Review of IPS delivery within Fair Start Scotland:

Findings and Recommendations

January 2023

Scottish Government
Riaghaltas na h-Alba

Contents

Executive Summary

The primary aim of this review was to consider the most appropriate approach to delivery of Individual Placement and Support (IPS) in Scotland going forward. IPS is a person-centred, face-to-face model, designed to support clients who are in contact with clinical mental health teams into employment. It focusses on integrating employment support alongside health treatment; providing rapid, personalised job search; tailoring employer engagement to individual aspirations; and offering extended in-work support.

IPS is a well-defined variant of the broader category of supported employment interventions, sometimes called “place, train, and retain” in contrast to traditional “train and place” approaches. Traditional models tend to focus on preparing for work, which may include long periods spent in volunteering, training, or sheltered employment. By contrast, supported employment approaches focus on rapid vocational profiling (identifying skills, experience, aspirations, and required work adjustments), job search and brokerage, and then in-work support for both employer and service user.

Multiple systematic evidence reviews have found that supported employment, specifically the IPS model, is significantly more effective at supporting people with severe mental illness into competitive employment than traditional approaches.[1,2] The IPS fidelity scale defines the critical elements of IPS in order to differentiate between programs that have fully implemented the model and those that have not. As demonstrated through research, high-fidelity programs are expected to have greater effectiveness than low-fidelity programs[3].

The principles of IPS have more recently been applied to support clients with a wide range of barriers to employment, including drug and alcohol substance misuse, learning disabilities, autism, spinal injuries, veterans suffering PTSD, a range of other chronic health issues and disabilities, and other barriers such as contact with the criminal justice system.[4]

In Scotland, the Scottish Government has incorporated IPS delivery within the Fair Start Scotland (FSS) programme since its launch in 2018. Under FSS contracts, all providers are expected to make available and offer IPS to clients who may benefit from the service.

Through this review, we explored how effectively Individual Placement and Support (IPS) is being delivered in Scotland today through Fair Start Scotland

---

1 Supported employment for adults with severe mental illness (Review). Kinoshita et al, Cochrane Library (2013)

2 Generalizability of the Individual Placement and Support (IPS) model of supported employment outside the US. Gary R. Bond, Robert E. Drake, Deborah R. Becker. World Psychiatry 2012:11:32-39

3 Bond, G. R., Becker, D. R., & Drake, R. E. (2011). Measurement of Fidelity of Implementation of Evidence-Based Practices: Case Example of the IPS Fidelity Scale and Kim et al (2015). Predictive validity of the Individual Placement and Support fidelity scale (IPS-25): A replication study.

4 Bond, Gary & Drake, Robert & Pogue, Jacqueline. (2019). Expanding Individual Placement and Support to Populations With Conditions and Disorders Other Than Serious Mental Illness. Psychiatric Services.

(FSS) and what might need to change to improve delivery. We also compared the delivery of IPS within FSS to other models of successful IPS delivery elsewhere.

We applied a four-step methodology to deliver this:

1. System mapping and evidence review
2. Stakeholder interviews and analysis
3. IPS fidelity reviews with the FSS Providers
4. Report write-up, presentations, and provider follow-up

This report shares our findings based on 21 semi-structured interviews with prime providers delivering employment support through Fair Start Scotland (FSS), providers delivering outside FSS, and policy and implementation leads; an analysis of FSS performance data; and IPS Fidelity and readiness reviews with all FSS contract lots. A full list of the IPS Fidelity and readiness reviews completed is provided in Annex A. A list of the interviews conducted is provided in Annex B.

The decision to include an IPS element within Scotland's mainstream disability employment programme, Fair Start Scotland, was a clear demonstration of the commitment by Scottish Ministers to evidence-based practice to best support people with severe and enduring mental illness.

On an international level, Scotland is pioneering the use of IPS within a mainstream employability programme. However, while IPS has been proven to work, it is a different approach that requires new ways of working by both commissioners and providers of services. Our review has identified implementation challenges faced by Fair Start Scotland providers in delivering high-fidelity IPS, akin to those experienced in other countries when the model was first introduced.

Although the scope for significant change within the existing FSS contracts is limited, we have identified opportunities to build on the commitment to IPS delivery in both current and future employability services. There are also other opportunities to expand access to IPS to support a wider cohort of people with health conditions into work. We hope that the findings and recommendations within this report offer a way forward to maximise these opportunities.

Our findings were:

1. **Scotland is pioneering the use of IPS within a mainstream employment contract internationally.**

    a. The decision to include an IPS element within Scotland's mainstream disability employment programme, Fair Start Scotland, is a clear demonstration of the commitment by Scottish Ministers to evidence-based practice;

    b. The FSS experience so far highlights some of the challenges of commissioning IPS as part of mainstream provision;

    c. However, there is a commitment from providers and policy makers to build on this work and continue to improve IPS delivery going forward.

2. **Although IPS delivery is required as part of Fair Start Scotland, very few participants so far have received an IPS service**

    a. 6 of 9 FSS lots are currently not offering IPS; those that are have very small services. There are 4 dedicated IPS Employment Specialists in total across all FSS providers[5];

    b. A very small percentage (<2%) of FSS participants have received an IPS service[6];

    c. There are no contractual targets for IPS volumes.

3. **Within Fair Start Scotland IPS delivery has not yet attained good fidelity**

    a. IPS Fidelity and readiness reviews highlighted gaps between current delivery and Fidelity to the IPS model;

    b. Key issues are lack of integration and joint working with clinical mental health teams, subsequent lack of engagement with the Severe and Enduring Mental Illness (SMI) cohort, limited individualised employer engagement or in work support;

    c. However, there is willingness from the current FSS providers to engage and learn more about IPS, as well as a range of good supported employment practices that map across to IPS.

4. **Outside of FSS there are examples in Scotland of small scale, high-fidelity IPS provision delivered which provide learnings around how the quality of IPS provision within FSS could be improved**

    a. For example, the Fife Employment Access Trust (FEAT) service; and the Glasgow Mental Health and Social Care commissioned IPS service, delivered by the Scottish Association for Mental Health (SAMH);

    b. These services are largely funded by Local Authorities, Foundations and a degree of Health Board funding;

    c. Key success factors in these services include the availability of block or low-risk funding that supports work with the most vulnerable, buy-in from and integration with the local health system, and the presence of local champions of IPS and relevant governance groups.

---

[5] Fidelity reviews and interviews with Fair Start Scotland providers.

[6] 133 of 10,063 participants received an IPS service in Year 1 of service delivery. Fair Start Scotland Annual Report Year 1. Fidelity reviews identified that this finding is continued in Year 2 of service delivery.

5. **Examples from other countries demonstrate the importance of health system involvement in the commissioning of IPS services for people with Severe and Enduring Mental Illness (SMI)**

    a. Health system involvement is essential to build buy-in from mental health teams, enable effective integration, support referral flow, and support the model of “shared care”;

    b. In England, a scale-up of IPS support for clients with SMI from 10,000 to 115,000 clients per year is being driven by the NHS in England both through policy commitments and transformation funding;

    c. In Ireland, the Health Service Executive initially partnered with a European social organisation, Genio, to develop IPS services across mental health teams;

    d. IPS is recommended by the National Institute for Health and Care Excellence for adults with psychosis and schizophrenia.[7] It should, therefore, be considered a core part of evidence-based practice in mental health services.

6. **There is growing evidence that IPS can be effective for people with additional barriers to work who are not in contact with mental health services**

    a. Emerging research shows that IPS delivers comparable employment outcomes for groups other than people with severe mental illness;

    b. For example, delivery of IPS for clients with substance misuse issues in England is supporting upwards of 26% of clients into work[8];

    c. Large-scale trials are under way in England to test IPS with referrals from a range of primary and community health and other services.

[7] NICE guidance for psychosis and schizophrenia in adults – Quality statement 5 (Feb 2015)

[8] Data from Mental Health and Employment Partnerships commissioned IPS service for clients with substance misuse issues in West London, to August 31st 2020.

Our recommendations:

1. **In future, IPS for people with severe mental illness should be commissioned outside of FSS through a partnership between health and employability commissioners**

    a. To achieve the Scottish Government target of halving the disability employment gap, employment needs to be considered as a health outcome and / or Local Delivery Plan (LDP) Standard;

    b. International benchmarks suggest that 100 Employment Specialists would be required to reach 25% of the eligible population in Scotland each year;

    c. The increase in provision should be phased over 5 years. Implementation support will be crucial to high fidelity delivery;

    d. It will be important to build on the examples of good quality local IPS services that work closely with local health boards; piloting an expansion of provision in these areas is a recommended route forward.

2. **Existing IPS delivery within FSS could be improved through capacity building support and future contractual changes**

    a. Providers should develop their IPS capacity and capability, including partnership working with clinical teams, service adherence to IPS fidelity principles, staff understanding of the model through standardised training and quality assurance and supervision processes that promote IPS practice;

    b. Achieving high-quality IPS delivery in future contracts will likely require specific targets for IPS access and numbers of Employment Specialists, greater percentage of block funding and a more developed service specification;

    c. A suggested service model could be 2 IPS Employment Specialists and a part time team leader in each lot. With good clinical integration and referral pathways, this could allow 900 FSS clients per year to receive an IPS service[9].

[9] Based on Social Finance Estimate (calculations provided in body of report).

3. **IPS provision within FSS should be expanded further to all clients with complex health and disability-related barriers to work. This would make Scotland a pioneer in demonstrating how to achieve outstanding outcomes within mainstream employment support**

    a. Scotland is the first nation in the UK to include IPS within mainstream disability employment provision. It benefits from a set of committed and engaged providers and policymakers;

    b. IPS is the best evidenced intervention to support those furthest from the labour market into work;

    c. Delivering effective IPS will be even more critical in the context of the current Scottish labour market.

NOTE: this project was completed virtually due to the impact of covid-19 over the duration of 2020.

Introduction

The Context for IPS Delivery in Scotland

Through this review, we have been exploring how effectively Individual Placement and Support (IPS) is being delivered in Scotland today through Fair Start Scotland (FSS), and what might need to change to support more effective delivery. The aim has been to consider the most appropriate approach to delivery of IPS in Scotland going forward.

Over the past five years, IPS has become an increasingly important part of the employment support landscape for people with mental health issues in Scotland. The Scottish Government has incorporated an IPS strand within the Fair Start Scotland (FSS) programme since its launch in 2018. Under FSS contracts, all providers are expected to make available and offer IPS to clients with severe and enduring mental illness to help them find sustainable, competitive jobs[10].

Outside of FSS, there are small scale examples of high fidelity IPS services operating. In Scotland, there was a small amount of IPS implemented from 2010-2015, following the publication of "Realising Potential" which encouraged Allied Health Professionals (AHPs) to explore the use of IPS as a vocational rehabilitation tool. Scottish Government, Local Health Boards and AHPs came together to discuss how to establish IPS services across Scotland. Allied Health Professionals played a key role in delivering education programmes across Health Boards and around 4 Health Boards decided to establish IPS services.

Specific Scottish Government policy objectives with regards to employment support include:

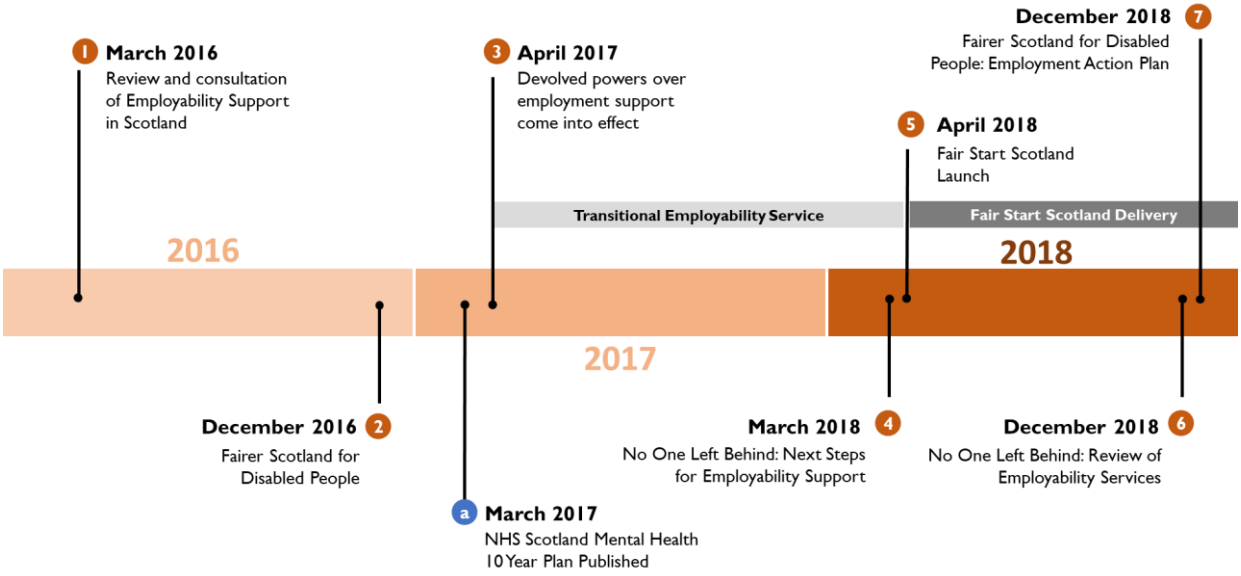
- To **halve the disability employment gap** (Fairer Scotland for Disabled People: Employment Action Plan 2018);
- To create a vision of **joined-up, flexible and responsive employability support** in Scotland (No One Left Behind: Next steps for employability support 2018);
- **Support a minimum of 38,000 people** who want help to find and stay in work through Fair Start Scotland[11];
- To explore **innovative ways of connecting mental health, disability, and employment support** in Scotland (Mental Health Strategy, 2017).

Finally, the Scottish Government have a values lead approach to public services, aiming that all services should treat people with **dignity and respect[12].**

[10] Requirements detailed in FSS Contract
[11] This target was set pre COVID-19. In September 2020, Ministers advised Parliament that this would be difficult to meet due to the impact of COVID-19.
[12] Fair Start Scotland Annual Report Year 1 (November 2019).

Employability Policy in Scotland

Figure 1: Timeline of Employability Policy in Scotland



1 March 2016
Review and consultation of employability support in Scotland

In 2015, the Scottish Government undertook a public consultation to develop a new approach to delivering employment support services. Responses to the consultation were used to develop the new employability services when power for design and implementation was devolved to Scotland in 2017.

The responses to the consultation made it clear that individuals wanted more control over their journey into work; more input into service design and delivery; that services should focus on individual needs and be voluntary to engage with.

2 December 2016
Publication of Fairer Scotland for Disabled People

The Scottish Government published a 5-year delivery plan to tackle inequalities, improve rights and create a fairer Scotland for disabled people. There are 5 key ambitions within the document; including protecting rights, creating accessible places and securing "decent incomes and fairer working lives" for disabled people. With regards to employment, the plan focusses on ensuring that disabled people are supported to live and work in a place and in a way they choose and are "able to participate fully in education and paid employment enabling their talent and abilities to enrich Scotland".

The plan commits to:

- reduce barriers to employment for disabled people and **seek to reduce by at least half, the employment gap between disabled people and the rest of the working age population**.

- It also commits to develop a plan with a more detailed timeline for fulfilling this goal (the action plan was published in December 2018).
- bring in a devolved programme (which becomes Fair Start Scotland) to take **a voluntary and person lead approach** to supporting people with disabilities into employment.

a March 2017
Publication of NHS Scotland 10 Year Mental Health Strategy

This strategy contains two commitments around Employment:

- Work with employers on how they can act to protect and improve mental health, and support employees experiencing poor mental health.
- Explore innovative ways of **connecting mental health, disability, and employment support** in Scotland.

The two year-on review of this document points towards the "Fairer Scotland for Disabled People: Employment Action Plan" (see below) as the policy document containing the steps being taken to coordinate and align employability and health pathways. This includes undertaking a review of how IPS is delivered within Scotland.

4 March 2018
No One Left Behind: Next steps for employability support

No One Left Behind plans to create a more straightforward and person-centred employability system in Scotland. In particular, the policy has the following objectives:

- A system that provides flexible and person-centred support;
- is more straightforward for people to navigate;
- is better integrated and aligned with other services, in particular, although not exclusively, with health provision;
- provides pathways into sustainable and fair work;
- is driven by evidence, including data and the experience of users; and
- that supports more people – particularly those facing multiple barriers – to move into the right job, at the right time.

Specific health and work priorities outlined by the plan include:

- partnering with Health and Social Care Partnerships and DWP to pilot Health and Work Gateway in Fife and Dundee (with funding from the Work and Health Unit). This aims to provide early support to people with a health condition (including mental health conditions) or a disability and help them to either sustain or return to work. It also aims to join up existing employment support, including with Fair Start Scotland, and provide a single route or referral.

- test and pilot tools to identify at an earlier stage people who are at the greatest risk of falling out of work and into long term unemployment due to ill health or disability, and support them before this happens.
- align a national MSK Advice and Triage Service (MATS) with employability services to help people with MSK conditions find and sustain work.
- publish a refreshed drug and alcohol plan including a focus on how to better align this with employability support.

6 December 2018
No One Left Behind: Review of Employability Services

A review was conducted of current service provision and steps needed to fulfil the vision for employability services outlined in “No one left behind”.

Some of the challenges and areas for priority identified include:

- **flexibility of provision and sustainable funding** should be able to reflect the varied needs of users and their different rates of progress towards work;
- the Scottish Government to enable more **joined-up approach to funding employability services**, for example, by acting as an enabler for the delivery of regionally aligned services;
- the role of **Third Sector provision** was viewed as vital for the success of the employability system;
- the needs of **rural** employability services. There are fewer services available when compared to cities, as well as a reliance on smaller charities and locally based social enterprises;
- better integration of the employability system with other services, including mapping the impact on eligibility for different services, with **wider support including health and housing services**;
- a national approach to **measurement and outcomes** which would improve data quality and consistency;
- challenges around the availability, quality and the limited opportunity to share **data** across the employability system.
- disparity in how support was commissioned and delivered. In some areas staff are recruited to deliver services directly while in other areas, provision is purchased from the third sector;
- differences in the approaches to **administration** of the various employability programmes currently available in terms of eligibility criteria, evidence required and performance requirements;

7 December 2018
Fairer Scotland for Disabled People: Employment Action Plan

This plan outlines the next steps the Scottish government, with employers and other partners, will take to meet the ambition to halve the disability employment gap. It also sets out the timescales for doing so. In this document, the government

committed to reviewing the delivery and quality of Individual Placement and Support (IPS) in Fair Start Scotland to ensure that participants are receiving the right support to enter work.

IPS Within Fair Start Scotland[13]:

Fair Start Scotland aims to support a minimum of 38,000 people[14] who want help to find and stay in work, and for whom work is a reasonable objective. It is delivered across nine geographical areas intended to align with specific local labour markets, whilst ensuring a consistent national standard of service delivery. Fair Start Scotland builds on the Scottish Government's values and principles of public services which are delivered with dignity and respect to individuals. It launched in April 2018 and has been extended to be delivered until March 2023.

It is a voluntary programme aiming to support those with additional barriers or long-term unemployment into work. Clients cannot be sanctioned for non-attendance, failure to engage or if they leave the programme early. However, normal conditionality and work-related activity requirements still apply.

Clients can be offered up to 12 months of pre-employment support and up to 18 months of in work support depending on their level of need.

To be eligible to join FSS, participants must:

- be aged over 18 and in receipt of a working age benefit or be aged 16 or 17 years old if they are:
    - disabled as defined in the Equality Act 2010
    - in receipt of Employment and Support Allowance
    - in receipt of Universal Credit and are in the Work Focused Interview regime, Work Preparation regime or No Work Related Requirements regime (if they particularly want to participate)
- not be in paid work of any kind at the point of referral
- have the right to work in UK (non-benefit customer)
- have the right to live in the UK and be resident in Scotland
- must not have been on SG Work First Scotland, SG Work Able Scotland, DWP Work Choice or Work Programme within 13 weeks of referral to FSS.

and be either:

- long term unemployed (in receipt of a working age benefit and unemployed for 2 years without a break and have reached the 2-year stage on or after 13 March 2018)
- in one of the prescribed disadvantaged groups who need extra tailored support to find employment:
    - Disabled people, as defined by the Equality Act 2010;
    - Lone parents

[13] Information taken from: IPS data Within Fair Start Scotland
[14] This target was set pre COVID-19. In September 2020, Ministers advised Parliament that this would be difficult to meet due to the impact of COVID-19.

- Current and ex-offenders (someone who has completed a custodial sentence or a community sentence)
- Care experienced young people
- Refugees with leave to remain and entitlement to claim benefit
- Black Asian minority ethnic
- Resident in the 15% most deprived Scottish Index of Multiple Deprivation (SIMD)
- Unemployed but with a health condition which is a barrier to employment.

Clients with certain barriers to work are eligible from day 1 of becoming unemployed (otherwise after 6 months of unemployment):

- Disabled people;
- Lone parents in the Work Focused Interview regime or the Work Preparation regime;
- Health issue placed in the Work Focused Interview regime or Work Preparation regime;

We understand that this has been recently extended to include care leavers, those with significant health conditions and Black, Asian and minority ethnic clients, are eligible for support from day 1 of becoming unemployed[15].

There were initial concerns from JCP staff about the eligibility criteria being complex and hard to understand, however these seem to have improved as the programme has embedded[16].

Specialist help is available to disabled people who require that support. This may include Supported Employment delivered in line with the Scottish Government's Supported Employment Framework (through Procurement), or Individual Placement and Support (IPS), for people with severe and enduring mental health conditions. This is a variant form of IPS as it is not time unlimited.

Figure 2. IPS Services in Scotland

Fair Start Scotland Region	NHS Scotland Region	FSS Provider	# IPS Workers through FSS	Other IPS Provider
1: Glasgow	Glasgow	PeoplePlus	0	SAMH
2: Lanarkshire	Lanarkshire	Remploy	1	SAMH (North Lanarkshire)
3: Tayside	Tayside	Remploy	2	ENABLE Works Dundee
4: Forth Valley	Forth Valley	Falkirk Council	1	SAMH (Falkirk)
5: East	Borders	Start Scotland (FedCap)	0	n/a
	Fife		0	Fife IPS (FEAT)

[15] Conversations with Fair Start Scotland IPS Delivery Review Steering Group 24th July.
[16] Fair Start Scotland Annual Report Year 1

	Lothian		0	NHS Lothian IPS Service
6: Southwest	Ayrshire and Arran	Start Scotland (FedCap)	0	SAMH (North Ayrshire)
	Dumfries and Galloway		0	n/a
7: Northeast	Grampian	Momentum Scotland	0	n/a
8: Highlands and Islands	Shetland	PeoplePlus	0	n/a
	Western Isles			n/a
	Highland			n/a
	Orkney			n/a
9: West	West Glasgow	The Wise Group	0	SAMH (Inverclyde, Dunbartonshire)

The Evidence Base for Individual Placement and Support (IPS)

IPS is a person-centred, face-to-face model, defined by eight principles (see below). These focus on integrating employment support alongside health treatment; providing rapid, personalised job search; tailoring employer engagement to individual aspirations; and offering extended in-work support.

IPS is a well-defined variant of the broader category of supported employment interventions, sometimes called “place, train, and retain” in contrast to traditional “train and place” approaches. Traditional models tend to focus on preparing for work, which may include long periods spent in volunteering, training, or sheltered employment. By contrast, supported employment approaches focus on rapid vocational profiling (identifying skills, experience, aspirations, and required work adjustments), job search and brokerage, and then in-work support for both employer and service user.

Multiple systematic evidence reviews have found that supported employment, specifically the IPS model, is significantly more effective at supporting people with severe mental illness into competitive employment than traditional approaches.[17,18] A lack of effective supported employment services has been cited as one of the

[17] Supported employment for adults with severe mental illness (Review). Kinoshita et al, Cochrane Library (2013)
[18] Generalizability of the Individual Placement and Support (IPS) model of supported employment outside the US. Gary R. Bond, Robert E. Drake, Deborah R. Becker. World Psychiatry 2012:11:32-39

key barriers for people with mental health problems to find work.[19] This evidence base includes:

- A review of 15 Randomised Control Trials (RCTs), of which six were from outside the US, showed a 36 percentage point improvement in competitive employment outcomes for participants receiving IPS versus traditional interventions (58.9% achieving a job outcome with IPS versus 23.2% for the control group, averaging across studies). The differential was 30 percentage points for the non-US studies[20];
- A more recent review of 19 Randomised Control Trials (RCTs), of which ten were from outside North America, found IPS to be more effective than traditional vocational rehabilitation "regardless of prevailing cultural or economic conditions"[21];
- Another review of 14 RCTs found evidence that IPS increased the levels of employment, length of job sustainment, and reduced the time taken to get a job[22];
- A six-country European trial of IPS found that participants receiving IPS had higher rates of job outcomes (54.5% versus 27.6% for traditional support); worked more hours; and remained in work for longer. It also found an 11 percentage point reduction in hospitalisation rates for people receiving IPS and a four point reduction in time spent in hospital.[23]
- IPS has also been successfully applied to support people with first episode psychosis into employment or, if more appropriate, education.[24,25]

IPS has recently been piloted for people exiting prison. A US-based Randomised Control Trial for people with severe mental illness and justice involvement showed that IPS supported significantly more people into employment than those receiving alternative support (31% in work vs 7%). There was no significant impact on justice involvement during the follow-up period.[26]

---

[19] Difficulties in implementing supported employment for people with severe mental health problems. Br J Psychiatry 2013; 203: 247–249

[20] Employment Outcomes For Participants Receiving IPS Versus Traditional Interventions

21 Modini M, Tan L, Brinchmann B, Wang M-J, Killackey E, Glozier N. et al Supported employment for people with severe mental illness: systematic review and meta-analysis of the international evidence. Br J Psychiatry 2016; 209: 14-22

22 Supported employment for adults with severe mental illness (Review). Konishita et al. Cochrane Database of Systematic Reviews 2013, Issue 9.

23 "Getting Back to Work with psychosis: The European experience" – presentation by Professor Tom Burns, based on results of EQOLISE trial

24 Individual Placement and Support for Individuals with Recent-Onset Schizophrenia: Integrating Supported Education and Supported Employment. Nuechterlein et al. Psychiatric Rehabilitation Journal 2008. Volume 31. No. 4. 340-349

25 Killackey E, Jackson HJ, McGorry PD. Vocational intervention in firstepisode psychosis: individual placement and support v. treatment as usual. Br J Psychiatry. 2008; 193(2): 114-20

26 Bond, G., Jung, Kim S., Becker, D., Swanson, S., Drake, R., Krzos, I., Fraser, V., O'Neill, S. and Frounfelker, R. (2015) A controlled trial of supported employment for people with severe mental illness and justice involvement. Psychiatric Services. 66(10): 1027-1034

In the UK, a pilot run by the Centre for Mental Health from 2013-16 in eight West Midlands prisons supported 39% of those who engaged into paid work (21 out of 54). 128 people were referred, although a significant number were inappropriate referrals (did not want to work, did not realise what the service was about).[27]

Figure 3. Eight principles of IPS

The Impact of Rurality on IPS Outcomes

Research shows that IPS services delivered in rural settings achieve comparable outcomes to IPS services in non-rural areas. There are implementation complexities within rural areas but also potential advantages to delivering employment services in these communities[28].

Barriers identified internationally to implementing IPS in rural areas include:

27 Centre for Mental Health. From prison to work: A new frontier for Individual Placement and Support.

[28] IPS Works Strategies for Rural IPS Programs available at: https://ipsworks.org/wp-content/uploads/2017/12/Strategies-for-Rural-IPS-Programs1.pdf

- Rural areas require travelling long distances for face-to-face services
- Rural areas may be poorer or have lower employment rates than non-rural areas
- Rural areas may have lower numbers of NHS staff
- Local knowledge and familiarity is required

However there are also advantages of working in rural locations:

- Small mental health teams can achieve better integration as staff know each other
- Many employment specialists have strong relationships with local employers
- It is sometimes easier for small agencies to make changes while implementing IPS.

Research in the USA found that there was no significant difference in the employment rate achieved by urban (36%) and rural (37%) IPS services[29].

An estimated 17% of Scotland's population live in rural areas[30]. It is therefore important to consider whether IPS can achieve good outcomes for these populations. IPS services should be well placed to achieve strong outcomes in rural Scotland. Firstly, COVID-19 has shown that IPS services can be delivered remotely, which may help to ease travel constraints. Additionally, rural areas in Scotland do not experience worse employment rates or greater levels of poverty than urban regions. In fact, in Scotland, the percentage of the population that are income deprived is lower in rural areas that the rest of the country[31]. Finally, employment rates are higher for all age groups in rural areas than in the rest of Scotland[32].

[29] As above
[30] https://www.gov.scot/publications/rural-scotland-key-facts-2018/pages/2/#:~:text=Just%20over%205.4%20million%20people,them%20living%20in%20rural%20areas.
[31] https://www.gov.scot/publications/rural-scotland-key-facts-2018/pages/4/
[32] As above

Approach

The aim of this review has been to consider the most appropriate approach to delivery of IPS in Scotland going forward. Through this review, we have been exploring how effectively Individual Placement and Support (IPS) is being delivered in Scotland today through Fair Start Scotland (FSS), and what might need to change to support more effective delivery. We also provide our opinion on:

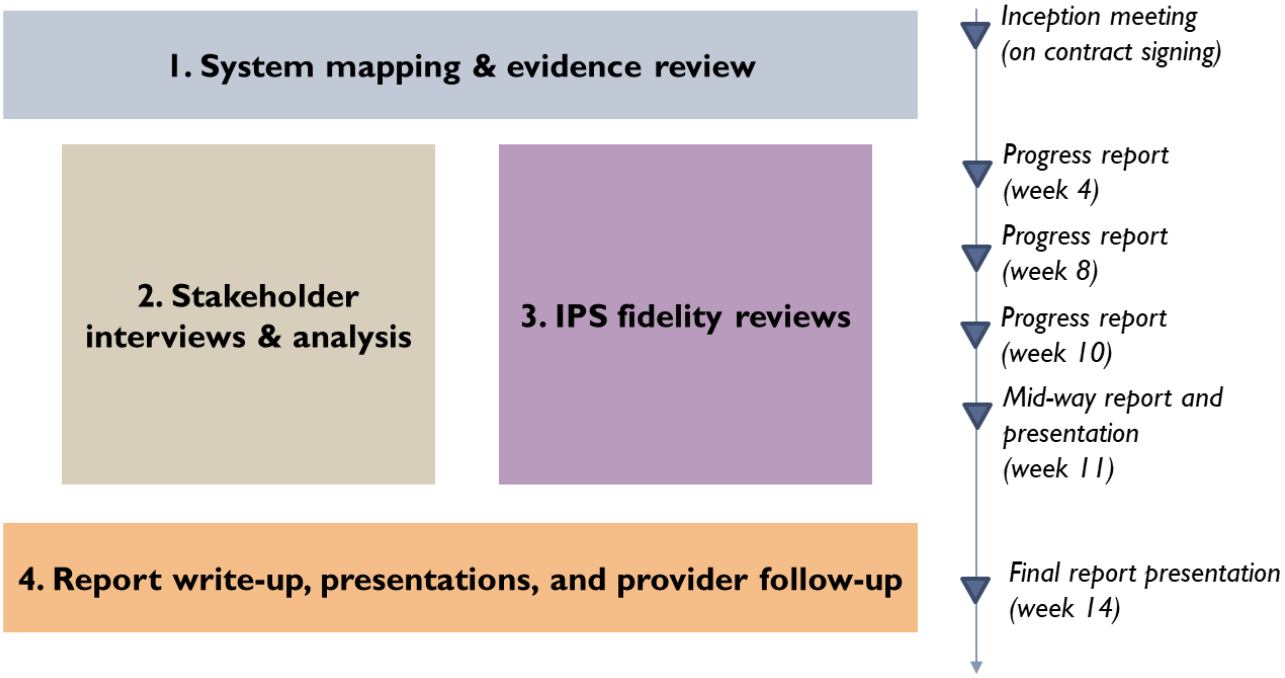
- the extent to which IPS delivery through FSS is meeting Scottish Government policy objectives of reducing the disability employment gap and supporting individuals with health needs into work.
- lessons for IPS delivery in FSS from other models of IPS being delivered elsewhere, including in Scotland, England and internationally.
- our assessment of the training and workforce development needs of IPS service providers in Scotland.

IPS is an intervention originally designed to work with clients who are in contact with clinical mental health teams, typically with severe and enduring mental health issues. It works by tightly integrating employment specialists into the clinical teams so that employment support is provided as a core part of mental health treatment and recovery planning.

However, the principles of IPS have since been applied to support clients with a wide range of barriers to employment, including drug and alcohol substance misuse, learning disabilities, autism, spinal injuries, veterans suffering PTSD, a range of other chronic health issues and disabilities, and other barriers such as contact with the criminal justice system. The FSS model of delivery is more aligned to supporting these wider groups. We have taken this into account in the provider fidelity reviews and in our overall findings.

We have applied a four-step methodology in this review:

Figure 4. Four-Step Methodology



1. System mapping and evidence review

We have reviewed policy documents and the context through which IPS support is commissioned through Fair Start Scotland. We have also compared this with the international experience, drawing particularly on learnings from IPS implementation in England. This included an assessment of how health and work policy developed in England to embed employment as a health outcome.

Our background report highlighted the following points:

- In Scotland, IPS delivery is largely situated within Disability and Employability Policy. It is under these policy areas that Fair Start Scotland is implemented, with limited involvement from the health and social care system in commissioning or delivering employability services.
- A key feature of the IPS landscape in England is that the NHS has taken responsibility for the roll-out of IPS in mental health teams, targeted at people with severe mental illness (SMI), while the Department for Work and Pensions (DWP) is building the evidence base for deploying IPS for other groups.
- This balance between scale-up in mental health teams and trialling for other groups matches the evidence base – while IPS has been extensively tested for people with SMI and is recommended by NICE as part of treatment and recovery for adults with schizophrenia and other psychoses[33], the evidence base is less developed for the effectiveness of IPS for other groups.
- The adoption of IPS by the NHS in England as core part of mental health treatment also reflects a more fundamental recognition of the role that employment can play in recovery from mental illness. It is, therefore, seen

[33] NICE guidance for psychosis and schizophrenia in adults – Quality statement 5 (Feb 2015)

as a health intervention first, even though the first principle of IPS is to support people to achieve competitive, paid job outcomes.

- IPS is undergoing a phase of rapid growth in both Scotland and England however different approaches have been taken with regards to how this scale up is delivered. In England, the NHS is playing more of a leading role in scaling up IPS for clients with severe mental illness, with DWP taking a lead in trialling innovative approaches working with different client groups or in alternative settings. In Scotland, IPS provision is being delivered as part of an integrated and broader set of employability services that draw on the values of dignity and respect through Fair Start Scotland.
- These different approaches present a strong opportunity for mutual learning.

2. Stakeholder interviews and analysis

We delivered semi-structured interviews with:

- every Fair Start Scotland provider;
- providers delivering IPS in Scotland outside of FSS;
- policy and health system leaders.

Details of the interviews carried out are detailed in Annex B. These interviews have focussed on the current policy landscape, delivery of IPS within and outside of FSS within Scotland, strengths, challenges and opportunities. We have also sought to understand how contracts are currently structured and performance managed. As part of this process we have also spoken with Scottish Government staff working on data analysis for the FSS contract. We have analysed data on the number of IPS services operating across Scotland and outcomes being achieved. Where publicly available, key findings from this data analysis are included within this report.

Separately, we have used international benchmarks and data available from Scottish Government to explore the potential size and need for IPS services in secondary mental health care in Scotland and associated cost.

3. IPS Fidelity reviews

To understand the quality of IPS provision, we have undertaken fidelity reviews or guided self-assessments (also referred to as readiness reviews) with every Fair Start Scotland provider.

The interviews with providers highlighted that only 3 out of 9 providers currently have any IPS provision. In FSS lots with low or no IPS uptake, we used guided self-assessment methodology for the prime contracting organisation. This draws on the Dartmouth “Agency Readiness for IPS Checklist” and:

- Engages IPS delivery staff, clinical teams and clients
- Maps current supported employment delivery against the evidence-based 25-point IPS Fidelity Scale
- Highlights practical steps the service and clinical team can take to become “IPS-ready”

The rationale for providing a readiness review rather than full fidelity review in these circumstances is that it can focus on practical steps that the Prime Organisation could take to start to deliver IPS, rather than potentially demoralising and confusing multiple supported employment service providers in each lot who are not currently delivering IPS with a low IPS fidelity score.

We have mapped below the various providers, their current delivery of IPS and noted which Prime Organisations received a desk based guided self-assessment and which lots received a formal IPS compliance fidelity review.

Figure 5. Fidelity Reviews Conducted

Region	Provider	Fidelity Review?	Readiness Review?
Glasgow; Highlands	PeoplePlus		✓
Lanarkshire; Tayside	Remploy	✓ 2 reviews and reports: 1 per lot	
Falkirk	Falkirk Council	✓	
East; Southwest; Northeast	Fedcap		✓
West	Wise Group		✓

Full details of the reviews and our methodology are detailed in Annex A.

4. Report write-up, presentations and provider follow-up

This final report contains:

- further reflections based on conversations with the Steering Group;
- our assessment of an indicative cost to deliver IPS to clients with SMI in Scotland;
- recommendations for how this could be delivered;
- fidelity review and self-assessment scores from each FSS provider;
- our assessment of the current Scottish labour market and how this will impact on IPS delivery.

Findings

1. **Scotland is pioneering the use of IPS within a mainstream employment contract internationally.**
2. **Although IPS delivery is required as part of Fair Start Scotland, very few participants so far have received an IPS service**

The decision to include an IPS element within Scotland's mainstream disability employment programme, Fair Start Scotland, is a clear demonstration of the commitment by Scottish Ministers to evidence-based practice. However, the FSS experience so far highlights some of the challenges of commissioning IPS as part of mainstream provision.

Under FSS contracts, all providers are expected to make available and offer IPS to clients who may benefit from the service. However, data received from FSS shows that there is very limited IPS being delivered.

- IPS is currently only being provided by 3 FSS lot providers.
- The 3 lots that are delivering IPS have small services: the largest service has 2 Employment Specialists, with 4 in total across all FSS providers.
- A very small percentage (<2%) of FSS participants have received an IPS service[34];

Figure 6: IPS Delivery by FSS Providers

First Start Scotland Region	FSS Provider	IPS Delivery?
1: Glasgow	PeoplePlus	✗
2: Lanarkshire	Remploy	✓
3: Tayside	Remploy	✓
4: Forth Valley	Falkirk Council	✓
5: East	FedCap (Start Scotland)	✗
6: Southwest	FedCap (Start Scotland)	✗
7: Northeast	FedCap (Momentum Scotland)	✗

[34] 133 of 10,063 participants received an IPS service in Year 1 of service delivery. Fair Start Scotland Annual Report Year 1. Fidelity reviews identified that this finding is continued in Year 2 of service delivery.

8: Highlands and Islands	PeoplePlus	✗
9: West	The Wise Group	✗

Clients with severe and enduring mental health needs (SMI) are unlikely to access FSS through current referral routes.

We do not have data on the specific mental health conditions of clients within Fair Start Scotland. However, conversations with providers have indicated that where clients do have mental health conditions, these are generally not severe and enduring conditions (such as schizophrenia, psychosis, bipolar disorder and severe depression). There are a number of reasons for this:

- Clients with the most severe and enduring mental health needs will often not be subject to benefits conditionality and are therefore unlikely to access Jobcentre Plus support. We estimated that over 50% of IPS clients in England are in the ESA Support Group and therefore are not required to seek work[35].

- Although FSS providers are able to and are expected to take referrals from outside the job centre, there is significant variation between referral sources by lot. In lots where the majority of clients are referred through the job centre, it is unlikely therefore that these clients will have severe and enduring mental health needs. We explain in more detail challenges with integration with clinical teams below.

Secondly, there are no contractual targets for IPS volumes.

Providers do not have targets or detailed specifications around the number of IPS-trained Employment Specialists they are expected to have or the number of IPS referrals that are expected. In England, IPS Grow has developed a standardised set of recommended KPIs for IPS services that include both referrals, job starts and job sustainments per employment specialist.[36]

[35] Social Finance analysis based on data from the Mental Health and Employment Partnership programme (2017)
[36] IPS Grow Key Performance Outcomes Framework: https://ipsgrow.org.uk/wp-content/uploads/2020/03/IPS-Key-Performance-Outcomes-Framework.pdf

3. Within Fair Start Scotland, IPS delivery has not yet attained good fidelity

1. IPS Fidelity and readiness reviews conducted highlighted gaps between current delivery and fidelity to the IPS model;

2. Key issues are lack of integration and joint working with clinical mental health teams, subsequent lack of engagement with the Severe and Enduring Mental Illness (SMI) cohort, limited individualised employer engagement and individualised in work support;

3. However**,** there is a willingness from the current FSS Providers to engage and learn more about IPS, as well as a range of good supported employment practices that map across to IPS.

The IPS Fidelity Scale is a well-evidenced tool to measure adherence of services to the IPS model to support people with severe and enduring mental illness. Evidence indicates that a higher score on the Fidelity Scale is associated with higher rates of competitive job outcomes.

IPS relies on zero exclusion

When an IPS employment service is integrated into a mental health clinical team, ideally 90% of all the referrals come from that team. Establishing whether an individual wants to work should be the only requirement of the referring clinicians.

Under the current FSS payment-by-results model, providers are only paid for a job outcome when the client works for 16 hours or more a week. For a person considering returning to work after a long period of time or indeed beginning their first employment journey, there is often a requirement to start working a small number of hours and build this up over time. Providers describe flexible ways in which they would try to support individuals who may have an employment goal of less than 16 hours. However, for an IPS service to be successful it is important that all people are eligible for support regardless of how many hours they may work. Paying for job starts, regardless of the number of hours worked, would give providers more financial certainty in investing time and support for clients who may want to start with less hours per week.

IPS requires integration with mental health services

Integration of employment services and mental health treatment provision is a key element of high-fidelity IPS. Integration is vital because it ensures that those people furthest from the job market are considered for referral and provided employment support. This is often referred to as “programme reach”. In an IPS service you would expect to see at least a quarter of participants with a diagnosis of psychosis. People who experience a psychosis or psychotic illness have one of the lowest employment rates of any group. They often also have other factors that can complicate their employment search, such as criminal convictions, comorbidities such as physical health issues and / or drug and alcohol addictions.

Currently FSS providers receive few referrals to the programme of people who face these barriers to employment. This is typical for an employment service that is not connected to clinical mental health teams. FSS providers are required to take referrals from the community and outside of the Job Centre. FSS staff therefore currently work with clients from multiple referral sources. However close integration requires the Employment Specialist to be embedded within only 1 or 2 clinical teams. The act of integration with a clinical team improves relationships and trust between providers and clinical staff and allows better joint working, which in turn increases referrals for those traditionally considered harder to reach.

IPS relies on each employment specialist to provide end-to-end support

Many of the providers highlight they have a variety of staff offering different support to clients referred. For example, some providers have engagement consultants (ECs) who welcome potential new referrals to their organisation. If the person wishes to continue with employment support, they are then allocated a personal advisor (PA). In addition to this there can be an employment services team which develops relationships with local employers and explores where potential job vacancies may arise. We understand that FSS providers are expected to have Employment Specialists with small caseloads offering all phases of employment support. Our fidelity reviews have identified that many of the employment team carry caseloads of 40-60 at a time.

Research evidence has confirmed that the best IPS delivery approach for people with severe and enduring mental health issues is to ensure that each member of the IPS employment team completes all phases of employment support with an individual. This is evidenced to improve engagement, reduce programme attrition and enables a better job match between employer and employee. The service user often needs intense in-work supports. If this is provided by the same employment team member who engaged with the employer to create a successful job outcome, there is typically a stronger ongoing relationship with both the employer and the new employee. Caseloads for this main employment specialist need to sit around 20 for them to deliver all aspects of the programme.

High quality Employment Specialists and Training Needs

Employment Specialist Skills

Some IPS services in Scotland have identified a preference for Employment Specialists having clinical qualifications or being Occupational Therapists. They have identified this as being an important factor in building trust and buy in with other clinical team members. Other services have employed Employment Specialists from a range of backgrounds.

The IPS Competency Framework developed by the United Kingdom Royal College of Psychiatrists suggests that the skills and values of an Employment Specialist are the determining factor in their success, rather than clinical experience[37].

[37] IPS competence framework and curriculum: guide https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/ips/ips-competence-framework-and-curriculum-guide.pdf

International research consistently highlights that the ideal Employment Specialists possesses competencies in six main domains: time management, advocacy with employers, building trusting partnerships with consumers, working as part of a team, face-to-face communication, and networking[38,39].

These competencies are best exemplified when the ES spends extensive time in the community and has high levels of frequency of contact with clients.

Furthermore, evidence would suggest that these competencies are best developed by supervisor field mentoring and support[40].

Training

There is no standard training programme provided to FSS providers by Scottish Government and the responsibility for sourcing and delivering appropriate training rests with the providers themselves. The quality of training provided to staff delivering IPS in Scotland through FSS varies across providers. We understand that some staff have received a short, half day training course on delivering IPS and other interventions. Other services have sent staff on multi-day training courses run by the Centre for Mental Health, or national IPS experts.

Few staff have received field mentoring although there are pockets of this practice within Fair Start Scotland providers. There is also an emphasis in Scotland on Employment Specialists undertaking NIDMAR qualifications. This is a Scottish Government initiative which is offered to FSS Providers to build their understanding and capacity. International experience suggests that specific IPS training is important.

However, in addition to training courses, employment specialists require specialist supervision as they learn the role and for ongoing development. Evidence has shown that trust must be built between an employment specialist and their supervisor in order to best realise the coaching aspect of supervision and field mentoring.[41] Consistent field mentoring helps embed and build ES competencies and also a team culture around persistence, hardiness, initiative and team orientation.[42]

Regular team and individual case reviews by the IPS Supervisor with a focus on the ES promoting hope for the client vocational future and empowerment in

---

[38] Glover, C.M. and Frounfelker, R.L., 2011. Competencies of employment specialists for effective job development. American Journal of Psychiatric Rehabilitation, 14(3), pp.198-211

[39] Glover, C.M. and Frounfelker, R.L., 2013. Competencies of more and less successful employment specialists. Community mental health journal, 49(3), pp.311-316

[40] Taylor, A.C. and Bond, G.R., 2014. Employment specialist competencies as predictors of employment outcomes. Community mental health journal, 50(1), pp.31-40

[41] Corbière, M., Brouwers, E., Lanctôt, N. and van Weeghel, J., 2014. Employment specialist competencies for supported employment programs. Journal of occupational rehabilitation, 24(3), pp.484-497

[42] Whitley, R., Kostick, K.M., Bush, P.W., 2010. Desirable characteristics and competencies of supported employment specialists: An empirically-grounded framework. Administration and Policy in Mental Health and Mental Health Services Research, 37(6), pp.509-519

relation to client vocational abilities are critical for ES development and in turn good employment outcomes for clients.[43]

There are international training courses and standards around Employment Specialist skills and training which could be incorporated into future IPS provision in Scotland (see recommendations).

4. **Outside of FSS there are examples in Scotland of small scale, high-fidelity IPS provision delivered which provide learnings around how the quality of IPS provision within FSS could be improved**

    a. For example, the Fife Employment Access Trust (FEAT) service; and the Glasgow Mental Health and Social Care commissioned IPS service, delivered by the Scottish Association for Mental Health (SAMH);

    b. These services are largely funded by Local Authorities, Foundations and a degree of Health Board funding;

    c. Key success factors in these services include the availability of block or low-risk funding that supports work with the most vulnerable, buy-in from and integration with the local health system, and the presence of local champions of IPS and relevant governance groups.

In Scotland, there was a small amount of IPS implemented from 2010-2015, following the publication of "Realising Potential" which encouraged Allied Health Professionals (AHPs) to explore the use of IPS as a vocational rehabilitation tool[44]. Scottish Government, Local Health Boards and AHPs came together to discuss how to establish IPS services across Scotland. Allied Health Professionals played a key role in delivering education programmes across Health Boards and around 4 Health Boards decided to establish IPS services. Two examples of services that emerged from these partnerships and continue to deliver high quality IPS services are outlined below:

1. **Glasgow: Scottish Association for Mental Health (SAMH) service**

SAMH have been delivering an IPS service since a pilot in 2012. A review of the service by Deloitte showed that the service supported 33% of clients into work (41 of 126 individuals in 2016) and has reported an ROI of 107% (a saving of £1,436 per user)[45].

[43] Teixeira, C., Rogers, E.S., Russinova, Z. and Lord, E.M., 2020. Defining Employment Specialist Competencies: Results of a Participatory Research Study. Community Mental Health Journal, 56(3), pp.440-447

[44] Realising Potential, 2010. Available at: https://www.gov.scot/publications/realising-potential-action-plan-allied-health-professionals-mental-health/

[45] Deloitte: Individual Placement and Support Programme: Economic Impact Assessment for Scottish Association for Mental Health.

2. Fife: Fife Employment Access Trust (FEAT) service

This service similarly started following the publication of Realising Potential and work undertaken by AHPs in the area to raise the profile and secure funding for IPS from the local authority and local health board. The IPS service has received multiple fidelity reviews and the outcomes of these reviews have increased from fair to good as the service has embedded.

Interviews have identified the following key elements to successful service delivery[46]:

- availability of **lower-risk funding**
- **buy-in from health system.** For example, in Fife, there was a long-term employability opportunity forum locally which had NHS representation.
- **strong integration** with local health teams
- leaders who believed in and **championed IPS**
- local **steering group meetings**
- **strong team** and IPS managers
- an **emerging IPS network** where SAMH, Enable and Fife IPS meet and share learnings across the country

Even these services have identified challenges to sustained delivery, including:

- a strong dependence on local champions pulling together local pots of funding, with the risk that services are small scale and vulnerable to stopping and starting;
- challenges fully integrating with local mental health teams and building referral routes through the NHS.
- a concern that some services call themselves "IPS" to access funding without a focus on high fidelity;
- the need for stronger links between employment boards and NHS boards. The experience of Fife, where there is NHS representation on the local employability board, is atypical across Scotland;

5. Examples from other countries demonstrate the importance of health system involvement in the commissioning of IPS services for people with Severe and Enduring Mental Illness (SMI)

a. Health system involvement is essential to build buy-in from mental health teams, enable effective integration, support referral flow, and support the model of "shared care";

b. In England, a scale-up of IPS support for clients with SMI from 10,000 to 115,000 clients per year is being driven by the NHS in England both through policy commitments and transformation funding;

[46] Provider Interviews

c. In Ireland, the Health Service Executive initially partnered with a European social organisation, Genio, to develop IPS services across mental health teams;

d. IPS is recommended by the National Institute for Health and Care Excellence for adults with psychosis and schizophrenia.[47] It should, therefore, be considered a core part of evidence-based practice in mental health services.

International examples show the importance of health system involvement in commissioning and scaling high quality IPS services for clients with SMI. In England, the NHS has taken responsibility for the roll-out of IPS in mental health teams, targeted at people with severe mental illness (SMI), while DWP is building the evidence base for deploying IPS for other groups.

The adoption of IPS by the NHS in England as a core part of mental health treatment also reflects a more fundamental recognition of the role that employment can play in recovery from mental illness. This is in line with NICE guidance that IPS is a recommended intervention for adults with psychosis and schizophrenia.[48] IPS is, therefore, seen as a health intervention first, even though the main outcome is to support people into competitive, paid jobs. In Ireland, IPS is being rolled out to all nine Community Healthcare Organisations and in the national forensic mental health service. The Department of Health has noted that IPS could be scaled up if this initial roll out achieves good results[49].

Our review has identified that in Scotland there is minimal health system involvement at both a policy level ("top down") in terms of setting targets for health boards to fund and provide IPS services, but also at a delivery level ("bottom up") in terms of delivery teams integrating with clinicians, and mental health specialists putting the recovery agenda[50] at the front of practice.

"Top down" Health System Involvement

As identified in our background report, the policy landscape under which IPS is delivered in Scotland is driven by the Employability team with minimal Health policy involvement in the current funding and policy development of IPS delivery:

- **Policy**: the Mental Health Strategy contains two commitments around employment, but points towards "A Fairer Scotland for Disabled People" as the policy leading on coordinating and aligning employability and health pathways for those with mental health conditions. The Mental Health

[47] NICE guidance for psychosis and schizophrenia in adults – Quality statement 5 (Feb 2015)
[48] NICE guidance for psychosis and schizophrenia in adults – Quality statement 5 (Feb 2015)
[49] https://www.gov.ie/en/publication/2e46f-sharing-the-vision-a-mental-health-policy-for-everyone/
[50] Recovery is a strength-based approach that does not focus solely on symptoms and which emphasises resilience and control over life's challenges. This model aims to help people with mental health problems move forward, set new goals, and take part in relationships and activities that are meaningful.

Strategy notes the intention to work with employers to act to protect and improve mental health. NHS Scotland is taking steps, as Scotland's largest employer, to support employability for individuals within its own workforce. It also wants to better connect mental health, disability and employment support. However, it points towards Employability Policy and the "Fairer Scotland for Disabled People: Employment Action Plan" as the policy document containing the steps being taken to coordinate and align employability and health pathways.

- **Funding**: there is currently minimal NHS Scotland or local health board funding being made available for IPS services across Scotland. FSS services receive no funding from the health system. Some IPS services that are being delivered outside of FSS have managed to some access local health board funding and/or a combination of Big Lottery and EU funding. However this is reliant on particular commissioners or local staff who are interested in the model. Some services have been delivered and then stopped because of short term funding. Where funding has been accessed, it has generally been small scale, making it challenging to employ a large enough team to deliver a robust IPS service[51].

There is also some concern from providers that commissioners may be delivering IPS "style" services which are not high fidelity and may dilute some of the core IPS principles. As a result, these have not achieved as strong outcomes as a high fidelity IPS service might do.

"Bottom up" Health System Involvement

Interviews with services and with the Allied Health Professionals network have identified a need for practical measures to support IPS staff to deliver services within the NHS as well as a greater focus on the recovery agenda for clinicians.

- **Practical**: Services noted that it can be difficult to gain access to NHS teams. For example, honorary contacts and access to equipment is challenging.
- **Cultural:** Interviewees noted that the recovery agenda is not yet at the forefront of clinical practice everywhere. IPS services play a key role in challenging assumptions clinicians may have about their clients, their conditions and their ability to work. Once integrated, Employment Specialists can share recovery stories and build hope in clinical teams. However, even where IPS services are fully integrated in Scotland currently, it can be hard to access referrals from practitioners[52].

[51] Interview
[52] Interview

6. **There is growing evidence that IPS can be effective for people with additional barriers to work who are not in contact with mental health services**

    a. Emerging research shows that IPS delivers comparable employment outcomes for groups other than people with severe mental illness;

    b. For example, IPS provided for clients with substance misuse issues in England is helping upwards of 26% of clients into work[53];

    c. Large-scale trials are under way in England to test IPS with referrals from a range of primary and community health and other services.

IPS was originally designed to work with clients with severe and enduring mental health needs. However, the principles and characteristics that underpin the success of IPS (low caseloads, person-centred support, effective job matching, proactive employer engagement, integrated work and health support packages) – should all be translatable to wider cohorts[54].

There is growing evidence and experience for IPS principles being effectively deployed to different cohorts beyond those with severe mental illness and in different settings (outside of secondary mental health services). This includes:

i. **Nine international Randomised Control Trials** of IPS for populations other than those with severe mental illness. A meta-analysis showed that eight of the nine trials found IPS achieved higher paid work outcomes than alternatives. These studies targeted people with drug and alcohol addictions, people with common mental health problems, and people with musculoskeletal or neurological disorders[55].

ii. **Health-led Trials**: A large-scale two-site trial is being evaluated in England testing IPS for people with a range of health and disability-related barriers referred from health, care and other settings. These were funded by DWP and NHS England and commissioned and delivered via two Combined Authorities in the West Midlands and Sheffield City Region;

iii. **Supported Employment Proof of Concept**: Supported employment for people with a learning disability, autism, or mental health issue. Funded via DWP outcomes payments in addition to local funding. Commissioned and delivered by Local Authorities;

---

[53] Data from Mental Health and Employment Partnerships commissioned IPS service for clients with substance misuse issues in West London, to August 31st 2020.
[54] A Whitworth: Disability and Health Journal 11 (2018) 568e575
[55] Bond GR, Drake RE, Pogue JA. Expanding Individual Placement and Support to Populations With Conditions and Disorders Other Than Serious Mental Illness. Psychiatry Serv. 2019;70(6):488-498

iv. **Reducing unemployment rates of people with drug and alcohol dependency**: Public Health England are currently trialling an IPS service for clients with substance misuse issues across seven sites. Mental Health and Employment Partnership has also commissioned an IPS service across eight boroughs of West London. This service has been running since January 2019 and has supported upwards of 26% of clients into work;

v. **Prison leavers**: A small pilot project by the Centre for Mental Health in eight West Midlands prisons from 2013-16 supported 39% of its participants into work with IPS (21 people out of 54 who engaged)[56]. This backed up the findings of a US-based Randomised Control Trial of IPS for people with criminal justice involvement, in which 31% of those receiving IPS found work compared to 7% receiving alternative support[57];

vi. **Disadvantaged young people**: A recent report by IES highlighted the potential to trial IPS for younger people with additional needs[58].

vii. **Veterans**: An IPS service for clients with veterans was piloted in Lothian between February 2016 and January 2017. By month nine of the pilot, the service had supported 54% of the active IPS caseload into paid employment[59].

In most of these trials, the IPS Fidelity Scale was used to measure service performance even where there was no possibility or intention of integrating employment specialists into mental health teams. Instead of modifying the scale, it is helpful to apply flexibility around how certain elements are interpreted to capture the spirit of the eight core principles of IPS in different contexts.

This emerging evidence base suggests that IPS could be delivered effectively as part of a programme such as FSS to meet the needs of a wide range of people with additional barriers to employment. The benefits of IPS can still apply even if employment specialists cannot be integrated into mental health teams and the cohort is widened beyond those with severe mental illness.

7. However, the FSS experience so far highlights some of the challenges of commissioning IPS as part of mainstream provision

Conversations with FSS providers, sub-contractors and programme management staff have identified three main categories of challenge with the current contracting structure:

1. **Service specification**

[56] Centre for Mental Health. From prison to work: A new frontier for Individual Placement and Support
[57] Bond, G., Jung, Kim S., Becker, D., Swanson, S., Drake, R., Krzos, I., Fraser, V., O'Neill, S. and Frounfelker, R. (2015) A controlled trial
[58] Supporting disadvantaged young people into meaningful work. IES (April 2020)
[59] Individual Placement and Support (IPS) Pilot Report at Veterans First Point Lothian. Lisa Mulvaney. Specialist Occupational Therapist

The FSS contract has relatively high-level references to IPS, including a summary of the eight principles and a requirement that employment specialists have training and experience working with people with mental health conditions. There are contractual targets based on provider bids around the proportion of outcomes that should be achieved for all clients, but there are no targets for IPS delivery specifically. There are also no minimum requirements for the number of IPS Employment Specialists provided. Given the lack of experienced IPS providers in Scotland and the up-front investment required in training and developing employment specialists, there would be value in a more detailed specification of the service and outcomes required for IPS delivery.

2. Funding model

70% of the contract value is funded on payment-by-results (PbR) based on sustained job outcomes. Therefore, providers' perceptions were that the PbR element was very significant for their income. This makes providers hesitant to make significant up-front investments in intensive support services, such as IPS, if they are reliant on long-term outcomes payments to recoup them. Specific challenges with the funding model included:

- IPS benchmarks suggest around 50% of clients enter into part time work initially (under 16 hours per week). Although FSS contracts recognise the value in helping clients to start in a part-time job, payments are only made for job outcomes once the client works over 16 hours per week;
- For some providers, the 52-week sustainment outcomes are paid at the highest rate of all the outcomes. However, job sustainment rates are currently lower than forecast, causing a drop in their income. It should be noted that providers were able to set their own payments across each of the job sustainment periods so there is variation among providers. Some providers noted that it is difficult to evidence long term outcomes as clients choose to move on from the service once they are working independently.
- There is concern that the targets used to set the PbR rates will no longer be realistic in a COVID-19 economic environment. For the year April 2020 – March 2021, FSS providers are being paid on a Cost-Plus basis, to cover all operating costs and provide more financial certainty while outcomes may be impacted due to COVID-19.

3. Performance management process

Some providers noted concern with the KDI system of targets, as service credit deductions are made to outcomes funding if these are not met. There are 19 contractual KDIs which are used to monitor providers, define how to supply services and within what time frame different steps should be taken. There are many mitigations in place – for example, providers are only fined for cases that are reviewed and fail to meet standards and mitigations are allowed if case notes explain why the KDI was missed. However, conversations with some providers suggests that the fear of punitive KDI deductions may disincentivise services from working with the most vulnerable clients where KDIs may be challenging to meet.

Provider Capacity Building

Interviews and reviews with providers have identified that all providers have a well-established, well led employment team. Their ways of working map well to IPS delivery in principle. This includes weekly employment team meetings, peer support sessions, providing coverage for other people's caseloads, sharing potential job leads with each other and working through strategies that can be used with hard to place individuals.

However, our experience shows that shifting a delivery model to IPS requires Provider (and the local Mental Health) senior management commitment and focus with a clear change plan for a shift in systems, processes, skills, and culture. There is often a bigger gap between IPS and non-IPS delivery than providers expect. This means that, even where providers understand the IPS principles and have tried to apply them at a high level, an independent fidelity review will often produce relatively low scores. This is what we have found in our reviews of FSS providers, with only 1 lot delivering IPS at fair fidelity (see Annex A).

As part of our fidelity reviews, guided self-assessments and interviews, we have provided all providers with coaching on the IPS model. We have also followed up with each provider individually to share the full fidelity report and to clarify any issues of understanding around the model.

For a provider to develop IPS capability as an addition to their business as usual approach, we would recommend they create a separate team with an implementation or delivery manager. They need to engage and build collaborative working with the local Mental Health Services. There is a wealth of free resources available online, including an e-learning programme for employment specialists, that can support this transition. Some providers may also need additional technical assistance (see recommendation section below).

Recommendations

Context and COVID-19 Impact

The Scottish Government has a target to halve the disability employment gap by 2038[60]. With rising unemployment linked to Covid-19, the Scottish government policy response has so far focused on youth unemployment and supporting those who have recently, or are at risk of, losing their jobs[61]. Economic output in Scotland is currently more than 10% lower than pre-COVID levels, and 15% of all employees in Scotland were furloughed in August[62]. Unemployment is forecast to peak at 8.2% in the fourth quarter, up from 4.6% currently[63]. There is, therefore, a significant risk that the recession will widen the disability employment gap and create a large, long-term welfare liability for people who are out of work and do not access "mainstream" support programmes, such as FSS.

These recommendations are designed to address this challenge and support the target of halving the disability employment gap. Cost, outcomes data and estimates in this section have been calculated using pre-COVID data as this is the best evidenced material available. While it is expected that COVID-19 will have an impact on service outcomes in the near term, we feel the data outlined below is appropriate because:

- evidence shows that IPS services are able to support clients into work even during economic downturns[64];
- IPS services in England supported clients into work throughout lockdown, and outcomes are now recovering.

1. **In future, IPS for those with severe mental illness should be commissioned outside of FSS through a partnership between health and employability commissioners**
    a. To achieve the Scottish Government target of halving the disability employment gap, employment needs to be made a core health outcome and / or Local Delivery Plan (LDP) Standard;
    b. International benchmarks suggest that 100 Employment Specialists would be required to reach 25% of the eligible population in Scotland each year;
    c. The increase in provision should be phased over 5 years, and implementation support will be crucial to high fidelity delivery;
    d. It will be important to build on the examples of good quality local IPS services that work closely with local health boards; piloting an expansion of provision in these areas is a recommended route forward.

[60] https://www.gov.scot/publications/fairer-scotland-disabled-people-employment-action-plan/
[61] https://www.gov.scot/publications/protecting-scotland-renewing-scotland-governments-programme-scotland-2020-2021/pages/2/
[62] https://www.gov.scot/publications/state-economy/
[63] https://www.bbc.co.uk/news/uk-scotland-scotland-business-54153241
[64] Bond, Drake and Becker World Psychiatry. 2020 Oct; 19(3): 390–391.

IPS for people with Severe Mental Illness should be commissioned outside of Fair Start Scotland (FSS) contracts

The evidence base for IPS has been largely constructed around offering an integrated employment service in mental health teams for people with severe mental illness (SMI). Our analysis shows that few people with SMI are accessing this support within FSS. This is for two main reasons:

- People with SMI are more likely to claim work-related benefits that have no conditionality requirements or obligations to seek work. They are, therefore, less likely to volunteer for a mainstream employment support programme;
- Employability providers that have not been commissioned by the health system typically find it challenging to integrate with mental health teams. We have found this to be true for FSS providers as well. Since most IPS services generate referrals directly from mental health clinicians, a lack of integration will naturally limit the number of referrals into the service for people with SMI.

Given that IPS is highly effective for people with SMI, there is a strong rationale to find an alternative commissioning model. The aim would be to enable IPS services to better integrate with mental health teams and, therefore, to attract more referrals from SMI clients.

The optimal commissioning arrangements of IPS for SMI would closely involve the health system

International experience shows that the best way to enable IPS service integration in mental health teams is for the health system to be closely involved in the commissioning of the service. In Scotland, this input from the Health System would likely include Health and Social Care Partnerships and Integrated Joint Boards, which include both NHS and Local Authority representation.

Firstly, this model underlines the benefits of IPS as a health intervention rather than as a model to reduce benefit claims. Secondly, the health system can use its existing commissioning structures and processes to ensure that IPS is seen as a part of mental health provision and not as an add-on or ancillary service. Finally, the health system can use its relationships and networks to build engagement and buy-in to the role that employment can play in mental health recovery.

There is strong rationale for the health system to be closely involved in the commissioning of IPS. IPS is a recommended intervention by the National Institute for Health and Care Excellence (NICE) for adults with psychosis and schizophrenia. The rationale in the NICE guidance states: “Unemployment can have a negative effect on the mental and physical health of adults with psychosis or schizophrenia”. [65]

[65] https://www.nice.org.uk/guidance/qs80/chapter/Quality-statement-5-Supported-employment-programmes

This is equally recognised in Scotland's Mental Health Strategy, which states that "work can be good for mental health". It includes an action to "explore with others innovative ways of connecting mental health, disability, and employment support in Scotland".[66]

IPS has a strong evidence base for delivering positive health outcomes alongside employment outcomes for people with SMI. The academic evidence shows:

- IPS achieves **twice the rate of job outcomes** for people with severe mental illness versus traditional employment support[67];
- A six-country European trial of IPS found that an **11 percentage point reduction in hospitalisation rates** for people receiving IPS and a four point reduction in time spent in hospital[68];
- IPS can reduce health service use with fewer days spent in hospital and reduced rates of readmission.[69]

In Scotland, an existing high-fidelity IPS service has demonstrated that these results can be replicated in the Scottish labour market and health system context. Reported outcomes include a 40-60% reduction in CPN appointments in year one after securing employment, a reduction of 3 to 6 psychiatry appointments in year one following employment, and a net average cost saving to the NHS of £374 per service user.[70]

Potential way forward for IPS delivery for people with SMI in Scotland

Based on NHS Scotland data, we estimate that 100 IPS workers would be needed to support 25% of clients with SMI who are interested in work in a given year. For context, NHS England have set targets for 50% of the eligible population to have access to an IPS service by 28/29.

IPS Grow data suggests that the cost of supporting 25% of the eligible population each year would be approximately £5.8m p.a. This would support approximately 1,640 clients into work each year. See Annex C for more detail.

Figure 7: Estimated IPS need to support 25% of eligible population

	NHS Scotland Region	Estimated # of People in Contact with SMI Services[1]	Estimated Clients Eligible for IPS[2]	Estimated number of ES needed[3]
1	Ayrshire and Arran	3,654	987	6
2	Borders	6,000	1,620	10

[66] Mental Health Strategy 2017-2027. Scottish Government
[67] https://psycnet.apa.org/doiLanding?doi=10.2975%2F31.4.2008.313.317
[68] "Getting Back to Work with psychosis: The European experience" – presentation by Professor Tom Burns, based on results of EQOLISE trial
[69] "Commissioning what works", Centre for Mental Health Briefing Paper 41
[70] https://www.samh.org.uk/documents/SAMH_IPS_Final_20161011_1.pdf

3	Dumfries and Galloway	1,342	362	2
4	Western Isles	224	60	1
5	Fife	3,706	1,001	6
6	Forth Valley	2,820	761	5
7	Grampian	5,098	1,376	9
8	Glasgow and Clyde	9,966	2,691	17
9	Highland	5,588	1,509	9
10	Lanarkshire	6,586	1,778	11
11	Lothian	9,312	2,514	16
12	Orkney	268	72	1
13	Shetland	194	52	1
14	Tayside	5,666	1,530	10
	TOTALS	**60,424**	**16,314**	**104**

[1] Data taken from NHS Scotland data showing number of new outpatients by health need (Mental Illness) per area in 2018[71]:

[2] We have estimated that 10% of the clients in contact with secondary mental health care are already in work, and 30% would be interested in finding work in a given year.

[3] NHS England have set a target of supporting 50% of these clients with IPS each year. IPS Grow data shows that 1 employment specialist can work with 40 clients per year.

Recommended steps to realise this plan

This plan builds on the experience of England and Ireland, where the engagement and leadership of the health service has led to a rapid expansion of IPS services that are well-integrated within mental health teams.

1. **Establish a national steering committee that includes leaders in Scottish Government from the Disability Employment team, Mental Health Directorate, and existing IPS services;**

This board would take responsibility for development and implementation of the subsequent priorities (listed below).

[71] https://www.isdscotland.org/Health-Topics/Hospital-Care/Publications/2019-11-26/Acute-Hospital-Publication/trend-data/

The board would also provide recommendations to future policy development around IPS. Work is underway in Scotland to develop a blueprint for local employment commissioning models; this board would shape how IPS provision should fit into this framework. The group would also ensure that there are standards for commissioning IPS services to maintain fidelity as provision scales.

2. **Recognition of work as a health outcome within Local Delivery Plan (LDP) Standards, for Health Boards to report on;**

Each year, the Scottish Government sets performance targets for NHS Boards to ensure that the resources made available to them are directed to priority areas for improvement and are consistent with the Scottish Government's Purpose and National Outcomes. LDP Standards are priorities that are set and agreed between the Scottish Government and NHS Boards to provide assurance on NHS Scotland performance.

Work should be recognised as a health outcome within LDP Standards. This would start from the premise that work is a health outcome and that IPS is recommended as part of NICE guidance for the treatment of psychosis and schizophrenia in adults[72]. Health boards should be set specific access targets for IPS services for their area, based on the number of patients in contact with secondary mental health teams, as outlined in the table above.

3. **The increase in provision should be phased over 5 years, with a programme of implementation support to enable high quality practice and engage NHS practitioners in the benefits of employment support for people with SMI**

New IPS services take time to reach high fidelity. This experience has been demonstrated in Scotland where the Glasgow and Fife IPS services both increased their fidelity scores over a period of years. Achieving buy in locally, recruiting the right team and integrating with clinical teams are all time-intensive activities and yet essential to achieving IPS fidelity. In turn, higher fidelity IPS services achieve better outcomes and support more clients into work[73]. For this reason, we recommend that IPS provision for people with SMI is scaled up over a five-year period.

In addition, the experience of the USA, Ireland, New Zealand, Australia and England has shown that implementation support is critical to establishing high fidelity IPS provision. The USA, which has the longest experience of growing IPS services, has found that maintaining an IPS State Trainer role has been essential in ensuring consistent and sustained quality[74]. Similar roles have now been put in place in many countries around the world.

---

[72] NICE guidance for psychosis and schizophrenia in adults – Quality statement 5 (Feb 2015)
[73] Bond, G. R., Becker, D. R., & Drake, R. E. (2011). Measurement of Fidelity of Implementation of Evidence-Based Practices: Case Example of the IPS Fidelity Scale and Kim et al (2015). Predictive validity of the Individual Placement and Support fidelity scale (IPS-25): A replication study
[74] Becker, D (2011a) Disseminating supported employment in the United States - The IPS Learning Collaborative. Presentation given at the World Psychiatry Congress, Buenos Aires, September 2011. Available at: http://www. tepou.co.nz/library/tepou/world-congress-ofpsychiatry-2011-presentations

Implementation support typically has three elements:

- Operational Support
    - provision of fidelity reviews to assess service quality
    - creation and implementation of service improvement plans
    - supporting local stakeholders develop buy in from local health systems
    - training for Employment Specialists and Team Leaders
    - establishing and facilitating communities of practice to share learnings
- Workforce Development Support
    - development and execution of workforce development and training programmes
- Data and Performance
    - centralised data collection and benchmarking of service performance

Given that there is no existing framework for health commissioning of IPS services, we recommend the following phasing:

Year 1: focus on establishing LDP Standards, building senior policy buy in from mental health directorate, developing implementation support. Start expanding existing high-fidelity IPS services within the health system, such as:

1. **NHS Lothian IPS service**: which has been funded directly by the local health board since its inception around 15 years ago
2. **Glasgow SAMH IPS service**: this service has been funded through a combination of Big Lottery and Local Health Board funding
3. **FifeIPS FEAT service**: the service has received funding from the local authority and local health board

Years 2 – 5: a phased ramp up of provision to reach the targets outlined above. There are a number of options for how this could be achieved including:

Existing Service Size: This phasing could be developed based on the current size of services in each area. For example, areas with existing provision may be able to scale more quickly than areas without existing provision.

Grant Catalyst Funding: Central grant funding could kick-start delivery in new areas, with areas bidding to be in the first round of funding.

Phased Scale Up: Areas could be placed into Phase 1, 2 or 3 based on the quality of existing IPS services in the area, their potential to develop high-fidelity IPS, or their need for additional time and support to develop IPS.

2. Existing IPS delivery within FSS could be improved through capacity building support and future contractual changes

a. Providers should develop their IPS capacity and capability, including partnership working with clinical teams, service adherence to IPS fidelity principles, staff understanding of the model through standardised training and quality assurance and supervision processes that promote IPS practice;

b. Achieving high-quality IPS delivery will require specific targets for IPS access and numbers of Employment Specialists, greater percentage of block funding and a more developed service specification;

c. A suggested service model could be 2 IPS Employment Specialists and a part time team leader in each lot. With good clinical integration and referral pathways, this could allow 900 FSS clients per year to receive an IPS service[75].

Fair Start Scotland is designed to support clients furthest from the labour market to return to work. Achieving job outcomes for these clients, who would be unlikely to enter work without support, not only achieves health and social benefits for the individuals, but also presents the greatest cost benefit to the government.

We consider that modest changes to the FSS contracts would support a greater uptake of IPS delivery. While there may be limited scope for amendments within current FSS contracts, these changes could be made to future Fair Start Scotland delivery programmes.

These include:

1. **A more detailed service specification and targets for providers around their IPS delivery**

   This would include targets for the number of referrals into the IPS strand as well as job starts and job sustainments. It would also include minimum requirements on the number of IPS team leaders and IPS employment specialists on the contract.

2. **Either a reduction in the level of Payment-by-Results in the contract or a re-weighting of outcomes payments so that more funding is linked to engagements and job starts rather than job sustainments**

   This will enable providers to invest up-front in IPS delivery with less risk that outcome payments will not materialise. Interviews with providers suggested that few are willing or able to make significant investments ahead of outcomes. Weighted the contract less strongly towards long-term job sustainments would facilitate more upfront investment and support for clients furthest from the labour market. This could include paying for job outcomes for the SMI cohort who enter work for less than 16 hours per week.

[75] Based on Social Finance Estimate (calculations provided in body of report).

3. **Removal of the application of service credits for failure to meet certain KDIs**

   KDIs could be re-focused around adherence to the fidelity scale rather than more detailed targets.

4. **A process to embed continuous improvement**

   For example this could include a requirement to undertake independent IPS fidelity reviews on a bi-annual basis along with more regular guided self-assessments. The IPS National Expert Forum, hosted by IPS Grow, has developed detailed guidance on the best practice approach to fidelity reviews.

5. **Implementation support to help providers build IPS capability**

   Technical assistance, delivered through an implementation support programme, could play a vital role in helping providers meet IPS fidelity standards. This approach has been used in almost all countries that have successfully rolled out IPS to both reach and then sustain high fidelity levels.

6. **The development of national standards around the pay banding and training IPS Employment Specialists in Scotland**

   These standards could include a requirement for all IPS Employment Specialists to undertake a multi-day training course, supplemented by in work mentoring and supervision. The training could be face-to-face training, delivered by IPS experts, or low-cost online courses available through **IPS Grow** (England) or the **IPS Works** network (USA). We also recommend the adoption of standard pay bandings for Employment Specialists linked to Agenda for Change Band 5 level and for Team Leaders to Band 6 level.

International evidence suggests that IPS services are more robust and achieve better outcomes when Employment Specialists work in teams and receive management support. We would, therefore, recommend as a starting point that each FSS lot is required to employ at least two Employment Specialists, supported by a part time team leader who may also have a caseload. We understand that some FSS providers stated as part of their bids that this would be delivered.

Based on an average caseload size of 20, a team this size would be able to work with approximately 100 clients per year in each lot, a total of 900 clients across FSS. We would anticipate 300 IPS clients achieving job outcomes per year through this approach.

Although we consider that the measures above would significantly enhance existing IPS delivery within FSS, we believe there is a much more significant opportunity to deploy the IPS model within FSS. This is outlined in our third recommendation below.

3. **IPS provision within FSS should be expanded further to all clients with complex health and disability-related barriers to work. This would make Scotland a pioneer in demonstrating how to achieve outstanding outcomes within mainstream employment support**

    a. Scotland is the first nation in the UK to include IPS within mainstream disability employment provision and benefits from a set of committed and engaged providers and policymakers;

    b. IPS is the best evidenced intervention to support those furthest from the labour market into work;

    c. Delivering effective community based IPS will be even more critical in the context of the current Scottish labour market.

We recommend a phased expansion of IPS delivery to all clients accessing Fair Start Scotland with complex health and disability-related barriers to work. This would improve job outcomes for this cohort, supporting the Scottish Government's policy objective to halve the disability employment gap.

The first evaluation report of Fair Start Scotland notes that "Scottish Ministers have committed to a 'test and learn' approach".[76] Our review has identified three key learnings that present an opportunity to iterate and improve the current model:

- There is very limited existing provision of IPS within FSS;
- IPS is the best-evidenced model of employment support for people with severe mental illness. There is emerging evidence that it is effective for a wide range of other groups with complex health and disability-related barriers to employment;
- There is no clear rationale for why some clients should receive IPS and others should receive a non-evidence-based service.

Our second recommendation above outlined a series of actions that could be taken to improve existing IPS delivery. The logical extension of this recommendation is to apply IPS, the best-evidenced model, to the whole cohort of people with complex health and disability-related barriers to employment.

There are two key challenges to this:

1. IPS is too expensive to offer to a wider group of people
2. This would be too significant a change to the FSS programme at this stage of delivery

We address these objections in turn.

[76] Fair Start Scotland evaluation report 1: implementation and early delivery review. Scottish Government (June 2019)

Cost-effectiveness of IPS

Our analysis suggests that IPS delivery costs £2,000 per engagement. This is comparable to other mainstream employment programmes, such as the UK Work and Health Programme, with indicative costs of £2.1k per person[77].

Figure 8: Cost-effectiveness of IPS

	IPS cost estimates
Estimated Unit Cost of Engagement	£2,000 [1]
Estimated Annual Cost of Engaging all Clients with Complex Barriers to Work	£6,000,000 [2] + implementation support
Actual / Estimated Annual Job Outcomes	930 [2]
Estimated Unit Cost per Job Start	£6,500 [1]

See below for calculation detail

[1] Unit cost of IPS:

The unit cost of an IPS service in a "mainstream" setting is estimated to be £2,000 per engagement.

This is a prudent estimate of the likely costs. Cost analysis of IPS services in SMI cohorts have shown that the average cost per engagement is £1,300[78]. We have increased the costs to factor in: provider margin, time to embed performance, and operational complexity to allow for supply chains to reach rural geographies.

This cost is also backed up by academic research from the University of Sheffield which estimates that delivering IPS within a "mainstream" setting, with caseloads of 25 and the employment specialist delivering employer engagement but networking into local services to support clients to deal with other barriers to employment (such as health) would cost £2,050 per unit[79].

The average cost of a job outcome with IPS is therefore approximately £6,500, based on the benchmarks of around 30+% of clients of IPS services securing a job[80]. Again, this is a prudent, upper end estimation. Evaluation of IPS services in England identified that the unit cost per job start was £4,400[81].

[77] National Audit Office Report
[78] IPS Grow Service Cost Calculation Tool
[79] The economic case for well-considered investment in health-related employment support: Costs and savings of alternative modified IPS models.
[80] Average Cost of a Job Outcome and IPS Grow Service Cost Calculation Tool
[81] As above.

[2] Costs of Expanding IPS provision

Based on an estimate of 3,000 clients accessing FSS with the most complex barriers to employment annually, the cost of delivering IPS to all this cohort would be £6m. Again, this is based on prudent, top end cost estimates of £2,000 per IPS case.

The University of Sheffield have estimated that IPS in mainstream settings could save between 9 and 66 pence per £1 spent in cashable tax and benefit savings, excluding reduced expenditure on health and wider support services. This is based on a caseworker having a caseload of between 20 and 25 clients and supporting between 30 and 35% of them into work[82].

Opportunity to change FSS

Contractual changes would be required to expand IPS provision in line with Recommendation 2.

We recommend that this is achieved as part of a phased process to first establish a solid baseline of IPS activity (as per Recommendation 2) and then expand to whole cohort. Given that FSS contracts are due to expire in March 2023, there is limited time within the existing contracting structure to implement these changes. It is important that changes are not rushed and sufficient time is provided to implementation support as providers transition. We would therefore recommend that Recommendation 3 is taken forward in future programmes, rather than within the existing contract.

[82] Adam Whitworth: The economic case for well-considered investment in health-related employment support: Costs and savings of alternative modified IPS models.

Conclusion

The decision to include an IPS element within Scotland's mainstream disability employment programme, Fair Start Scotland, was a clear demonstration of the commitment by Scottish Ministers to evidence-based practice.

The IPS model is the best-evidenced approach to supporting people with severe mental illness into work. There is growing evidence that it works for people with other health conditions and disabilities and other complex barriers to employment.

However, while IPS has been proven to work, it is a different approach that requires new ways of working by both commissioners and providers of services. The challenges faced by Fair Start Scotland providers in delivering high-fidelity IPS are typical of those experienced in other countries when the model was first introduced.

We believe the recommendations we have made in this report can help to address those challenges and to improve the fidelity of IPS provision within the Fair Start Scotland programme. However, we believe there are opportunities for Scotland to go even further to develop evidence-based practice and help those who need it most to get a job.

- First, the health system in Scotland could embed IPS as part of core mental health provision in line with NICE guidance. This would help IPS services to better integrate with mental health teams and build employment support into the mental health treatment pathway;
- Second, IPS could become the default for everyone within Fair Start Scotland with complex health and disability related barriers to employment. The IPS approach could also be part of the new "blueprint" that the Scottish Government is developing for local authorities to use when commissioning employment support.

After an extensive evidence review, the What Works Centre for Wellbeing concluded that "people do not adapt to unemployment. Their wellbeing is permanently reduced". For people with a health condition or disability, a job means more than just financial independence, social contact, and a source of dignity. It can be a lifeline.

Scotland has started pioneering the use of IPS to help people in mainstream employment programmes to access the lifeline of a good quality job. Now is the time to take the next step.

Annexes

Annex A. Fidelity reviews: Process and outcomes

Lot	Review	Review Type	Fidelity
2	Remploy (Lanarkshire)	Fidelity Review	Not IPS Supported Employment
3	Remploy (Tayside)	Fidelity Review	Not IPS Supported Employment
4	Falkirk Council	Fidelity Review	Fair Fidelity
1	People Plus (Glasgow)	Guided Self-Assessment	Not IPS Supported Employment
8	People Plus (Highlands)	Guided Self-Assessment	Not IPS Supported Employment
5	FedCap (East; Southwest; Northeast)	Guided Self-Assessment	Not IPS Supported Employment
6			
7			
9	The Wise Group (West)	Guided Self-Assessment	Not IPS Supported Employment

Review Methodology

Introduction to Fidelity Reviews

Individual Placement and Support (IPS) is a specific type of employment service. Research has demonstrated that this method of supported employment is the most effective approach for helping people with serious mental illness who want to work in regular jobs. Because research has consistently shown that IPS is more effective than other types of employment programs, it is called an evidence-based practice.

A fidelity scale is a tool to measure the level of implementation of an evidence-based practice. The IPS Supported Employment 25-item Fidelity Scale defines the critical elements of IPS in order to differentiate between programs that have fully implemented the model and those that have not. As demonstrated through research, high-fidelity programs are expected to have greater effectiveness than low-fidelity programs[83]. The IPS Supported Employment Fidelity Scale is a guide for commissioners and delivery teams to plan for and achieve better employment outcomes.

[83] Bond, G. R., Becker, D. R., & Drake, R. E. (2011). Measurement of Fidelity of Implementation of Evidence-Based Practices: Case Example of the IPS Fidelity Scale and Kim et al (2015). Predictive validity of the Individual Placement and Support fidelity scale (IPS-25): A replication study.

Understanding the scores: The IPS Supported Employment 25-item Fidelity Scale is divided into three sections: Staffing, Organisation, and Services. Each of the 25 items is rated on a 5-point Likert scale, ranging from 1 (no implementation) to 5 (full implementation), with intermediate numbers representing progressively greater degrees of implementation. The scale has a maximum score of 125 (25 items x 5 maximum point each = 125). Programs that fully implement IPS according to the scale criteria have shown to have higher competitive employment rates than those that do not.

There are 4 main categories to define service practice based on a fidelity review and scores are shown in the table below:

Score	Rating	Explanation
115-125	Exemplary score	The service is operating at a highly advanced level of IPS practice with strong focus on most or all aspects of the fidelity items
100-114	Good fidelity	The service is operating at a good level of IPS practice with some strengths and likely some areas to still focus on and improve. Evidence would suggest the main thing for the service to concentrate on with this sort of score is to ensure the team have good integration and are undertaking good and supported employer engagement.
74-99	Fair fidelity	This would indicate a service is delivering the basic expectations of IPS practice. The service requires a clear action plan and focus to make significant improvements.
73 and below	Not supported employment	The service is not delivering IPS. Major remedial action is required with specialist support or the service needs to be decommissioned or labelled as something else.

Using the scores: Reviewers encourage the service to consider the review and report to identify areas of strengths and area for improvement. The service needs to then draft an IPS fidelity action plan based on recommendations in the report. Ideally action plans will be discussed in local IPS steering committee meetings (where such forums exist) so that committee members can suggest strategies to improve IPS implementation.

Again, we must stress that good employment outcomes are correlated to a rating of at least good fidelity.

Fair Start Scotland Considerations

In Fair Start Scotland LOTS with low or no IPS uptake, we used our guided self-assessment methodology for the Prime Organisation. This draws on the Dartmouth "Agency Readiness for IPS Checklist" and will:

- Engage IPS delivery staff, clinical teams and clients
- Map current supported employment delivery against the evidence-based 25-point IPS Fidelity Scale
- Highlight practical steps the service and clinical team can take to become "IPS-ready"

The rationale for providing a readiness review rather than full fidelity review in these circumstances is that it can focus on practical steps that the Prime Organisation could take to start to deliver IPS, rather than potentially demoralising and confusing multiple supported employment service providers at every lot who are not currently delivering IPS with a low IPS fidelity score.

Our initial conversations with providers and review of the data have highlighted that there are multiple lots that are not currently delivering IPS services. We have mapped below the various providers, their current delivery of IPS and noted which Prime Organisations gained a desk based guided self-assessment and which lots received a formal IPS compliance fidelity review.

Lot	Region	Provider	Fidelity Review?	Readiness Review?
1 and 8	Glasgow; Highlands	PeoplePlus		✓
2 and 3	Lanarkshire; Tayside	Remploy	✓ 2 reviews and reports: 1 per lot	
4	Falkirk	Falkirk Council	✓	
5, 6 and 7	East; Southwest; Northeast	Fedcap		✓
9	West	Wise Group		✓

Covid-19 impact

During the period of COVID-19 in-person IPS fidelity reviews are not recommended. A virtual IPS review can be completed to identify what services are doing well and areas they can improve to help people gain successful employment. The intent is to mimic a fidelity review, to learn about current services and provide a report aimed at continuous service improvement.

The IPS reviewer will complete a fidelity report with program data, interview responses, and client file information. Usually the data is from the previous 6 months of delivery. The reviewer will work with the IPS supervisor to have a complete schedule prior to conducting virtual interviews in which they will meet key stakeholders, including service users and virtually observe employer engagement. The reviewer will summarise the IPS program strengths, provide recommendations and offer a teleconference with the IPS supervisor and other key staff to provide quality improvement consultation.

Considerations:
Due to Covid-19 impact there are 8 items from the 25-item fidelity scale which will be impacted and unable to be delivered on for the last 6 months (see detail below). The total impact of Covid-19 is a loss of potentially 36 points from 125 points on the fidelity scale.

We can identify and recognise a service attempts to commit to the items with other virtual approaches. We can also review pre Covid-19 workings and evidence. However, we cannot state the “virtual fidelity review” is a true and accurate representation of the service IPS fidelity given the impact of Covid-19.

There are 7 items with full 5 points impact due to covid-19:
Item 5: integration of Employment Specialists with Mental Health teams *(teams were unable to meet face-to-face)*
Item 6: collaboration with JCP/DWP *(this is unlikely as staff were drawn to other work)*
Item 15: face-to-face contact with employer within 30 days *(face-to-face contact not possible)*
Item 17: frequent employer contact of 6 face-to-face meetings a week *(face-to-face contact not possible)*
Item 18: quality of employer face-to-face contact *(face-to-face contact not possible)*
Item 23: time unlimited follow along support with specific client face-to-face prep and review once in work *(face-to-face contact not possible)*
Item 24: community-based services with Employment Specialists spending 65% of their time in the community *(community-based working not possible)*

There is 1 item with 1-point impact due to covid-19:
Item 8: IPS supervisor cannot undertake community observation and field mentoring of staff

Summary:
The Fidelity Review Report will provide a score that is indicative of what could have been possible if we can find suitable pre Covid-19 evidence as well as a **final score based on available evidence**. We recognise that the final score could be affected with an immediate loss of 36 points due to the impact of Covid-19.

The desk based guided assessment will provide a provisional score based on conversational review and offer real time coaching for the Prime Organisation on what each IPS fidelity item entails.

Annex B. Semi-Structured Interviews

Organisation
SAMH (Scotland Mental Health)
Scottish Government
AHP Network FifeIPS
ENABLE Scotland Glasgow Caledonian University
NHS Lothian IPS Service
Veterans First Point (V1P) Lothian

This table excludes interviews with IPS services and providers covered as part of the fidelity or readiness review process. Separate semi-structured interviews have been held with all 5 prime FSS contractors.

Annex C. Calculation of IPS Worker Need

This calculation follows IPS Grow Guidance to estimate the number of IPS specialists required[84].

Step 1: Calculate the number of adults on the caseload of secondary mental health teams

The number of Clients in Contact with Mental Health Services in Scotland was approximated per health board, using publicly available data on the number of outpatients by Health Board[85]. The number of new appointments with General Psychiatry services over the course of the year was used as a proxy for the number of people in contact with mental health services - around 60,000 in total.

The population of Scotland is estimated to be 5.5m people[86]. This represents just over 1.1% of the population in contact with Mental Health services.

NHS England data shows that just under 1.1m adults are in contact with adult secondary mental health services[87]. This represents approximately 2% of the population[88]. This suggests that the figures we have used in our analysis for the number of clients in contact with Secondary Mental Health in Scotland are either an underestimation, or less people are in treatment. Either way, it is likely to result in a prudent estimate of the number of ES required to support this population.

These access figures have been "sense checked" with Scottish Government Fair Start Scotland colleagues as a reasonable estimate. Scottish Government could replicate this analysis using internal data as part of the process to set targets for IPS access for SMI clients.

Step 2: Identify the number of Clients who want Employment Support

We deducted the number of people who are already in paid employment. This is estimated to be approximately 10% based on comparable data points[89].

We then estimated the percentage of people with severe mental illness who may be interested in seeking paid work in any one year. Note that this is the only exclusion criteria for IPS and is not the same as the percentage that clinicians or other professionals believe may be suitable for paid work. While there is no definitive view on the proportion who fall into this category, studies suggest it may be 30-50% of the cohort[90]. We used the 30% criterion to be prudent.

---

84 https://ipsgrow.org.uk/wp-content/uploads/2020/03/1.2-Comm_Guid_Supported_Empl.pdf
85 https://www.isdscotland.org/Health-Topics/Hospital-Care/Publications/2019-11-26/Acute-Hospital-Publication/trend-data/
86 https://www.nrscotland.gov.uk/statistics-and-data/statistics/scotlands-facts/population-of-scotland
87 https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/mental-health-data-hub/mental-health-services-monthly-statistics
88 https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates
89 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/212266/hwwb-mental-health-and-work.pdf p16.
90 "Mental health and work", Royal College of Psychiatrists (2008)

We have then suggested that Scottish Government initially targets making support available to 25% of this population by the end of the next 5 years. This is designed to be a realistic ramp up target that will support implementation of high fidelity services as support scales. NHS England have a target to support 50% of the eligible population each year by the end of 28/29.

Step 3: Identify the number of Employment Specialists Required

IPS Grow data for a high performing service suggests a fully-trained employment specialist can work with 40-50 clients per year.

Step 4: Identify the Associated Costs

IPS Grow have developed a tool to calculate the expected costs of a service based on its access targets[91]. This uses benchmark data around the cost of staff, management and running a high-fidelity IPS service.

Step 5: Estimate the number of job outcomes

IPS Grow estimate that each Employment Specialist should be able to support around 16 clients into work each year. This is based on benchmarking existing high fidelity service performance.

NHS Scotland Region	Estimated # of People in Contact with SMI Services[1]	Estimated Clients Eligible for IPS[2]	Estimated ES needed to work with 25% of the eligible population each year[3]	Estimate Annual Service Cost (£000s) [4]	Estimated Annual Number of Job Outcomes [5]
Ayrshire and Arran	3,654	987	6	325	95
Borders	6,000	1,620	10	564	160
Dumfries and Galloway	1,342	362	2	141	40
Western Isles	224	60	1	55	8
Fife	3,706	1,001	6	380	105
Forth Valley	2,820	761	5	282	80
Grampian	5,098	1,376	9	466	136
Glasgow and Clyde	9,966	2,691	17	932	272
Highland	5,588	1,509	9	543	152
Lanarkshire	6,586	1,778	11	607	176
Lothian	9,312	2,514	16	868	248
Orkney	268	72	1	55	8
Shetland	194	52	1	55	8

[91] https://ipsgrow.org.uk/commission-an-ips-service/resources-templates/

Tayside	5,666	1,530	10	543	152
TOTALS	**60,424**	**16,313**	**104**	**5,815**	**1,640**

This publication is available at **www.gov.scot**

Any enquiries regarding this publication should be sent to us at

The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

ISBN: 978-1-80525-435-5 (web only)

Published by The Scottish Government, January 2023

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS949066 (01/23)

w w w . g o v . s c o t