Evaluation of IPS Grow

Executive summary

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### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>CMHT</td>
<td>Community Mental Health Teams</td>
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<tr>
<td>CoP</td>
<td>Community of Practice SSD</td>
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<td>DWP</td>
<td>Department of Work and Pensions</td>
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<td>ES</td>
<td>Employment Specialist</td>
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<td>IPS</td>
<td>Individual Placement and Support</td>
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<td>JCP</td>
<td>Jobcentre Plus</td>
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<td>KPI</td>
<td>Key Performance Indicator</td>
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<td>NHS</td>
<td>National Health Service</td>
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<td>PHE</td>
<td>Public Health England</td>
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<td>RL</td>
<td>Regional Lead for Individual Placement and Support (IPS)</td>
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<td>TA</td>
<td>Technical Assistance</td>
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<td>STP</td>
<td>Sustainability and Transformation Partnerships</td>
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IPS and IPS Grow

A set of practices known as Individual Placement and Support (IPS) is widely agreed to help people with severe mental illness into employment. IPS has a strong evidence base that includes 27 randomized controlled trials (RCTs). Faithful adherence to the way a practice was originally delivered in research trials is referred to as fidelity. High fidelity to practices that are known to work is associated with better outcomes. Therefore, increasing the fidelity of IPS implementation (measured by a dedicated fidelity scale) is a commonly-used strategy to improve employment outcomes for people with severe mental illness.

IPS has been gaining momentum worldwide and in the UK:

- The 2016 *Five Year Forward View for Mental Health* called on NHS England to double access to IPS services nationally by 2020/2021
- According to the *NHS Long Term Plan*, NHS England aims to extend IPS to 115,000 of the eligible population per year by 2028/29.

To achieve these targets, NHS England has directly allocated centrally-held transformation funding to specific Sustainability and Transformation Partnerships (STPs). These bring together the NHS, local authority and other healthcare organisations to run services in a more coordinated way.

In 2019, 29 STPs applied for and received funding from NHS England and NHS Improvement for new, aligning, or expanding IPS services in their local areas. A proportion of the NHS England funding was dedicated to implementation support, called IPS Grow. IPS Grow aims to (i) speed up the time taken to deliver high-quality IPS and (ii) ensure sustainable services.

Support offered by IPS Grow to local IPS services include:

1. **Technical Implementation Support**: offered by IPS Grow Regional Leads (RL) to IPS providers to support fidelity reviews and follow-up fidelity action plans as well as developing Communities of Practice (CoPs) for IPS providers
2. **Workforce Development**: development of tools and strategies and provision of practical help to support effective recruitment and training of staff, driven by a marketing lead. Available tools include e-learning materials, a competency framework and training curriculum, a training curriculum, an IPS workspace within the FutureNHS Collaboration Platform and a recruitment toolkit
3. **Data Tools and Performance Standards**: development of data and reporting tools to support services in capturing impact and performance and standardised key performance indicators and targets, championed by an analytical lead.

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1 NHS. 2021. ‘NHS Long Term Plan’. As of 5 February 2021: https://www.longtermplan.nhs.uk/
2 New IPS service – funding supports the development of a new IPS service where no other services exist; aligning IPS service – funding supports current employment services to align with IPS principles; expanding IPS service – funding expands existing IPS services.
The evaluation of IPS Grow

RAND Europe carried out the IPS Grow evaluation, jointly funded by NHS England and the Department for Work and Pensions (DWP) Joint Work and Health Unit. The evaluation aimed to answer seven evaluation questions:

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

The evaluation used a theory-based approach and a logic model (see Error! Reference source not found.) to examine IPS Grow’s impact on funded IPS services. The model sets out the activities and expected outputs and outcomes of IPS Grow to act as a guiding framework in answering the seven evaluation questions.

The evaluation used a combination of methods4 to address these evaluation questions:

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

Key findings

This section sets out key findings for each evaluation question.

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4 More information on each method and the timings can be found in Annex B of the full report.
1. How did IPS maturity change during the initial two years of receiving support?

We examined if and how maturity evolved over the first two years IPS services received IPS Grow support. We did this by drawing upon two rounds of fidelity reviews of seven services supported by IPS Grow. All services were delivering at least fair if not good fidelity by Round 2, as Table 1 demonstrates. All examined services demonstrated improvement related to their previous scores, with the lowest scoring services generally demonstrating the most progress.

Table 1: Fidelity scores achieved by seven services in Rounds 1 and 2 of fidelity reviews

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

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

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5 These seven services were selected from the 21 STPs sampled by the evaluation. More information on how these were selected can be found in Annex B of the full report. IPS Grow and RAND Europe conducted the fidelity reports at two time points. IPS Grow supported services to developing an action plan and improve their fidelity between reviews.
How IPS fidelity items changed over time (IPS-25)

Some aspects of good fidelity were in place from the beginning

- Staffing structures were in place and low caseloads
- Employment support tailored to the client
- Job search started rapidly

Other aspects of fidelity improved over time

- Integration with clinical teams
- Discussing disclosure with clients
- Finding clients diverse jobs

Some elements of IPS were not yet fully in place

- Ensuring all clients can take part
- Liaising with Job Centre Plus
- Engaging with employers
- Obtaining executive leadership
- Strong IPS team leadership

There is insufficient evidence on some aspects of IPS

- Community working
- Engaging with disengaged clients
- Follow-along support
2. How were the IPS services organised within the local healthcare system?

STPs that received funding from NHS England for IPS services represented a diverse range of local areas. Some already had IPS experience, while others were new to the model or had only offered other employment support. A range of providers applied to offer IPS.

Based on the 21 funding applications sampled and reviewed, we created a draft typology of profiles of likely IPS services in terms of funding sought, prior IPS experience and provider type. Considering and developing this model may help predict and provide appropriate levels of support in the future.

Table 1: We identified four potential profiles of IPS services applying for funding

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

Source: Authors’ elaboration based on a review of 21 sampled funding applications

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The evaluation team sampled 21 STP funding applications out of a total of 29. More information can be found in Annex B in the full report.
3. What were the activities and outputs of the IPS services that received IPS Grow support?

In good fidelity IPS, clients are supported through six phases of an employment journey:

- Referral to IPS Employment Specialist
- Engaging with clients for an initial meeting
- Building a vocational profile
- Job seeking
- Job start
- Supporting a client in work

Services consulted in this evaluation generally operated IPS as planned. Employment Specialists (ES) reported some challenges in delivering employer engagement and integration with clinical teams.

Data reported by services shows that, throughout the time of support, the number of referrals, caseload sizes, clients with a vocational profile and job starts increased between April 2019 and March 2020. All numbers dipped after March 2020, most likely because of the impact of the COVID-19 outbreak. However, clients in work between April and June 2020 had more hours of work: 23 hours a week on average, compared to 12 a week between January and March 2020.

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

IPS Grow offered wide-ranging support across three key workstreams (see IPS and IPS Grow above) as well as holistically through IPS Grow RL and CoPs. Survey evidence demonstrates the types of support taken up by services.

Workstream 1 – Technical implementation support:
Workshops and informal advice were the most frequently used of IPS Grow’s implementation support offer.

Almost all respondents received some support with improving fidelity.

Communities of Practice (CoPs) provided knowledge sharing and support to IPS teams (both formally and informally).

Workstream 2 – Workforce development:

- Recruitment support was an essential part of the IPS Grow offer, and the free e-learning course was frequently used.
- Respondents commonly took up coaching, advice and training from RL.
- Workshops and training were part of the IPS Grow support offer in many areas.
- Online resources were hosted on a website platform that most respondents used regularly.

Workstream 3 – Data tools and performance standards:

- Respondents reported using a range of support offered in service specifications and operating procedures.
- Most types of data and reporting support offered, including the IPS Grow reporting tool, were taken up by at least some respondents.
- Fewer respondents reported taking up support offered for monitoring and evaluation.

Regional leads provided multi-faceted support across all three workstreams:

IPS Grow Regional Leads connected IPS services to each other.

IPS Grow Regional Leads provided mentoring, advice and support.

IPS Grow Regional Leads met regularly with service providers.

There were a few barriers that stopped services from accessing IPS Grow’s support. Time constraints within services, delays to mobilising IPS and occasional lack of understanding about IPS Grow’s role were the main barriers to accessing support.
5. How was IPS Grow perceived by its key audiences? Were any elements of support felt to be missing, and were there any suggested changes?

Overall, IPS Grow’s support was perceived positively and considered helpful.

- **Survey results show that support from RL was often the most valued among the different categories of support.**
- Stakeholders reported that they helped them to network, learn from others and feel motivated and supported.
- Stakeholders valued the Regional Leads’ responsiveness, accessibility and IPS knowledge, which made it easier for them to access support.

| 92% of survey respondents rated the quality of IPS Grow support as 4 or 5 (where 5 = excellent) |
| 86% would recommend IPS Grow support to other services |

IPS Grow Regional Leads were widely considered a key asset of IPS Grow’s support.

- IPS Grow Regional Leads were ‘approachable’, ‘knowledgeable’, ‘enthusiastic’, ‘motivating’ and ‘personable’.
Communities of Practice were valued for providing learning, networking and support

| Helped make sense of resources available | A place to share good practice and to learn | Provided opportunities to network |

Widely-used tools and resources were considered helpful, while other tools were underused:

- **Online resources** (including the opportunity to advertise positions, IPS Grow newsletter, and a free e-learning course) all helped support recruitment.
  - However, many resources appear to be underutilised, and respondents did not proffer an opinion.

- **Support from RL** in the form of advice and guidance on service integration and expansion was considered most valuable in terms of service implementation and planning support.
  - Resources such as the funding bid development support were, however, underused.

- **Mentoring, coaching and support from RL** and access to **online policies and resources** were most helpful for developing the IPS workforce.
  - Resources for planning staff training (including tools for evaluating training needs, written training guides and consultations on how to train) were less used.

- **Template KPIs** and **service specifications** were most helpful for services considering service and operating procedures.
  - Fewer services used or benefited from operating policies and service policies.

The **IPS Grow standard spreadsheet and reporting tool** were considered helpful.
  - However, fewer respondents were positive about tools supporting data collection, monitoring and evaluation, indicating low take-up.

There were a few suggestions for **how IPS Grow support could improve further**, including improving guidance for tools, better communication, and introducing CoPs that went across regions and had various focuses.

6. **Do organisational factors or levels of support received account for variation in IPS maturity?**

Drawing upon evidence from fidelity reviews, surveys and interviews, we considered whether variation in IPS maturity (measured by fidelity scores) could be accounted for by the support received and various
organisational factors. While the limitations of the data preclude quantitative conclusions, qualitative analysis points to factors that seem to play a role.

Previous experience with IPS (expanding, aligning, new) affects IPS maturity
The context was an important factor in explaining the variation in the fidelity review scores achieved.

- **Expanding** services scored higher than new or aligning services in both Round 1 and 2 fidelity reviews.
- However, both aligning and new sites showed more improvement over time than expanding services. As services become more established, the influence of the context from which they began may lessen.

It is unclear exactly how the type of provider (NHS England or third sector) affects IPS maturity
Although services where third-sector providers wholly or partially provided IPS tended to score high in fidelity, this was likely because all expanding services were third-sector providers.

Where services with third-sector providers performed highly in fidelity, there were some common features in place
There are some features of third-sector providers that helped the services in question to operate successfully:

- Employment Specialists employed by the third sector were able to access clinical systems and achieve full integration with clinical teams
- There was good communication and collaboration between the mental health trust and the third sector providers at the senior executive, team leader and practitioner levels
- There were existing links between third sector providers, employers, charities and Jobcentre Plus.

Other organisational factors may also affect maturity and the level of support IPS Grow can provide
A few interviewees reported that other organisational factors may affect IPS maturity, although there was little consensus about how:

- The location of a service (some interviewees felt that there were benefits to particular locations as opposed to others, although no consensus emerged)
- Having the support of specific senior individuals within the mental health trust (who supported further improvements to fidelity).

The evaluation found that there may also be some organisational factors that may make it easier for services to access and benefit from effective IPS Grow support:
• The extent to which services were ‘well-established’: however, there was no consensus as to whether well-established or more newly established services were more likely to engage with and benefit from IPS Grow support.

Understanding these organisational factors more fully in the future may be important in further understanding the challenges faced by IPS services.

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

Almost all survey respondents took up IPS Grow’s support for working towards good fidelity. However, there is not yet evidence as to whether this support had an impact on fidelity scores. Drawing on the evaluation findings presented above and in the report, we identified three elements of IPS Grow support that emerged as most valuable to improving services’ fidelity (either now or in the future) based on stakeholder feedback and evaluation team assessment. These are described below.

IPS Grow Regional Leads’ support and knowledge about IPS

The role that the IPS Grow RL played in delivering support emerges as consistently important. In addition to this, many survey respondents considered their RL’s support was crucial in helping them reach good fidelity: RL were knowledgeable about fidelity and willing to help services in a range of ways. Fidelity-review action plans included multiple RL actions to support services to improve their fidelity, including coaching and support, policy and shared-resource development, and tailored service support.

Communities of Practice facilitated learning and resource-sharing to increase fidelity

Many stakeholders considered CoPs helpful for a range of reasons, including improved attendees’ understanding of fidelity. While there is not yet evidence on the impact of CoP participation on service fidelity, we understand that CoPs provided a forum for learning about fidelity, sharing good practice on fidelity, and discussing practical ways to demonstrate fidelity in a review.

IPS Grow online resources (including the forum, templates, e-learning and training) supported services in understanding and demonstrating evidence of good fidelity

IPS Grow online resources cover a broad range of topics across the IPS fidelity scale and items. Survey respondents most frequently used the IPS manual offered online to support good fidelity and found exemplar operational policies considerably helpful. The broad reach and low-effort access of online resources may go some way to explaining this.

Conclusions and recommendations

This evaluation examined the impact of IPS Grow on funded IPS services, focusing on its role and contribution. The evaluation team concludes that IPS Grow has

• helped with faster implementation of IPS across funded services


• improved the consistency of IPS implementation

• contributed to improvements of the quality of IPS services offered.

IPS Grow played an important role in supporting IPS services:

• IPS Grow developed a comprehensive and useful repository of online resources and material (e.g. templates, forms, guidelines, tools, courses, etc.) These resources have been used by IPS providers beyond services supported directly by IPS Grow.

• IPS Grow offers intensive, dedicated, valued and ongoing support, primarily provided by IPS Grow RL through various collaboration platforms, including CoPs. The role of the IPS Grow RL is particularly critical (and highly valued).

As this evaluation was conducted in IPS Grow’s early phase, local IPS services were still in development and many expected outcomes of IPS have not been captured. Fidelity increased in a small sample of IPS services, and evaluation evidence suggests IPS Grow contributed to these improvements. However, the evidence is not strong enough to conclude whether IPS Grow led to better quality provision across funded STPs and helped improve health and employment outcomes among clients.

We set out several recommendations for NHS England and DWP:

1. We recommend separate funding to maintain IPS Grow or a similar central support initiative in the future.
2. We recommend that (i) future IPS Grow supports both expanding IPS to new services and IPS in existing services, and (ii) NHS England and DWP examine which stream offers better value for money.
3. We recommend that funding is made available for IPS fidelity reviews (and follow-up action plans) for all supported services, given that these are shown to lead to improvements in service quality.
4. We recommend evaluating IPS Grow over a longer time period.

We set out several recommendations for implementers of IPS Grow:

5. We recommend that IPS Grow (i) continues to offer (and expand) regular fidelity reviews with services and routine completion and updates of action plans, and (ii) monitor action plans, noting patterns in the findings and adjusting support accordingly.
6. We recommend that IPS Grow uses data from regular fidelity reviews to map and identify strengths and weaknesses across services.
7. We recommend that IPS Grow considers different ways of operating CoPs (including cross-regionally, with a focus on service-specific challenges or particular fidelity items).
8. We recommend that IPS Grow (i) improves the visibility and accessibility of available resources, helping more services know where, when and how to use them (e.g. by developing a communication and dissemination plan for tools and resources, and through better utilisation of IPS Grow RL in
helping services make use of these tools), and (ii) harmonises the tools used locally for monitoring and evaluation better.

9. We recommend that IPS Grow (i) reviews how regions are defined and how IPS Grow RL are allocated between them, (ii) sets expectations for an optimum RL ‘reach’, together with NHS England and DWP, and (iii) continues to consider the support needs of services with different organisational setups in the future.

10. We recommend that IPS Grow provides different support levels to ensure that support is as tailored as possible to services’ needs.