

# Commissioning Guide for Supported Employment services

## Who is this guide for?

The purpose of this guide is to provide guidance for commissioners to support them in high quality commissioning and programme management of Supported Employment services for population groups other than severe mental illness (the traditional group supported by IPS services). The guidance below is relevant for, and where appropriate differentiates between, both the Individual Placement and Support (IPS) fidelity model and the Supported Employment Quality Framework (SEQF) fidelity model of Supported Employment.

## Research background to this guidance

The findings that underpin this guidance form part of an applied research project funded by the National Institute for Health and Care Research (NIHR) between 2022 and 2024 exploring Supported Employment across numerous IPS and SEQF Supported Employment interventions in the UK for population groups other than severe mental health (the traditional group supported by IPS services). Population groups included in the research are those with low to moderate mental health and/or physical health conditions, autism and/or learning disabilities, substance misuse issues, housing insecurity and homelessness, and ex-offenders. The findings and guidance here draw on data from 71 interviews with frontline employment specialists and team managers of Supported Employment services, clients from a variety of different Supported Employment services, local commissioners of Supported Employment services, co-location partners, and employers. They highlight key considerations regarding the commissioning, implementation and programme management of these IPS or SEQF services in order to seek to maximise work and health outcomes for clients from the service.

## What is 'Supported Employment' and who is for?

Supported Employment is a voluntary evidence-based, fidelity-based, values-led model of employment support for individuals with health conditions, disabilities or other complex disadvantages. There is confusion and variability in how literature and policy stakeholders understand 'Supported Employment'. This creates risks for policy stakeholders because some of the high-level nuances of Supported Employment are important to get right. There are two main fidelity models under the Supported Employment umbrella – Individual Placement and Support (IPS) and the Supported Employment Quality Framework (SEQF):

- IPS is the right Supported Employment fidelity model for clients where clinical (or other) integration is needed/possible and where clients have a moderate to high level of employment support need;
- SEQF is the right model for adults with learning disabilities and/or autism. SEQF might also be considered for other groups with complex levels of employment support need (or, potentially, system cost) and where integration with clinical (or other) teams is not necessary or possible.

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## Why should I commission employment services that follow IPS or SEQF Supported Employment models for these population groups? What is the evidence around their effectiveness?

IPS has long since been shown to be highly effective for people with severe mental health issues. Across around 30 randomised controlled trials – the gold-standard of impact evaluation evidence – IPS services for this group achieved job entry rates of 55% on average compared to 25% in control groups (Bond et al., 2020). By reviewing the quantitative evidence, our research has shown that IPS is also markedly more effective – around 32% more effective – than business-as-usual employment services in supporting a range of non-working mental health, physical health, substance misuse and wider population groups into paid work (Whitworth et al., 2024). Given that the SEQF fidelity scale was formalised only in 2016 the evidence base around SEQF is still emerging in terms of formal impact evaluations. However, outcomes evidence and pre-post comparisons also suggest potential for strong performance improvements compared to business-as-usual support for adults with learning disabilities and autism using the SEQF fidelity model.

### Step 1: The commissioning process

#### *Developing a tailored contract specification and provider contract*

Supported Employment is a distinctive model of employment support and, as such, needs to be designed to reflect its particular model requirements, performance potential and target population groups. One challenge that UK commissioners may face when designing Supported Employment programmes and contracts is uncertainty around some of the key parameters. To seek to aid commissioners, the table below presents suggested values for a range of key service parameters, drawing on evidence and experiences across a number of IPS and SEQF services in the UK across recent years.

Suggested KPI / Target	SEQF	IPS in population groups beyond SMI
<b>Programme Duration</b>	9-12 months out-of-work support + 4 months in-work support (with advisor discretion to extend cases somewhat & with an on-going informal offer of further support to employer and client if the need arises after formal service exit)	12 months out-of-work support + 4 months in-work support (with advisor discretion to extend cases somewhat & with an on-going informal offer of further support to employer and client if the need arises after formal service exit)
<b>Cost per participant/Unit Cost</b>	£4500 - £5000	£1750 - £2250
<b>Access</b>	At least 70% of referrals start on service	At least 70% of referrals start on service
<b>Active caseload</b>	Employment Support Officer / Employment Specialist: Max 15	Employment Specialist: Max 25 Senior Employment Specialist: Max 20 (depending on size of team supervised)
<b>Paid work entry</b>	At least 40% of starters into paid employment	At least 40% of starters into paid employment
<b>Sustained employment outcomes</b>	At least 70% of people sustain employment beyond 26 weeks	At least 65% of people sustain employment beyond 13 weeks

<b>Wellbeing outcomes (measured for each client at start and end of their Supported Employment support)</b>	<p>The Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) is a useful tool that produces a numerical wellbeing score. This enables commissioners to reach into potential effects on key wider wellbeing outcomes for clients. Helpfully, change in SWEMWBS it can also be cashed out in order to feed into cost-benefit evaluations.</p>	<p>The Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) is a useful tool that produces a numerical wellbeing score. This enables commissioners to reach into potential effects on key wider wellbeing outcomes for clients. Helpfully, change in SWEMWBS it can also be cashed out in order to feed into cost-benefit evaluations.</p>
<b>External fidelity assessment frequency</b>	<p>At least once within the first 12 months of a new service. At least every three years for a service holding SEQF accreditation at either a 'Good' or 'Excellent' level.</p>	<p>At least once within the first 12 months of a new service. At least every three years for a service holding IPS Grow accreditation at either a 'Good' or 'Exemplary' level.</p>
<b>Internal fidelity self-assessment / peer-assessment</b>	<p>Annually in between external fidelity assessments. Should be documented, scored and with a resulting improvement action plan.</p>	<p>Annually in between external fidelity assessments. Should be documented, scored and with a resulting improvement action plan.</p>
<b>Internal service training, development and self-reflection around fidelity performance</b>	<p>On-going in staff induction, training courses, 1:1 supervisions and at least quarterly thematically focused internal team training sessions throughout contract lifetime.</p>	<p>On-going in staff induction, training courses, 1:1 supervisions and at least quarterly thematically focused internal team training sessions throughout contract lifetime.</p>

### **Explore joint commissioning arrangements and joint programme Steering Groups**

Commissioners might consider joint-commissioning or alliance commissioning models. These partnerships can unlock additional funding and help ensure that key partners to service success and any desired future system change are around the table and invested from the outset.

Joint commissioning can be aided by consideration of how different local and central commissioners stand to gain from the benefits of a supported employment service in terms of cashable savings or reduced service pressures. For IPS services supporting individuals with low to moderate mental health and/or physical health conditions our open source IPSMOD cost-benefit tool can help estimate these (see 'Want further details?' Section below).

In order to create and retain the engagement of key stakeholders to programme success and any desired local system change, it is advisable to set up a programme Steering Group that includes relevant senior stakeholders representing the local authority (including from the IPS co-location team), health partners (eg Integrated Care Board), social work teams (if SEQF), Jobcentre Plus as well as from the provider. It is recommended to also involve participants with lived experience of participation in the Supported Employment service and/or the target population group to offer the important client perspective.

### ***Consider longer-term contracts***

Commissioners should consider longer-term contracts (three or more years) to ensure that services have adequate time to establish their operations, develop strong relationships with referring organisations, integrate effectively with other local services, develop and demonstrate deep understanding of Supported Employment fidelity and values in daily work, and develop effective skills, strategies and network regards employer engagement. Evidence suggests that a new Supported Employment takes between 6–18 months to properly develop these key delivery elements. Where funding is only available for shorter periods, commissioners should offer contracts with the option of extension.

### ***Involve all relevant delivery partners during market engagement***

Delivery of an effective, high-fidelity Supported Employment service will rely on strong relationships between local services and partners. Early identification and engagement by Supported Employment commissioners of local services relevant to the referrals and (if IPS) integration of the target population group is helpful to draft a more considered and realistic contract and to have engaged the relevant local partners to strengthen the chances of programme success from its start.

### ***When selecting providers incorporate a dialogue stage and prioritise fidelity, values and capacity for learning and adaptation***

As explored further in our Supported Employment Fidelity briefing (see Want further details? Section below), high-quality Supported Employment services that achieve high levels of well matched, sustained employment outcomes for clients depend on a deep-rooted commitment to the principles, values and fidelity models of Supported Employment (whether using an IPS or SEQF fidelity scale depending on the population group, as discussed above). Key Supported Employment values include: a strengths-based approach, centering client preferences and agency, co-production, advisor commitment and proactivity, universality of support, well supported ambition and genuine personalisation of support, job search and job outcomes.

***There are risks to Supported Employment programmes and commissioners from rigid adherence to a service specification or to an inappropriately narrow focus on outcomes performance and/or profit without sufficient care for universal, person-centred, high quality support for all participants.*** Commissioners should look for providers who are able to evidence their understanding, experience and commitment to Supported Employment values, principles and fidelity models. Providers should at a minimum have a track record of values-based, client-centred employment support that delivers strong performance levels of well-matched employment for similar groups of clients. Ideally they should also have a strong track record in the Supported Employment fidelity model (i.e. IPS or SEQF) and target population group(s) in scope. Providers should show commitment to, and capacity for, learning and adaptation based on insights from operational and outcomes data, and commitment to work in a mission-driven partnership with commissioners. Evidence of integration into the local clinical or service landscape is also likely to be an important factor for IPS services, especially for cohorts referred from clinical settings. Contract award should be based on quality not price. Price discounting is not encouraged as it is likely only to undercut the necessary resources for providers to deliver to quality for all participants. Outcome-based payment models are rarely used in Supported Employment services and bring risks to the key values, quality and universality of Supported Employment services. Commissioners should build these priorities into selection questions and scoring criteria.

Commissioners should recognise that they are (of course) seeking excellent Supported Employment services, not just excellent written bids. Commissioners should always incorporate a dialogue stage with bidders and should push hard in those meetings around the considerations above in order to seek to discern where there may be a gap between what is written and what is the reality for different bidding providers in terms of their understanding, experience and commitment to Supported Employment fidelity, values and principles.

## **Step 2: Continual learning, development and improvement throughout the service lifetime**

### ***Active commissioner and provider roles in on-going service improvement: Go beyond 'traditional' contract management and focus on building a growth-oriented partnership***

Although the evidence is clear that Supported Employment models on average deliver markedly stronger outcomes performance, the evidence is also clear that implementation is key. Programme success will be significantly affected by implementation quality and this is shaped by the collective commitment of commissioners and providers to work in partnership (and with other key local partners as appropriate regards referrals, integration and/or wraparound support needs) to continually strengthen the service's support quality and outcomes performance in a balanced, values-led, person-centered manner. Commissioners have important roles to play in the live-running of Supported Employment services if their potential high performance is to be achieved. This is different from other forms of employment programme where commissioners might play only a performance management and contract management function around a few key KPIs.

Instead, all the evidence shows that Supported Employment services are developmental services in the sense that after services are launched it takes on-going time, focus and dedication from both providers and commissioners to strengthen and deepen key and distinctive aspects of any Supported Employment and, in doing so, to strengthen service delivery quality, client experiences and employment outcomes:

- Supported Employment fidelity and values;
- employer engagement and support;
- referrals from often diverse services and parts of the community;
- and, if IPS, integration into health or other teams.

In Supported Employment services commissioner roles are varied and active. For example, a direct role is that commissioners can help providers to understand and navigate the local ecosystem and may well need to facilitate awareness, understanding, engagement and support for providers from key referral teams or integration services. Commissioners have an important role in using their contract-oversight role to support providers, referral teams and integration teams in learning, reflection and improvement rather than just spot-check compliance issues and outcomes performance levels. Commissioners should also ensure that Supported Employment providers have plans and on-going activities in place from service launch to continually strengthen and deepen their understanding and adherence to Supported Employment values, principles and fidelity.

**Build mutual capacity for data-driven analysis of operations and outcomes to drive improvement.** A commitment to continual improvement in delivery quality and outcomes performance rests upon the ability of commissioners and providers to understand the current position, strengths and development needs. Regular analysis of delivery and outcomes data will help commissioners and providers diagnose challenges and enhance strengths at pace. Commissioners may need to deliver, require, encourage or finance these kinds of data analytics capabilities. This could involve 'deep dives' on referral sources and seasonal fluctuations, analysis of variance in caseload composition and performance, access for different minority groups in the catchment, analysis of engagement of different industries.

### **Service specific elements**

#### **Access: balancing demand with caseload size**

Commissioners should consider both who services should reach and caseload capacity when setting access targets for a service. Analysis of the total possible cohort who could benefit from services will give a good benchmark for the level of need but this should be assessed in conjunction with realistic assessments as to the percentage of the target cohort who are likely to engage. Conversations with key referral sources and with existing Supported Employment services in other areas supporting the target population group can help inform this assessment. These assessments of expected service demand need to be placed within the context of the programme budget and size and with adherence to the caseload levels required within SEQF and IPS fidelity guidance in order to protect the right quality of support for clients.

Commissioners should conduct local service mapping and should collect referrals data about client demographics and referral sources in order to understand key target cohorts and referral sources for the Supported Employment service and to monitor gaps in referrals/access. This is necessary to improve equality of access to the Supported Employment service over time and to improve the evolving reach of the service into different referral sources. Providers of Supported Employment programmes should have clear websites, phone numbers, online forms and physical offices where interested potential clients can learn more, make enquiries and make self-referrals.

#### **Integration in IPS services: ensuring providers are embedded in the service ecosystem**

For IPS services, effective integration of the service into key host co-location teams relating to the key support needs of the target population group(s) is essential for programme success in terms of referrals, joined-up support, client experiences, and employment and health outcomes. The nature of relevant teams to co-locate into and integrate working with inevitably varies according to the nature of the target population group(s) – for example, local drug and alcohol teams for IPS Alcohol & Drugs services, Talking Therapies teams for IPS for low to moderate mental health clients, etc. There is considerable existing guidance for commissioners on integration into clinical settings. For cohorts who are not consistently interacting with clinical or health support services, integration expectations will look different and learning and adaptation should be encouraged.

To help their programmes and providers, commissioners should facilitate local service mapping exercises to understand service journeys and identify service interaction points for target population groups that providers should integrate with. As noted above, commissioners have an important role in encouraging local services to refer to and/or integrate with the Supported Employment service since the Supported Employment provider is unlikely to have the necessary political leverage locally. For IPS services, key integration locations will also be key referral sources for that population group, as well as a range of wider referral sources including GPs, local authority support teams (e.g. housing, debt, etc), Jobcentre Plus, and third sector and community organisations. For SEQF services supporting adults with learning disabilities and/or autism, integration is not part of the SEQF model and commissioners should engage social work teams, day centres, schools, colleges and third sector organisations to seek to engage key referral sources.

### ***Performance expectations and KPIs: tailored and balanced across process and outcomes***

Commissioners should consider benchmarking success for the Supported Employment providers to drive performance and facilitate troubleshooting of the operational model. The table above presents a set of suggested benchmarks to guide commissioners. As the suggested benchmarks in the above table make clear, in terms of performance measures and management commissioners should:

- Be proactive in embracing their roles as champions, facilitators and enablers of their Supported Employment provider success;
- Be balanced in their focus on process quality – strong Supported Employment values, principles and fidelity demonstration day-to-day – as well as referrals and outcomes levels when performance managing providers, recognizing that it is process quality that ultimately holds the key to strong and sustained employment and health/wellbeing outcomes and referrals success;
- With collective dedication and effort with their Supported Employment provider, to expect fidelity adherence (in terms of values and principles as well as fidelity scores) and outcomes performance to improve gradually over time. As such, providers might wish to adjust benchmark expectations throughout a contract lifetime in order to give time for services to embed and improve and to encourage performance stretch over time through the contract lifetime.

## References

Bond G, Drake R, Becker D. (2020) 'An update on Individual Placement and Support', *World Psychiatry*, 19:3

Whitworth, A., Baxter, S., Cullingworth, J. and Clowes, M. (2024) 'Individual Placement and Support (IPS) beyond severe mental health: an overview review and meta-analysis of evidence around vocational outcomes', *Preventive Medicine Reports*, 43

## Want further details?

Check out the resources page of the project website to find a range of wider project resources: [www.ipsbeyondbeyondsmi.org/resources](http://www.ipsbeyondbeyondsmi.org/resources)

Feel free to contact the project lead, Prof Adam Whitworth, Strathclyde Business School, University of Strathclyde, to discuss further: [adam.whitworth@strath.ac.uk](mailto:adam.whitworth@strath.ac.uk)

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