Evaluation of the WDP IPS Into Work service

Final Report
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EXECUTIVE SUMMARY

This evaluation examines the Individual Placement and Support (IPS) Into Work Service for workless clients with substance issues across eight West London boroughs. The evaluation adopts a mixed methods approach to explore three priority research areas with key findings in each.

Research Strand 1: Employment Impacts

- The IPS service has supported a wide range of different clients with most being referred from the co-located drug and alcohol services.
- The service delivers a 30 percent overall job entry rate of which around half sustain work for at least 13 weeks and with around three-quarters being in longer-hours jobs. Most job starts occur in the first 9 months of client's support. This is a strong performance for an IPS service, particularly one that was newly established and that was operating during the Covid pandemic.
- Statistical modelling highlights evidence of large, consistent and statistically significant positive impacts of the IPS service on client's employment outcomes when controlling for other factors.
- There is notable local variation in referral volumes and employment impacts across the eight local authorities studied. That variation aligns with qualitative evidence around the differing strength of local integration between the IPS service and the host drug and alcohol teams.

Research Strand 2: Service Delivery

- Four pillars for a high quality IPS service are seen: integration; fidelity; employer engagement; and Employment Specialist's personal qualities and relationships with stakeholders.
- Effective integration between the IPS and drug and alcohol teams was considered essential to an effective IPS service and effective integration depended on cultural, behavioural and technical factors. Integration tended to be strong in local areas where WDP delivered both the IPS service and the host drug and alcohol service but there was evidence that effective integration could occur in areas with differing providers. Support for IPS integration into drug and alcohol teams from commissioners of local drug and alcohol services has a positive impact on the IPS service. A minority of local areas were struggling with integration.
- IPS staff showed good understanding of IPS fidelity and were convinced that high fidelity aided service quality and client's experiences and outcomes. Most fidelity items translated unproblematically to this drug and alcohol context with the exception of employer engagement and disclosure. Meeting the spirit rather than the letter of fidelity was seen as appropriate.
- The quality and interactions of IPS Employment Specialists (ESs) was key to all aspects of service success. However, high quality ESs should be seen as necessary but not sufficient for IPS service success: ESs continued to rely on their clients, host AD teams and employers for successes.

Research Strand 3: Client perspectives and wider health and wellbeing impacts of the IPS service

- Clients were overwhelmingly positive about their experiences of the IPS service and the quality of the support received. Clients particularly valued: the consistency, intensity and flexibility of the IPS support; the continual encouragement and challenge that was supportive, client-centred, flexible and caring; the person-centred approach; the broader commitment to their wellbeing.
- The IPS service delivered impressively consistent positive wellbeing benefits to clients across a wide range of wellbeing measures relating to substance recovery, physical and mental health, resilience, relationships, and positive behaviours and attitudes.
- Further analyses highlight three different client groupings according to their wellbeing changes: most clients fare well, a small minority fare very well, but a very small group fare poorly. The identification of these groupings provides opportunities for differing proactive service responses.

INTRODUCTION

This evaluation examines the Individual Placement and Support (IPS) Into Work Service for unemployed and economically inactive clients with substance issues across eight West London boroughs. The IPS employment service has been delivered by WDP since January 2019 and is co-located into the local drug and alcohol services across six London boroughs within the West London Alliance (Brent, Harrow, Barnet, Ealing, Hillingdon, Hounslow) and two boroughs within the North-West London Sustainability Transformation Partnership (STP) footprint (Kensington & Chelsea and Westminster). IPS is a voluntary, user-centred and intensive place-then-train employment model with adherence to the 25-item IPS fidelity scale (CMH, 2022). IPS employment specialists are co-located and integrated with clinical teams – local drug and alcohol teams within this service – and effective integration is considered key to the success of the IPS model. IPS is traditionally used in severe mental health population groups and health settings and a significant body of robust evidence provides strong evidence for its effectiveness (Hefferman, 2011; Steadman and Thomas, 2015; Modini et al., 2016; Suijkerbuijk et al., 2017). A strong recent international trend has been innovation of IPS services into wider population groups with a range of other health conditions and support needs including drug and alcohol, physical health, chronic pain, moderate mental health, homelessness, and experience of the justice system (Bond et al., 2019; Probyn et al., 2021).

This evaluation adopts a mixed methods approach to explore the following key research strands:

Research Strand 1: Employment Impacts

- How did the IPS service impact on employment outcomes?

Research Strand 2: Service Delivery

- Does the traditional IPS model need to adapt to provide a high quality service in an addictions setting? What are the pillars of good practice for this kind of service?
- What is the impact of integration in different settings? What is needed for effective integration? How has the service addressed challenges to building effective integration?
- What is needed for good employer engagement? How should services approach disclosure?

Research Strand 3: Client perspectives and wider health and wellbeing impacts of the IPS service

- What impacts did the service have on client's wider wellbeing outcomes such as sense of empowerment, connection with friends and family, housing stability, general wellbeing?
- What aspects of the service were most important to clients? What could be improved?

DATA AND METHODS

Quantitative data about the WDP IPS clients were provided securely by WDP. For each client these data included information relating to client characteristics, the support received from the IPS service, and employment and wider outcomes. The data were taken from WDP databases in March 2022 and cover the period Jan 2019 to March 2022. The quantitative dataset includes 718 clients and quantitative analyses are based on this sample size unless detailed otherwise.

27 qualitative interviews were conducted in total across 9 WDP staff including Senior Management and frontline line IPS staff, 8 drug and alcohol treatment staff from co-located drug and alcohol teams, 6 IPS clients, 2 local drug and alcohol commissioners, 1 external IPS expert and 1 employer to explore the key themes of the research questions outlined above. All interviews were conducted via Zoom. Ethical approval for the research was provided by the University of Strathclyde.

RESEARCH STRAND 1: EMPLOYMENT IMPACTS

Understanding the IPS service's clients

Before focusing on the IPS service's employment outcomes, Figures 1 and 2 firstly provide necessary context by describing the clients that the WDP IPS service has supported across a range of key characteristics. Each figure shows six individual charts each focusing on a separate client characteristic. Each chart shows the percentage of all IPS clients from each group so that the bars in each individual chart sum to 100 percent. Figure 1 shows that nearly a quarter of all clients come from the Brent service with Barnet closely behind with just under 20 percent of all IPS clients. Westminster and Kensington and Chelsea show the lowest client numbers. Evidence gathered during the qualitative research around the perceived strength of integration between the IPS and drug and alcohol (AD) services in each local area broadly map onto those differing referral levels with stronger levels of integration supporting stronger referral flows into the IPS service from the host AD service – the main referral source as highlighted next. Referrals to the IPS service from the co-located drug and alcohol services dominate with around 80 percent of IPS referrals coming from this source. Several wider referral sources at relatively small volumes do exist however, including Jobcentre Plus and self-referrals. Half of the IPS clients report alcohol as their main substance issue with between 20 and 30 percent reporting non-opiates or opiates as their main substance issue. The vast majority of IPS clients are in treatment for their substance issue with most receiving that support for less than one year currently. In terms of prior employment, IPS clients show wide diversity in terms of the amount of time since their last paid job with clients relatively evenly spread across all groups except for very few clients having never worked previously. Therefore, whilst many IPS clients had been in paid work in the past six months before joining the IPS service many others had not been in paid work for five years or more. Positively, the vast majority of clients felt very or moderately confident about finding work at the start of their IPS support journey.

Figure 1 Key characteristics of the IPS clients

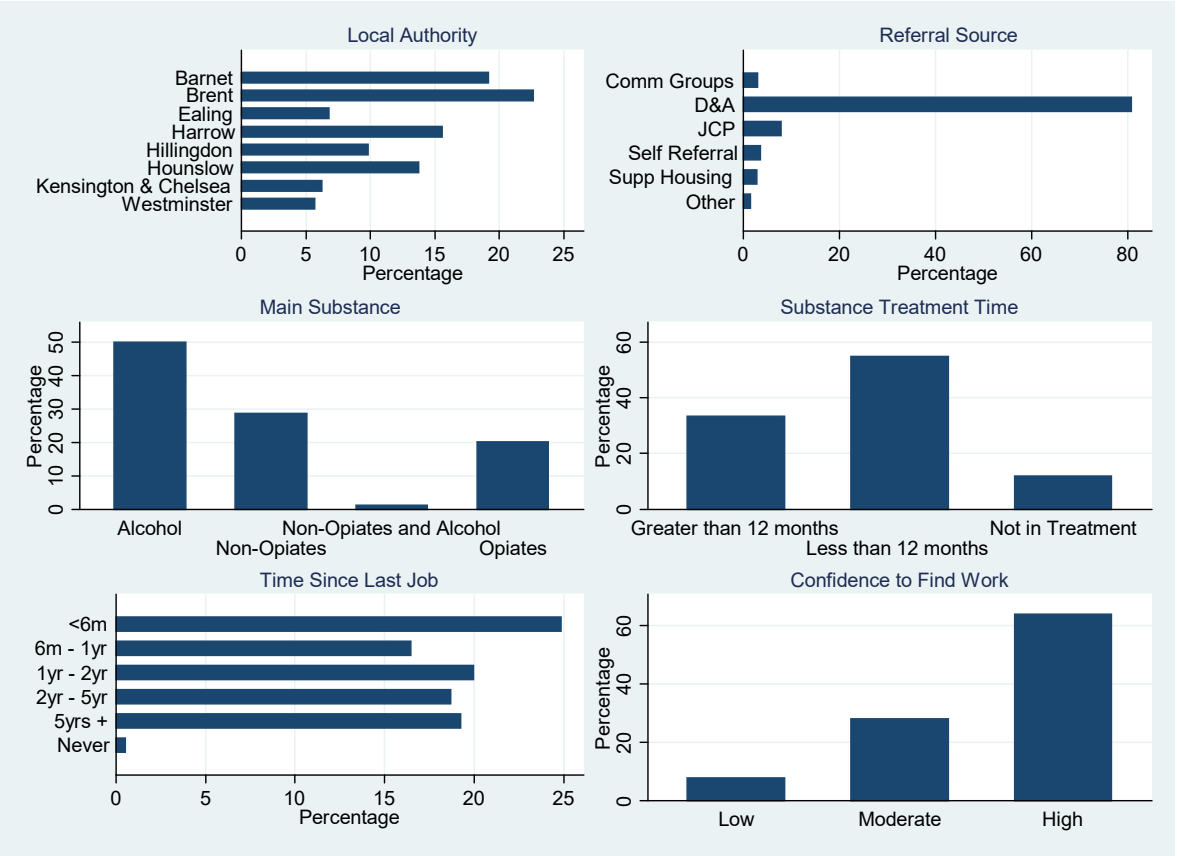
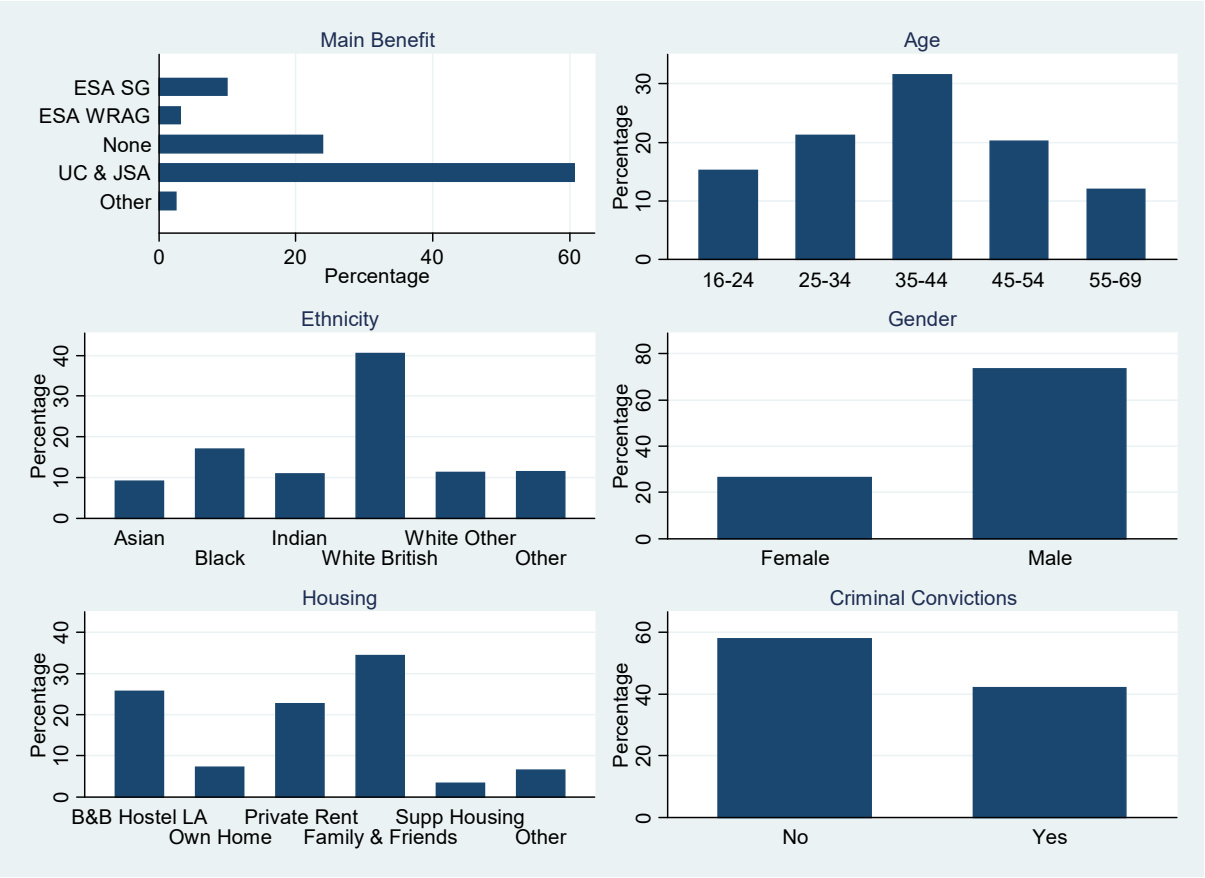


Figure 2 shows similar details for six different client characteristics. In terms of their main benefits received most WDP clients are in receipt of Universal Credit or Jobseeker's Allowance, a minority are in receipt of Employment Support Allowance (mainly in the Support Group), and almost a quarter receive no social security benefits at all. The IPS clients are distributed across all age ranges and ethnic groups with the greatest numbers seen in the 35-44 age group and being White British. The vast majority are male and most – around 60 percent – do not have any criminal convictions. The IPS clients show a range of different housing experiences with the largest numbers living with family and friends, in local authority/bed and breakfast/hostel accommodation, or privately renting.

Figure 2 Further key characteristics of the IPS clients

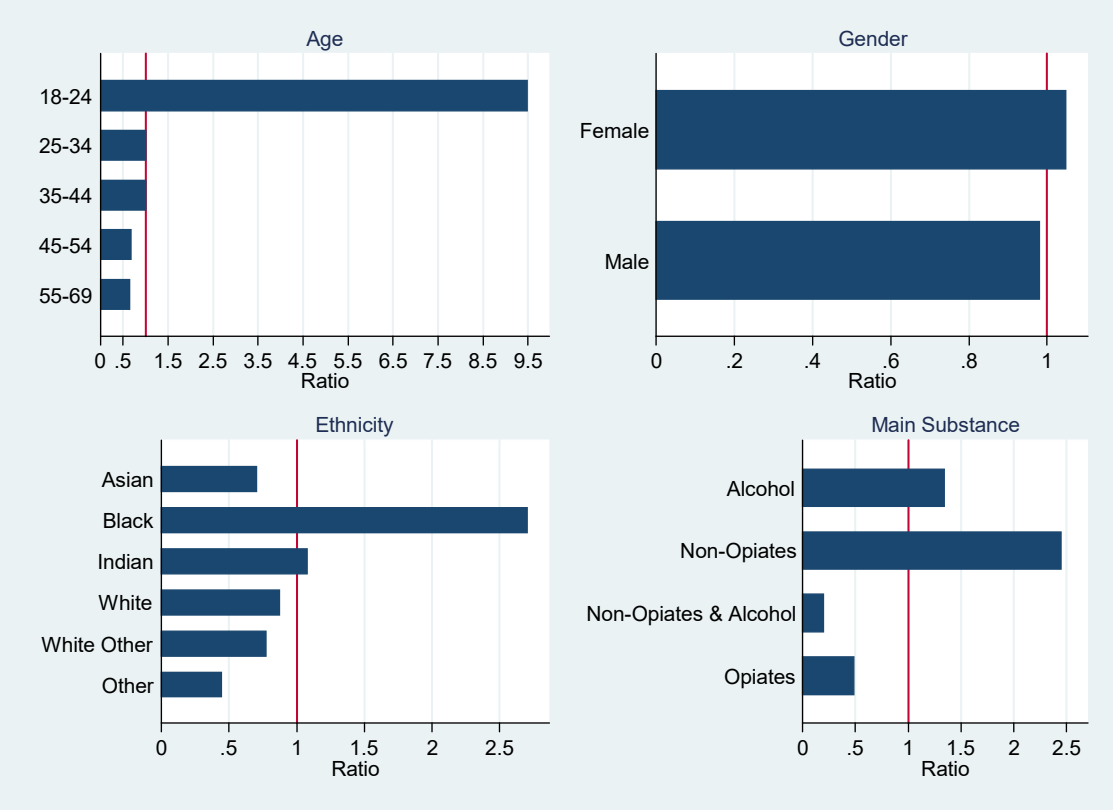


Figures 1 and 2 above summarise the IPS client characteristics. How representative though are these IPS clients of the underlying population of clients seen within the local drug and alcohol services to which the IPS service are targeted and, as Figure 1 shows, from which they are overwhelmingly drawn? This interest in equality of access to the IPS service aligns with IPS's core values as well as with the spirit of its fidelity item relating to zero exclusion. Whilst later analyses focus on equality in terms of outcomes and experiences, Figure 3 below examines equality of access to the IPS service from the underlying drug and alcohol caseload that the IPS service is co-located in and supports.

Given data constraints Figure 3 examines equality in access to the IPS service in Brent only. Figure 1 shows that Brent accounts for around one quarter of the total IPS referrals over the period. Focusing on four key client characteristics – age, gender, ethnicity and main substance – Figure 3 shows the ratio of the number of Brent IPS clients against the number of people in the co-located Brent drug and alcohol service across different sub-groups in the same time period. A ratio of 1 would mean that the IPS service has supported the same share of individuals from this sub-group as are in Brent's underlying drug and alcohol caseload over this period. This can be understood as the number of IPS clients that would be expected to be supported if the IPS service were fully representative of the underlying drug and alcohol service population or, alternatively, as the 'fair share' for that sub-group. A red vertical line is drawn on each chart of Figure 3 at this ratio of 1. A ratio of 2 would imply that the IPS service in Brent supported twice as many individuals in this sub-group as would be expected given their share in the drug and alcohol caseload. Conversely, a ratio of 0.5 would imply that the IPS service supported half as many individuals in this sub-group as would be expected given their share in Brent's underlying drug and alcohol caseload, and so on. Although the analyses describe the (in)equalities in access across these groups they do not necessarily imply anything normatively about the (in)equities of these distributions, that is for local partners to reflect on.

In terms of age, Figure 3 shows a dramatic over-representation of young adults in the IPS service compared to the population of Brent's drug and alcohol service. Conversely, older adults are under-represented in the WDP IPS service in Brent relative to their share of the drug and alcohol service caseload over the period. Figure 2 above shows that males dominate the IPS service overall and that is true for Brent also with around 72 percent of IPS clients being male. However, Figure 3 shows that the gender balance in Brent's IPS service is broadly in line with that seen in its underlying drug and alcohol service, with males actually slightly under-represented in Brent's IPS service relative to their share of Brent's drug and alcohol service population over the period. In terms of ethnicity, there are many more Black clients in Brent's IPS service than would be expected given their share of the underlying population in the area's drug and alcohol service, and slightly more Indian clients than expected. All other ethnic groups are under-represented in the IPS service in Brent relative to numbers that would expected if the IPS caseload had mirrored the ethnic balance in Brent's underlying drug and alcohol service. Finally, in terms of the main substance issue reported alcohol and especially non-opiates are over-represented in Brent's IPS service relative to their shares in the local drug and alcohol caseload over the period. Conversely, the number of IPS clients reporting opiates or non-opiates and alcohol as their main substance issue is lower than would be expected.

Figure 3 Examining potential (in)equalities in access to the IPS service



Examining job starts across IPS client groups

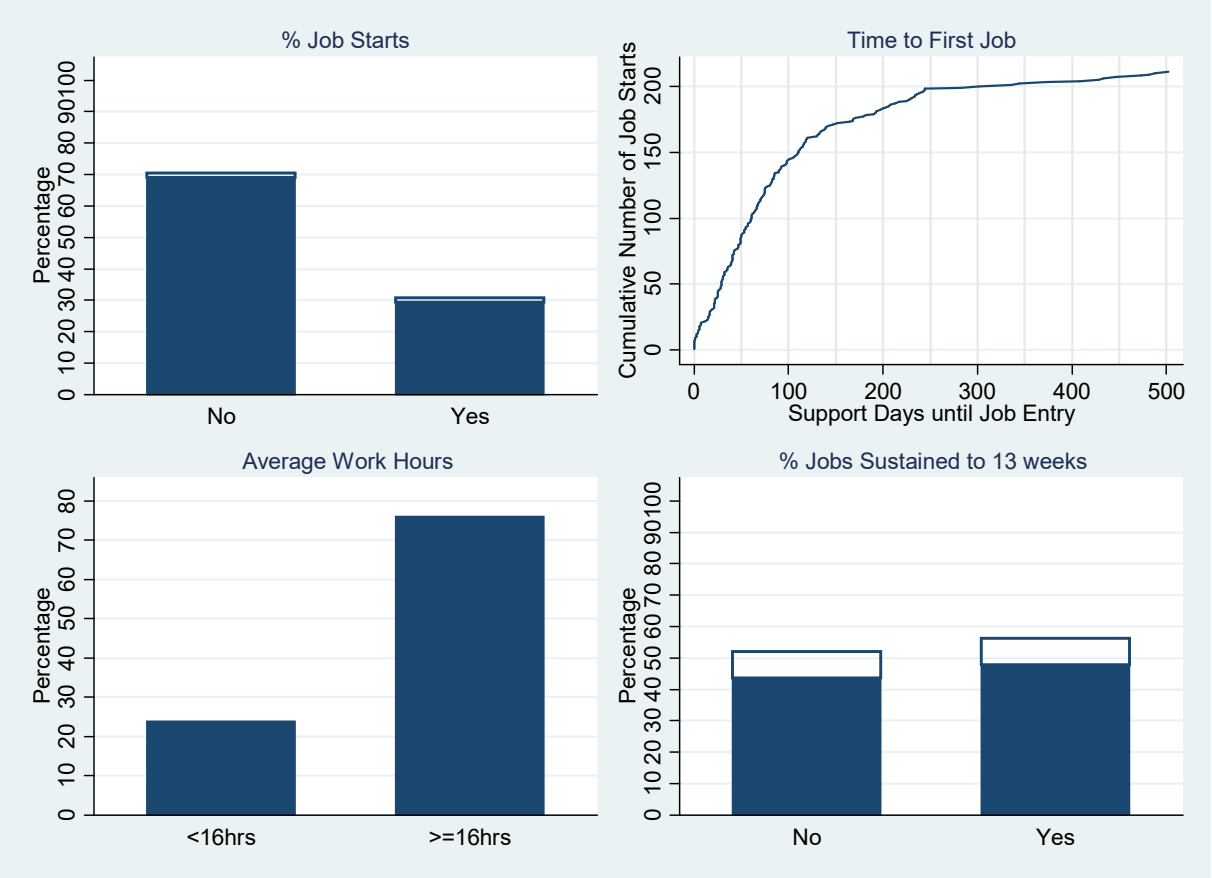
Figure 4 shifts the focus to the key headline employment outcomes across the IPS clients. The top left chart shows that around 30 percent of IPS clients have secured a job start through WDP's IPS support. That 30 percent mark is often taken as a benchmark of good outcomes performance for an IPS service working with population groups beyond severe mental health. When providers are

required to gather the evidence of job starts – as is the case for WDP in this IPS service – then a gap typically opens up between actual job starts and those where the provider is able to gather the evidence. This is also WDP's experience in this IPS service. Evidence from wider programmes suggests a gap of around 5 percent which would take the WDP job start rate to around 31 percent. WDP's job start rate therefore represents a strong start for any new IPS service in its first phase of operation and particularly so given the context of the Covid pandemic.

In addition, the bottom left chart shows that an impressive three quarters of those job starts are into employment of more than 16 hours per week on average. The bottom right chart shows that between 48 percent and 56 percent of all job starts are sustained to 13 weeks or longer. The reason for this range is that WDP are required to gather evidence of job sustainment (rather than, for example, to be able to rely on administrative data) and the ability of providers to gather such evidence is known to be a challenge in all employment programmes. As such, whilst WDP have been able to gather the evidence required for 48 percent of these job sustainments it is known from wider programme evaluations that a gap of around 15 percent to 20 percent tends to exist at this 13 week mark between job sustainments actually achieved versus those that are able to be evidenced by the provider. As such, the evidenced 48 percent job sustainment rate shown in the solid bar in this bottom right chart of Figure 4 should be considered a minimum value that we are certain of. A further 17.5 percent are added as an outline bar on top of this 48 percent to indicate that the actual job sustainment rate achieved at 13 weeks might in reality be expected to be closer to 56 percent but that a portion of this actual sustainment has not been able to be evidenced by the provider as is typical in these circumstances. Conversely, between 44 percent and 52 percent of clients who moved into work are shown as not reaching this 13 week job sustainment point.

Finally, the top right chart offers insights into the amount of time that it takes those job starts to occur for clients after their vocational profile has occurred. The curve starts steeply initially showing that most job starts (around 150 of the total) occur within the first 100 days of a client's IPS support. Of particular interest is the existence of a 'kink' in the curve at around 250 days after which point the curve flattens noticeably and job starts – although they do continue to occur – are seen markedly less frequently. Such insights speak to an on-going debate within the IPS community about whether the duration of out-of-work support should be time-unlimited (as per the standard IPS fidelity scale) or time-limited with flexibility and discretion (as seen increasingly in IPS services beyond severe mental health cohorts) in order to seek to optimise the four-way balance between giving each client the maximum support possible, maximising overall job starts for the IPS service, maximising client throughput and hence total potential referrals/client supported, and maintaining low caseloads (Burns et al., 2015). These data suggest that a roughly 9 month out-of-work time limit (with flexibility and discretion) could be supported by these data.

Figure 4 Headline employment outcomes of the WDP IPS service



The focus turns next to examining the distribution of job starts across WDP clients. To do so Figures 5 and 6 present a series of charts that show the percentage of different client groups that achieve a successful job start in the IPS service.

Looking first at Figure 5, local authority is an important unit for the IPS service and evaluation given that each area sees a distinct WDP IPS team co-located into a distinct drug and alcohol service (sometimes also delivered by WDP and sometimes by another provider). The percentage of job starts achieved by the IPS clients varies markedly across local authorities. Barnet stands out with almost 40 percent of IPS clients securing a job start and Harrow and Hounslow also show job start rates greater than 30 percent for their IPS clients. Job start rates in Brent and Hillingdon are close behind at 28 percent and 27 percent respectively. Ealing, Westminster and Kensington and Chelsea show somewhat weaker job start performance at around or just below 20 percent. Again, these job entry rates broadly map onto the qualitative evidence around the strength of integration locally discussed further in the qualitative findings below. Across the different referral sources the higher job start rate of self-referrals stands out at over 60 percent. Figure 1 above shows however that self-referrals comprise only a small part of the IPS service's total referrals presently. At almost 45 percent, job start rates are higher for clients with non-opiates and alcohol as their main substance issues compared with any other main substance group. Those clients who have been receiving treatment for their substance issues show the highest job entry rates at just over 30 percent whilst the group of clients not in treatment show somewhat higher job start rates than those in treatment for greater than one year. Finally, clear job outcomes patterns are seen in the expected ways according to the amount of time since the client's last paid job (more recent work experience maps in general onto higher job start rates) and according to the client's level of confidence to find work (greater confidence maps onto higher job start rates).

Figure 5 Job entry rates from the IPS service across key client groups

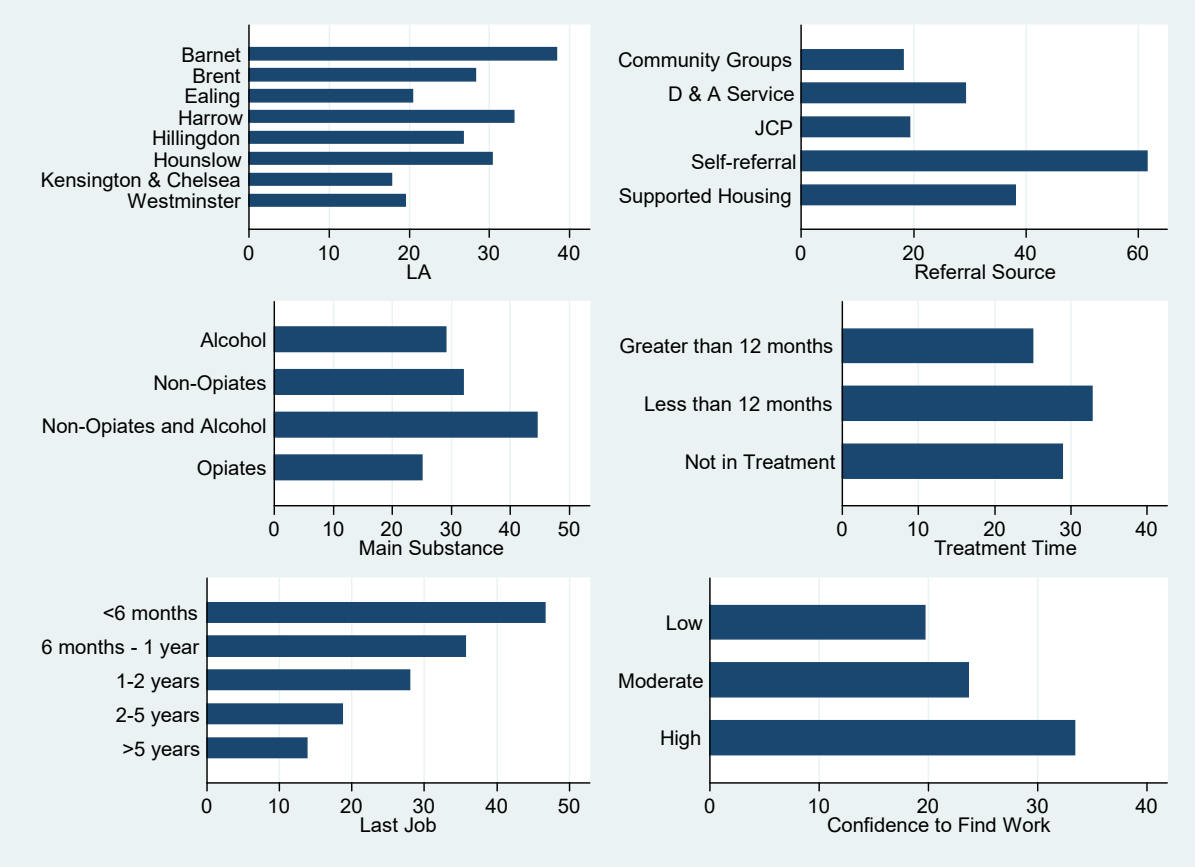
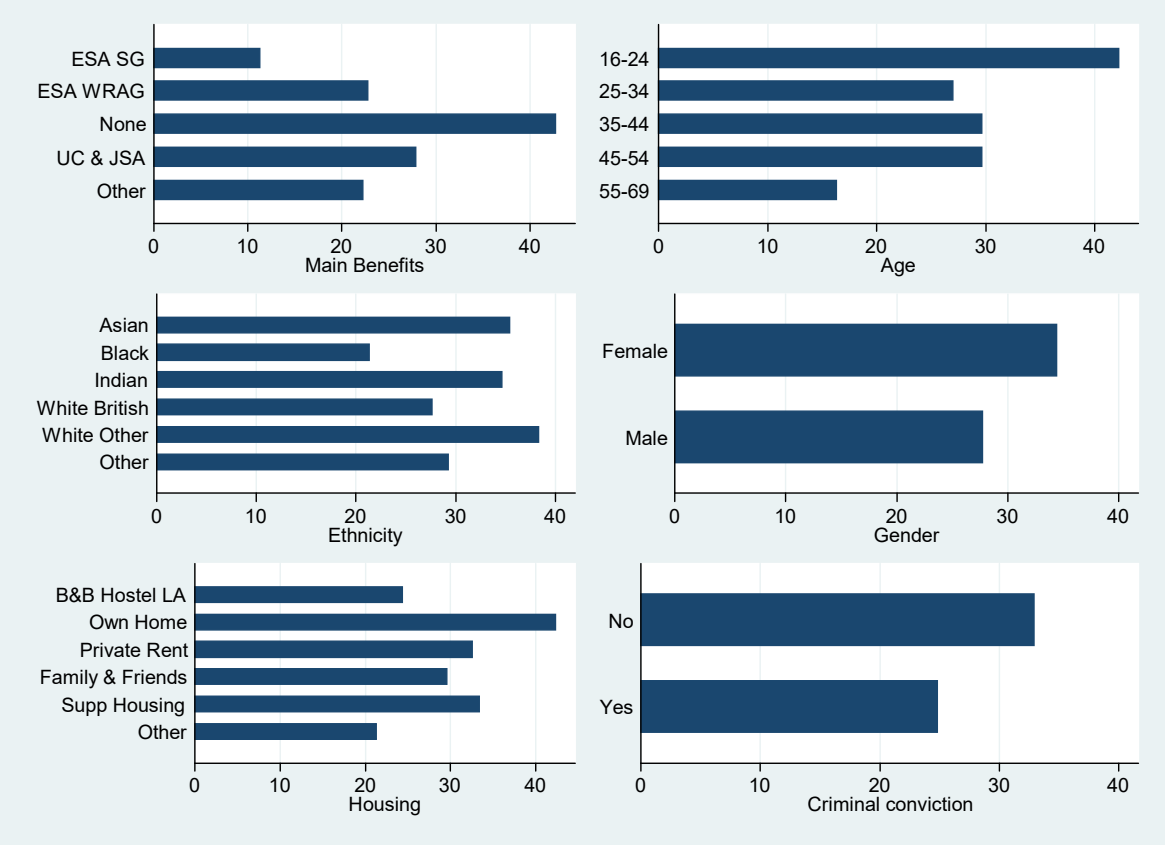


Figure 6 provides key breakdowns of job start rates across six further client groups. Clients not in receipt of social security benefits show the highest levels of job entry of any benefit group, including those IPS clients facing work conditionality requirements as part of their benefit receipt. There is clear variation in job entry across different age groups. Younger clients of the IPS service aged 16-24 years show notably higher job start rates of over 40 percent. In contrast, older clients aged 55-69 show the lowest job entry rates of any age group at around 16 percent. Female clients show notably higher job start rates than male clients as do clients without criminal convictions compared to those with criminal convictions. Variation is also seen according to ethnicity and housing tenure. In terms of ethnicity Black client groups show notably lower job entry rates whilst White Other and Asian ethnic groups show the highest job entry rates. Finally, the stability of housing tenure looks to matter for job start rates, with unstable housing also possibly a marker of wider life instability. Less stable forms of accommodation such as hotels show the lowest job start rates of any group whilst clients living in their own home show the highest job start rates.

Figure 6 Job entry rates from the IPS service across further key client groups

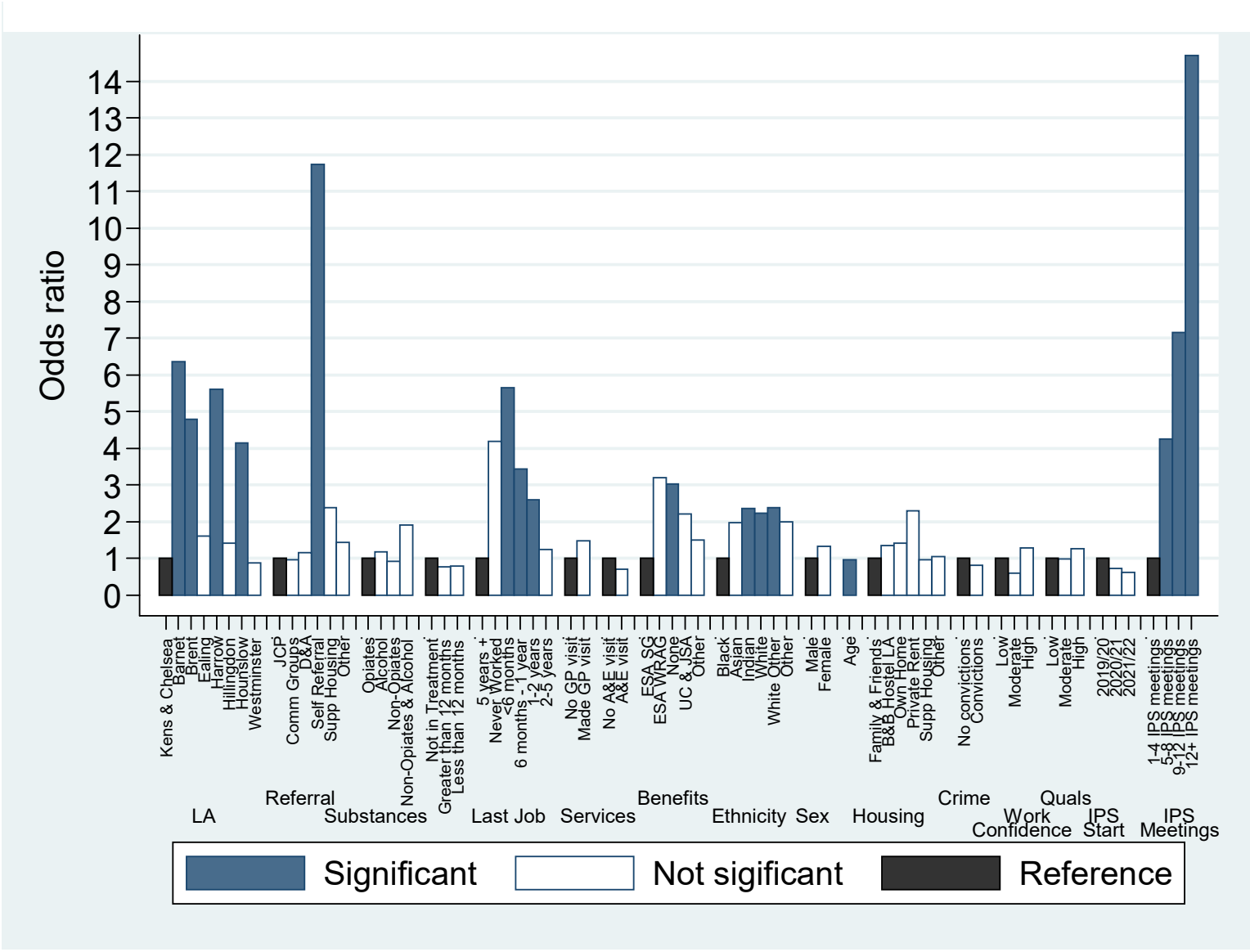


Putting it all together: Isolating the effects of each factor on the likelihood of job entry

Figures 5 and 6 above provide helpful visual summaries of the job entry rates across a wide range of different client characteristics. They are limited however in that the patterns seen in any chart do not take account of the possible effect of other factors on those patterns. For example, job entry rates are higher in Barnet and lower in Kensington and Chelsea. Whilst that pattern is true in a descriptive sense, is it actually driven by the local IPS service or, rather, might it be that all or part of that difference can be explained by the Barnet IPS service receiving a higher share of its clients with characteristics associated with higher levels of job entry – females, clients without criminal convictions, or clients with high confidence to find work for example?

Multiple regression is a statistical technique to control for the effect of other factors and, in doing so, to seek to isolate the independent effect of each individual factor. One can imagine it as fixing the characteristics of two hypothetical clients such that they are identical in all factors included in the regression model apart from the factor of interest being analysed – local area in the example above. The outcome that we wish to analyse here is whether the client has secured a job start or not. Since this is a binary variable that takes the value 0 ('No job start') or 1 ('Yes a job start occured') then the appropriate statistical model to use is binary logistic regression. The essence of what the logistic regression model is describing is how each different factor separately and independently affects the likelihood of a client securing a job start in the IPS service when controlling for/taking account of all the other factors in the regression model. The results from the binary logistic regression are shown in Figure 7 below.

Figure 7 Odds ratios showing the independent effects of each factor on client's likelihood of job entry



Understanding how to interpret the regression results

Each factor (e.g. local authority, referral source, etc) is shown across the horizontal axis and for each of these factors a series of bars show the odds ratio estimated for each category within it (e.g. Kensington and Chelsea, Barnet, etc, for local authority). Odds ratios describe how each category tends on average to affect client's likelihood of securing a job start, controlling for the effects of all the other factors in the model. For each factor apart from age, one category is shown by a black bar and this acts as a reference category against which the odds ratios estimated for the other categories in that factor can be compared and interpreted. Each reference category takes an odds ratio of one. For other categories in that same factor, odds ratios greater than one mean that that group are more likely than the reference category to achieve a successful job start, fixing as constant all other factors in the model. An odds ratio of two means twice as likely as the reference category to achieve a job start, controlling for the other factors in the model – and so on. Conversely, an odds ratio of 0.5 would mean that this factor is on average half as likely (i.e. less likely) as its reference category to achieve a job start, controlling for the other factors in the model.

In addition, some bars are shown in blue and others as white. Blue bars denote odds ratios that are statistically significant at the standard 95 percent level. In simple terms this means that one can be statistically confident that this odds ratio is highly unlikely to be equal to an odds ratio of one (i.e. the same as the reference group). Conversely, bars shown as white are not statistically significant meaning that one cannot be statistically confident that the estimated odds ratio might not actually be equal to one (i.e. the same as the reference group) – despite its estimated value being different to one. In short, odds ratios tell us how important something is to the outcome happening whereas statistical significance tells us about how confident we should be that the odds ratio seen might not in reality equal one (i.e. there is no effect different to the reference category). A strict statistical view is to focus only on results that are statistically significant. Our suggested approach is more subtle given the data context of this statistcal anaysis. Two factors are key to whether a result is statistically sigificant or not: the size of the effect (i.e. how different the estimated odds ratio is from one) and the sample size of the sub-group (e.g. how many Black or Asian clients are in the model data). Results are more likely to be statistically significant when effects and/or sample sizes are larger. Given some missing data across these variables the regression model includes 664 clients and many of the individual categories shown across the horizontal axis of Figure 7 have relatively small sub-group sample sizes. As a result, it will inevitably be challenging in these analyses for the estimated odds ratios of categories with relatively small sample sizes to be statistically significant even if their odds ratios were substantively reasonably large (and, therefore, potentially important in real-world terms). On balance, our view is that it is better to include these potentially relevant factors rather than to focus only on those factors with large sample sizes across all its categories. Thus, for the interpretation of odds ratio that are statistically insignificant (i.e. shown in white bars) our advice is to pay attention to the potential real-world meaning of those odds ratios but to be aware of the statistical possibility that the effects might possibly be equal to one – a possibility that in general terms becomes less likely the further that odds ratio is away from one (i.e. the larger the estimated effect).

Interpreting the regression results

Focusing on the substance of the regression results shown in Figure 7, clients in Barnet, Brent, Harrow and Hounslow are estimated to be between 4 and 6 times as likely as clients in Kensington and Chelsea to achieve a successful job start, controlling for other factors. These local area effects are large and statistically significant. They suggest that there is something about these local IPS services that is resulting in differing job start likelihoods compared to other areas. It is noted that these local area effects are suggestive of IPS service differences but cannot be definitively tied to the IPS service as other local differences (e.g. local labour market context) may also play a role. However, for two reasons evidence does suggest that it is local variation in factors relating to the IPS service that is key to explaining this local variation in IPS job start performance. Firstly, as noted above qualitative evidence from the interviews suggests that these are the localities with the strongest levels of integration between the IPS services and local AD teams in which they are co-located. Secondly, as shown in the geographical size of London's Travel to Work Areas (TTWAs), many of the IPS clients across these eight localities to a significant degree share local labour market conditions. Clients in Ealing and Hillingdon are, respectively, around 60 percent and 40 percent more likely than clients in Kensington and Chelsea to achieve a job start, controlling for other factors, whilst clients in Westminster are slightly less likely (though these results are not significant statistically).

With respect to referral source, a striking finding is that clients who self-referred into the IPS service are on average almost twelve times as likely to achieve a job start compared to clients referred from the Jobcentre Plus reference category (or groups with comparable odds ratios such as clients referred from the local AD service), controlling for other factors. This is a very large effect and

highlights that although self-referrals have been only a small part of the IPS service's referrals (see Figure 1) these clients show dramatically higher likelihoods of achieving a successful job start compared to any other referral source group, other things equal.

Regards substances there is some suggestion that clients with opiates and alcohol issus are around twice as likely on average to achieve a job start compared to other substance groups when controlling for other factors, although this finding is not statistically significant. Treatment time seems to have little independent effect on likelihoods of job entry.

As expected, a client's likelihood of job entry consistently decreases the longer the time since their last period of paid work, controlling for other factors. Almost all odds ratios are also statistically significant for this factor. The effects seen are large in size: for example, clients with some paid work experience in the six months before joining the IPS service are around five and a half times as likely on average to achieve a job start compared to clients who have not worked in the past five years or more, other things equal.

Controlling for other factors, a recent visit to a GP corresponds to a client being slightly more likely to move into paid work on average whereas a recent visit to A&E tends to reduce the likelihood of achieving a job start. Neither result is statistically significant however (although very few clients sought recent A&E care).

In terms of a client's main benefit received, all benefit groups are on average more likely to achieve a job start compared to the reference group of clients in receipt of ESA Support Group, controlling for other factors. The only statistically significant finding relates to clients in receipt of no benefits, who are around three times as likely as ESA Support Group clients on average to achieve a job start within the IPS service, other things equal. An interesting finding is seen for the ESA Work Related Activity Group who show a similarly large effect size, albeit one that is not statistically significant in these data. This suggests real value in expanding voluntary intensive employment support such as IPS to this benefit group.

A consistent finding in terms of client ethnicity is that all ethnic groups are around twice as likely on average to achieve a job start compared to clients of Black ethnicity, controlling for other factors. Not all of these findings are statistically significant but the consistency of the substantive findings suggests value in considering possible reasons for the lower job entry performance of Black clients within the IPS service once other factors are accounted for. In terms of gender, female clients are somewhat more likely than male clients to achieve a job start, controlling for other factors, although the result is not statistically significant.

The age variable is the only continuous factor in the regression model and shows an odds ratio slightly below one. This means that, controlling for other factors, for every year older an IPS client is they tend on average to be slightly less likely to move into paid work.

Housing tenure associates with relatively modest effects in these data with the exception of clients who are privately renting. Whilst their result is not statistically significant this group's substantive result suggests that they are are over twice as likely on average to achieve a job start compared to the reference group of clients staying with family and friends, controlling for other factors.

If a client has a prior criminal conviction then the findings suggest that they are around 20 percent less likely to secure a job start during their IPS support compared with clients with no prior criminal convictions, controlling for other factors.

The client's confidence to find work has an unclear relationship with their likelihood to move into paid work during their IPS support and no results are statistically significant. Other things equal, having high confidence to find work acts as expected to increase a client's likelihood of achieving a job start compared to a client with low confidence. However, the effect for clients with moderate confidence to find work does not operate in the expected direction.

Other things equal, having a high level of qualifications associates on average with a roughly 30 percent increase in the likelihood that a client secures a job start during their IPS support compared to clients with either low or medium level qualifications (both of which share similar size odds ratios). This result is not statistically sigificant however.

In terms of the lifetime of the IPS service to date, the likelihood that a client achieves a job start during their IPS support gradually reduces over the three years analysed after having controlled for these other factors in the model. In common with all policy interventions in recent years the WDP IPS service has been affected by the Covid pandemic in terms of both its service and its outcomes. In addition, it is also expected that the results for the final 2021/22 year analysed are brought down somewhat artificially by clients not having yet completed their IPS support journey at the point of the data capture (March 2022) for this evaluation.

Finally, a crucial question for this evaluation is to assess whether there is any evidence to suggest that the IPS service itself has had a positive impact on client's employment outcomes. The final factor shown in Figure 7 examines this key question and further detailed analysis of these results is provided in the next section. In terms of its methodology, this evaluation is not able to draw upon a randomised controlled trial (RCT) programme design nor is it able to draw upon data of a comparable group of clients not served by an IPS service from which to build a statistically matched counterfactual. Instead, the impact measure used is built around the hypothesis that if the IPS service were effective in supporting job outcomes then the greater the intensity of the IPS service that a client receives the greater would their likelihood of achieving a job start be expected to be, controlling for other factors. Figure 7 shows conclusively that this is the case: as the number of IPS meetings that a client receives increases then so too does their likelihood of securing a job start, controlling for other factors. By a 'meeting' we refer to a single dated interaction between the IPS service and the client. This could take a variety of forms (e.g. CV writing support, a face-to-face meeting, a vocational profile, etc) and could involve one or more of these activities. These effects are all statistically sigificant, are large in magnitude, and are fully consistent with the hypothesis in that the effects increase step-by-step each time the number of IPS meetings that the client receives (i.e. the intensity of the intervention) increases – all after having controlled for the effects of the range of other factors in the model that might affect performance. As such, these results strongly suggest that the IPS service is having a strong, consistent, statistically significant and independent positive impact on client's employment outcomes.

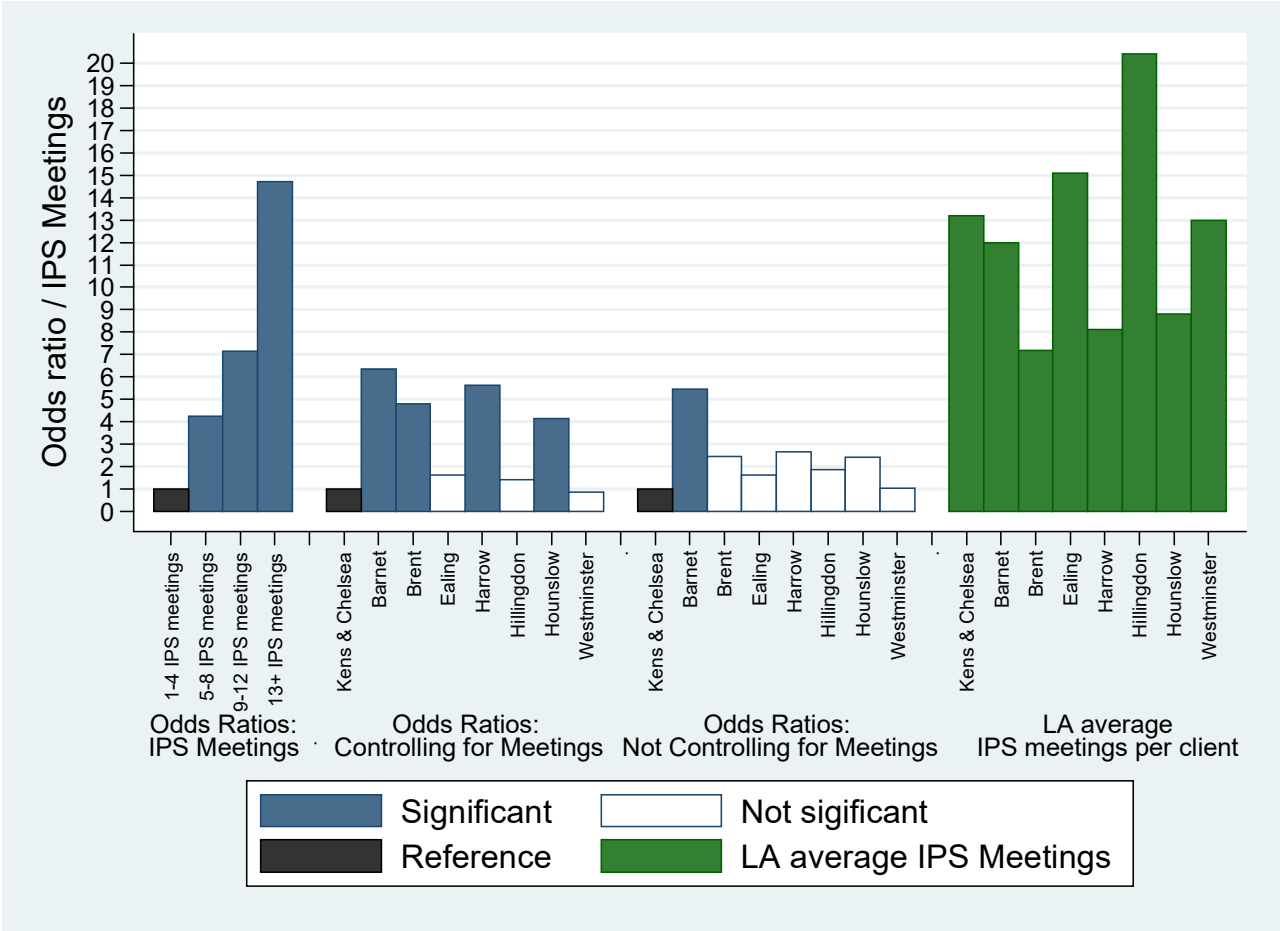
Zooming in to local IPS service impacts

Figure 8 below zooms into the impact evidence across the eight local areas of the IPS to provide further local insights. It should be noted that although only selected findings directly relevant to this focus are displayed in Figure 8 these results still come from regression models including – and hence controlling for the effects of – all other factors shown in Figure 7. Shown in green, the far right of Figure 8 shows the number of IPS meetings that the WDP IPS service in each different local authority areas has on average with their IPS clients. This can been seen to range from a low of around seven in the Brent IPS service up to a high of around twenty meetings on average per client in the Hillingdon IPS service. Given that the assessment of the IPS service's impact is of central importance

to the quantitative aspect of the evaluation its impact estimates from above are repeated on the far left of Figure 8. The substantive meaning of those findings is as follows:

- A client is around four times as likely on average to achieve a job start if they have received 5-8 meetings rather than 1-4 meetings with their Employment Specialist, other things equal;
- A client is around seven times as likely on average to achieve a job start if they have received 9-12 meetings rather than 1-4 meetings with their Employment Specialist, other things equal;
- A client is around fifteen times as likely on average to achieve a job start if they have received 13 or more meetings rather than 1-4 meetings with their Employment Specialist, other things equal.

Figure 8 Focusing in on the local picture

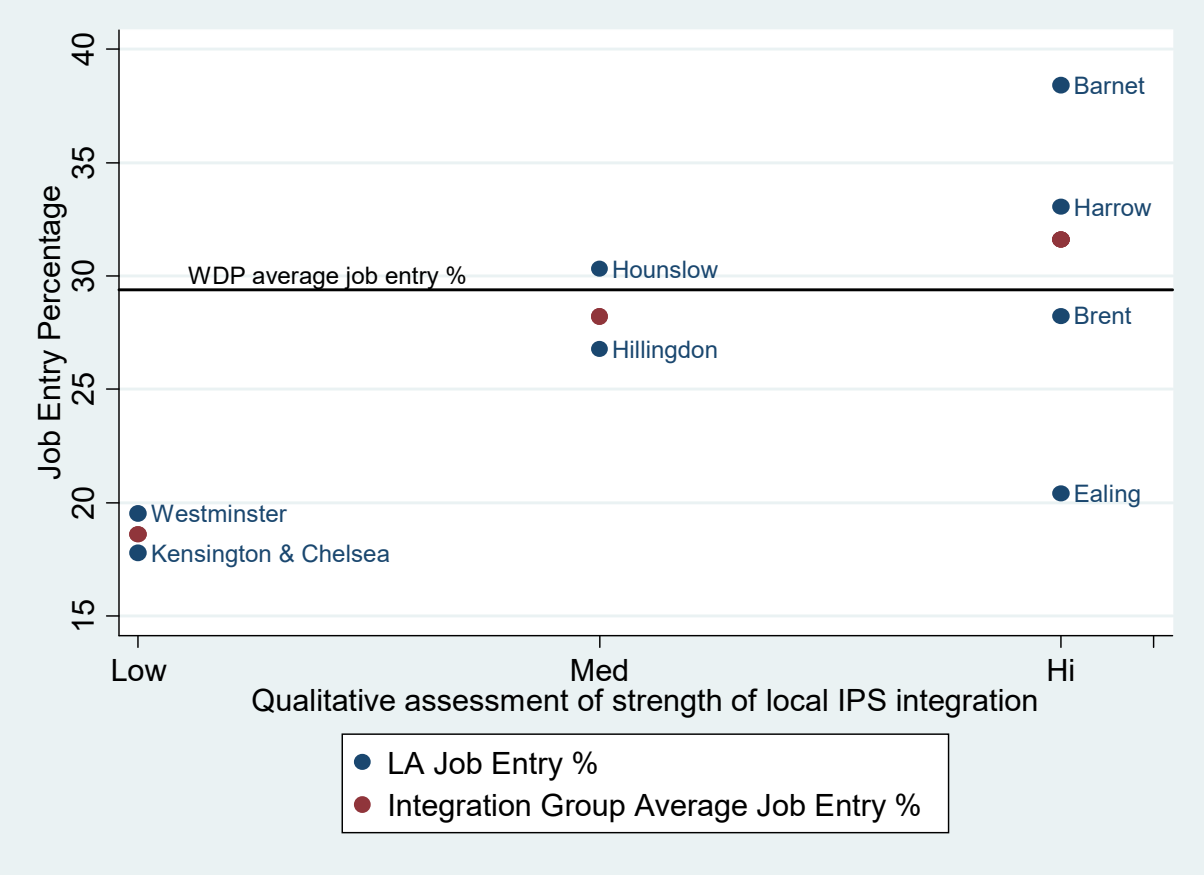


The central sections of Figure 8 then show two sets of odds ratios for the WDP IPS service in each of the eight local authorities. One set shows the local authority odds ratios controlling for all variables above in the regression model **including** (i.e. controlling for) the average number of IPS meetings with clients. These results mirror those presented above in Figure 7 and visually can be seen to include four statistically significant blue bars. Alongside, Figure 8 shows a set of local authority odds ratios from a regression model with all other factors controlled for **except for** (i.e. not controlling for) the average number of IPS meetings with clients in each local area. Visually this set of results contains one statistically significant blue bar. The interest here is in exploring the extent to which, controlling for other factors, the different local authority effects appear to be driven by differences in **IPS service quantity** (i.e. the differeing number of meetings that areas are having with clients on average) or, alternatively, by **IPS service quality** (i.e. once we account for the differing number of IPS meetings between areas, how then does local area performance appear?). Comparing these two sets of odds ratios suggests how different local IPS services appear differently able to convert IPS meeting time into successful job starts for clients:

- Areas where the odds ratios are larger when controlling for the number of IPS meetings compared to the odds ratios when excluding the number of IPS meetings suggests local IPS services that convert IPS meeting time into job starts relatively more effectively than the reference (Kensington and Chelsea). Whilst further improvements are always possible this might be considered an indication of areas with potential best practice to share. Such local areas are Brent, Harrow, Hounslow and Barnet and these findings are statistically significant;
- Conversely, areas where the odds ratios are smaller when controlling for the number of IPS meetings compared to the odds ratios when excluding the number of IPS meetings from the regression model suggests local IPS services that convert IPS meeting time into job starts relatively less effectively than the reference (Kensington and Chelsea). This might be considered an indication of areas where attention to enhancing service quaity might be especially beneficial. Such local areas look to be Hillingdon and Westminster.

As outlined further below in the qualitative research findings, one key factor explaining variation in the job outcomes performance of the local IPS services relates to the differing strength of intergration between those IPS services and their host drug and alcohol teams. Figure 9 below visualises this pattern by plotting job entry rates in each local IPS service against qualitative evidence from the interviews of the varying strength of that local integration: low, medium or high. A clear general pattern can be seen whereby stronger integration between the IPS service and the host drug and alcohol service tends to associate with improved job outcomes performance. The pattern is clear, but not entirely consistent: Ealing offers a local area where the job outcomes performance would be expected to be stronger given the strength of IPS integration seen.

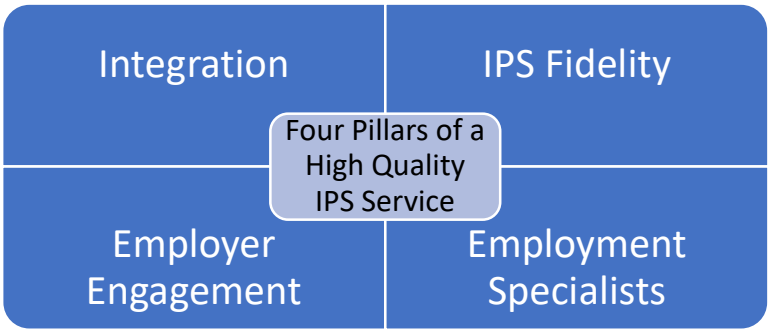
Figure 9 The relationship between local integration of the IPS services with host drug and alcohol teams and and the job entry rates of the IPS services



RESEARCH STRAND 2: THE KEY PILLARS OF A HIGH QUALITY IPS SERVICE

The second part of this evaluation shifts the focus to seeking to explain the service context behind the employment outcomes and impacts discussed above. To do so it draws on the qualitative interview data with stakeholders to offer insights into the key pillars of the WDP IPS service from the perspective of the WDP staff, local drug and alcohol (AD) staff and one employer. A final section of the evaluation below focuses on client perspectives.

The WDP and AD staff interviewed highlight four pillars of good practice that together are seen by interviewees as critical success factors for the IPS service: integration; fidelity; employer engagement; and Employment Specialist's (ES's) personal qualities and relationships with stakeholders. Each key pillar will be explored in turn.



Effective Integration

All the interviewees highlighted the importance of integration in terms of effective IPS service delivery and successful employment outcomes for clients. They also noted that the integration of IPS into AD services can benefit the AD service and client's recovery journey. Integration occurs to differing extents across different boroughs but the main conditions for effective integration reported by interviewees are:

- physical co-location and full participation in AD teams, including AD commissioner support for the goals and integration of the IPS service;
- having access to relevant data and IT services to enable effective integrated working;

Underlining the importance of effective integration respondents pointed to the impact Covid pandemic restrictions had on the service.

Physical co-location and full participation in the AD team

IPS ESs suggested that having a physical co-location presence in the AD service was vital for referrals as well as integrated work-health support, even if supplemented by digital modes of working. ESs describe building the foundations of integration with the AD service by presenting the IPS model and educating AD employees on the nature and value of the model for their clients. This typically occurs prior to co-locating in the service (where that occurs) but is also an on-going process through meetings and prompt introduction to new members of staff. Interviewees made a clear connection

between referral volumes and the frequency of physical co-location and strength of relationships between IPS ESs and AD staff in each local area:

> *It's great to be there in person because then they'll (AD recovery practitioner) think to bring you in (to team meetings and meetings with clients). (IPS ES)*

> *I think you know a lot of drug and alcohol practitioners have got quite big caseloads, they've got plenty of work to do and I think someone just having a visual presence in the office just helps remind somebody that 'oh, so they're from the IPS team, actually, I've got somebody that could work with that', that could prompt the referral. (IPS ES)*

The variation in the frequency of co-location and strength of relationships between IPS ESs and AD staff was linked to differing referral volumes across local areas:

> *100 percent having a physical presence and being able to build that professional relationship it definitely makes a massive difference, so I can just see the difference between the borough and the number of referrals. (IPS ES)*

Although physical co-location was seen as a key enabler to effective integration interviewees also highlighted the importance of inclusive cultures and behaviours in both services in order to convert co-location into the real goal of effective integration:

> *I mean I could be co-locating and stuck in a desk in a corner somewhere and no one's talking to me, that's not integration for me. Integration has to be part and parcel of what's going on, sharing sources, sharing information, sharing the work that we do together and kind of almost presenting it as one package for the client. That's integration. That you're really built into what's going on with the drug and alcohol service, and vice versa. So, co-location it doesn't work unless there is a meaningful engagement with the service provider. (IPS ES)*

When integration was strong the sense for the client was of one joint service with IPS and AD staff communicating and working seamlessly together in the background to support clients with their linked employment and substance support needs:

> *[ES's physical presence] makes the client feel as though, you know, everything's just like a stone's throw away, nearby, and it's not a problem…I don't like being passed from pillar to post, nobody does, I mean I kind of want it dealt with in one go…being in a building really helps because the client appreciates that and they could come out of a session with a [AD] key worker and come to a session with me [IPS ES] straight away. (IPS ES)*

This joined up working helped to engage and to motivate clients as well as to enhance the coherence and effectiveness of their linked support. Overwhelmingly IPS staff reported the importance of having good working relationships and participation in AD meetings and activities for effective integration. Such conditions are deemed important as it helps keep referrals flowing, allows for the provision of tailored and complementary support for clients, and facilitates communication. Integration is described as a two-way process where IPS and AD professionals each feed into the other's care for the client through a range of practical activities such as information sharing presentations, participation in multi-disciplinary team meetings and client groups, regular one to one meetings, and three-way meetings with clients:

We need to work very closely because part of fidelity is about kind of doing stuff with the drug and alcohol professionals. So people that are looking after clients they need to be involved quite early on in kind of the provision that you're going to tailor for these people, so you want them to chip into maybe the action plans, or you know the assessment if you like, suggest ideas, definitely talk to you about kind of where the client is in terms of recovery and kind of what support is already being provided…you can complement that through regular communication, so it could be one to one conversation, it could be 3-way conversations, it could be going to team meetings. (IPS ES)

I think the main thing that's made it (the relationship between DA and IPS) work is absolute free flowing 2-way communication. (AD staff)

A key issue highlighted by respondents was the extent to which the host AD service understood, bought into and welcomed the IPS service as part of an integrated work-health offer. This varied considerably across the local areas in the research. Where WDP delivered both the AD service and IPS service in an area then understandings, cultures and goals were shared organisationally and integration between the two services tended to be strong:

I had to train the (AD) team in terms of what IPS Into Work was, get their buy in. (AD staff)

As far as we were concerned the IPS, they were based in the office five days a week…, it's never even occurred to us that there's any kind of separation, it's just they're part of the team, and an integral part of it. (AD staff)

Where WDP did not deliver the host AD service then integration could still be effective but was more vulnerable to challenges. In some cases different organisations found complementary strengths that they knit together:

So, we've got this understanding where they will deal with the training and the volunteering stuff that we can't do really and then I focus on the work, but we will be part of a package. So, they've kind of weaved me into what they're doing, which is really nice (IPS ES)

Moreover, the important role AD commissioners have in facilitating and advocating IPS within their AD teams and service was apparent, with strong relationships between AD and IPS at commissioner level leading to better outcomes, not only for IPS but also AD services. As this commissioner highlights:

I'm lucky I have a good working relationship with them (the IPS service), and it was something I was really passionate about, so I felt really involved in it and have always been, you know, a real promoter of it. And I've never felt like it's not something to do with me and my treatment system. So, I have a 3-way meeting once a month with Luke (IPS ES worker) and John, the AD service manager of organisation 18 and myself, and that's where we discuss any issues and look at the numbers, cause obviously what we're wanting to see is an upward trajectory in those numbers, and John is really passionate about pushing that internally and I'm passionate about it from the commissioning point of view. (AD commissioner)

However, she suggests, some commissioners may have felt 'distanced' from the IPS service. In order to overcome this situation commissioners have recently been encouraged to attend sessions such as contract monitoring and meeting as a group of commissioners with the IPS lead and IPS provider staff, important steps, she points out, in building an effective relationship between the AD and IPS service. This shift to greater involvement at commissioner level may result in commissioners feeling more involved in IPS and is, she states 'a real positive'.

However, integration was considered weaker in a minority of local areas due to a combination of factors. Firstly, some interviewees suggested that a perceived sense of competition between the IPS and AD services was an issue:

> *Where we found it a little bit more challenging was in a couple of the boroughs where we didn't have full integration, so we didn't have access to the recovery practitioners and the referrals were gatekept by their own ETE [end-to-end] service within their drug and alcohol team. We can see the massive difference in terms of referrals that came through to the [IPS] service compared to those where we are fully integrated and have presence at MDT [multi-disciplinary team] meetings etc. (IPS ES)*

A second challenge related to a perceived lack of understanding of or confidence in the utility of the IPS model amongst AD staff in terms of client's substance (and wider life) recovery:

> *Treatment teams are busy. They've got big caseloads, employment is a big change agenda, so considering employment as part of a recovery journey is still kind of a change issue. So, we find that clinical or treatment teams actually have low expectations for clients, borne a bit out of care, they're worried about people getting unwell and using again. So, I mean that's a big part of the IPS service's job to kind of show hope not only for the client, but for the treatment team. (WDP staff)*

Such views could cause AD staff to decline to refer clients into the IPS service. In response, on-going communication and the sharing of success stories from IPS staff or AD champions sought to break down those informational and cultural barriers:

> *And when they saw results because when the key worker made that referral to IPS and then that client says 'I'm actually in employment. I'm doing really well.' You think 'actually this does work'. When the IPS worker is regularly in our meetings advocating about IPS saying 'you know guys I'm here if any of your clients need any support with getting into work, I'm here'. And when they [the AD staff] see results then it does make referrals so much easier. (AD staff)*

Finally, even where AD staff did buy-into the IPS service there could be misunderstanding about when in the substance treatment journey referral should occur. The IPS model and evidence base is built around a place-then-train model that emphasises rapid job entry alongside on-going health (in this case substance treatment) support. However, some ADs were reluctant to see such clients as 'ready' and instead sought to gatekeep them back from the IPS service:

> *I think the challenge for us is trying to get [AD] staff's head in a different place and thinking actually this is something that can be at any point in the treatment journey. So don't just think about it for people who are abstinent, people who've been in treatment a while and*

achieved a lot of recovery capital. Think about it all the way through the pathway…that IPS can be a part of their treatment journey. (Commissioner)

Integrated or joint access to data and IT services

Interview data suggested that a second factor that would enhance integration is access to relevant information management systems of partner organisations. Conversely, the challenge of using different systems and not having access to each other's systems was highlighted by IPS staff and some AD staff. For example:

> *We have a different bespoke case management system…we can't access necessarily the same client information…I think it can mean that you don't always have the access to everything, and then the line of communication can create more, extra, layers which maybe don't need to be there, you know. Because if you had the same case management system, you'd see what the recovery practitioner is doing, they'd see what you're doing, and you'd all be able to look at the same stuff. (WDP staff)*

> *If you look at something like, just a simple thing like, a central integrated case management system for all providers, I mean definitely you would make life easier and you can just see what's going on with somebody's journey, where they're at, the communication is a lot better. You know there is definitely things like that that would help. (WDP staff)*

Establishing data access can be a notoriously challenging and time-consuming process but one borough at least felt that investment worthwhile to transform their ability to share data between the IPS and AD teams, communicate more effectively with each other, and deliver better integrated support to clients:

> *Inevitably, with these things there's a lot of box ticking to do but once we do that it will be a case of WDP colleagues agreeing with the information sharing agreement, and they can then access client records directly which will help manage not just the pathway of treatment but also help potentially identify risks and things that we need to be aware of. (AD staff)*

Impact of the Covid pandemic on integration

The negative impact of the Covid pandemic on the IPS service was cited by all respondents and impacted various aspects of the IPS services including referral rates, ESs contact with service users and potential employers, and ES integration with AD services. Indeed, the impact of the restrictions in place due to the pandemic underline the vital role of integration into AD services for IPS to be successful. Across boroughs there was a reduction in referral numbers over the period of Covid restrictions but due to alternative working practices and easing of restrictions referral numbers grew again. For WDP IPS staff gaining referrals is key and is closely linked to their co-location within AD services, and as this respondent notes, reduced co-location demanded different ways of working in order to continue a flow of referrals:

> *So, in some places we've now resumed it to two days per week [co-locations], but pre Covid we were there five days a week, every service had five days a week. But I think we've done well over Covid to carry on referrals coming through. And actually, it was a lot better than I*

think we expected it to be considering we all had to move to part remote working and finding a brand new way to work. (IPS ES)

The Covid pandemic inevitably had an impact on the physical co-location of ESs into AD services with partners adopting hybrid working and fewer employees working physically in premises. This shift was considered problematic by many ESs and AD staff not only in terms of stimulating referrals but also for the effectiveness of integrated working between the IPS and AD services as they struggled to have the same level of face-to-face interaction

We had the visual presence [prior to the pandemic], and it still hasn't resumed how we wanted. It has impacted us, I think. I mean the plus side is we've had this blended model now, which I think is really helpful for having service users have choice, which we didn't have before, so I think that's been brilliant. But on the flip side of it, and you know I'm not saying everyone has to have face to face, but you know, relationship building or even going into those three-way appointments, we can't do that in the same way, and we can't pick up that quick flow of what we were doing as effectively as we once were. (IPS ES)

I mean it was slightly more difficult. I couldn't just walk into one of the offices and speak to a keyworker saying, 'listen so and so needs this', or 'can you give me this?' I couldn't do that. Getting people on the phone or getting them on Zoom wasn't always the quickest, do you know what I mean, but it wasn't impossible. (IPS ES)

I think he's (ES) worked really, really well in coping with Covid cause that was the other spanner that came into the works that meant that physically he couldn't be on site in the same way some of the AD staff weren't on site. So that was complex and what that meant from his point of view, cause where I think he was working really well was with the peer recovery support, going into the service user groups and the cafes and talking to people about what he could offer. Well, of course they weren't able to deliver those services in the same way. (AD staff)

WDP IPS staff also commented that employer engagement had been more difficult during the pandemic, again due to lack of face-to-face contact and a reduced frequency of interactions with employers resulting in fewer opportunities to build relationships, but also due to a change in priorities for employers during the pandemic.

Fidelity

A second critical success factor identified in the interviews for a high quality IPS service is high fidelity to the 25-item IPS fidelity scale (CMH, 2022). The interviews highlighted that IPS staff buy-in to the importance of fidelity with regard 'good practice' and recognise the need for high fidelity:

Fidelity is from the start and that's our quality, it's our benchmarking… I feel like it's a golden thread throughout... I feel like it created some of that quality work that we've been doing, and it sets us up to the have the right processes or the right way of working…I think it keeps us on track. (IPS ES)

For it [the IPS service] to work and fit into drug and alcohol services we must, we must, have fidelity and implement it all of the time and keep on checking ourselves to make sure it's being done properly. (IPS ES)

As these comments illustrate practicing fidelity is seen as an important and intrinsic part of the IPS ES's role. It was also highlighted however that fidelity did not just happen but instead that it needed to be worked at, developed and continually refocused on with on-going self-assessment and training. Moreover, fidelity was seen as a helpful quality benchmark when circumstances changed (for instance Covid or structures) or alongside outcomes monitoring:

I would say that it's a process that's developed over time, where we work towards implementing aspects of the fidelity scale into how we work and the processes that we've developed over time. (IPS ES)

(I)t's always the ethos of everything that we do but it was probably more at the forefront during Covid because we were trying to make sure that we still met fidelity whilst working from home… it's something that we review, we have like training and stuff that we do as well that will cover it. And then it's just for us really to implement as we work. (IPS ES)

Perhaps as a result of sustained attention and training around fidelity, IPS staff displayed a good understanding of the fidelity scale and felt confident delivering the majority of the fidelity items. More fully, however, IPS staff also showed a deeper adherence to the cultures, values, and practices that sit behind the formal fidelity items but that flow through all high quality IPS services: client-centredness, personalisation of support, proactivity, co-production, growing client's own employability and resilience, and genuine care:

IPS is very different (to other services) because we work towards what the individual wants to do. And as I say to every candidate 'we are trying to help you in terms of what you want to do, even if your skill set may suit another job and you may have experience in a different job if you don't want to do that we're not going to try and help you do that role, we want to help you to do what you want to do' you know. So that's a key aspect of the positive impact that we've had on clients. (IPS ES)

At the same time, however, particular fidelity challenges occurred in relation to assertive outreach and disclosure as well as (discussed separately below) employer engagement. With regard assertive outreach to disengaged clients there is evidence that it is difficult to achieve high fidelity for this item, in part due to specific challenges for an IPS service in a drug and alcohol population group:

The problem we have in substance misuse is a lot of the time the client doesn't consent to having other people involved. So, they don't want family members and other people involved. There're even times they tell us 'Do not write to my house, please don't write to my house if you need to contact me, do a text'. So, I think there's a difference then in things, like practically we can't achieve it in the same way, it's quite difficult to meet [high fidelity on] that particular thing. (IPS ES)

A relatively common challenge was client's reluctance to continue to engage with the IPS service once a transition into paid work occurs. Whilst IPS staff felt it understandable it did present real

challenges to providing on-going in-work support to help clients to sustain that paid work as well as evidencing work sustainment:

> *Once they're in a job quite often the last thing they want to do is keep talking to us, and we totally understand that. (WDP staff)*

> *So, in-work support is offered to everybody but in our line of work sometimes people just want to get the job and they don't want anything extra. They want to say 'bye' soon after. So, we often can struggle to get like sustainment evidence and stuff after six months because people lose contact with us and then they don't come back to us...We try so many attempts and different things but if that person doesn't want to get back to us or give us their evidence, we can't get it. (WDP staff)*

Employer Engagement

Employer engagement is often considered to be the most challenging part of any IPS service and interviewees highlighted that effective employment engagement was seen as vital to delivering a high quality IPS service. Interviewees outlined several challenges to effective employer engagement as defined by the IPS traditional fidelity scale:

- adherence to the 'three cups of tea' approach recommended in the traditional fidelity scale
- quality as well as/instead of quantity
- the impact of Covid and changed digital ways of working
- sensitivity around disclosure for this drug and alcohol population group.

IPS staff were clear on the approach to employer engagement felt necessary for high fidelity as per the standard IPS fidelity scale. Indeed, IPS staff have received training on the subject where the '3 cups of tea' approach – meaning meeting an employer in person three times to develop a relationship and approaching 6 employers per week – was the focus. However, delivering this approach in practice proved difficult due to a combination of employer capacity and the rise in digital ways of working during and post-Covid:

> *A lot of these businesses are busy...I have tried to speak to the HR department, or somebody dedicated to recruitment, or someone who can give me some time, so I can talk through what we're doing. But you know, the three cups of tea stuff, you know what we've been trained to do, I've struggled to do the three cups of tea…Just because people can't give the time. (IPS ES)*

> *It's hard, practically, because sometimes the employer just wants that one quick meeting. (WDP staff)*

Moreover, some staff questioned whether given scarce time the quantitative stipulation in fidelity with six employer contacts per week might not sometimes be in tension with the real service objective of high quality employer engagement:

> *It's supposed to be 6 isn't it, but it's unrealistic, it is really unrealistic because for me it's about the quality of engagement. I could get on the blower with anybody and say, 'oh hi I'm from WDP have you got any jobs?' But you're supposed to have a conversation and kind of*

build a relationship with the employer, aren't you. So, at the moment we do three a week and they're meaningful, have a proper conversation. (IPS ES)

The onset of the Covid pandemic during the period covered by this evaluation had major impacts on the shift towards digital employer engagement and in many ways these cultural communication shifts had remained post-Covid. During Covid the IPS service moved first to email contact with employers but found this ineffective, then moved to phone calls and then to in person interactions once restrictions lifted. While some ESs noted that it was more difficult to engage employers over the phone and preferred the in-person method others reported that the success of a method varied depending on the employer they are dealing with:

At the moment its going well I would say. I mean it's nothing like pre Covid where I could just walk up to a business…little bit of small talk, get you comfortable, and then we'll start talking about what we do and what we can do with that together. I mean it's difficult because over the phone you're sort of cold calling people, they can't see you. (IPS ES)

So, it's a mixture between over the phone and face to face. You would think that being in front of someone face to face would be more successful, but it's been a mixture between really successful and not successful over the phone and face to face. And so yeah, I think it's just really a case of seeing what works best with the particular employer. (IPS ES)

These shifts away from purely physical employer engagement – as per the IPS fidelity scale – into hybrid, digital and telephonic methods reflect wider current debates across IPS services. Whilst strict adherents to the fidelity scale may disagree, there is a widespread view that the most important consideration regards IPS fidelity is to meet the spirit of the fidelity item rather than its strict letter. As such, non-physical forms of employer engagement should on this view be considered perfectly appropriate so long as they are effective in meeting the spirit of that fidelity item.

Besides efficiency for both IPS ESs and employers, one further advantage of greater use of telephonic and digital employer engagement had been an increased ability to reach farther afield into larger or more specialist employers to maximise and tailor opportunities for their clients:

Previously when we were doing face to face engagement in the local area there's only certain areas and places that you can go to. But since remote employer engagement we've developed a more overarching way of working towards employer engagement and working with more employers from across London, but it is more focused towards the industry of our clients' preferences…now by contacting employers on the phone or by email we are able to get a wider range of different type of roles which is positive. (IPS ES)

Finally, related to employer engagement is the challenge of how to approach disclosure of substance issues to employers. Overcoming the stigma associated with addictions can be particularly problematic for the IPS service when approaching potential employers and, as with any IPS service, disclosure is based on client consent. As this IPS ES suggests:

In mental health I find that people don't have as many difficulties compared to us. There might be a little bit of stigma but nothing like what we get. I think for a lot of these employers the whole kind of criminal thing comes into it, doesn't it. Because there's this thing about trust and reliability and also this thing about reputation, isn't there. And I can't

promise anything. I can't guarantee anything you know. I can't control people's behaviour …if you want me to screen them or vet them a little bit for you, I'll help you do that. (IPS ES)

IPS staff shared that clients were often reluctant to reveal their past substance misuse conditions to employers to avoid stigma or being labelled by employers and so as to try not to jeopardise their employment chances. However, when consent is given to disclose information regarding the client's recovery ESs highlight this can be beneficial:

Some of these clients don't have the confidence if they've been out of work for ages or they've got other kind of anxieties about going back into work or facing the employer because there's that kind of fear…But then when I tell them, 'Look, I've already spoken to the employer, the employer's aware of your situation, I haven't disclosed everything, I've only disclosed what you've allowed me to disclose', it is easier. (IPS ES)

To address the challenges associated with employer engagement the IPS team reported attending external training where best practice was shared. This training was viewed very positively by IPS staff and they also routinely shared best practise internally. Alongside training, interviewees also noted that techniques such as adapting methods of engagement (for example during Covid), trial and error, using methods tailored to meet the needs of both the client and potential employer helped to deliver good employer engagement. Whatever the method used there was an understanding amongst IPS staff that effective employer engagement was much more than simply contacting employers about advertised vacancies, although that was part of it. Instead, high quality employer engagement was also described as proactively building real relationships with employers so as to understand their needs in detail, potentially even carving our roles in collaboration with employers, and seeking to work backwards from there to job matches with their IPS clients. As such some IPS staff talked about cultivating an almost hidden pool of vacancies for their clients:

And it's the hidden job market, using the hidden job market to get jobs. So, you're finding jobs that people don't even know, maybe they're not quite advertised yet. (WDP staff)

Employment specialist's qualities and relationships

The fourth and final pillar of good practice to delivering a high quality IPS service outlined by interviewees was the nature of the IPS ES staff and the quality of their interactions and relationships with clients, the host AD team and employers. The quality of these relationships was in part determined by their professional ability in carrying out essential tasks but also in their understanding of the client group and the personal qualities they possess. As this ES sums up:

I think that the fundamental part of this practice is client interaction and how you deal with and respond to the client, how you're responding to them, and how you conduct yourself professionally. I think that is the basis of good practice. And then everything follows on from that. (IPS ES)

One IPS team manager commended the commitment, reliability, care, proactivity, exceptional people skills and respect towards clients from their IPS ESs. These qualities were perceived to have enabled ESs to build very strong relationships with clients and other stakeholders:

I think when you hear the stories from the clients themselves, I think there's nothing more powerful than that. And that speaks volumes in itself in terms of the work that they [ESs] do and the reasons why they're doing it. (IPS team manager)

As these AD recovery practitioners note, social skills, therapeutic alliance, treating clients as individuals, an ability to work well with AD teams and employers are all key to the ES role:

We [the local AD service] have a fantastic ES. He is amazing and we've had him right from the start and he's just got fantastic social skills. He works really well with the treatment system and the staff. (AD staff)

I do think that you know the recruitment is so key to the ES role to make sure that you get the right people in doing the job. We know from our field [AD] that therapeutic alliance is so key, and I think that's also the same within this [IPS}. And the reason that the IPS has been so successful in our borough is because of the individual that they've employed here, who has been so flexible and so engaging and has really gone the extra mile to get referrals and to really support people. (AD staff)

When done well interviewees spoke of how ESs practice generated strong bonds of trust and allyship between the ES and client – the client's belief that the IPS ES is on their side, fighting their corner, and helping them to achieve what they want rather than seeking to force support or outcomes onto them. The strength of these relationships could act as a powerful support to positive and co-produced employment and recovery journeys but also placed a significant emotional burden upon ESs given how invested IPS ESs and clients can each become in the other:

I've had a lot of vulnerable clients that have had a lot of barriers and unfortunately, on occasion, some of them do go to a dark place which is very unfortunate. And on those occasions…it's more about their wellbeing, about safeguarding, making sure that individual's all right around their recovery and their wellbeing…we're trying to help them, they feel that they can talk about their issues or their worries to us in a comfortable manner… And so the role is quite complex in that aspect. (IPS ES)

RESEARCH STRAND 3: CLIENT PERSPECTIVES AND HEALTH AND WELLBEING IMPACTS

This final section of the evaluation focuses on client's own experiences of the IPS service. Clients were keen to provide feedback on their experiences of the IPS service and were overwhelmingly positive about the service they received, describing feelings of 'shock', 'surprise' and 'amazement' at the level and type of employment support received from the IPS service. Indeed, whilst all clients were asked in the interviews about how the IPS service could be improved the only suggestion of improvement came from one client who proposed potential home visits from ESs. Overwhelmingly clients enthused about the huge difference utilising the service has made in their day to day lives, even for those who are yet to gain employment. The following quote was typical of clients' overriding sentiments:

> *I'm actually absolutely happy to talk about that because I even get a little bit emotional about how much they helped me, you know, and at a time in my life that I was really, really struggling. (IPS client)*

Clients were keen to highlight the elements that particularly helped them. In terms of practical elements standard employability elements including detailed CV building, thorough and personalised job search, and insightful interview preparation were viewed positively and considered instrumental in achieving positive job outcomes. However, several other features of the IPS support were also deemed valuable for successful job outcomes and these will be discussed in turn below:

- the consistency, intensity and flexibility of support;
- continual encouragement and challenge that is supportive, client-centred, flexible and caring;
- the person-centred approach;
- the broader commitment to client wellbeing.

Consistency, intensity and flexibility of support

Meetings with the ES were valued for their consistency in terms of how regularly they would occur, the ESs steady approach and importantly the certainty of having a specified ES who through regular contact was able to clearly understand that person's needs. Moreover, the fact that there was no upper limit in terms of the number of meetings with an ES and that ESs generally responded quickly and flexibly in terms of mode of contact from clients was reported as positive:

> *Every week we will talk for at least one hour, you know. And when I asked him how many sessions I got, because I was thinking like maybe I have six sessions with them or maximum 12 sessions, you know, because that's what you get in therapy, and then the guy said "No, no, no, no it's like we're going to do this till you get a job, it's fine"…And I was like, what? I was shocked. (IPS client)*

> *It was so flexible, I could email, text, or call and he would just call me back when he was free, and it would usually be within 24 hours if not that day. (IPS client)*

Flexibility regarding meeting times and modes – in person, telephonic or virtual meetings – was welcomed by clients. While meetings moved online during the Covid pandemic clients and ESs

valued the convenience of having meetings online. Clients suggested that a hybrid approach combining digital, telephonic and physical meetings was ideal once restrictions had been lifted:

> *All of it was over the phone, we only ever had one meeting on zoom but at the time we had Covid, and I think it worked quite well… I was using other services over the phone at that time as well so it just felt like this is the only solution that we can use at the moment. But it also meant I didn't have to commute all the way to see him face to face and it could be more flexible. Because if it was face to face I would have to travel for about an hour and a bit to get there, then have the meeting then come back and then we'd have to schedule it again in two weeks. Whereas the method we used I could literally get in touch, and he could call me that afternoon or the next day. (IPS client)*

Another valued aspect of the service was that the IPS support continued flexibly once the client moved into paid work. This on-going in-work support was highly valued by clients both to help them remain in work and to provide welcome reassurance that help was still at hand if needed:

> *I am still in contact with them. Basically, because they kept on telling me… whatever you need, you know, we're always here for you…if you need any help after (gaining employment), any employment assistance, we can help you. When I have issues actually, I call...They keep on giving me support with my confidence. (IPS client)*
>
> *(H)e did say to me if you need any help with anything whilst in work I'll still be on the books and stuff so if I need to speak to him I can. (IPS client)*

Continual encouragement and challenge that is supportive, client-centred, flexible and caring

A second element that clients valued was ES's continual, gentle and non-judgemental encouragement to keep making progress, the flexibility and emotional awareness to know when and how to push and challenge, and their ongoing commitment to keeping client's own preferences at the centre of their objectives. Clients suggested that once they were receiving support they valued the lack of pressure to find employment quickly and that ESs showed great understanding of the recovery journey and how it may not always be linear. For example:

> *There was never this kind of pressure you know they were always loving, always like giving me the incentive. (T)here was no pressure, it was not like (another service) because that was like, you know, "you need to apply, how many jobs did you apply for?" (IPS client)*
>
> *This for me is a service that says we will help you get back into working and how does that work, I think it's about confidence. I think it was the way he listened really…we will accept it and we will support. What you need is that feeling of being respected and believed. (IPS client)*
>
> *He is very aware that he is dealing with people in recovery and that recovery kind of ebbs and flows. (IPS client)*
>
> *I think they were an amazing service, you know, never judging me you know. (IPS client)*

A person-centred service

Related, a third element of the IPS service that clients valued was the ways that they felt that they and their lives and preferences remained at the centre of their interactions with ESs:

> *He really tailored it to me as an individual, to you know, what did I feel were my needs. (IPS client)*

> *It just felt very person centred and I really appreciated that… it feels like they really appreciate actually that people are on different journeys. (IPS client)*

> *But then they were talking to me, trying to find out about my hobbies, trying to find exactly what I wanted to do, and I just felt so amazed… they kept these meetings going like every week. And I was like, wow, I was in shock, I was just honestly in shock…it was actually they were caring, and they were caring for me, for myself, for me as a person. And basically, they told me from the beginning they didn't want you just to get any job, they wanted you to get something that's based on my skills, things that I like. (IPS client)*

Enhancing client wellbeing

Finally, whilst the central goal of the IPS service was to support clients to develop their employability and gain paid employment clients also valued how the ESs worked alongside the AD recovery practitioner to enhance their broader wellbeing:

> *So, we work hand in hand (with the AD recovery practitioner), making sure that individuals are in a good place in terms of their wellbeing in terms of mental health and in terms of their recovery. (IPS ES)*

This attention to wellbeing had a positive impact on clients with reports of increased confidence, self-esteem and self-respect. As one client noted, at his lowest point his ES provided emotional support that he was unaware himself that he needed, and he deemed this care one of the most important aspects of the support received. Examples of the impact working with the ES had on wider wellbeing were widespread:

> *He was like 'you're far better than you think you are, you've got loads of skills', so there were some like kind of self-esteem boosting little things that you would do, and over time I felt more and more confident. I feel like this has been really important for my self-esteem and then going back into work and realising that all the things Eric (ES) said are true. Getting that positive feedback externally. And what's ended up happening is I've now internalised that, I can now see my own strengths, I don't like shouting about them, but I do feel I have accepted them a little bit. (IPS client)*

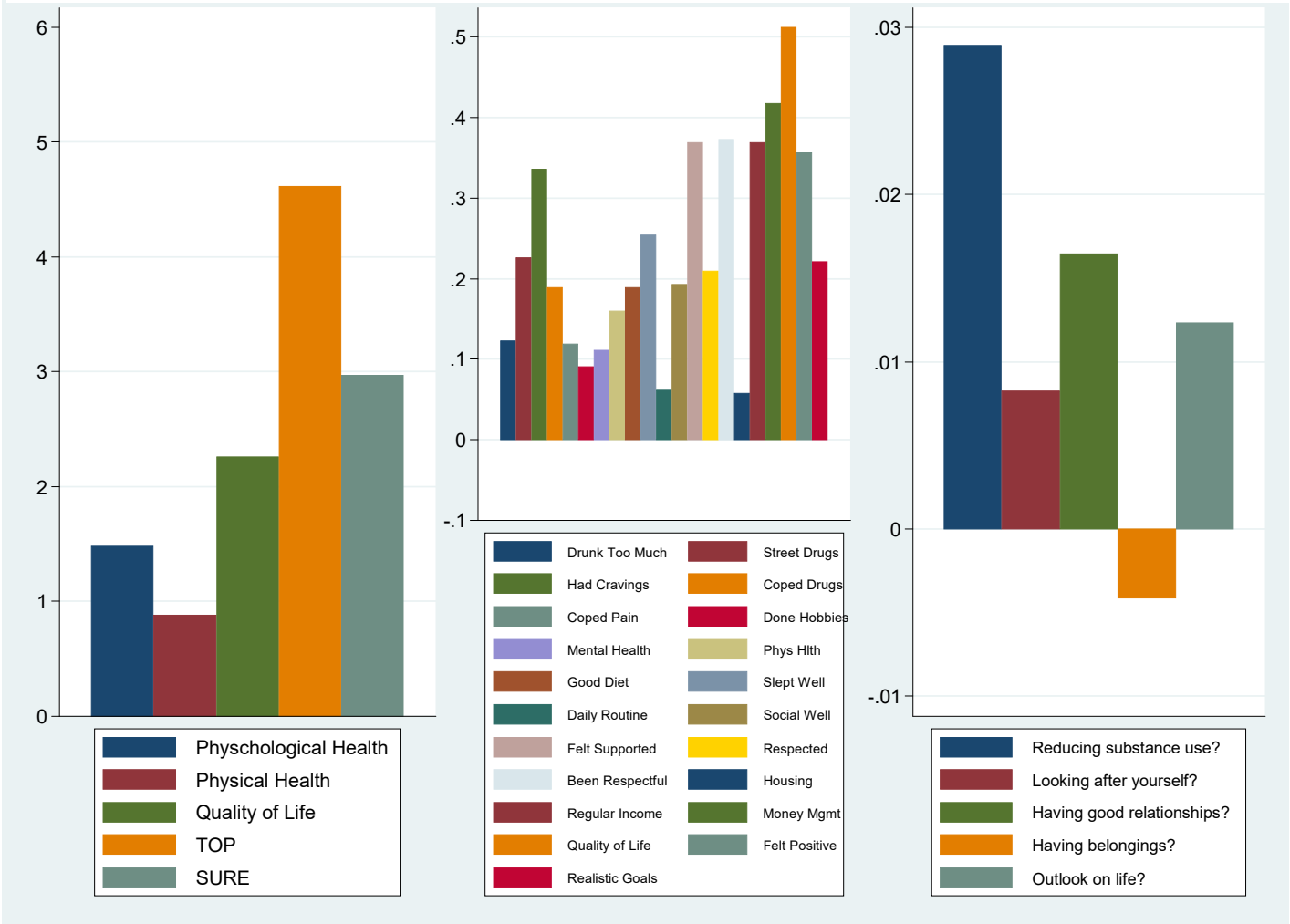
> *You know, I lost my confidence completely. You know, I was at the very, very bottom. I was thinking that I was never going to be able to pass a job interview again…But I got a job in my career. I've got a plan. I'm studying this course. I'm studying another course. So, I'm moving on with my life, you know? And I'm not stuck thinking like I'm not good enough and this and that, because they gave me the confidence. (IPS client)*

Further insights around the IPS service's impacts on client's wider health and wellbeing can also be gathered from the quantitative data from measures relating to substance recovery, physical and

mental health, resilience, relationships, and positive behaviours and attitudes. All of these outcomes were measured at the start of a client's support in the IPS service (i.e. baseline measures) and again as a follow-up around 6-8 months later. Figure 10 below provides a visual overview of the (very many) different ways in which self-assessed change in wider health and wellbeing occurred for clients of the IPS service. In each chart the vertical axis relates to the average change in the wellbeing measure seen across all 241 IPS clients for whom the follow-on wellbeing data are available. All wellbeing measures show positive change from baseline to follow-up as an average across all IPS clients able to be included in these analyses.

The left chart relates to five measures of general wellbeing: psychological health, physical health and overall quality of life are measured on a 0-20 scale; TOP (Treatment Outcome Profile) is measured on a 0-60 scale; and SURE (Substance Use Recovery Evaluator) is measured on a 0-63 scale. All of these wellbeing measures show improvements and generally in the order of 5 percent increases in scores. The central chart shows changes across 21 different measures of substance use recovery, daily routines, engagement and participation, mental health and self-esteem, and housing and finance. All measures run on a 0-4 scale. Again, all 21 measures show positive change from baseline to follow-up on average across all clients analysed. In terms of their size several measures show improvements of between 0.2-0.4 which corresponds to improvements of 5 percent-10 percent. The overall quality of life measure shows slightly larger improvement at 0.5 (12.5 percent). Finally, the far right chart focuses on five wellbeing measures that run on a 0-3 scale and that explore how important different things are to clients. The average change relating to the self-perceived importance of having belongings is negative. A reduction in the self-perceived importance of material possessions can arguably be understood as a positive change. Thus, all five measures again show positive improvements on average across clients with changes again in general between the 3-5 percent range, somewhat smaller than this for the self-perceived importance of having belongings and somewhat higher (towards 10 percent) for the self-perceived importance of reducing substance use.

Figure 10 Average client change in wider wellbeing measures during their IPS support



The above wellbeing changes represent an impressively consistent positive wellbeing story for IPS clients *on average*. Pushing these wellbeing analyses further, however, a further important question is whether there is any evidence of diversity of wellbeing experiences within those positive headline average changes. To examine this question the analysis makes use of a statistcial technique known as cluster analysis to seek to identify whether these IPS clients fall into different *groups* or *types* according to their potentially differing changes in wellbeing from baseline to folllow-up. The cluster analysis suggests that there are three distinct groups of IPS clients according to their wellbeing trajectories during their IPS support:

- Cluster group 1 – 'the steady wellbeing improvers': 82 percent of the 241 clients able to be incuded in the wellbeing analyses fall into this cluster group. This group on average show wellbeing gains consistently across all measures. For information, their job start rate is 47 percent as a cluster group.
- Cluster group 2 – 'clients of wellbeing concern': only a handful of clients are in this cluster group (n=9) equating to just 4 percent of the clients in these wellbeing data and hence interpretation should be cautious. However, the sharp and consistent worsenings in their wellbeing measures highlight a small sub-group of clients who – unlike the vast majority of clients – are not faring well during their time in the IPS service. None of these clients achieved a successful job start. Proactive attempts to identify, re-engage and support the wellbeing of this small group at earlier stages and on an on-going basis throughout their support journey is advisable.
- Cluster group 3 – 'the wellbeing superstars': around 14 percent of these clients show dramatic and consistent positive improvement in their wellbeing. These results suggest a truly transformative support experience for these clients and they in particular have the potential to become champions and ambassadors for the IPS service.

Figure 11 below shows the average change in the various measures of wellbeing across these three client groupings. Overwhelmingly it highlights positive trends in client experiences for the IPS service to celebrate and, potentially, to consider utilising further through targeted client invitations for peer support or peer ambassador roles for example where wellbeing trends have been exceptionally positive. Figure 11 also highlights a very small sub-group of clients (cluster group 2) whose wellbeing experiences have been poor. These clients have fairly typical levels of health, quality of life, TOP and SURE scores at baseline but do have notably fewer meetings with the IPS service than clients in cluster groups 1 and 3. The data do not allow us to establish causality but it seems likely given the wider wellbeing data evidence that the drop-off in wellbeing amongst this small group of clients is largely or fully unrelated to the IPS service but that disengagement from the IPS service occurs as a result, rather than the other way around. The IPS service might reflect on potential responses around early identification of clients at risk of such wellbeing challenges and service disengagement as well as targeted proactive outreach to try to to re-engage this small group of clients.

Figure 11 Average wellbeing changes across the three distinct wellbeing sub-groups of clients

References

Bond, G., Drake, R. and Pogue, J. (2019) '*Expanding Individual Placement and Support to Populations with Conditions and Disorders other than serious Mental Illness'*, Psychiatric Services, 70, 6

Burns, T., Yeeles, K., Langford, O., Vazquez Montes, M., Burgess, J. and Anderson, C. (2015) 'A randomized controlled trial of time-limited individual placement and support: IPS-LITE trial', *British Journal of Psychiatry*, 207(4), pp351-6

Centre for Mental Health (CMH)(2022) *The IPS fidelity scale.* *https://www.centreformentalhealth.org.uk/ips-fidelity-scale*

Hefferman, J and Pilkington, P (2011) 'Supported employment for persons with mental illness: systematic review of the effectiveness of individual placement and support in the UK', *Journal of Mental Health*, 20(4), pp368-380

Modini, M., Tan, L., Brinchmann, B., Wang, MJ., Killackey, E., Glozier, N., Mykletun, A. and Harvey, S. (2016) 'Supported employment for people with severe mental illness: systematic review and meta-analysis of the international evidence', *The British Journal of Psychiatry*, 209, 1, 1-9.

Probyn K, Engedahl MS, Rajendran D, Pincus T, Naeem K, Mistry D, Underwood M, Froud R. (2021) '*The effects of supported employment interventions in populations of people with conditions other than severe mental health: a systematic review'*, Primary Health Care Research & Development 22(e79): 1–12.

Steadman, K. and Thomas, R (2015) *An evaluation of the IPS in IAPT psychological wellbeing and work feasibility pilot*. University of Lancaster: The Work Foundation

Suijkerbuijk, Y., Schaafsma, F., van Mechelen, J., Ojajarvi, A., Corbiere, M. and Anema, J. (2017) '*Interventions for obtaining and maintaining employment in adults with severe mental illness: a network meta-analysis'*, Cochrane Database of Systematic Reviews, 2017, 9