plans included at least one action for IPS Grow RL to provide tailored and service-specific mentoring and training to address particular weaknesses, often focused on employer engagement. For example, in four services, IPS Grow RL intended to provide field-mentoring support to team leaders and employer-engagement training sessions to ES (Services 1, 4, 5 and 6). Evidence from the survey indicates that respondents found this very helpful (see Figure 25, Annex A.4) . IPS Grow RL also planned workshops on how to evidence fidelity items in the review documents (Service 4) and on specific issues faced in the fidelity reviews, including zero exclusion (Service 3), rapid job search (Service 3), disclosure (Service 5), team leader supervision (Service 6), and benefits counselling and integration with the clinical team (Services 6 and 8). Some action plans captured regular catch-ups between IPS Grow leads and team leaders (Service 4), advice on improved sharing of client stories (Service 7), and internal-audit support (Service 4). It is not possible to determine from the action plan whether an action was carried out as planned, as they only recorded what the service and their IPS Grow lead planned.

3.7.3. Communities of Practice helped share learning about fidelity

As explored in Section 3.5.4, CoPs were positively regarded because they provided opportunities for networking, learning, training, and sharing good practice. Similarly, when reflecting on the most helpful aspects of IPS Grow support for fidelity, survey, case-study and interview data suggest that **stakeholders**

²⁶⁵ Round 2: 10 interviewees from 5 sites – 5 IPS practitioners, 3 clinical staff members, 2 local stakeholders; Round 1: 4 interviewees from 3 sites – 2 IPS practitioners, 1 clinical staff member, 1 local stakeholder

²⁶⁶ Round 1: 3 interviewees from 1 site – 2 IPS practitioners, 1 local stakeholder

felt CoPs played an important role in improving their understanding of fidelity. However, as there is no evidence demonstrating whether participation in CoPs helped improve services' self-assessment or fidelity review scores, this remains speculative.

Interviewees highlighted that CoPs shared information and learning about fidelity items.²⁶⁷ Furthermore, survey respondents reported in open-text response that CoP sessions reminded them of the importance of fidelity, provided ideas and practices to ensure that fidelity was met and supported the IPS Model's implementation.²⁶⁸

Data from observed CoP events and/or accompanying interviews provide further information on how CoPs dealt with fidelity.

Elements of the fidelity scale were discussed at all events attended by observers in 2020.²⁶⁹ One session at an event in July 2020 dealt with field mentoring, which was explicitly linked to Item 8 on the fidelity scale (*role of the employment supervisor*).²⁷⁰ There were also discussions at the May 2020 event on how services could continue focusing on achieving good fidelity despite the challenges of the COVID-19 lockdown.²⁷¹

A few interviewees reported that fidelity was frequently addressed at CoP events, and they had received support on fidelity items from IPS RL.²⁷² One interviewee felt each CoP event was tailored to items within the fidelity review. Another felt that people who used the CoP forum correctly and participated fully could learn important new information about fidelity items.²⁷³ In their opinion and experience, services often overlooked attention to the fidelity scale and how to evidence each item.²⁷⁴ For instance, they mentioned having learnt through the CoP event that supervisor meetings should be held more frequently than quarterly, which was not sufficient.²⁷⁵ Another interviewee reported that CoPs supported their field-mentoring work,²⁷⁶ while another felt they better understood what was required for an IPS service to integrate with the clinical team successfully.²⁷⁷

²⁶⁷ Round 2: 9 interviewees from 5 sites – 4 IPS practitioners, 3 clinical staff members, 2 local stakeholders

²⁶⁸ No. of respondents who suggested that information about specific fidelity items was an important takeaway from the CoPs: 6/39 in Round 1 and 5/50 in Round 2, Round 2 Interviewees: 2 interviewees

²⁶⁹ Round 2: 1 CoP participant

²⁷⁰ Round 1: 1 CoP Facilitator

²⁷¹ Round 2: 1 CoP participant

²⁷² Round 1: 2 CoP participants; Round 2: 1 CoP participant

²⁷³ Round 2: 1 CoP participant

²⁷⁴ Round 2: 1 CoP participant

²⁷⁵ Round 2: 1 CoP participant

²⁷⁶ Round 1: 1 CoP participant

²⁷⁷ Round 2: 1 CoP participant

3.7.4. There are some suggestions that IPS Grow's online resources (including their forum, templates, e-learning and training) may also have been useful in improving fidelity

As outlined in section 3.4.3, IPS Grow provides various online resources to support IPS service planning and delivery. Many of these resources were used frequently and generally considered helpful. There is some evidence they were also helpful in achieving good fidelity.

Of all resources supporting fidelity, survey respondents most frequently reported access to the IPS manual through the IPS Grow website/forum (34 per cent in Rounds 1 and 2²⁷⁸ – see Figure 8). Similarly, a few interviewees reported that online resources were the most helpful for achieving good fidelity in their services. The provision of exemplar operational policies was felt to be particularly useful.²⁷⁹

Reflections from the IPS Grow team suggest that, in their experience, these resources played an important role in improving fidelity, potentially because of their wider reach. Indeed, evidence from the IPS-AD trial process evaluation suggested that IPS Grow resources and training were a valuable source of learning for the ES involved.²⁸⁰ Following Round 1 of the fidelity reviews in February 2020 (conducted by IPS Grow RL), the IPS Grow team reflected on common themes and weaknesses faced by services undergoing fidelity review²⁸¹ and recorded improvement efforts that included changes in the online resources available to services.²⁸²

One common theme was the need for services to produce better-quality documented evidence at fidelity reviews. As reported in the summary progress report, IPS Grow planned to reiterate the need for services to report through the standard spreadsheet reporting tool, which integrated the Mental Health Services Data Set.²⁸³ Managing personal information was a weakness noted by the IPS Grow team across the services reviewed and led to the development of specific training on personal-information management. This item did improve over time, as seen in Section 3.1.3.²⁸⁴ As explored in Section 3.4.3, IPS Grow delivered a number of training sessions on various aspects of fidelity, including vocational profiling, employer engagement, zero exclusion, caseloads and in-work support. As well as personalised documentation-and-strategy guidance and support from IPS Grow RL, the fidelity action plans also frequently identified IPS Grow resources considered by IPS Grow RL to be potentially helpful in improving services further.

Furthermore, almost all of the action plans (7 out of 8) resulting from fidelity reviews explicitly recommended that services draw upon the IPS Grow library of resources to improve their practice. This may be expected to some extent, given that IPS Grow leads played a role in developing these action plans, which stemmed from the fidelity reviews (largely conducted by IPS Grow RL). Nonetheless, action plans

²⁷⁸ Round 1: 44/78; Round 2: 43/80

²⁷⁹ Round 2: 2 IPS practitioners from 2 sites

²⁸⁰ RAND Europe. Individual placement and support for alcohol and drug dependence. As of 23rd February 2021: <https://www.rand.org/randeuropa/research/projects/individual-placement-support-alcohol-drug-dependence.html>

²⁸¹ These included: team leaders, lack of engagement with senior STPs and challenges in presenting data for fidelity reviews. IPS Grow Summary Progress Report February 2020

²⁸² IPS Grow Summary Progress Report February 2020

²⁸³ IPS Grow Summary Progress Report February 2020

²⁸⁴ IPS Grow Summary Progress Report: March 2020

most frequently recommended that services use the IPS Grow reporting-tool spreadsheet to help track dates and types of job-starts (Services 3, 4, 5), ES caseloads (Service 4), ES performance targets and generally improve processes (Service 2). IPS Grow supervision-and-field-mentoring resources were also recommended in two action plans (Services 1, 2), as were disclosure resources (Services 5, 8). Other action-plan recommended IPS Grow resources focused on individual service-specific areas of weakness, including guidance on marketing (Service 4), template-KPI use (Service 6), involving clients and recovery stories (Service 6), individualised follow-along support (Service 1) and templates for vocational profiles and action plans (Service 4). These recommendations often focused on the same areas IPS Grow leads were supported, suggesting the two approaches were complementary.

4. Conclusions and recommendations

4.1. Summary of the evaluation findings

This evaluation answered seven research questions. Given the limitations in the evidence, however, the following key findings should be interpreted with caution:

1. How did IPS maturity change during the initial 2 years of support?

Seven services improved their IPS fidelity through two rounds of fidelity reviews. While many aspects of IPS were already in place or improved over time in these services (see our conclusions below), those that lagged behind included team supervision, ensuring all clients could access support, liaising with Jobcentre Plus and engaging with employers.

2. How were IPS services organised within the local healthcare system?

Based on a documentation review of 21-STPs, we found that many combine funding for a diverse range of local areas, including those with different levels of funding and experience in IPS and provider types. We developed an IPS service-organisation typology (Table 4) that may help future IPS commissioning.

3. What were the activities and outputs of the services that received support?

Evidence from stakeholder interviews and fidelity reviews shows that the services consulted operated the IPS model as intended, supporting clients throughout six phases of an employment journey: referral, initial engagement, vocational-profile building, job seeking, job starting and follow-along support.

4. What support did each service receive from IPS Grow?

Many services received service-planning and implementation support, including integration with clinical teams and fidelity. This support was mainly provided through workshops, informal advice and CoPs. IPS Grow also provided support relating to service specification, data tools, and monitoring and evaluation, although the latter's uptake was lower than other forms of support. Support in workforce development included workshops, online training and sharing good practice. IPS Grow RL stood out in particular, providing multi-faceted support across all three workstreams of IPS Grow.

5. How was IPS Grow perceived by its key audiences? Were any elements of support felt to be missing, and were there any suggested changes?

IPS Grow's support was perceived positively by most interviewed stakeholders and survey respondents (local IPS practitioners).

Evaluation participants particularly valued IPS Grow's responsiveness, accessibility and expertise. CoP events were also very well-received. What stood out was the large number of survey participants who did not have a view on some of IPS Grow's resources and tools, indicating that these may not have been widely known about or taken up.

Suggestions on how IPS Grow support could change in the future included clearer guidance on how to use resources and tools, clearer communication to stakeholders about the role that IPS Grow could play, and alterations in the frequency and focus of CoPs to capture knowledge across regions better.

6. Do organisation factors or levels of support account for variation in IPS maturity?

Our findings are limited to variations in IPS maturity associated with organisational factors and services' ability to access IPS Grow support rather than the precise 'dose' of support received, as this information was not available. Based on fidelity reviews in seven services:

- *Expanding* services were more likely to score higher on the fidelity scale than *new* or *aligning* services
- *Aligning* and *new* services showed more improvement over time than *expanding* services.

This reflects different starting positions and the fact that the achievement of excellence takes much more time and effort.

We found no evidence as to whether the type of IPS provider affects service fidelity.

7. What key elements of IPS Grow allowed new services to achieve good fidelity to the IPS model?

The three key elements of IPS Grow support included:

- IPS Grow Regional Leads support (which might include mentoring, help developing policies, giving fidelity reviews, and tailored training),
- Communities of Practice (shared learning about fidelity)
- Many IPS Grow online resources.

These closely reflect the aspects of IPS Grow support that services found to be most helpful and most frequently cited as being received.

4.2. Key conclusions

The evaluation examines the impact of IPS Grow on funded IPS services, focusing on its role and contribution. As the evaluation was conducted in an early phase of IPS Grow, the expected outcomes of IPS Grow (better quality provision, better health and employment outcomes among clients) have not been captured, as local IPS services were still in development throughout the evaluation. We find that fidelity increased in a small sample of IPS services. Evaluation evidence suggests that IPS Grow contributed to these improvements.

IPS Grow played an important role in supporting IPS services. The offer of IPS Grow support has been wide-ranging and uptake has varied. This reflects the variation within the IPS services receiving the support, especially between the level of prior IPS experience (new, aligning, or expanding).

IPS Grow developed a comprehensive and useful repository of online resources and material (including templates, forms, guidelines, tools, courses) that offered basic support for IPS implementation. The awareness of and accessibility to these tools could be further improved, particularly for those relating to monitoring and evaluation tools. The use of these resources could be more widely encouraged and the offer could be broadened in future. However, these resources exist and are ready to use by current and future services. We also note that **the benefits of having IPS Grow in place were not limited to the services funded as part of NHS Long Term Plan** –resources have been used by IPS providers in other services.

IPS Grow also offers intensive, dedicated, valued and ongoing support for services that is provided by IPS Grow Regional Leads and CoPs. This support needs to be maintained and expanded to continue to be useful in future. **The role of the IPS Grow Regional Leads is particularly critical** (and highly valued). However, we also note that some services may have more limited experience of working with IPS Grow Regional Leads. This tailored and continuous support is flexible to specific and (evolving) needs, as demonstrated by adjustments made in response to the challenges brought by COVID-19.

While our findings align with the literature on technical assistance in general, and in vocational rehabilitation in particular (see section 2.1), **the evidence is not strong enough to draw conclusions regarding whether IPS Grow led to better quality provision across funded STPs** (and thus helped to improve health and employment outcomes among clients).

This evaluation shows that **a number of IPS elements are often in place early on or mature quickly.** **Other aspects improved over time:** IPS teams became more established, worked more closely with clinical teams (gaining greater support from mental health trusts), and broadened their pool of employer contacts. However, we note that this progress largely relies on stability in the IPS and clinical teams: as ES work relies heavily on building relationships with different stakeholders (clients, clinicians and employers), structural or personnel changes may affect these carefully woven connections. These are the warning signs to which IPS Grow (and its future iterations) should continue to be sensitive and attentive.

Finally, we note that it **was sometimes difficult to distinguish good fidelity from successful IPS implementation** throughout the stakeholder consultation: services often talked interchangeably of the two or, conversely, considered a focus on fidelity to be a rather dry exercise in providing policies. Facilitating a conversation around what fidelity means continues to be an important role for IPS Grow.

4.3. Implications for policy and practice

4.3.1. IPS Grow in the future

The evaluation team concludes that IPS Grow has (i) helped with faster implementation of IPS across funded services, (ii) improved the consistency of IPS implementation, and (iii) contributed to improving the quality of IPS offered by these services.

- **Recommendation 1: We therefore recommend that the DWP, NHS England and NHS Improvement ensure specific funding to maintain IPS Grow or a similar central support initiative in the future.**

Future iterations of IPS Grow could either or both of the following options:

- Help expanding IPS to services where it is not offered, and/or
- Supporting improvements in IPS quality in existing services.

While the first option is likely to demonstrate immediate results, the second possibility offers greater benefits in the long run (as high fidelity to IPS principles is associated with better employment outcomes).

- **Recommendation 2: We therefore recommend that the DWP, NHS England and NHS Improvement (i) allow future IPS Grow support in both areas (i.e. expansion of new IPS services and improvements in existing IPS services), and (ii) examine which of the two offers better value for money.**

The evaluation illustrates how IPS Grow fidelity reviews directly point to limitations and translate into action plans, allowing services to improve IPS quality.

- **Recommendation 3: We therefore recommend that the DWP, NHS England and NHS Improvement ensure that funding is made available for IPS fidelity reviews, as these lead to improvements in service quality.**

This may involve a new future initiative to regularly provide fidelity reviews and use the data to determine which services need full fidelity reviews and/or more support. More widespread and regular fidelity reviews would help monitor and judge services' quality, including the responsiveness of ES to client needs, clients' engagement with IPS service and their experiences – evidence that is scarce in this evaluation. Such evidence would also be valuable for any future evaluations to draw firm conclusions on the impact of IPS Grow on IPS services.

- **Recommendation 4: We also recommend that the implementers of IPS Grow**
 - (i) continue to offer (and expand) annual service fidelity reviews and routine completion and update of action plans
 - (ii) monitor action plans, noting patterns in the findings and adjusting support accordingly.

Rich data is available from fidelity-review reports and action plans. Beyond identifying individual service needs, these could be used to identify and map common themes, weaknesses and strengths across services

(evidence that could also inform future evaluations). The findings could then be used to improve the support offered to services with different IPS experience levels, providers, set-ups and organisational factors. This requires greater capacity and further workforce development to prepare more IPS fidelity reviewers, which could be part of the new IPS Grow offering.

- **Recommendation 5: We recommend that IPS Grow implementers use data from the regular fidelity reviews to identify and map strengths and weaknesses across services and develop resources and training to address these.**

Lastly, this evaluation stops short of drawing firm conclusions on the impact of IPS Grow on funded services due to limitations in the evidence base (given the recency of IPS Grow's operation and the challenges of the COVID-19 crisis). However, this report highlights a number of key findings requiring future investigation, including the importance of IPS Grow RL calls for further research on which qualities are most helpful, which could support the future role development, job advertising and recruitment).

- **Recommendation 6: We recommend that the DWP, NHS England and NHS Improvement evaluate IPS Grow over a longer period of time.**

4.3.2. Areas for further improvement of IPS Grow

IPS practitioners in the field have widely valued IPS Grow's work. However, this evaluation points to further improvements that would increase IPS Grow support's value and accessibility.

Although IPS Grow has developed many valuable resources, take-up and use could be improved. This includes the varied take-up of the reporting tool, with possible implications for the ability to measure outputs and outcomes, compare different implementation models and examine their cost-effectiveness or value for money in future evaluations.

- **Recommendation 7: We therefore recommend that IPS Grow implementers improve the visibility and accessibility of available resources, helping more services know where when and how to find and use them.**
 - This can be done by developing a communication and dissemination plan for tools and resources, and through better utilisation of IPS Grow RL in helping services make use of these tools.
 - We also recommend IPS Grow implementers harmonise the tools used locally for monitoring and evaluation better.

This evaluation suggests organisational features may play a role in service engagement levels with IPS Grow. This means that the needs of *new and expanding* services, and the needs of third-sector providers and mental health trust providers, are varied. Services may need differently tailored material, with relatable examples, to take up the support offered by IPS Grow. We also note the importance of the number of IPS services each IPS Grow RL was responsible for, which seemed to depend on how IPS Grow regions were defined, how many STPs the Regional Lead covered, and what type of IPS services they included.

- **Recommendation 8: We therefore recommend that:**
 - (i) **IPS Grow reviews how regions are defined and RL are allocated between them**

- (ii) **Together with the DWP, NHS England and NHS Improvement , IPS Grow sets expectations for an optimum ‘reach’ for this role**
- (iii) **IPS Grow RL continue to consider the support needs of services with different organisational setups in the future.**

The diversity in supported services suggests that IPS Grow could consider developing and documenting different categories of services by the amount and frequency of support they receive. For example, services receiving the minimum offer (‘Group 1’) might receive online resources only, communicating with their IPS Grow RL weekly by email. Services receiving the maximum support (‘Group 4’), on the other hand, might receive specialist training and coaching alongside access to the support available to Groups 1, 2 and 3. This may help IPS Grow target resources to the services that need it most. It would also help future researchers measure the impact of future IPS Grow support on outcomes.

- **Recommendation 9: To ensure support is tailored to service needs, we recommend that IPS Grow provides different levels of support as part of its service.**

CoPs offered as part of IPS Grow received very positive feedback overall. They are open to services from a given region. The risk of COVID-19 transmission necessitated virtual CoPs, which offers opportunities to review how they work. For example, IPS Grow could facilitate CoPs that focus on specific services, e.g. *expanding* versus *aligning*, or those from rural versus metropolitan areas, etc.

- **Recommendation 10: We recommend that IPS Grow implementers consider different ways of operating CoPs: for example, by taking advantage of virtual hosting to trial national-level CoPs that (i) targets specific service types with particular challenges, or (ii) target particular aspects of fidelity and involve good practice from across the country.**
 - Consultation with IPS stakeholders on the FutureNHS Collaboration Platform may be a useful way of determining the focus of future CoPs.

Annex A. Additional graphs and figures to complement the main report

This section presents some additional data and figures that add detail to the themes explored in the main text.

A.1. Additional information for section 2

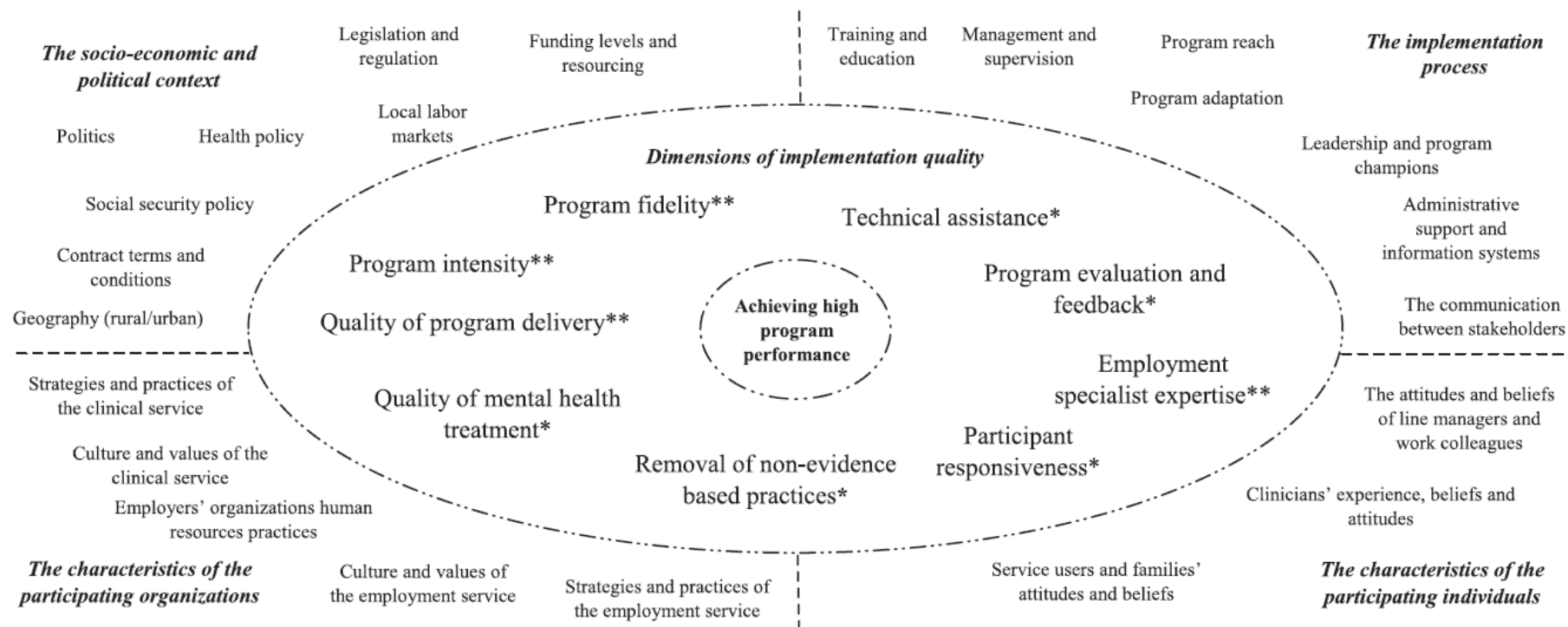
Table 1: Eleven core elements of technical assistance (TA) support that are most often present in evaluations and associated with a positive outcome

Category	Core element	Description
TA preparation	Needs assessment/decision-making	The process for determining the gap between current and desired practices/involving implementers in identifying options or priorities
	TA plan	Goals and objectives Intervention practices TA resources
TA implementation	Professional development	The immediate and long-term changes desired of TA The particular evidence-based practice identified (targeted) to produce desired systems change TA resources made available to implementers to improve the use of targeted practice
	TA provider consultation/support/feedback	The evidence-based professional development practices used by a TA provider to build and strengthen implementers' capacity to use a targeted practice Non-judgmental acknowledgment, encouragement, and feedback from the TA provider on implementers' efforts toward and accomplishment of changing practices
	Coaching and mentoring	TA provider use of either/or coaching and mentoring in interactions with implementers to build and strengthen their capacity to use targeted practice
TA evaluation	Intervention practice fidelity	The extent to which the key characteristics of targeted practice that are the focus of TA were implemented in the manner in which they were designed to be delivered
	Process evaluation	Methods for determining if the practices, activities or interventions specified (in a logic model) were implemented as planned and resulted in identifiable outputs

TA sustainability	Follow up/ongoing support	Planned activities used to provide implementers with opportunities to share concerns and accomplishments and to obtain feedback from a TA provider
	Capacity-building activities/Continuous quality improvement	The resources used to maintain changes put into place as a result of TA-related practices/processes used to ensure ongoing improvements in systems that were the focus of TA

Source: Dunst et al. (2019)

Figure 1: A conceptual framework for improving the effectiveness of evidence-based practices in vocational rehabilitation¹



Note: ** denotes good evidence of a direct influence and sufficient operationalisation for measurement to be feasible; * denotes limited evidence of a direct influence, but sufficiently operationalisation for measurement to be feasible; no asterisk denotes limited evidence for a direct influence and insufficient operationalisation, thus difficult to measure.

Source: Lockett et al. (2018)

¹ Reprinted from Lockett, Helen., Geoffrey Waghorn & Rob Kydd. 2017. 'A framework for improving the effectiveness of evidence-based practices in vocational rehabilitation.' *Journal of Vocational Rehabilitation* 49: 15-31., Copyright (2017), with permission from IOS Press. The publication is available at IOS Press, as of 5 February 2021: <http://dx.doi.org/10.3233/JVR-180951>

A.2. Additional information for section 3.1

Table 2: Change over time between Round 1 and Round 2 scores for each item

	Item/Service	Service 1			Service 2			Service 3			Service 4			Service 5			Service 6			Service 7			Average change over time
	Round	1	2	+ /-	1	2	+/-	1	2	+ /-	1	2	+/-	1	2	+/-	1	2	+ /-	1	2	+/-	
Staffing	1. Caseload size	5	5	0	5	5	0	5	5	0	2	5	3	5	5	0	5	5	0	4	4	0	0.4
	2. Employment services staff	5	5	0	5	5	0	5	5	0	3	5	2	5	5	0	5	5	0	5	5	0	0.3
	3. Vocational generalists	3	4	1	3	4	1	5	5	0	3	5	2	5	5	0	5	5	0	4	4	0	0.6
Organisation	4. Integration through team assignment	4	5	1	5	5	0	5	5	0	3	5	2	5	5	0	5	5	0	5	5	0	0.4
	5. Integration through frequent team member contact	3	4	1	2	2	0	3	5	2	2	4	2	3	5	2	4	5	1	2	4	2	1.4
	6. Collaboration between ES and DWP	2	2	0	1	1	0	4	4	0	1	4	3	2	4	2	4	5	1	2	3	1	1.0

	7. Vocational unit	4	5	1	2	5	3	5	5	0	5	5	0	4	5	1	4	5	1	1	5	4	1.4
	8. Role of employment supervisor	3	4	1	2	2	0	5	5	0	1	4	3	3	3	0	4	5	1	1	3	2	1.0
	9. Zero exclusion criteria	3	4	1	3	3	0	3	3	0	3	3	0	3	3	0	5	5	0	3	3	0	0.1
	10. Trust's focus on competitive employment	4	4	0	1	4	3	5	5	0	2	3	1	1	4	3	4	5	1	2	3	1	1.3
	11. Executive team support for supported employment	5	5	0	1	1	0	4	4	0	3	4	1	1	2	1	4	4	0	1	3	2	0.6
Services	12. Work incentives planning	5	5	0	4	4	0	4	3	-1	2	4	2	2	3	1	3	4	1	3	3	0	0.4
	13. Disclosure (sharing personal information)	4	5	1	5	5	0	2	4	2	3	5	2	3	4	1	5	4	-1	3	4	1	0.9
	14. Ongoing, work-based vocational assessment	4	4	0	5	3	-2	4	5	1	3	4	1	3	4	1	4	4	0	3	4	1	0.3
	15. Rapid job search for competitive job	5	4	-1	5	5	0	4	4	0	1	4	3	5	5	0	5	5	0	1	4	3	0.7
	16. Individualised job search	4	5	1	5	4	-1	4	5	1	3	3	0	5	5	0	3	3	0	4	3	-1	0.0

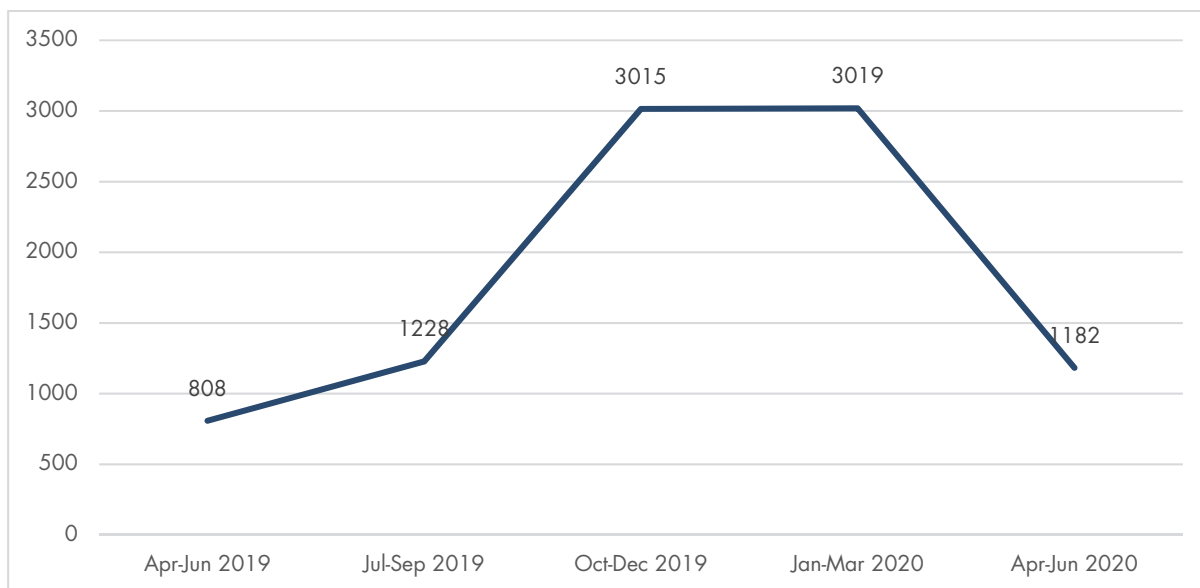
17. Job development - frequent employer contact	1	3	2	4	4	0	2	4	2	1	1	0	2	2	0	2	3	1	1	2	1	0.9
18. Job development – quality of employer contact	4	4	0	1	4	3	5	4	-1	3	3	0	2	1	-1	2	3	1	3	3	0	0.3
19. Diversity of job types	1	4	3	1	5	4	5	5	0	1	4	3	1	5	4	5	5	0	5	5	0	2.0
20. Diversity of employers	1	5	4	1	5	4	5	5	0	1	5	4	1	5	4	5	5	0	5	5	0	2.3
21. Competitive jobs	5	5	0	5	4	-1	5	5	0	1	5	4	4	4	0	5	5	0	2	5	3	0.9
22. Individualised follow-along support	3	4	1	1	3	2	3	4	1	3	5	2	2	2	0	3	3	0	4	4	0	0.9
23. Time-unlimited follow-along supports	3	3	0	1	1	0	4	4	0	3	3	0	1	2	1	3	3	0	3	4	1	0.3
24. Community-based services	4	4	0	4	4	0	3	5	2	3	2	-1	1	2	1	5	5	0	1	1	0	0.3
25. Assertive engagement and outreach by integrated treatment team	2	4	2	3	2	-1	5	3	-2	3	3	0	3	3	0	4	4	0	3	4	1	0.0
Total score	87	106	-	75	90	-	104	111	-	59	98	-	72	93	-	103	110	-	71	93	-	-

Note: Score decline marked in red, score improvement marked in green, score maintenance marked in yellow. The 25 items in this table correspond to the IPS-25 fidelity scale. See Becker et al. (2015) for more information on each of the items,

Source: Analysis of fidelity review reports.

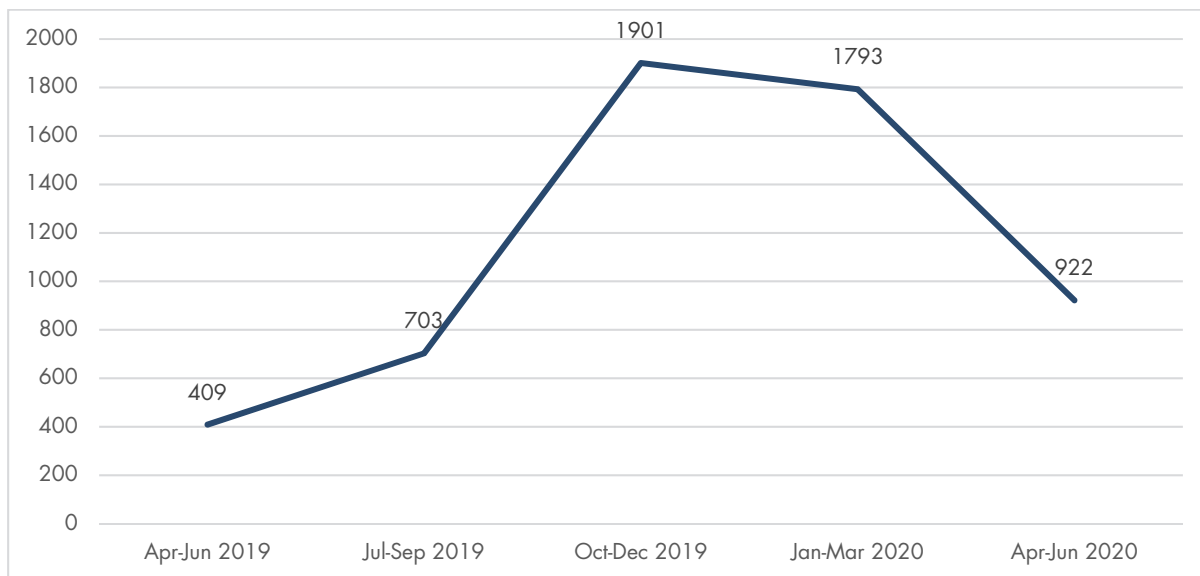
A.3. Additional information for section 3.3

Figure 2: Number of referrals to IPS services in the quarters between April 2019 and June 2020



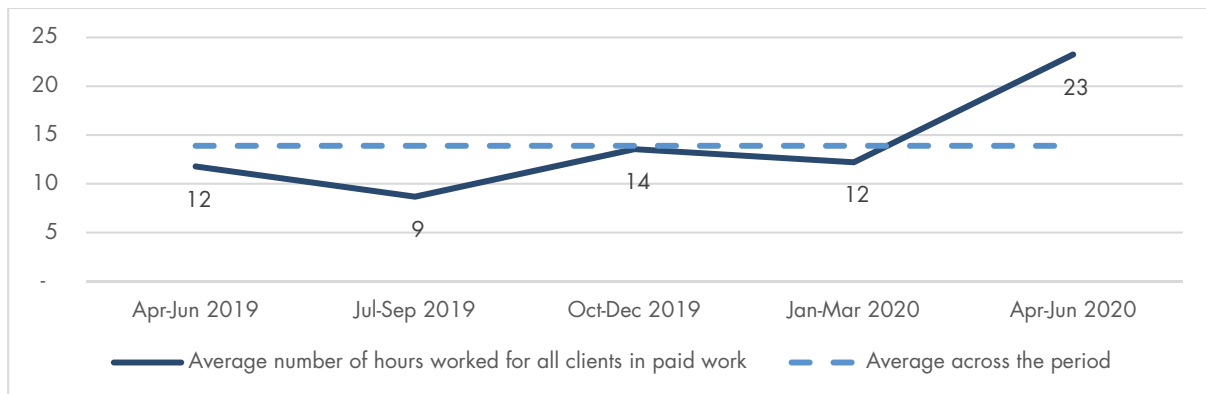
Source: IPS Grow quarterly reports from April 2019 to June 2020

Figure 3: Number of clients who started a vocational profile in the quarters between April 2019 and June 2020



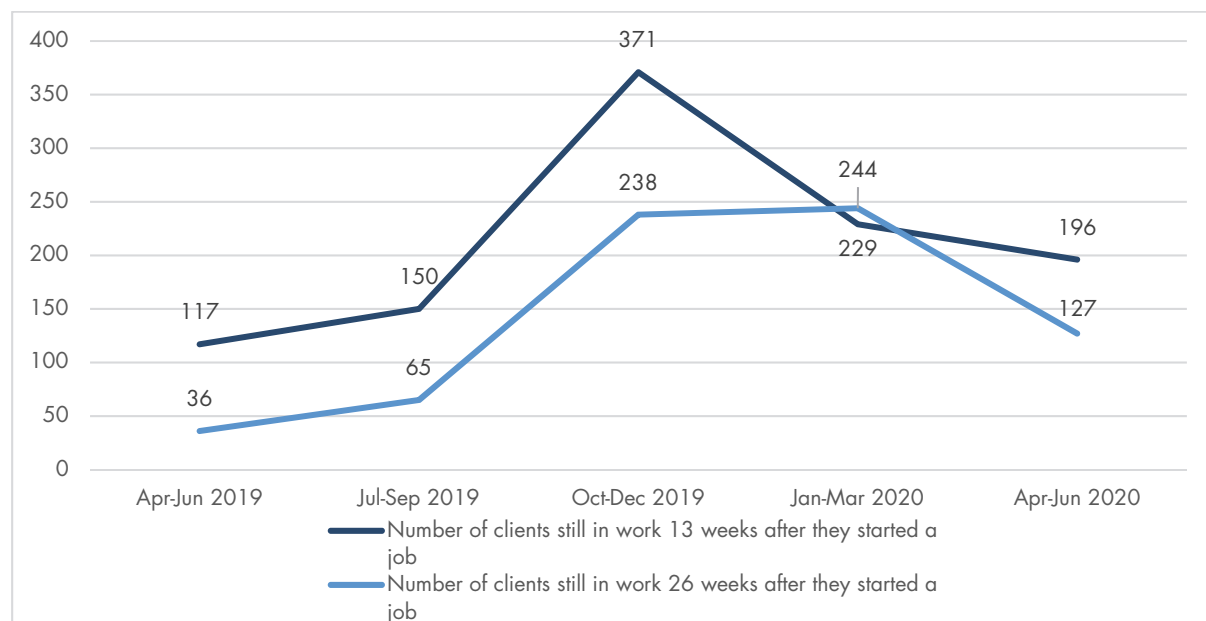
Source: IPS Grow quarterly reports from April 2019 to June 2020

Figure 4: The average number of hours worked for all clients in the quarters between April 2019 and June 2020



Source: IPS Grow quarterly reports from April 2019 to June 2020

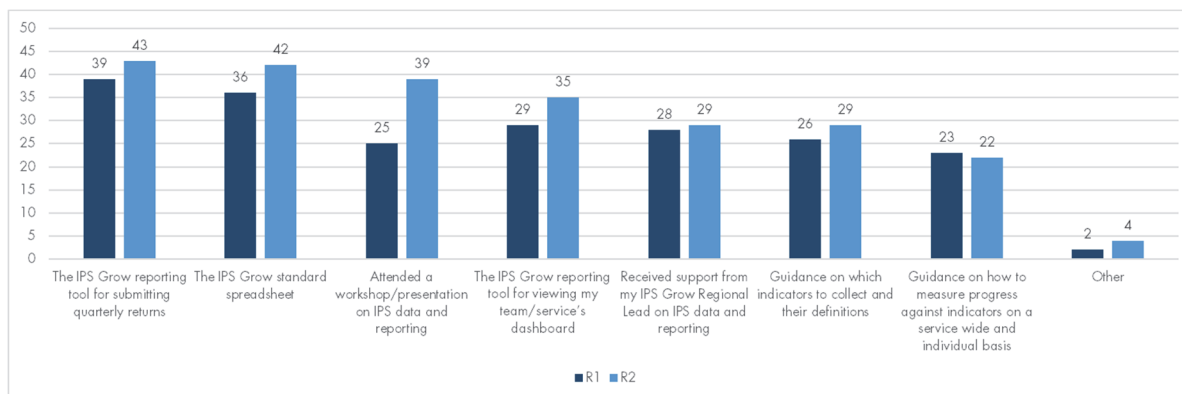
Figure 5: Number of clients in work after 13 and 26 weeks respectively between April 2019 and June 2020



Source: IPS Grow quarterly reports from April 2019 to June 2020

A.4. Additional information for section 3.4

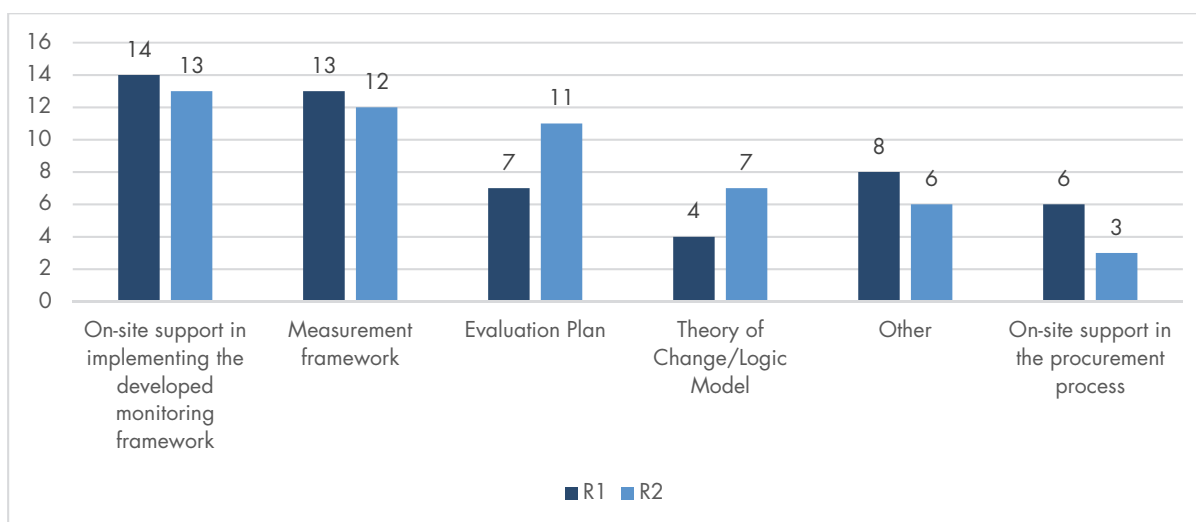
Figure 6: 'What type of IPS Grow support have you received for data management and reporting? Please mark all that apply.'



Note: Organised from most to least used.

Source: Online survey.

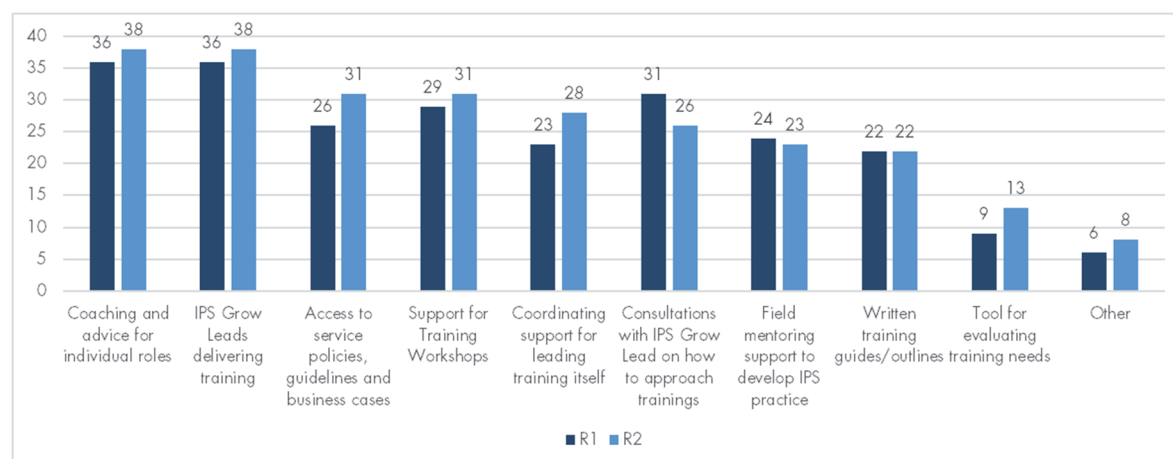
Figure 7: 'What type of IPS Grow support have you received for monitoring and evaluation? Please mark all that apply.'



Note: Organised from most to least used.

Source: Online survey.

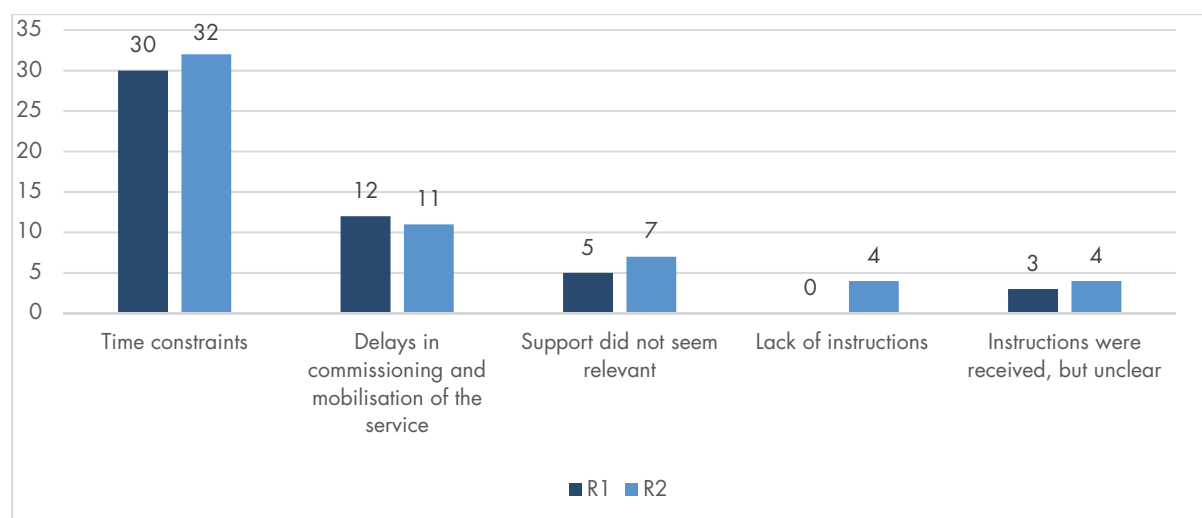
Figure 8: 'What type of IPS Grow support have you received for workforce support and development?'



Note: Organised from most to least used.

Source: Online survey.

Figure 9: 'What factors do you think have acted as a barrier to your uptake of the offered support?'



Note: Organised by most to least common barrier.

Source: Online survey.

Table 3: Data on the number and attendance of CoPs between December 2019 and July 2020

Month	Number of CoPs that took place	Number of CoP attendees	Estimated number of attendees per CoP
December 2019	5	129	26
January 2020	1	19	19
February 2020	4	40	10

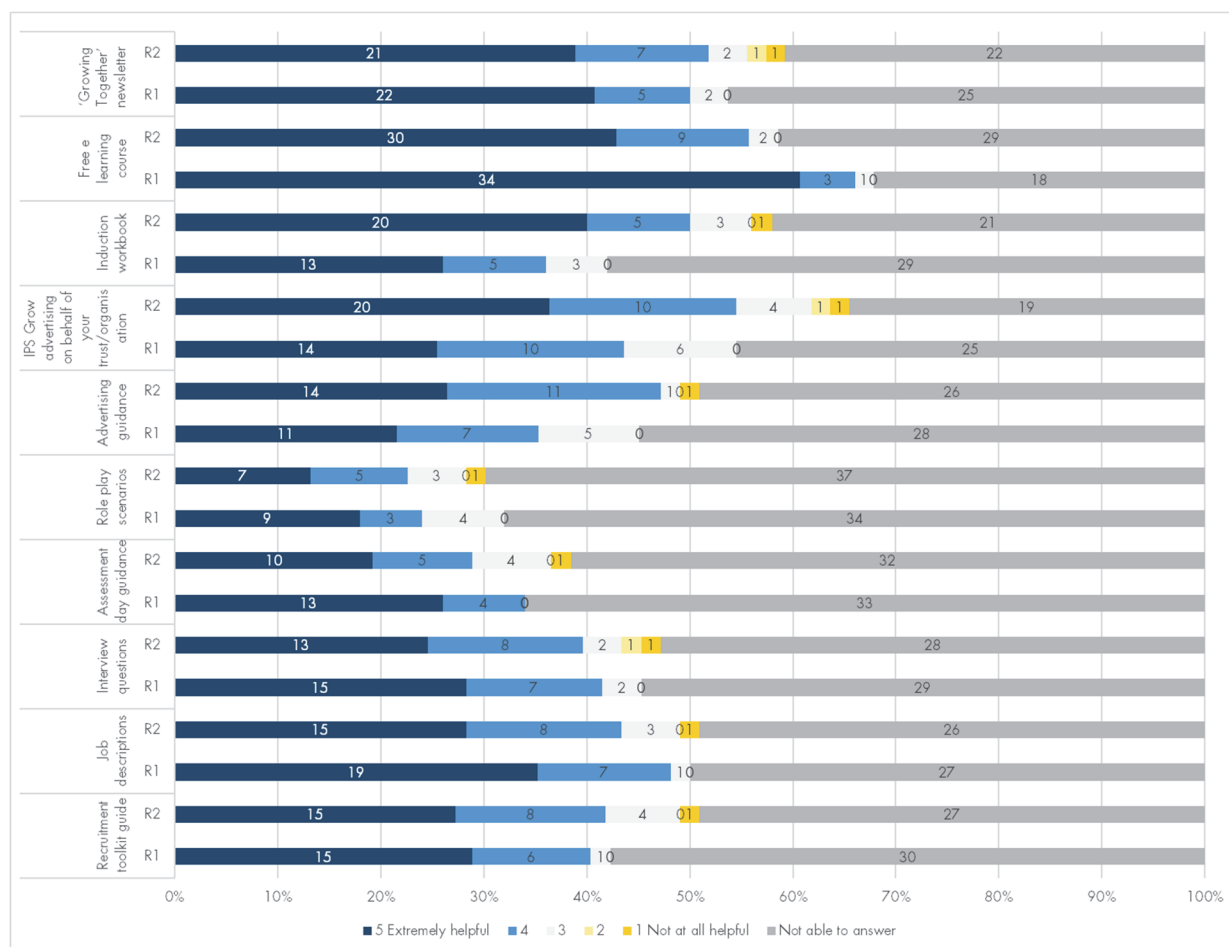
March 2020	2	25	13
April 2020	4	162	41
May 2020	5	143	29
June 2020	4	179	45
July 2020	2	81	41

Note: As no further data was available, the estimated number of attendees per CoP was calculated by dividing the number of attendees by the number of CoPs. No information is available on CoPs pre-December 2019 or on variation in attendance between regions.

Source: IPS Grow data dashboard.

A.5. Additional information for section 3.5

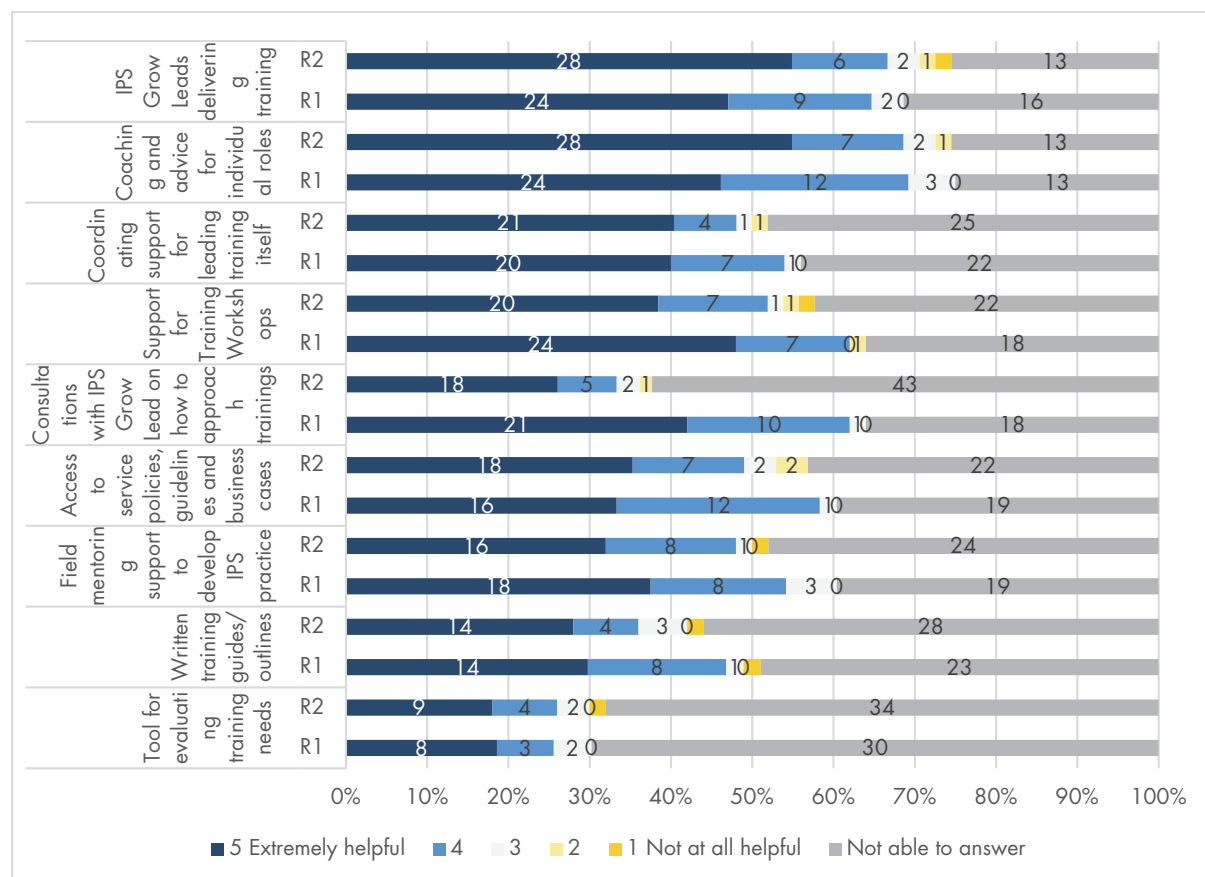
Figure 10: 'On a scale of 1 to 5, where 5 is extremely helpful and 1 is not at all helpful, how helpful have you found the following support [in relation to recruitment]?'



Note: Organised from most to least helpful.

Source: Online survey.

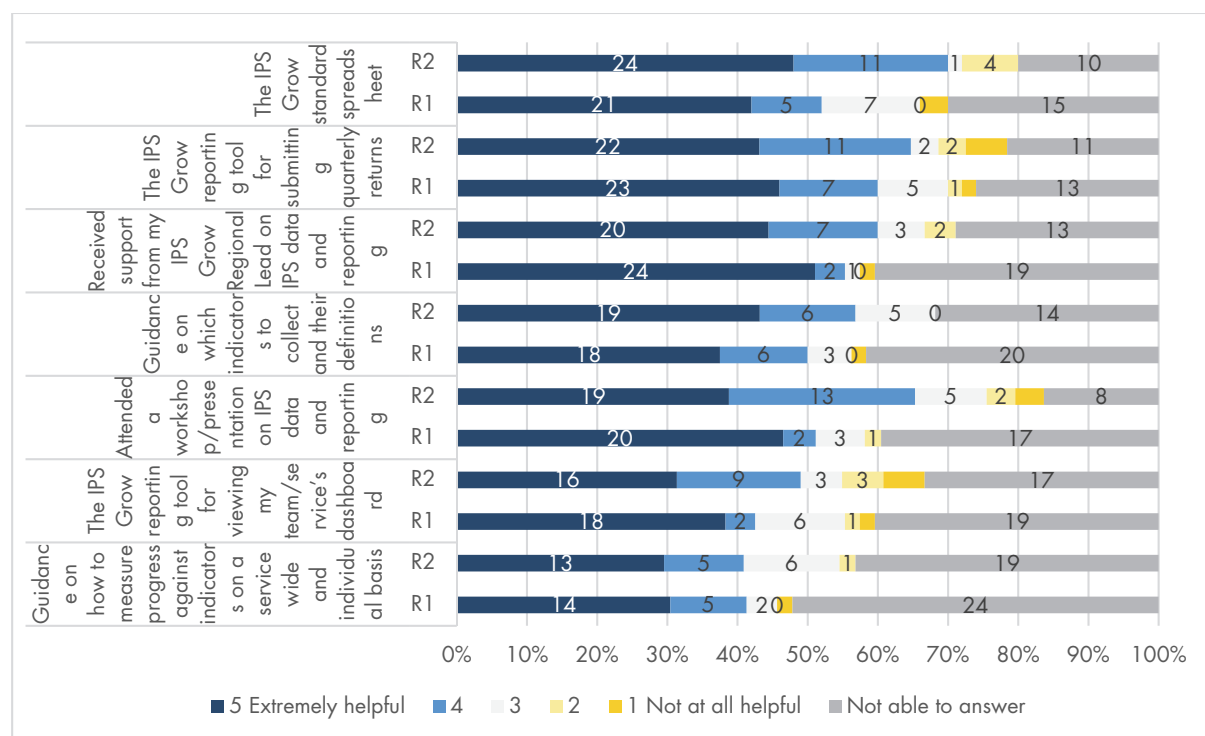
Figure 11: 'On a scale of 1 to 5, where 5 is extremely helpful and 1 is not at all helpful, how helpful have you found the following tools/resources [in relation to workforce support and development]?'



Note: Organised from most to least helpful.

Source: Online survey.

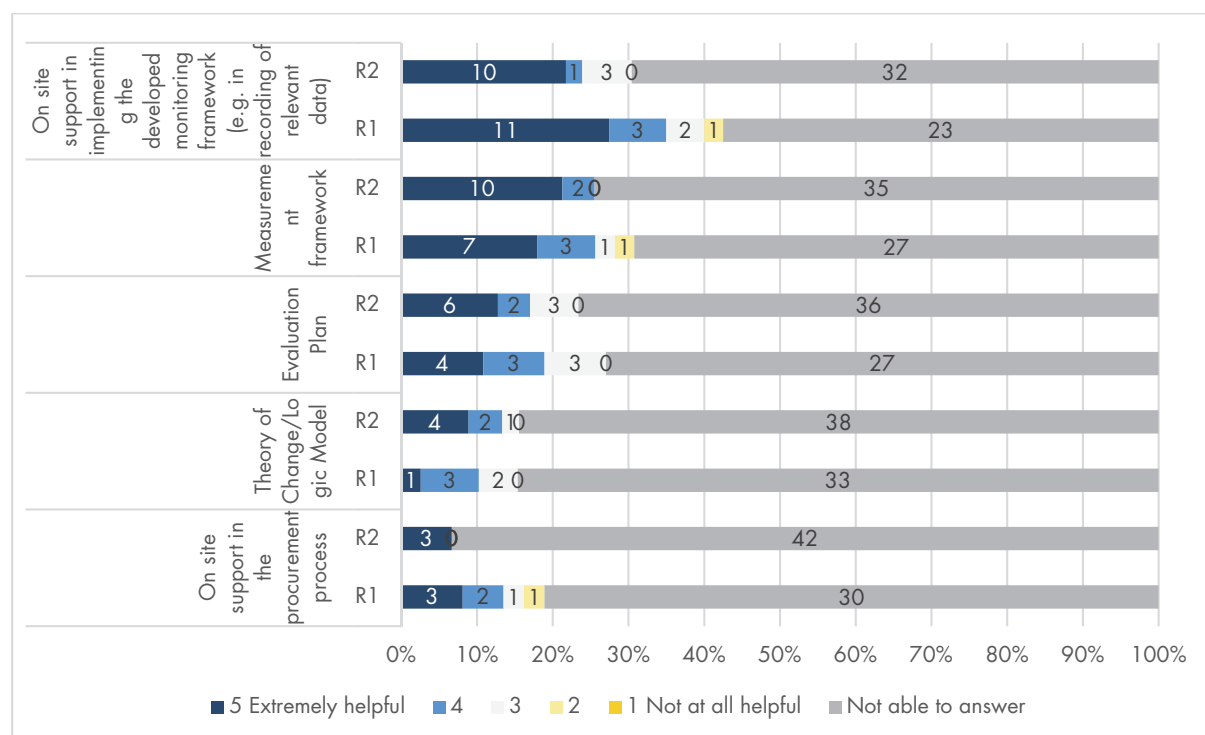
Figure 12: 'On a scale of 1 to 5, where 5 is extremely helpful and 1 is not at all helpful, how helpful have you found the following tools/resources [in relation to data and reporting]?'



Note: Organised from most to least helpful.

Source: Online survey.

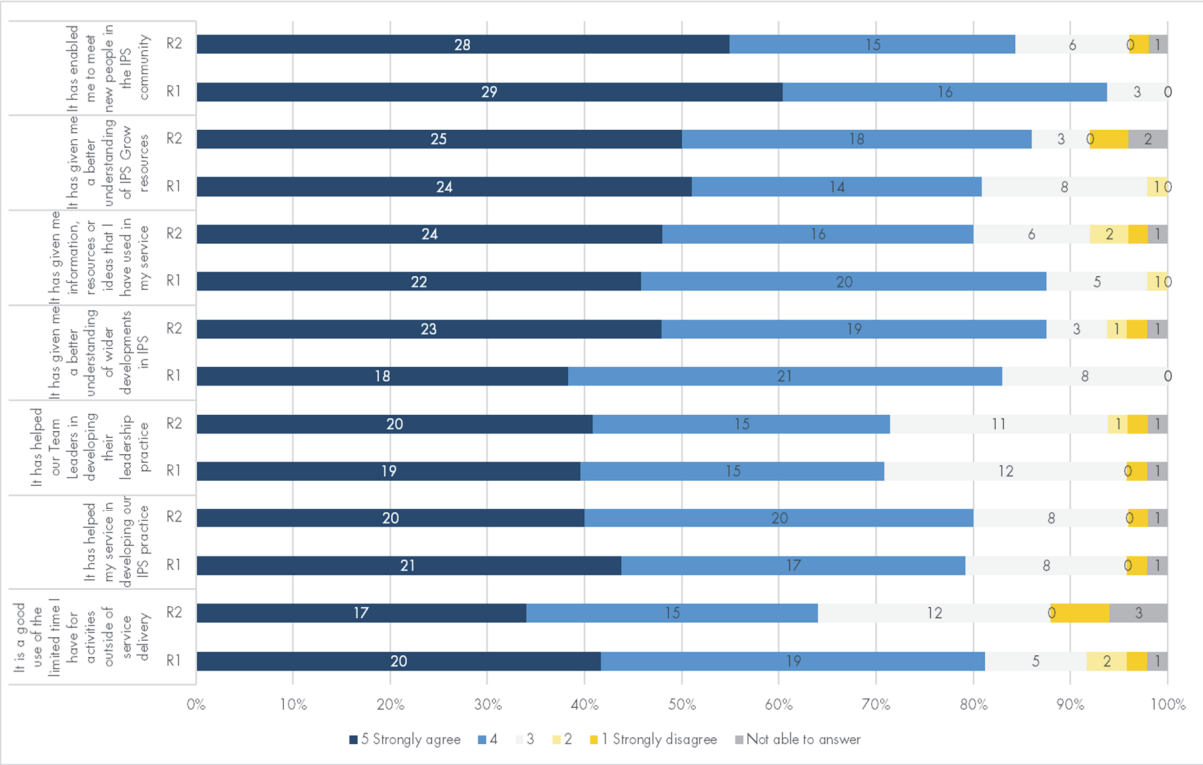
Figure 13: 'On a scale of 1 to 5, where 5 is extremely helpful and 1 is not at all helpful, how helpful have you found the following tools/resource [related to monitoring and evaluation]?'



Note: Organised by most to least helpful.

Source: Online survey.

Figure 14: ‘To what extent do you agree or disagree with the following statements about the Community of Practice in your region?’



Note: Organised from most to least agreement.

Source: Online survey.

Annex B. Methodology information

B.1. Methods

The table below demonstrates how different data collection methods informed various evaluation questions.

Table 4: How different data collection methods informed evaluation questions

Method	Description	Sections						
		3.1	3.2	3.3	3.4	3.5	3.6	3.7
Documentation review	We conducted a targeted review of funding applications, routine data and management information	✓	✓	✓	✓	✓		
Fidelity review documentation	We analysed reports and action plans from two rounds of fidelity reviews conducted in seven services	✓	✓	✓	✓		✓	✓
Case studies of CoPs	We observed four CoP events in two different regions and conducted follow-up interviews with participants				✓	✓	✓	✓
Interviews and focus groups	We carried out two rounds of stakeholder interviews and two focus groups with IPS Grow RL	✓	✓	✓	✓	✓	✓	✓
Survey	We ran two rounds of a survey open to all IPS practitioners with questions about their experience of operating IPS with IPS Grow support				✓	✓	✓	✓

B.1.1. Logic model workshop

As part of the inception period for the evaluation of IPS Grow, RAND Europe facilitated a workshop that aimed to refine and finalise a logic model explaining how IPS Grow sought to bring about change.

The workshop took place at NHS England premises on 25 February 2019 and was attended by:

- RAND Europe researchers from the evaluation team
- Representatives of the IPS Grow team
- IPS experts
- Representatives of NHS England and DWP.

A logic model is an approach used to map the connections between activities and the desired outcomes of these activities. Through the logic model, evaluators can try to understand whether, how and why a programme works.

RAND Europe developed a draft logic model prior to the workshop, drawing upon a review of key documents provided by NHS England and IPS Grow and the evaluation team's understanding of the initiative's goals and mechanisms.

The logic model was tested during the workshop and refined through a whiteboard exercise with workshop attendees. Particular attention was paid to defining the pathways through which IPS Grow aimed to bring about change. The workshop also considered the wider barriers and facilitators that may affect how the IPS Grow initiative operated.

Following the workshop, RAND Europe developed and finalised the logic model in line with the discussion and suggestions. This is presented in **Error! Reference source not found..**

B.1.2. Targeted documentation review

Baseline assessments of funding applications

Of the 29 STPs granted funding, we conducted baseline assessments for a sample of 21 of them. Diversity in the sample was ensured by using the following criteria, agreed with NHS England and DWP:

- *Geographical coverage*: the sample includes at least one site from each of the regions in England
- *Access to IPS*: the sample includes sites that applied for:
 - Expansion – growing existing IPS services
 - Alignment – making current services IPS compliant
 - New Service Development – introducing IPS where no other services exist
- *Types of providers*: the sample includes sites where mental health services are provided by NHS Trust third-sector organisations, local authorities, and combined NHS Trust and third-sector organisations (which reflects the diversity in where clinical integration of IPS takes place)
- *Size of funding granted*: the sample includes sites that applied for a diverse amount of funding that would indicate their needs and ambitions in increasing access to IPS. We selected sites from three groups of applicants that secured small (<£500k), medium (£500-1,000k) and large (>£1,000k) amounts of funding.

Table 5: Sample of sites for baseline assessments

STP	Region	Site type	Provider to deliver IPS	Funding (£)
Bath and North East Somerset, Swindon and Wiltshire	South	Expansion	Voluntary	500-1,000k
Birmingham and Solihull	Midlands and East	Expansion	Voluntary	<500k
Black Country	Midlands and East	Expansion	NHS	500-1,000k
Buckingham-shire, Oxfordshire and Berkshire West	South	New Service	Combined	500-1,000k
Cambridge and Peterborough	Midlands and East	New Service	NHS	500-1,000k
Cheshire and Merseyside	North	Combined: expanding and new	Combined	>1,000k
Cornwall and the Isles of Scilly	South	Alignment	Voluntary	500-1,000k
Cumbria and North East	North	Combined: expanding and new	Combined	>1,000k
Derbyshire	Midlands and East	Combined: new, expanding, alignment	NHS	<500k
Hampshire and Isle of Wight	South	Alignment	Local authority	<500k
Hertfordshire and West Essex	Midlands and East	Alignment	NHS	500-1,000k
Humber Coast and Vale	North	Combined: alignment and new	Combined	>1,000k
Mid and South Essex	Midlands and East	Alignment	Combined	<500k
North Central London	London	Combined: expanding and new	Combined	500-1,000k
North East London	London	Alignment	Combined	500-1,000k
Nottinghamshire	Midlands and East	New	NHS	<500k
Shropshire	Midlands and East	Alignment	Local authority	<500k
South East London	London	Combined: New and Alignment	Combined	500-1,000k

South West London	London	Combined: Expanding and New	NHS	500-1,000k
South Yorkshire and Bassetlaw	North	Combined: alignment and new	Voluntary	>1,000k
West Yorkshire and Harrogate	North	Combined: alignment and new	Combined	500-1,000k

We gathered information about the IPS site type (*expanding, aligning or new*) and about the provider (NHS or voluntary sector) through consultation with the Centre for Mental Health. Information about the level of funding awarded to each site was extracted from documentation provided by NHS England.

We developed an extraction template for reviewing funding applications and an assessment template report, both of which were shared for comments and consultations: internally first, with an IPS expert and RAND's internal QA reviewer, and then externally with NHS England and DWP. Once the tools were revised and agreed upon, one site was selected for piloting the tools. The tools and guidelines for the researchers conducting assessments were fine-tuned before they were applied.

Once the data were collated, we summarised and synthesised our findings in individual factsheets, looking for the most common themes and patterns. Finally, we created a draft typology of different models for IPS service integration and their likelihood of occurring according to the level of funding for each STP, the type of provider, and whether the service was new, expanding or aligning.

RAND Europe researchers conducted the baseline assessments between April and June 2019. This task contributed mainly to section 3.2 and sought to explain how the IPS services were organised within the local healthcare system (i.e. their starting position before achieving good-quality services during the funding period).

Routine data and management information

The documentation review carried out in October 2020 examined changes to staff numbers, transformation funding, recruitment, clients, job outcomes and sustainability. The review drew on routine implementation data, including STP's quarterly reports, IPS Grow's 'One Year On' report and NHS England summary progress reports.

B.1.3. Fidelity reviews

Information on fidelity reviews for this evaluation

IPS Grow and RAND Europe carried out two rounds of fidelity reviews in services across England: Round 1 took place in December 2019 to January 2020, and Round 2 took place in September 2020. In this evaluation, we used these reports and action plans to consider the change to maturity over time (section 3.1) and the factors affecting maturity (section 3.6). Information from these reviews and analysis, alongside other data, also informed other evaluation questions. The services involved in the fidelity reviews are referred to as Services 1-7 in this report.

In order to assess the fidelity of each IPS service, fidelity reviewers typically spend a few days at each site examining documentation, observing practices and interviewing a range of stakeholders (including the IPS team leaders, ES, clients, partners, JCP, referrers from the treatment services and treatment services management). For this evaluation, fidelity reviews were conducted using the 25-item fidelity scale template adapted for the UK by the Centre for Mental Health.²

We aimed to select 12 services from the 21 STPs sampled in the targeted documentation review, ensuring a spread of regions and service types (*new*, *aligning*, and *expanding*). However, the selection of services was hindered by delays in the roll-out of Wave 2 transformation funding, meaning that fewer sites had been operating an IPS service for long during the selection period (September to November 2019) and fewer were willing to take part in a fidelity review.

As a result, the eventual selection of eight services to take part in the fidelity reviews was primarily led by practical considerations. Nevertheless, at least one service from each region was included, and services represented *expanding* services (3), *aligning* services (3) and *new* services (2). Seven of these services are included in this analysis. Each fidelity review encompassed one service and, where possible, at least two clinical teams within it.³

Following the fidelity review, each reviewing team drafted a **fidelity review report** including all the scores, comments and recommendations for that service, which were group-moderated by the national IPS Grow lead. These reports are primarily used to alert the service to their strengths and areas for development. Following Round 1, services also put together a **fidelity-review action plan**, including concrete actions to improve fidelity.

Information on conducting fidelity reviews

Fidelity reviews assess the organisation and delivery of IPS by reviewing performance against the 25-item IPS fidelity scale. For each item, reviewers assign a score between 1 and 5, provide feedback, and issue recommendations. These scores are added together to determine the services' overall fidelity and form the basis of the fidelity report. A maximum of 125 points is possible and overall scores are classified as different fidelity levels (see Table 7). More information on how items are scored can be found in Chapter 4 of the IPS manual.⁴

² The IPS-15 scale was the original scale developed to measure programme fidelity and has been shown to have good psychometric properties, including predictive validity. The IPS-25 incorporated additional items and also has good psychometric properties but has not demonstrated an advantage over the IPS-15 in predictive validity (see Bond, G.R., Peterson, A.E., Becker, D.R., Drake, R.E. (2012) Validation of the revised Individual Placement and Support fidelity scale (IPS-25). *Psychiatric Services* 63, 8, 758-763 and Kim, S.J., Bond, G.R., Becker, D.R., Swanson, S.J., Langfitt-Reese, S. (2015) Predictive validity of the Individual Placement and Support scale (IPS-25): A replication study. *Journal of Vocational Rehabilitation* 43, 3, 209-216).

³ Due to development of the services over time and changes to teams brought about by COVID19, the ES and clinical teams included in Round 1 and 2 were not always the same. However, as fidelity reviews are understood to belong to the whole IPS service and brings about changes throughout the service, we consider that this was not a problem for the evaluation.

⁴ Becker, D.R., Swanson, S.J., Reese, S.L., Bond, G.R. and McLehman, B.M., 2015. Supported employment fidelity review manual.

Table 6: The IPS-25 fidelity scale

Label	Score
Exemplary Score	115-125
Good Fidelity	100-114
Fair Fidelity	74-99
Not supported employment	73 and below

Source: Adapted from Centre for Mental Health (CMH) (2015). IPS FIDELITY SCALE* UK Version 14/05/2015. As of 05/06/2019: <https://www.centreformentalhealth.org.uk/the-ips-fidelity-scale>

According to the IPS manual⁵, if the fidelity reviewers cannot find information to score an item, the default score is 1. In general, a score of 5 means that something is fully implemented and a score of 4 reflects that something is adequately implemented. Scores between 1 and 3 indicate that the item is not implemented at varying degrees (i.e. that fidelity has not been achieved).

Table 7: Key for scores of individual fidelity items

Score	Interpretation
5	Item has been fully implemented
4	Item has been adequately implemented
3	Item has not been adequately implemented
2	Item has not been implemented
1	Item has not been implemented or cannot be scored

Source: Adapted from Centre for Mental Health (CMH) (2015). IPS FIDELITY SCALE* UK Version 14/05/2015. As of 05/06/2019: <https://www.centreformentalhealth.org.uk/the-ips-fidelity-scale>

B.1.4. Case studies of two Communities of Practice (CoPs)

The case studies of two selected CoPs help the evaluation team better understand where support is most helpful for sites to improve their IPS service quality, where sites still require more support, and how it can be provided. The focus on particular CoPs enables the research team to flesh out the mechanisms and identify the often subtle processes, dynamics and contextual factors affecting learning and improvement. The case studies help answer the following evaluation questions: EQ4, EQ6 and EQ7.

We used purposeful sampling to decide which CoPs to select for the case studies based on the information provided by the IPS Grow team, including the geographical and thematic coverage of CoPs, plans available by the end of March 2019 for CoPs to be operational, as well as pragmatic considerations regarding locations

⁵ Becker, D.R., Swanson, S.J., Reese, S.L., Bond, G.R. and McLehman, B.M., 2015. Supported employment fidelity review manual.

and timings of the planned events. The regions selected for CoP observations were London and East of England. We carried out the first round of observations (one meeting in each of the selected CoPs) between August and December 2019.⁶ The second round of observations took place via Zoom in May and June 2020.

The method included non-participatory observations of a CoP event and follow-up interviews with participants, organisers and facilitators. Observations were recorded using a semi-structured observation framework. This was not used to systematically record information on the site and specific location, date, time, length of observation, individuals present, but to broadly capture the observations' context, including analytic notes/observer comments and subjective reflections (identified separately). Annex B.4.1 includes the topic guides used.

The case studies are referenced using the following key: acronyms for East of England (EE) or London (L), a number that indicates whether it was conducted in 2019 (1) or 2020 (2), and an acronym for organiser (O), facilitator (F), and participant (P). The following acronyms indicate the stakeholder group: team leaders (TL), employment specialists (ES), local stakeholders (LS) and IPS Grow Regional Leads (RL).

The case studies offer an in-depth understanding of how the learning is facilitated, generated, shared and managed among the sites participating in a given CoP. However, the informational depth comes at the cost of the breadth of the findings offering insights into two CoPs and a limited number of events.

B.1.5. Stakeholder interviews and focus groups

We conducted **26 semi-structured interviews** and **two focus groups** throughout the evaluation in two rounds (Round 1 took place in September-November 2019, Round 2 took place in May-July 2020).

Table 8 shows more information on the type and number of interviews conducted. This report uses acronyms to indicate stakeholder categories and the letters A-H to refer to the STPs that interviews represented.

Using semi-structured interviews and facilitated focus groups, the evaluation team gained in-depth insight into the practices and issues that stakeholders identified or experienced when implementing IPS and accessing support from IPS Grow. In addition, interviews allow exploration of ongoing or new levels/types of support, evolving issues and challenges, and the complexity and nuance around the practical application of approaches addressing implementation across different contexts.

Table 8: Number and type of interviews and focus groups conducted as part of the evaluation

Types of interview		Number of interviews		Total
		Round 1	Round 2	
	IPS practitioners (IPS)	5	7	12
	Clinical team (CT)	3	2	5

⁶ The second round of observations will be conducted between February 2020 and May 2020.

	Local commissioners (LS)	4	3	7
NHS England Regional Leads	-	2	2	
Total number of interviews:	12	14	26	
IPS Grow Regional Leads (RL)	1 focus group	1 focus group	2 focus groups	
Total number of participants:	9	9	12 ⁷	

In selecting STPs to interview, we aimed to cover a broad range of regions and types from the 21 who were part of the baseline assessment. We relied on IPS Grow leads to put us in touch with interviewees. We also conducted interviews with two NHS England RL chosen from a list of four provided by NHS England, aiming to include those from different regions and with different levels of engagement with IPS Grow. All IPS Grow RL were invited to take part in two focus groups.

The interviews accessed several stakeholders from the same STP, which enabled the team to gain multiple perspectives from a single area. This method's iterative nature also enabled the team to question emerging themes and ask about specific issues encountered by previous interviewees.

All interviews and focus groups were conducted under the principle of informed consent and by telephone or Microsoft Teams. Prior to taking part in an interview or focus group, participants received information about the purpose of the research and their contribution. Interviews and focus groups were audio-recorded with the participant's permission. The interview protocols (agreed with NHS England and DWP) used to guide the interview process can be found in Annex B.4.2.

Interview recordings were transcribed and analysed using qualitative data analysis. Within this, thematic analysis was carried out to examine the data and identify any recurring themes and patterns. Interview findings were fully anonymised and presented at an aggregate level, showing granularity of views on certain topics and any conflicting opinions.

B.1.6. Online survey of IPS practitioners

To gather information on the IPS Grow support received by funded sites and their state of IPS implementation, we administered two rounds of an online survey: Round 1 was administered between 14 April and 14 May 2020 and Round 2 was administered between 1 and 30 September 2020.

Participants were asked 38 questions relating to the type and helpfulness of the support offered to their services by IPS Grow. The majority of questions were closed-text questions, but several open-text questions invited respondents to offer their own reflections.

The survey link was disseminated to all IPS team leaders by IPS Grow RL. Round 1 received 77 responses (49 complete and 28 partial responses). Round 2 received 80 responses (50 complete and 30 partial responses). Responses were submitted anonymously, and we did not track individual responses over the two rounds.

⁷ Six participants from the first focus group also attended the second, so in total there were 12 participants across the two session.

Survey responses were analysed using a mixture of descriptive statistics and thematic analysis of open answers. Excel was used to create visual representations of the data. Full descriptive statistics showing the results can be found in Annex B.5.

B.2. Adaptations to data collection due to COVID-19

We experienced some delays and changes in collecting data due to the COVID-19 outbreak. However, data collection activities were largely able to go ahead, albeit delayed, virtually and in a slightly different format:

- **Survey:** Round 1 of the survey was delayed by a few months, meaning a shorter space of time (three months) between the two survey rounds than planned. This reduces the likelihood of observing any change over time in how services considered their sustainability and viewed IPS Grow.
- **Interviews:** Due to the ongoing COVID-19 outbreak and the pressure on mental health trusts, it was sometimes difficult to find relevant interviewees for Round 2 interviews because staff were redeployed or very busy.
- **Fidelity reviews:** The fidelity reviews were originally scheduled for June 2020 and were subsequently rebooked to take place virtually in September 2020. One service could not take part in Round 2 of the fidelity reviews as IPS staff were redeployed due to COVID-19.
- **Case studies:** Observations of the final two CoPs were conducted and observed remotely via video conferencing.

Some shifts in the format of the fidelity reviews took place in Round 2 to account for the shift to remote IPS delivery. The IPS Grow team and expert group agreed upon some slight scoring alterations to allow IPS services to score interactions that took place via phone or video conferencing due to COVID-19 restrictions. In particular:

- Phone/video meetings between ES and clinical teams (*item 5*) and DWP (*item 6*) were counted when considering integration and liaison with DWP
- Regular virtual contact was considered when scoring for integration between ES and clinical team members (*item 5*)
- First video/phone conference between ES and employers were counted for rapid job search (*item 15*) and for frequency of employer contact (*item 17*) if considered meaningful (i.e. not just asking whether a job was available)
- Phone calls and video conferencing between ES and clients were considered when scoring for time-unlimited follow-along supports (*item 23*)
- Time spent in the community (*item 24*) was scored using diaries from before March 2020.

B.3. Strengths and limitations of methods used

We identify a number of strengths and limitations of our evaluation:

- There is a risk of response bias, especially as some of the sources consulted (including in surveys, fidelity reviews, focus groups and interviews) had a vested interest in the programme's success. However, the evaluation team triangulated information gathered from all sources and considered the provenance of information carefully, presenting it critically and with the weight of evidence clear.
- Our evaluation did not include interviews from service-users or from ES involved in delivering IPS. We believe this does not limit our ability to answer evaluation questions.

It should be noted that the information collected and analysed was qualitative in nature. Quantifying the impact of IPS Grow on IPS service outcomes was outside the scope of the evaluation.

B.3.1. Strengths and limitations of using fidelity reviews

While the fidelity reviews offer great insights into the quality of IPS service provided (and any improvements over time), we recognise a few important limitations of this method.

Firstly, the **number of fidelity reviews conducted was limited**, including only seven services. As such, they should be interpreted qualitatively (as illustrative rather than representative).

Secondly, the role of the IPS Grow team in both delivering IPS Grow and conducting the fidelity reviews alongside RAND Europe introduces a **potential conflict of interest** in the use of these fidelity reviews for evaluative purposes. This risk was managed and mitigated by a number of actions:

- We agreed on **governance, tools and procedures with independent IPS expert(s) / reviewers** prior to their use.
- In addition, the **nature of the IPS 25-point fidelity scale** includes requirements to carefully evidence and explain the score reached for each item, which mitigates the risk of prior involvement or knowledge of a service affecting the scores given.
- Furthermore, **individual service scores were reviewed by at least two reviewers**, one of whom had little prior connection with the site (and who was, in four of the eight sites, a reviewer from RAND Europe).
- The use of fidelity reviews in evaluations is not common as they are more often used as a quality improvement tool for IPS services themselves. From this perspective, **the IPS Grow team's involvement in conducting the reviews was advantageous**, since they were well-placed to help the service develop good action plans and improve service maturity.

Finally, the purpose of fidelity-review reports and action plans is to drive improvement in IPS services; **they are not intended to document which types of support led to changes in fidelity scores over time**. This limits the extent of information they can provide about the reasons for changes over time and the relative contribution of IPS Grow.

B.3.2. Case studies of Communities of Practice (CoPs)

Following the COVID-19 outbreak, the last two CoP observations conducted by the evaluation team **shifted to online meetings**. This introduced a few strengths and limitations in the data collected:

- Since the two prior CoPs had been observed in person, they present **richer detail** about interactions than virtual sessions observed behind a screen. Many participants in the virtual CoPs turned off their cameras for large durations of the session, making it difficult for observers to judge their reception of the event. Additionally, some participants might have been uncomfortable using video call technology, which in turn may have prohibited their contributions to the event.
- However, an advantage of these observations, both in person and virtually, is that they provide the evaluation team with an opportunity to observe informal interactions during breaks, where participants might discuss opportunities and challenges within their services.

B.3.3. The survey response was small and cannot be taken as representative of IPS team leaders

While we disseminated both online surveys to all IPS team leaders supported by IPS Grow, we received a **limited uptake** with only 77 and 80 responses received in Rounds 1 and 2, respectively.

The survey results **cannot be taken as representative** of the views of the IPS team leader population and are indicative of some opinions only.

Due to the small number of responses, **multivariate analyses were not applied** as they were unlikely to add meaningful information.

However, we note that survey responses were received from all seven regions supported by IPS Grow.

B.3.4. Interviews

Similarly, given the **relatively small number of interviewees**, interview findings should only be considered representative of a subset of stakeholders' views and perceptions.

Although we were unable to obtain a large number of **interviewees from clinical teams**, we were still able to capture a range of views from stakeholders representing services across eight different STP areas across a time span of nine to ten months.

Some interviewees were **new to their roles** and were not able to reflect on changes brought to the service by IPS Grow.

B.4. Topic guides

In this section, we include topic guides for three data collection activities.

B.4.1. Case study interview protocols

	Participant	Organiser	Facilitator
Introduction	Can you please tell me about your role and involvement in this CoP so far?	Can you please tell me about your role and involvement in this CoP so far?	Can you please tell me about your role and involvement in this CoP so far?
The typicality of this event	1. Was this event typical of the IPS CoP events in which you have been involved? 2. In what ways was this event similar/different to other IPS CoP events in which you have been involved?		
SECTION 2: Support provided to the IPS services by the CoP			
EQ4. What support is received by each IPS service?	1. Does the CoP support your IPS service, and in what way?	Does the CoP support IPS services, and what is IPS Grow's role in enhancing this support?	Does the CoP support IPS services, and what is IPS Grow's role in enhancing this support?
	2. How was the type of support you described offered?	How was the type of support you described offered?	How was the type of support you described offered?
	3. Were you struggling with specific implementation issues (i.e. had the fidelity review identified areas and you asked IPS Grow to provide technical assistance)	Were you struggling with specific implementation issues (i.e. had the fidelity review identified areas and you asked IPS Grow to provide technical assistance), and has this issue been resolved (with or without the help of IPS grow)?	Were you struggling with specific implementation issues (i.e. had the fidelity review identified areas and you asked IPS Grow to provide technical assistance), and has this issue been resolved (with or without the help of IPS grow)?
	4. Has this issue been resolved (with or without the help of IPS grow)?	Has this issue been resolved (with or without the help of IPS grow)?	Has this issue been resolved (with or without the help of IPS grow)?
EQ6. What are the key	5. What are the most/least	What are the most/least helpful elements of the CoP for IPS services? <i>Probe why</i>	What are the most/least helpful

elements of the support programme that might allow new services to reach good fidelity to the IPS model?	helpful elements of the CoP?		elements of the CoP for IPS services? <i>Probe why</i>
EQ7. How is the support initiative perceived by its key audiences, including elements that were missed and suggested changes?	6. Which of these elements, if any, may help you improve the quality of the IPS service in your local area?	Which of these elements, if any, may help sites improve the quality of their IPS services? <i>Probe why</i>	Which of these elements, if any, may help sites improve the quality of their IPS services? <i>Probe why</i>
	7. What are your overall perceptions of this CoP?	N/A	N/A
	8. What are your overall perceptions of IPS Grow and its support for the CoP?	N/A	N/A
	9. Is there anything you would like to see done differently by this CoP, and if so, how could IPS Grow support this change?	N/A	N/A

SECTION 3: Support provided to the CoP by IPS Grow			
	N/A	Can you please tell me about the support IPS Grow is providing with the organisation of this CoP?	Can you please tell me about the support IPS Grow is providing with the facilitation of this CoP?
		How was the decision made to offer the amount and support you described?	How was the decision made to offer the amount and support you described?
		What factors do you think help (or enable) the CoP organisers to make use of this support?	What factors do you think help (or enable) the CoP facilitators to make use of this support?
		What do you think will prevent the CoP (or makes it more difficult for the CoP) to take up the organisational support offered?	What do you think prevents the CoP (or makes it more difficult for the CoP) to take up the facilitation support offered?
	N/A	What do you think are the elements of the support provided by IPS Grow that will be most / least helpful for CoP progress towards achieving maturity?	What do you think are the elements of the support provided by IPS Grow that will be most / least helpful for CoP progress towards achieving maturity?
		From your perspective, what are the wider facilitators or barriers to helping the CoP achieve progress towards maturity?	From your perspective, what are the wider facilitators or barriers to helping the CoP achieve progress towards maturity?
		What changes, if any, to CoP maturity do you think IPS Grow contributes towards?	What changes, if any, to CoP maturity do you think IPS Grow contributes towards?

		In what areas do you think the CoP needs the most support to improve its maturity, and what support would you like to see provided for this? Focus on support for organisation initially, but wider support is also of interest.	In what areas do you think the CoP needs the most support to improve its maturity, and what support would you like to see provided for this? Focus on support for facilitation initially, but wider support is also of interest.
	N/A	What are your overall perceptions of IPS Grow and its support for the CoP?	What are your overall perceptions of IPS Grow and its support for the CoP?
		Do you have any suggestions for how IPS Grow could support this CoP better in the future?	Do you have any suggestions for how IPS Grow could support this CoP better in the future?

SECTION 3: CoP maturity

CoP maturity	<ol style="list-style-type: none"> 1. Direction: To what extent do participants have a clear and shared vision for the CoP? Probe to understand why, ask for examples to illustrate their answers 2. Leadership: Who leads the CoP? To what extent is the leadership effective? Shared/centralised? Ask for examples to illustrate their answers (and understand how they defined effective) 3. Membership and collaboration: To what extent is there collaboration between participants of the CoP? Probe to understand the forms this takes and the factors that facilitate or act as barriers to collaboration (i.e. through a forum to share best practice) 4. Integrity and vitality: What are the levels of energy and enthusiasm during CoP events? Ask for examples to illustrate their answers 5. Knowledge generation and capture: To what extent does the CoP generate new learning, and if so, how? 6. Use of knowledge and improvement: To what extent do CoP events facilitate shared learning and collective reflection? 7. Impact and value: To what extent do you feel that the CoP creates impact and added value? Ask for examples to illustrate their answers 8. Sustainability, sunsets and renewal: Are you confident in the CoP's sustainability? Why do you feel this way?
Direction of maturity change	<ol style="list-style-type: none"> 9. During the period between x and y, what have been the key developments in the maturity of the CoP? Are there any areas where development is needed by has not happened?

	10. Do you see any further ways in which IPS Grow could support the CoP and its future maturity? Probe what and how		
SECTION 4: Understanding and interpreting the observations			
Close interview	1. Is there anything else you'd like to add that we have not had a chance to discuss?	Is there anything else you'd like to add that we have not had a chance to discuss?	Is there anything else you'd like to add that we have not had a chance to discuss?

B.4.2. Stakeholder interview protocols

Evaluation question	Funded site
Introduction	1. Can you please tell me about what you do and how it is related to IPS? 2. Could you please tell me a little about your site?
EQ2. How are the IPS services organised within the local healthcare system?	3. Could you please describe how the IPS service is integrated within the local healthcare systems?
EQ3. What are the activities and outputs of the services receiving the support?	4. Could you please describe the steps in your service when trying to help clients find work? 5. What kinds of measurements do you use to see if your services are doing well? 6. How do you use this data to try and improve the services you provide? 7. With these measurements in mind, and within your existing resources, where do you think you could have the greatest impact in the coming year? <i>Probe for examples and explanations</i>
EQ1. How does IPS maturity change during the initial 2 years of receiving support?	8. In your opinion, how is your IPS service doing in terms of maturity/fidelity scores? What aspects of good fidelity are you finding most challenging to meet at the moment? Which are you most confident about? 9. From your perspective, what do you think are the main barriers to improving the fidelity/maturity of the IPS services provided in your local area ? 10.

	11. In your opinion, what are the main facilitators that have helped improve the fidelity/maturity of the IPS services provided in your local area?
EQ4. What support is received by each service?	12. Can you please tell me about the support that IPS Grow offers, and about the support your local area has received from IPS Grow?
EQ6. What are the key elements of the support programme that might allow new services to reach good fidelity to the IPS model?	<p>13. Are there elements of the support provided by IPS Grow that you have found helpful? In helping the IPS service to achieve good fidelity/maturity/to offer high-quality services?</p> <p>How and why?</p> <p>14. Are there elements of the support provided by IPS Grow that you have found less helpful? In helping the IPS service to achieve good fidelity/maturity/to offer high-quality services?</p> <p>15. In your opinion, what contributed to you being able/less able to make use of the support offered by IPS Grow?</p> <p>16. What changes do you expect IPS Grow to bring to the IPS services provided in your local area over the next 1-2 years? <i>If new or aligning site, may be less relevant as no IPS service pre-IPS Grow.</i></p> <p>17. We know it might be too early to say but have you observed any of these (or other) changes yet?</p> <p><i>Probe what these were or when they expect the changes to start materialising</i></p>
EQ7. How is the support initiative perceived by its key audiences, including elements that were missed and suggested changes?	<p>18. From your perspective, what do you think has worked particularly well / less well in terms of support from IPS Grow?</p> <p>19. Follow up: What could have been done differently by the IPS Grow regional lead/ central team to improve the support they offer?</p>
Close interview	20. Is there anything else you'd like to add that we have not had a chance to discuss?

B.4.3. Focus group topic guides

Part A Introduction and consent 5-10 minutes	IPS Grow RL present:
Part B Collecting some background information – not discussion 15-20 minutes	How easy or difficult is it to provide leadership in the local area to stakeholders?
	How easy or difficult is it to provide technical support to develop high fidelity IPS services?
	How easy or difficult is it to conduct IPS services to get them to review their services?
	How easy or difficult is it to assist in the creation of a learning collaboration in your region?
	How easy or difficult is it to help create a workforce development program to support staff with recruitment?
	How easy or difficult is it to be an IPS Ambassador?
Part C Focused discussion to explore RL views	How do you see IPS maturity developing?
	When sites are able to use the support that you have to offer, what happens? What is it about those sites that are receptive and responsive and are easier to engage with?
	Do CoPs make a difference?
	What do you think you do that's most helpful to them in getting high fidelity scores?
	What adds the least value in terms of helping sites achieve a high fidelity score?
	What are the factors in your region that allow you to support sites achieving high fidelity scores?
	What do you do to support the commissioner and their decision making?
	In what ways do you think COVID-19 will change the delivery of support of high-quality services? What challenges might you face moving on from Wave 2 funding?
	How challenging is the issue of workforce shortages and recruiting and retaining the right kind of people?
	Summary / key points

Part D	Feedback from participants
Close 5 minutes	

B.5. Survey responses

This section includes survey responses received in Round 1 and Round 2.

Q1. How would you describe your service?

	April-May 2020 Answered: 67		September 2020 Answered: 70	
	Freq.	Percent (%)	Freq.	Percent (%)
My service is in the process of implementing a new IPS service from scratch from Wave 2 NHS England IPS funding	22	33	20	29
My service is in the process of transforming an existing employment service into IPS from Wave 2 NHS England IPS funding	8	12	12	17
My service previously delivered an IPS service that is now expanding from Wave 2 NHS England IPS funding	23	34	17	24
Other	14	21	13	19

Q2. How long has your service been delivering IPS?

	April-May 2020 Answered: 67		September 2020 Answered: 72	
	Freq.	Percent (%)	Freq.	Percent (%)
My service has been delivering IPS for less than 2 years	31	46	30	42
My service has been delivering IPS between 2 and up to 5 years	21	31	21	29
My service has been delivering IPS between 5 and up to 10 years	5	8	13	18
My service has been delivering IPS for more than 10 years	8	12	7	10
Other, please specify:	2	3	1	1

Q3. Where is your service based?

	April-May 2020 Answered: 67	September 2020 Answered: 71
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	Freq.	Percent (%)	Freq.	Percent (%)
London	17	25	17	24
South East	12	30	8	11
South West	5	12	12	17
North West	4	6	3	4
North East and Yorkshire	12	18	10	14
East of England	9	13	10	14
Midlands	8	12	11	16

Q4. Who is your IPS Grow Lead? Please select all that apply.

	April-May 2020 Answered: 66		September 2020 Answered: 72	
	Freq.	Percent (%)	Freq.	Percent (%)
Jos Hardisty	4	6	5	7
Georgia Saxelby	12	18	10	14
Jasmin Sherratt	8	12	0	0
Adele Marshall	0	0	11	15
Calvin Silvester	4	6	12	17
Julia Stapleton	16	24	17	24
Carolyn Storey	5	8	6	8
Warren Trunchion	7	11	7	10
Lucy Webb	14	21	11	15
Don't know	2	3	2	0

Q5. Have you met with your IPS Grow Lead to discuss your service support needs?

	April-May 2020 Answered: 59	September 2020 Answered: 62
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	Freq.	Percent (%)	Freq.	Percent (%)
No, we never interacted	0	0	0	0
We haven't met but we have interacted through email/skype/over the phone	0	0	5	4
Yes, we have met at least once	6	10	7	11
Yes, we meet/communicate regularly	52	88	47	76
Other, please specify:	1	2	3	5

Q6. On a scale of 1 to 5, where 5 is extremely helpful and 1 is not at all helpful, how helpful has the engagement with your IPS Grow Lead been in identifying your support needs?

	April-May 2020 Answered: 59		September 2020 Answered: 61	
	Freq.	Percent (%)	Freq.	Percent (%)
1	0	0	1	2
2	0	0	3	5
3	5	8	3	5
4	15	25	12	20
5	37	63	41	67
Not able to answer (N/A)	2	4	1	2

Q7. What type of IPS Grow support have you received for service planning and implementation? Please mark all that apply.

	April-May 2020 Answered: 78		September 2020 Answered: 80	
	Freq.	Percent (%)	Freq.	Percent (%)
Funding bid development support	8	10	18	23
Service implementation planning	29	37	29	36
Advice on effective IPS service implementation and fidelity	50	64	50	63

Support for service integration (e.g. integrating employment service into a health service)	31	40	29	36
Support for IPS expansion and long-term planning	26	33	33	41
Workshops on IPS practice	48	62	53	66
Other	9	12	6	17

Q8. On a scale of 1 to 5, where 5 is extremely helpful and 1 is not at all helpful, how helpful have you found the following support?

	April 2020						September 2020					
	1	2	3	4	5	N/A	1	2	3	4	5	N/A
Funding bid development support	0% (0)	2% (1)	2% (1)	2% (1)	11% (6)	83% (44)	0% (0)	5% (3)	2% (1)	7% (4)	18% (10)	68% (39)
Service implementation planning	0% (0)	2% (1)	9% (5)	21% (12)	34% (19)	34% (19)	2% (1)	2% (1)	8% (5)	15% (9)	33% (20)	40% (24)
Advice on effective IPS service implementation and fidelity	0% (0)	0% (0)	7% (4)	21% (12)	64% (37)	9% (5)	0% (0)	3% (2)	5% (3)	13% (8)	65% (40)	15% (9)
Support for service integration	0% (0)	0% (0)	11% (6)	18% (10)	40% (22)	31% (17)	0% (0)	2% (1)	5% (3)	20% (12)	38% (23)	35% (21)
Support for IPS expansion and long-term planning	0% (0)	2% (1)	2% (1)	14% (8)	36% (20)	46% (26)	2% (1)	5% (3)	5% (3)	18% (11)	38% (23)	33% (20)

Q9. What type of IPS Grow support have you received for recruitment support? Please mark all that apply.

	April-May 2020 Answered: 78		September 2020 Answered: 80	
	Freq.	Percent (%)	Freq.	Percent (%)
Recruitment toolkit guide	24	31	32	40
Job descriptions	26	33	26	33

Interview questions	22	28	22	28
Assessment day guidance	17	22	19	24
Roleplay scenarios	16	21	31	20
Advertising guidance	18	23	22	28
IPS Grow advertising opportunities on behalf of your trust/organisation	29	38	32	40
Induction workbook	21	27	26	33
Free e-learning course	39	50	43	54
'Growing Together' newsletter (including feature articles showcasing best practice across services)	27	35	29	36
Other	12	16	6	10

Q10. On a scale of 1 to 5, where 5 is extremely helpful and 1 is not at all helpful, how helpful have you found the following support, what type of IPS Grow support have you received for recruitment support?

	April-May 2020						September 2020					
	1	2	3	4	5	N/A	1	2	3	4	5	N/A
Recruitment toolkit guide	0% (0)	0% (0)	2% (1)	12% (6)	29% (15)	58% (30)	2% (1)	0% (0)	7% (4)	15% (8)	27% (15)	50% (27)
Job descriptions	0% (0)	0% (0)	2% (1)	13% (7)	35% (19)	50% (27)	2% (1)	0% (0)	6% (3)	15% (8)	28% (15)	49% (26)
Interview questions	0% (0)	0% (0)	4% (2)	13% (7)	28% (15)	55% (29)	2% (1)	2% (1)	4% (2)	15% (8)	25% (13)	53% (28)
Assessment day guidance	0% (0)	0% (0)	0% (0)	8% (4)	26% (13)	66% (33)	1% (1)	0% (0)	8% (4)	10% (5)	19% (10)	62% (32)
Role play scenarios	0% (0)	0% (0)	8% (4)	6% (3)	18% (9)	68% (34)	2% (1)	0% (0)	6% (3)	10% (5)	13% (7)	70% (37)
Advertising guidance	0% (0)	0% (0)	10% (5)	12% (7)	22% (11)	55% (28)	2% (1)	0% (0)	2% (1)	21% (11)	26% (14)	49% (26)
IPS Grow advertising on behalf of your trust/organisation	0% (0)	0% (0)	11% (6)	18% (10)	25% (14)	46% (25)	2% (1)	2% (1)	7% (4)	18% (10)	36% (20)	35% (19)

Induction workbook	0% (0)	0% (0)	6% (3)	10% (5)	26% (13)	58% (29)	2% (1)	0% (0)	6% (3)	10% (5)	40% (20)	42% (21)
Free e-learning course	0% (0)	0% (0)	2% (1)	5% (3)	61% (34)	32% (18)	0% (0)	0% (0)	4% (2)	17% (9)	58% (30)	27% (29)
'Growing Together' newsletter	0% (0)	0% (0)	4% (2)	9% (5)	41% (22)	46% (25)	2% (1)	2% (1)	4% (2)	13% (7)	39% (21)	41% (22)

Q11. On a scale of 1 to 5, where 5 is extremely helpful and 1 is not at all helpful, how helpful have you found the following tools/resources?

	April-May 2020						September 2020					
	1	2	3	4	5	N/A	1	2	3	4	5	N/A
Recruitment toolkit guide	0% (0)	0% (0)	2% (1)	12% (6)	30% (15)	56% (28)	0% (0)	0% (0)	4% (2)	17% (9)	26% (14)	53% (28)
Job descriptions	0% (0)	0% (0)	4% (2)	16% (8)	32% (16)	48% (24)	0% (0)	2% (1)	2% (1)	17% (9)	25% (13)	54% (28)
Interview questions	0% (0)	0% (0)	6% (3)	18% (9)	22% (11)	54% (27)	0% (0)	2% (1)	8% (4)	11% (6)	25% (13)	55% (29)
Assessment day guidance	0% (0)	0% (0)	6% (3)	7.3% (3)	23% (11)	64% (30)	0% (0)	0% (0)	6% (3)	11% (6)	21% (11)	62% (33)
Role play scenarios	0% (0)	0% (0)	11% (5)	4% (2)	13% (6)	72% (33)	0% (0)	0% (0)	4% (2)	11% (6)	15% (8)	70% (37)
Advertising guidance	0% (0)	0% (0)	14% (7)	10% (5)	23% (11)	53% (26)	0% (0)	0% (0)	6% (3)	4% (7)	25% (13)	56% (29)
IPS Grow advertising on behalf of your trust/organisation	0% (0)	0% (0)	8% (4)	20% (10)	28% (14)	45% (23)	0% (0)	4% (2)	2% (1)	17% (9)	37% (19)	40% (21)
Induction workbook	0% (0)	0% (0)	10% (5)	10% (5)	23% (11)	57% (28)	0% (0)	2% (1)	6% (3)	10% (5)	37% (19)	45% (23)
Free e-learning course	0% (0)	0% (0)	2% (1)	10% (5)	62% (32)	27% (14)	0% (0)	0% (0)	6% (3)	11% (6)	59% (32)	24% (13)
'Growing Together' newsletter	0% (0)	0% (0)	6% (3)	12% (6)	41% (20)	41% (20)	0% (0)	2% (1)	4% (2)	12% (6)	40% (21)	42% (22)

Q12. What type of IPS Grow support have you received for workforce support and development? Please mark all that apply.

	April-May 2020 Answered: 78		September 2020 Answered: 80	
	Freq.	Percent (%)	Freq.	Percent (%)
Access to service policies, guidelines and business cases	26	33	31	39
Written training guides/outlines	22	28	22	28
Tool for evaluating training needs	9	12	13	16
Support for Training Workshops	29	37	31	39
Consultations with IPS Grow Lead on how to approach trainings	31	40	26	33
Coordinating support for leading training itself – e.g. leads attended meeting	23	30	28	35
Coaching and advice for individual roles – e.g. for Team Leaders and Employment Specialists	36	46	38	48
Field mentoring support to develop IPS practice e.g. employer engagement	24	31	23	29
IPS Grow Leads delivering training	36	46	38	48
Other	6	8	8	10

Q13. On a scale of 1 to 5, where 5 is extremely helpful and 1 is not at all helpful, how helpful have you found the following tools/resources?

	April – May 2020						September 2020					
	1	2	3	4	5	N/A	1	2	3	4	5	N/A
Access to service policies, guidelines and business cases	0% (0)	0% (0)	2% (1)	25% (12)	33% (16)	40% (19)	0% (0)	4% (2)	4% (2)	14% (7)	35% (18)	43% (22)
Written training guides/outlines	2% (1)	0% (0)	2% (1)	17% (8)	30% (14)	49% (23)	2% (1)	0% (0)	6% (3)	8% (4)	28% (14)	56% (28)
Tool for evaluating training needs	0% (0)	0% (0)	5% (2)	7% (3)	19% (8)	70% (30)	2% (1)	0% (0)	4% (2)	8% (4)	18% (9)	68% (34)

Support for Training Workshops	0% (0)	2% (1)	0% (0)	14% (7)	48% (24)	36% (18)	2% (1)	2% (1)	2% (1)	14% (7)	39% (20)	42% (22)
Consultations with IPS Grow Lead on how to approach trainings	0% (0)	0% (0)	2% (1)	20% (10)	42% (21)	36% (18)	0% (0)	2% (1)	4% (2)	10% (5)	35% (18)	43% (43)
Coordinating support for leading training itself – e.g. leads attended meeting	0% (0)	0% (0)	2% (1)	14% (7)	40% (20)	44% (22)	0% (0)	2% (1)	2% (1)	8% (4)	40% (21)	48% (25)
Coaching and advice for individual roles – e.g. for Team Leaders and Employment Specialists	0% (0)	0% (0)	6% (3)	22% (12)	47% (24)	26% (13)	0% (0)	2% (1)	4% (2)	14% (7)	55% (28)	26% (13)
Field mentoring support to develop IPS practice e.g. employer engagement	0% (0)	0% (0)	6% (3)	17% (8)	38% (18)	40% (19)	2% (1)	0% (0)	2% (1)	16% (8)	32% (16)	48% (24)
IPS Grow Leads delivering training	0% (0)	0% (0)	4% (2)	18% (9)	47% (24)	31% (16)	2% (1)	2% (1)	4% (2)	12% (6)	55% (28)	26% (13)

Q14. What type of IPS Grow support have you received for service specifications and/or operating procedures? Please mark all that apply.

	April-May 2020 Answered: 78		September 2020 Answered: 80	
	Freq.	Percent (%)	Freq.	Percent (%)
Service policies	18	23	20	25
Operating policies	20	26	20	25
Key Performance Indicators	37	48	37	46
Service specifications	19	24	27	34
Advice for generating referrals	25	32	25	31
Other	4	5	9	12

Q15. On a scale of 1 to 5, where 5 is extremely helpful and 1 is not at all helpful, how helpful have you found the following tools/resources?

	April-May 2020						September 2020					
	1	2	3	4	5	N/A	1	2	3	4	5	N/A
Service policies	0% (0)	0% (0)	7% (3)	7% (3)	31% (13)	55% (23)	0% (0)	0% (0)	11.9% (5)	11.9% (5)	21.4% (9)	54.8% (23)
Operating policies	0% (0)	0% (0)	7% (3)	13% (6)	24% (11)	56% (25)	0% (0)	2% (1)	6% (3)	13% (6)	23% (11)	55% (26)
Key Performance Indicators	0% (0)	4% (2)	6% (3)	21% (10)	48% (23)	21% (10)	0% (0)	0% (0)	12% (6)	14% (7)	51% (26)	24% (12)
Service specifications	0% (0)	0% (0)	7% (3)	7% (3)	33% (14)	54% (23)	0% (0)	0% (0)	10% (5)	10% (5)	35% (17)	45% (22)
Advice for generating referrals	0% (0)	0% (0)	12% (5)	7% (3)	42% (18)	40% (17)	0% (0)	10% (5)	2% (1)	18% (9)	28% (14)	43% (22)

Q16. What type of IPS Grow support have you received for data management and reporting? Please mark all that apply.

	April-May 2020 Answered: 78		September 2020 Answered: 80	
	Freq.	Per cent (%)	Freq.	Per cent (%)
The IPS Grow standard spreadsheet	36	46	42	53
The IPS Grow reporting tool for submitting quarterly returns	39	50	43	53
The IPS Grow reporting tool for viewing my team/service's dashboard	29	37	35	44
Attended a workshop/presentation on IPS data and reporting	25	32	39	49
Received support from my IPS Grow Regional Lead on IPS data and reporting	28	36	29	36
Guidance on which indicators to collect and their definitions	26	33	29	36

Guidance on how to measure progress against indicators on a service wide and individual basis	23	30	22	28
Other	2	4	4	5

Q17. On a scale of 1 to 5, where 5 is extremely helpful and 1 is not at all helpful, how helpful have you found the following tools/resources?

	April-May 2020						September 2020					
	1	2	3	4	5	N/A	1	2	3	4	5	N/A
The IPS Grow standard spreadsheet	4% (2)	0% (0)	14% (7)	10% (5)	42% (21)	30% (15)	0% (0)	8% (4)	2% (1)	22% (11)	48% (24)	20% (10)
The IPS Grow reporting tool for submitting quarterly returns	2% (1)	2% (1)	10% (5)	14% (7)	46% (23)	26% (13)	6% (3)	4% (2)	4% (2)	22% (11)	43% (22)	22% (11)
The IPS Grow reporting tool for viewing my team/service's dashboard	2% (1)	2% (1)	13% (6)	4% (2)	38% (18)	40% (19)	6% (3)	6% (3)	6% (3)	18% (9)	31% (16)	33% (17)
Attended a workshop/presentation on IPS data and reporting	0% (0)	2% (1)	7% (3)	5% (2)	46% (20)	40% (17)	4% (2)	4% (2)	10% (5)	27% (13)	39% (19)	16% (8)
Received support from my IPS Grow Regional Lead on IPS data and reporting	2% (1)	0% (0)	2% (1)	4% (2)	51% (24)	40% (19)	0% (0)	4% (2)	7% (3)	16% (7)	44% (20)	29% (13)
Guidance on which indicators to collect and their definitions	2% (1)	0% (0)	6% (3)	13% (6)	38% (18)	42% (20)	0% (0)	0% (0)	11% (5)	14% (6)	43% (19)	32% (14)
Guidance on how to measure progress against indicators on a service wide and individual basis	2% (1)	0% (0)	4% (2)	11% (5)	30% (14)	52% (24)	0% (0)	2% (1)	14% (6)	11% (5)	30% (13)	43% (19)

Q18. What type of IPS Grow support have you received for monitoring and evaluation? Please mark all that apply.

	April-May 2020 Answered: 78		September 2020 Answered: 80	
	Freq.	Percent (%)	Freq.	Percent (%)
Theory of Change/Logic Model	4	5	7	9
Measurement framework	13	17	12	15
Evaluation Plan	7	9	11	14
On-site support in implementing the developed monitoring framework (e.g. in recording of relevant data)	14	18	13	16
On-site support in the procurement process	6	8	3	4
Other	8	11	6	8

Q19. On a scale of 1 to 5, where 5 is extremely helpful and 1 is not at all helpful, how helpful have you found the following tools/resource?

	April-May 2020						September 2020					
	1	2	3	4	5	N/A	1	2	3	4	5	N/A
Theory of Change/Logic Model	0% (0)	0% (0)	5% (2)	8% (3)	3% (1)	85% (33)	0% (0)	0% (0)	2% (1)	4% (2)	9% (4)	84% (38)
Measurement framework	0% (0)	3% (1)	3% (1)	8% (3)	18% (7)	69% (27)	0% (0)	0% (0)	0% (0)	4% (2)	21% (10)	75% (35)
Evaluation Plan	0% (0)	0% (0)	8% (3)	8% (3)	11% (4)	73% (27)	0% (0)	0% (0)	6% (3)	4% (2)	13% (6)	77% (36)
On-site support in implementing the developed monitoring framework (e.g. in recording of relevant data)	0% (0)	2% (1)	5% (2)	8% (3)	28% (11)	58% (23)	0% (0)	0% (0)	7% (3)	2% (1)	22% (10)	70% (32)
On-site support in the procurement process	0% (0)	3% (1)	3% (1)	5% (2)	8% (3)	81% (30)	0% (0)	0% (0)	0% (0)	0% (0)	7% (3)	93% (42)

Q20. What type of IPS Grow support have you received in relation to IPS fidelity?

	April-May 2020 Answered: 78		September 2020 Answered: 80	
	Freq.	Percent (%)	Freq.	Percent (%)
Access to the IPS manual	34	44	34	43
Support preparing for a fidelity review	31	40	28	35
Fidelity review conducted by IPS Grow	12	15	14	18
IPS fidelity best practice workshops	23	30	25	31
IPS programme information	18	23	19	24
Field mentoring	13	17	14	18
Observations of practice	11	14	8	10
Support with action planning following a review	14	18	16	20
None of the above	0	0	3	4

Q21. Where would you place your IPS service on the 25-point IPS fidelity scale?

	April-May 2020 Answered: 49		September 2020 Answered: 50	
	Freq.	Percent (%)	Freq.	Percent (%)
Exemplary score (115-125 points)	1	2	3	6
Good fidelity (100-114 points)	24	49	25	50
Fair fidelity (74-99)	17	35	15	30
Not (yet) supported employment (73 and below)	4	8	3	6
Don't know	3	6	4	8

Q22. Considering the last 3 months, have you observed an improvement to the quality of your IPS service (measured by the fidelity score)?

	April-May 2020 Answered: 49		September 2020 Answered: 50	
	Freq.	Percent (%)	Freq.	Percent (%)
Yes, it has improved	30	61	24	48

Yes, it has declined	1	2	7	14
No, it has not changed	9	18	9	18
Don't know	9	18	10	20

Q23. To what extent do you think IPS Grow contributed to this change?

	April-May 2020 Answered: 47		September 2020 Answered: 50	
	Freq.	Percent (%)	Freq.	Percent (%)
Not at all	3	6	9	18
Limited extent	7	15	10	20
Moderate extent	9	19	9	18
Significant extent	17	36	11	22
Don't know	11	23	11	22

Q24. To what extent do you agree or disagree with the following statements about the Community of Practice in your region?

	April-May 2020						September 2020					
	1	2	3	4	5	N/A	1	2	3	4	5	N/A
It has enabled me to meet new people in the IPS community	0% (0)	0% (0)	6% (3)	33% (16)	60% (29)	0% (0)	2% (1)	0% (0)	12% (6)	30% (15)	56% (28)	2% (1)
It has given me information, resources or ideas that I have used in my service	0% (0)	2% (1)	10% (5)	42% (20)	46% (22)	0% (0)	2% (1)	4% (2)	12% (6)	33% (16)	49% (24)	2% (1)
It has helped my service in developing our IPS practice	2% (1)	0% (0)	17% (8)	36% (17)	45% (21)	2% (1)	2% (1)	0% (0)	16% (8)	41% (20)	41% (20)	2% (1)
It has helped our Team Leaders in	2% (1)	0% (0)	26% (12)	32% (15)	40% (19)	2% (1)	2% (1)	2% (1)	23% (11)	31% (15)	42% (20)	2% (1)

developing their leadership practice												
It has given me a better understanding of IPS Grow resources	0% (0)	2% (1)	17% (8)	30% (14)	51% (24)	0% (0)	4% (2)	0% (0)	6% (3)	38% (18)	52% (25)	4% (2)
It has given me a better understanding of wider developments in IPS	0% (0)	0% (0)	17% (8)	45% (21)	38% (18)	0% (0)	2% (1)	2% (1)	6% (3)	40% (19)	49% (23)	2% (1)
It is a good use of the limited time I have for activities outside of service delivery	2% (1)	4% (2)	11% (5)	40% (19)	43% (20)	2% (1)	6% (3)	0% (0)	26% (12)	32% (15)	36% (17)	6% (3)

Q25. On a scale of 1 to 5, where 5 is extremely helpful and 1 is not at all helpful, how helpful have you found the Community of Practice?

	April-May 2020 Answered: 48		September 2020 Answered: 47	
	Freq.	Percent (%)	Freq.	Percent (%)
1	0	0	0	0
2	1	2	2	4
3	7	15	8	17
4	13	27	14	30
5	25	52	21	45
Not able to answer (N/A)	2	4	2	4

Q26. What has been the key learning that you have taken away from the Community of Practice? (Open text question)

Wave 1

Many respondents (21/39) felt that learning from other teams was a key benefit of CoPs, including learning about the challenges experienced by other services, how these challenges were overcome, and general sharing of ideas and experiences. Some also reflected how CoP gave them a sense of a common purpose and belonging within a wider IPS service (3/39). Several Respondents also felt that CoPs provided examples of best practice (11/39), which helped improve their learning and services. Information about specific fidelity

items was an important takeaway for a few respondents, (6/39) who reported that their CoP acted as a reminder of the importance of fidelity and provided ideas for processes and practices to ensure it was met. Others felt that CoPs were useful because of the updates provided by IPS Grow/NHS England about the future of IPS (2/39), and reported specific knowledge gains about employer engagement and in-work support (2).

Wave 2

About half of the respondents (21/37) said that learning from other teams was a key benefit of their CoP, including challenges experienced by other services, how to solve some of these challenges and sharing ideas and experiences. A fifth of respondents (10/37) felt they had learned about best-practice through discussions with other services. Some respondents (6/37) reflected that learning about employment engagement was an important part of their CoP. Some respondents (5/37) also reported that discussions of key fidelity items at CoP events helped implement the IPS model and achieve outcomes for clients. Some respondents felt that the sense of a common aim or belonging within a wider network or IPS family was a key benefit they took away from their CoP (4/37). Others said that the field mentoring workshop was particularly helpful (3/37), that they valued the updates provided by IPS Grow/NHS England about IPS (2/37), and that their CoP was an important support during the COVID-19 pandemic (2/37).

Q27. How could the Community of Practice be run differently to add more value to your service? (Open text question)

Wave 1

Many respondents felt no change was needed to add value (11/33 respondents). A few respondents felt that a change in focus could be helpful. However, there was no consensus on which focus would be most helpful; some suggested greater focus on fidelity items (2/33), recruitment and performance management (1/33) would be helpful, others felt that sessions specifically for ES (2) or service managers (1/33) would add value. A few felt that CoPs would be more helpful if they were shorter and more frequent, involving a smaller group (2/33). Others reported difficulties in accessing CoPs – either because of the travel required to attend in person (2/33) or virtual-access difficulties after the COVID19 lockdown (2/33).

Wave 2

Many respondents felt no change was needed for their CoP to add value to their service (6/28), while others were unsure how their CoP could be run differently (4/28). Several respondents felt that CoPs could be shorter (3/28). Several respondents (3/28) also said there could be a stronger focus on the co-production of CoPs. Some respondents (3/28) felt that there should be a stronger or different focus on specific fidelity items, such as learning from high-fidelity services. A few survey respondents suggested it would be helpful if CoPs were permanently virtual (2/28), whilst others highlighted the challenges of attending CoPs remotely (3/28). A couple of respondents also suggested separate CoPs for service managers and directors (2/28), helping orientate them towards the needs of individual services (3/28), link better with other regions and CoPs (2/28), share learning before and after the event (2/28), and re-launch CoPs to refocus objectives and increase motivation (2/28).

Q28. What IPS Grow resources have you used so far? Please mark all that apply.

	April-May 2020 Answered: 78		September 2020 Answered: 80	
	Freq.	Percent (%)	Freq.	Percent (%)
Webinars delivered by IPS Grow	40	52	41	51
Growing Together newsletter	32	41	29	36
IPS Grow Twitter page	13	17	15	19
IPS Grow Facebook page	5	6	5	6
IPS Grow LinkedIn page	10	13	9	11
IPS Grow Website	39	50	44	55
Work Talk Podcast	1	1	4	5
IPS workspace on NHS Collaboration Platform	41	53	41	51
Forum discussions on the NHS Collaboration platform	34	44	34	43
None of the above	1	1	0	0
N/A	0	0	0	0
Other	1	1	3	4

Q29. Which statement best describes how frequently you log in to the IPS Workspace on the NHS Collaboration Platform?

	April-May 2020 Answered: 48		September 2020 Answered: 50	
	Freq.	Percent (%)	Freq.	Percent (%)
Multiple times per day	3	6	2	4
Once per day	5	10	1	2
2-3 times per week	9	19	8	16
Weekly	13	27	17	34
Fortnightly	7	15	7	14
Monthly	7	15	7	14

Never	2	4	1	2
N/A	0	0	0	0
Other	2	4	7	14

Q30. What is your main reason for accessing the IPS Workspace on the NHS Collaboration Platform?
(Open text question)

Wave 1

Respondents often accessed the IPS workspace to follow or contribute to discussions on forums (24/41 respondents), reportedly because they found this a helpful way to hear others' ideas, share their own ideas and generally keep up to date with other services. Some felt that the workspace was a place to share good practices (9/41), receive updates and hear about events (6/41). Respondents also accessed the IPS workspace to find relevant resources and pieces of information (12/41) and listen to webinars (4/41).

Wave 2

Many respondents accessed the IPS workspace to find resources, information about IPS delivery and updates to other services (17/38). Another significant proportion of respondents stated that they accessed the workspace to follow and contribute to forum discussions (13/38). Some used the forum to raise questions/topics for discussion and promote services (3/38). A few respondents reported sharing best-practice on the workspace (6/38). Others mainly used the workspace to receive updates and hear about events (12/38).

Q31. To what extent do you agree or disagree with the following statements?

	April - May 2020					September 2020				
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
IPS Grow communications help raise the profile of IPS	0% (0)	0% (0)	10% (5)	42% (20)	48% (23)	0% (0)	2% (1)	8% (4)	43% (21)	47% (23)
IPS Grow has increased awareness in our community of the role of IPS Employment Specialist	2% (1)	8% (4)	33% (16)	25% (12)	31% (15)	2% (1)	10% (5)	22% (11)	31% (15)	35% (17)
IPS Grow shares IPS best-practice effectively through a range of formats and channels	0% (0)	4% (2)	6% (3)	46% (22)	44% (21)	0% (0)	6% (3)	10% (5)	35% (17)	49% (24)
IPS Grow has helped me make links with other providers in my region	0% (0)	4% (2)	12% (6)	38% (18)	46% (22)	0% (0)	0% (0)	16% (8)	27% (13)	57% (28)
IPS Grow has connected services together using the NHS Collaboration Platform	0% (0)	0% (0)	12% (6)	45% (22)	43% (21)	2% (1)	0% (0)	16% (8)	39% (19)	43% (21)
The IPS Workspace on the NHS Collaboration Platform is a good source of resources relevant to IPS	2% (1)	2% (1)	6% (3)	49% (24)	41% (20)	0% (0)	2% (1)	12% (6)	39% (19)	47% (23)
IPS Grow has facilitated discussions and sharing of best-practice through setting up forum discussions	2% (1)	0% (0)	6% (3)	37% (18)	55% (27)	0% (0)	2% (1)	8% (4)	41% (20)	49% (24)

Q32. What factors do you think have enabled your uptake of the offered support? (Please mark all that apply)

	April-May 2020 Answered: 78		September 2020 Answered: 80	
	Freq.	Percent (%)	Freq.	Percent (%)
Clear and accessible instructions	26	33	23	29
Good relationship with IPS Grow Lead	42	54	45	56
Access to Community of Practice	38	49	37	46
Support of setting where IPS service is placed	17	22	14	18
Other, please specify:	1	1	0	0

33. What factors do you think have acted as a barrier to your uptake of the offered support?

(Please mark all that apply)

	April-May 2020 Answered: 78		September 2020 Answered: 80	
	Freq.	Percent (%)	Freq.	Percent (%)
Time constraints	30	38	32	40
Lack of instructions	0	0	4	5
Instructions were received, but unclear	3	4	4	5
Support did not seem relevant	5	6	7	9
Delays in commissioning and mobilisation of the service	12	15	11	15

Q34. How would you rate the quality of IPS Grow support you have received overall? Please note that 1 equals poor and 5 equals excellent.

	April-May 2020 Answered: 49		September 2020 Answered: 50	
	Freq.	Percent (%)	Freq.	Percent (%)
1	0	0	0	0
2	1	2	2	4
3	3	6	5	10

4	13	27	14	28
5	32	65	28	56
Not able to answer (N/A)	0	0	1	2

Q35. How likely are you to recommend IPS Grow support to other services? Please note that 1 equals extremely unlikely and 5 equals extremely likely. (Open text question)

	April-May 2020 Answered: 49		September 2020 Answered: 50	
	Freq.	Percent (%)	Freq.	Percent (%)
1	1	2	1	1
2	0	0	2	0
3	2	4	3	2
4	12	25	4	12
5	34	69	5	34
Not able to answer (N/A)	0	0	Not able to answer (N/A)	0

Wave 1

When explaining their answer, many respondents reported that they were likely to recommend IPS Grow to other services because of the individual IPS Grow lead they worked with (13/24 respondents). Respondents found IPS Grow leads' knowledgeability about IPS (8/24), responsiveness and accessibility (4/24), training sessions (3/24) and role in building relationships within NHS trusts and other local stakeholders (3/24) really helpful. A few respondents reported that working with their IPS Grow lead increased their confidence (2/24) and improved their service (2/24). Others cited the website as the reason they would recommend IPS Grow support (8/24), valuing its networking opportunities and learning/development resources. Suggestions for further development were rare but included the provision of more resources and funding to IPS Grow leads (1/24), or mentioned contextual service factors (such as hampered ES recruitment or different service configurations) (2/24) that had rendered IPS Grow less useful.

Wave 2

About a fifth of respondents reported they would likely recommend IPS Grow because of the general support they received in the form of guidance, positivity and knowledge sharing (11/27). A smaller number of respondents specified the support provided by RL (5/27), including their accessibility (4/27) and engagement (1/27). The helpfulness of resources was also highlighted by respondents when explaining their

answer (6/27), among which the recruitment toolkit, KPIs, the website and the Future Collaboration Platform were mentioned. Other explanations included IPS Grow's facilitation of inter-service connections (4/27) and standardisation (3/27). A couple of respondents suggested the need for improvements, including faster support from the start, clarity about the range of support offered, and better communication (2/27).

Q36. On a scale of 1 to 5, where 5 is extremely helpful and 1 is not at all helpful, how helpful have you found the following tools/resources during the COVID-19 outbreak? (Open text question).

	April-May 2020						September 2020					
	1	2	3	4	5	N/A	1	2	3	4	5	N/A
IPS Grow lead support on remote operations during COVID-19	4% (2)	0% (0)	20% (10)	12% (6)	53% (26)	10% (5)	6% (3)	4% (2)	17% (8)	15% (7)	52% (25)	6% (3)
IPS Grow webinars on COVID-19	4% (2)	0% (0)	16% (8)	12% (6)	41% (20)	27% (13)	8% (4)	6% (3)	17% (8)	17% (8)	38% (18)	15% (7)
IPS Grow website resources	4% (2)	0% (0)	10% (5)	33% (16)	44% (21)	8% (4)	4% (2)	4% (2)	15% (7)	19% (9)	52% (25)	6% (3)
Virtual Communities of Practice	4% (2)	0% (0)	13% (6)	21% (10)	34% (16)	28% (13)	4% (2)	6% (3)	12% (6)	18% (9)	51% (25)	8% (4)

Q37. What other resources would you find useful to manage your service during the COVID-19 outbreak?
(Open text question)

Wave 1

There was no consensus in responses to this question. Some respondents felt that support had been helpful, and nothing more was needed (5/21 respondents). Others felt that further support to help ES work at home, manage reduced caseloads, work remotely and conduct employer engagement would be useful (4/21). Others reflected that IPS Grow could help in contingency and recovery planning during and after the lockdown (2/21), while some saw it as a good opportunity to focus on fidelity criteria more (2/21) and host CoP/networking opportunities remotely (2/21).

Wave 2

There was no consensus on other resources that would be useful to manage services during the COVID-19 outbreak. Some respondents felt nothing more was needed (6/16). Others mentioned further support to help services maintain or raise morale in the team (3/16). A couple of respondents (2/16) suggested support making a business case for employer engagement. Others said extra resources could be provided to ensure job retention and increase referrals to the services (2/16).

Q38. Is there anything else you would like to mention about the IPS Grow service support you have received?

Wave 1

Almost all responses to this question (28/29 respondents) were positive about the IPS Grow support received so far. The majority (19/29) included praise and positive feedback on individual IPS Grow RL

who had provided support: leads were felt to be very quick to respond, flexible in the support offered and dedicated to supporting individual STPs and sites in a way that was valued. Respondents were also largely positive about the overall service and support (6/29), the resources provided (2/29) and the training opportunities and CoPs (2/29).

Wave 2

The vast majority of responses to this question were positive about IPS Grow support (20/23). Many singled out the RL support (12/23), noting their enthusiasm, IPS knowledge and professionalism in particular. Positive comments about IPS Grow generally mentioned support during the pandemic and connections with other services as examples (7/23). Respondents also mentioned the usefulness of resources and training opportunities (2/23). A couple of responses indicated dissatisfaction concerning the inaccessibility of zoom calls and the Future Collaboration Network (2/23).