CONNECT TO WORK
Funded by **UK Government**

IPS GROW

IPS fidelity scale for Connect to Work (CtW)

Centre for Mental Health UK version, adapted by IPS Grow and CtW Expert Reference Group for IPS in Connect to Work delivery.

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Fidelity Review Snapshot

REVIEWER	

EMPLOYMENT SERVICE AND SITE	

EMPLOYMENT SPECIALIST	

FIDELITY REVIEW DATES

Fidelity review date	Date of previous review	Time elapsed since last review

TOTAL SCORES

Fidelity review score this review	Fidelity level this review	Fidelity review score last review	Fidelity level last review

SUMMARY	

EXEMPLARY SCORE	115 – 125
GOOD FIDELITY	100 – 114
FAIR FIDELITY	74 – 99
NOT IPS SUPPORTED EMPLOYMENT	73 and below

Data sources:

MIS Management Information System.
DOC Document review of IPS employment service and integrated organisations.
INT Interviews with participants, employment specialists, treatment health staff, related programme staff, partner organisation staff, families, or employers.
OBS Observations of team meetings and employment specialists.
IEP Individual Employment Plan.

References: Final-Fidelity-Manual-Fourth-Edition-112619.pdf

The Supported Employment Fidelity Review Manual is referred to throughout this document as the fidelity review manual.

Please use this language-adapted IPS-CtW fidelity scale with the fidelity review manual.

Fidelity Item 01

Score:

Caseload size

Employment specialists have individual employment caseloads. The maximum active caseload for any full-time employment specialist is 20 or fewer active participants. See the fidelity review manual for a definition of active clients (=participants).

1 POINT	Ratio of 41 or more participants per employment specialist.
2 POINTS	Ratio of 31-40 participants per employment specialist.
3 POINTS	Ratio of 26-30 participants per employment specialist.
4 POINTS	Ratio of 21-25 participants per employment specialist.
5 POINTS	Ratio of 20 or fewer participants per employment specialist.

Additional guidance

Fidelity Manual Reference - pp. 37-39

RATIONALE	Research has demonstrated that employment specialists (ES) with large caseloads have difficulty maintaining regular contact with participants and meeting other fidelity standards. Small caseload sizes are manageable and allow ESs time to provide effective employment services to people who are in different stages of working on goals for employment.
EVIDENCE REQUIREMENTS	Active caseload list for ESs being reviewed, including caseload status breakdown for each participant (job seeking, in-work support, in-work retention support).
SCORING	Add the number of people who are assigned to each ES and divide by the number of full-time equivalent ESs (full time = 1, half time = 0.5, etc.). Score using the 1-5 anchors as appropriate. No open referrals or discharged participants are included, only active participants who have started a Vocational Profile (VP) are included on the caseload list. Where ES caseloads are between 21-25 participants, the fidelity report will confirm that this is in line with CtW requirements and would score 4.
OPERATIONAL GUIDELINES	**Caseload size:** As per the CtW guidance, ESs should have an average maximum active caseload of 25 participants. **Job seeking:** Unemployed participant actively seeking work **In-work retention support:** Participant who was employed at VP start and has either been supported to retain their employment or secure alternative employment through IPS. **In- work support:** Participant who was unemployed at VP start and has been supported to achieve a job outcome through IPS. If someone is not engaging with the service but there are still at least monthly outreach attempts they are considered part of the active caseload. Team Leader (TL) to monitor the ratio of 'in- work retention support' participants in line with DWP guidance of 15% of total caseload.

Fidelity Item 02

Score:

Employment services staff

Employment specialists provide only employment services and do not provide other case management services. However, employment specialists may also assist participants to solve a range of employment-related personal problems that may be barriers to employment.

1 POINT	Employment specialists provide employment services less than 60% of the time.
2 POINTS	Employment specialists provide employment services 60 – 74% of the time.
3 POINTS	Employment specialists provide employment services 75 - 89% of the time.
4 POINTS	Employment specialists provide employment services 90 – 95% of the time.
5 POINTS	Employment specialists provide employment services 96% or more of the time.

Additional guidance

Fidelity Manual Reference - pp. 39-43

RATIONALE	Practitioners who have dual roles (vocational, clinical and other responsibilities) often focus on mental health emergencies, housing crises, etc., and do not have time to connect with employers or develop other skills needed to become effective IPS specialists.
EVIDENCE REQUIREMENTS	Participant case notes and staff diaries demonstrate that ESs' time is focused on employment- related activities.
SCORING	Determine the percentage of time each ES provides employment services. Add the percentages and divide by the number of ESs. Score using the 1-5 anchors as appropriate.
OPERATIONAL GUIDELINES	Employment-related activities include ESs giving practical support around barriers to obtaining a job such as passport applications, public transport, interview clothes etc. ESs should provide signposting support for non- employment related issues such as housing, mental health, physical health, etc.

Fidelity Item 03

Score:

Vocational generalists

Each employment specialist carries out all phases of IPS employment service, including intake, engagement, assessment, job placement, job coaching, and follow-along support before step down to less intensive employment support from another source and/or peer support. Note: It is not expected that each employment specialist will provide benefits counselling to their participants. Referrals to a highly trained benefits counsellor are in keeping with high fidelity (see Item 12).

1 POINT	Employment specialist only provides vocational referrals service to other programmes.
2 POINTS	Employment specialist maintains caseload but refers participants to other programmes for vocational services.
3 POINTS	Employment specialist provides one to four phases of the IPS employment service (e.g. intake, engagement, assessment, job development, job placement, job coaching, and following along supports).
4 POINTS	Employment specialist provides five phases of IPS employment service but not the entire IPS service.
5 POINTS	Employment specialist carries out all six phases of IPS employment service (e.g. programme intake (after CtW triage and IPS eligibility criteria and processes have been completed), engagement, assessment, job development/job placement, job coaching, and follow-along support).

Additional guidance

Fidelity Manual Reference - pp. 43-45

RATIONALE	During research studies, people were most likely to drop out of services when asked to transfer from one ES to another, for example, when different people provided different parts of the employment service (e.g. job search and employer engagement). Many participants value the relationships that they form with an ES and do not want to transition to a different person. Employers also seem to prefer working with a single ES throughout the employment process.
EVIDENCE REQUIREMENTS	Service organogram, operating procedure outlining participant journey and/or flow chart of participant journey through the service.
SCORING	Determine the score for each ES using the anchors 1 - 5. Add the scores and divide by the number of ESs. Round down (e.g. 3.6 is rounded down to 3). Score using the 1-5 anchors as appropriate. Having specialist roles in the team responsible for different functions such as employer engagement or referring participants to a job brokerage service will negatively impact the score for this item. See the second example p. 44 of the fidelity manual for guidance. An exception to this is where the ES refers the participant to a benefits advisor within another service, due to the specialist benefits knowledge required to provide accurate benefits information and advice to the participant.

SCORING CONTINUED	'Job coaching' in the context of IPS refers to ESs helping participants once employed overcome work challenges or improve performance through onsite support or other means. ESs may not have active examples of job coaching but should be able to articulate how it is part of their role, and participants should be aware that it is part of the IPS offer. ESs providing cover to manage absences will not affect the scoring of this item.
OPERATIONAL GUIDELINES	PS services should avoid assigning different staff members to carry out different functions of the service, making it necessary for participants to work with more than one specialist. This approach is ineffective because participants sometimes drop out of services when they are expected to transition from one specialist to another. To fulfil the intake element of the role, IPS referrals need to go directly to the ES after the CtW IPS eligibility criteria and process is completed. Where possible, the ES should be the first person to contact an IPS participant after they are referred to Connect to Work. Streamlining the eligibility and suitability assessment process and establishing meaningful connections from as early as possible will enhance the participant experience and drive stronger engagement. If the service operates a central triage service, it is essential that the process remains streamlined, focusing on the key information required to confirm eligibility and to allocate participants to the appropriate provider. Triage services should avoid exploring in-depth details such as, strengths, preferences, or work history, as these are best explored by ESs to build early rapport and tailor support effectively.

Fidelity Item 04

Score:

Integration of IPS supported employment with primary care teams, community health services, or organisations providing specialist support (e.g. refugee and asylum services, domestic abuse services, faith groups, veteran services etc.), through team assignment

Employment specialists are part of up to two primary care teams, community health services, or organisations that provide specialist support from which at least 90% of the employment specialist's caseload is comprised.

1 POINT	Employment specialists are part of a vocational programme that functions separately from the primary care teams, community health services, or organisations that provide specialist support.
2 POINTS	Employment specialists are attached to three or more primary care teams, community health services, or organisations that provide specialist support OR participants are served by individual health practitioners or multiple support organisations who are not organised into teams OR employment specialists are attached to one or two teams from which less than 50% of the employment specialist's caseload is comprised.
3 POINTS	Employment specialists are attached to one or two primary care teams, community health services, or organisations that provide specialist support from which at least 50-74% of the employment specialist's caseload is comprised.
4 POINTS	Employment specialists are attached to one or two primary care teams, community health services, or organisations that provide specialist support from which at least 75 – 89% of the employment specialist's caseload is comprised.
5 POINTS	Employment specialists are attached to one or two primary care teams, community health services, or organisations that provide specialist support, from which at least 90 – 100% of the employment specialist's caseload is comprised.

Additional guidance

Fidelity Manual Reference - pp. 46-48.

RATIONALE	The ethos and scoring for this item is based on ESs being integrated within teams that they are receiving referrals from and are not seen as an external offer. Effective integration requires time and persistent relationship-building to ensure ESs can develop close working relationships with referrers, creating opportunities for tailored wrap-around support via collaboration and active participation in team processes. Therefore, it is recommended that each ES limits the number of services/organisations with which they are coordinating services. ESs should be integrated with a small number of integration partners from which their caseload is comprised, aligned with the highest-needs participant groups in line with CtW guidance.

EVIDENCE REQUIREMENTS	• Caseload list for each ES clearly specifying which integrated primary care team, community service or supporting organisation each active participant is attached to. • The referral source is not required to score this item as the referral may not originate from the allocated team the ES is integrated with. See operational guidelines below for the definition of a 'team' and recording team assignment. • Team organogram mapping integrated teams for each ES.
SCORING	To score this item, referrals are tracked back to the primary care team/s, community health service/s, or organisation/s providing specialist support that ESs are integrated with. For fidelity purposes, a 'team' is typically defined as an operational unit who work together to provide support to a particular participant group. See the below operational guidance for examples. If an ES is not integrated with any primary care teams, community health services, or organisations providing specialist support, the score is a 1. Determine the score for each ES using the anchors 1 - 5. Add the scores and divide by the number of IPS specialists. Round down (e.g. 3.6 rounds down to 3). Score using the 1-5 anchors as appropriate.
OPERATIONAL GUIDELINES	Each ES should embed within 1-2 external primary care teams, community health services, or organisations providing specialist support, focused on serving Connect to Work eligible groups, such as those with health conditions, and people facing complex barriers including care leavers, veterans, refugees, survivors of domestic abuse, people experiencing homelessness, offenders or ex-offenders, victims of modern slavery, and carers. ESs should be mapped to services that align as closely as possible with the IPS definition of a 'team'. For example, a GP practice, locality team within a housing association, local domestic abuse support service, health and wellbeing community centre, a primary care mental health hub, etc. The unit of measurement for a 'team' is key when allocating ESs to services. Where the cohort population is larger (e.g. primary care), teams may be mapped to smaller geographical areas such as neighbourhoods. Where the cohort population is smaller (e.g. veterans), teams may be mapped across broader areas, such as place-based or borough-level footprints, to ensure alignment with demand. If a participant is referred from a non-integrated team or is a self-referral, the participant referral should be tracked back to the primary care team, community health service, or support organisation they are receiving support from, and this should be recorded as the team they are assigned to. Where participants are not linked to an integrated primary care team, community health service, or support organisation, ESs should connect participants to appropriate teams where possible, thus expanding collaborative support for the participant. Where there is not a clear and obvious connection with a support organisation for a participant, the GP practice where they are registered should be recorded as their 'team'. It may not be possible to integrate ESs with every group that CtW delivery partners will support. Each ES should be embedded with 1 or 2 core referring teams and avoiding caseloads comprised of multiple referral sources. Where there are referrals from teams that IPS is not integrated with, delivery partners will need to consider caseload sizes and relationship management when allocating these participants to ESs.

Fidelity Item 05

Score:

Integration of IPS supported employment with primary care teams, community health services, or organisations providing specialist support (e.g. refugee and asylum services, domestic abuse services, faith groups, veteran services etc.), through frequent team member contact

Employment specialists actively participate in weekly "participant focused" meetings with the primary care teams, community health services, or organisations that provide specialist support, (not replaced by administrative meetings), that discuss individual participants and their employment goals, with shared decision making, enabling joined up support for the participant. Employment specialist's office is in close proximity to (or shared with) their primary care teams, community health services, or organisations that provide specialist support team members. Documentation from primary care teams, community health services, or organisations that provide specialist support, is integrated into a single participant record alongside employment support notes. Employment specialists also encourage teams to consider employment for people who have not yet been referred to IPS.

1 POINT	One or none is present	Employment specialists are part of a vocational programme that functions separately from the primary care teams, community health services, or organisations that provide specialist support.
2 POINTS	Two are present	Employment specialist participates actively in team meetings with shared decision-making.
3 POINTS	Three are present	IPS employment service's documentation (vocational assessment/profile, employment plan, progress notes) is integrated into the participant's recovery/treatment/support plan of the primary care teams, community health services, or organisations that provide specialist support documentation.
4 POINTS	Four are present	Employment specialist's office is in close proximity to (or shared with) the primary care teams, community health services, or organisations that provide specialist support team members.
5 POINTS	Five are present	Employment specialist helps the team think about employment for people who haven't yet been referred to supported employment services.

Additional guidance

Fidelity Manual Reference - pp. 49-56.

RATIONALE	Frequent contact helps practitioners work as a team to assist people with their employment goals. With good integration, participants are less likely to receive conflicting messages from different services. The goal is for all practitioners to support each person's employment goals using a team approach. ESs should be physically based or have a desk within the external service/organisation to build strong working relationships and embed support effectively. Co-location fosters frequent, meaningful contact between ESs and the integrated service/team. This proximity allows ESs to participate in team discussions about individual participants, contributing employment-related insights by adding important context around a person's employment goals, preferences, or challenges.

EVIDENCE REQUIREMENTS	• Screenshots of ES diary showing attendance at integrated team meetings and work locations. • Meeting minutes evidencing the ES as an attendee and active participant. • Screenshot of IPS service documentation integrated into shared CRM/patient record system.
SCORING	**Anchor 1:** Attendance at virtual integrated team meetings meet the requirement of this anchor. The team must meet at least weekly, for this anchor to be met. The team meeting agenda can affect the score of this item. The team meeting must include space for the ES to discuss IPS participants to enable joint up support and discuss potential IPS referrals. Examples of meeting agendas that do not meet the requirement of this anchor are: the entire meeting is devoted to discussing one or two people in depth, meetings focused solely on individuals experiencing crisis/at risk, or business/administrative meetings where participants are not discussed. An ES should meet once a week with teams from which they have three or more people on their caseload. For those teams from which they have one or two people, they should attend meetings at least twice each month. **Anchor 2:** This anchor is met when there is evidence of ESs actively participating in team meetings (see operational guidance below for examples). If anchor 1 is not met due to meeting frequency, anchor 2 can be awarded provided the ES is actively participating in meetings that are structured according to the requirements outlined above. **Anchor 3:** To meet this anchor, each participant's VP and ongoing progress notes should be recorded on the integrated partner's shared system as a minimum. This anchor may be awarded even if the IPS team do not have direct access to the shared system, provided that VPs and progress notes are uploaded by members of the integrated team on their behalf. **Anchor 4:** This anchor is met when ESs share an office space or work in close proximity to the integrated team, allowing regular contact with integrated team members. Examples of co-location arrangements which would not meet this anchor are: • ES runs a weekly drop-in for two hours at a GP surgery but does not work in any other parts of the building or have regular contact in person with colleagues. • ES works in the same building as the integrated team, but it is a large council premises, and they work in offices which are a long way from each other and rarely cross paths naturally. • ES 'pops in' to the office once or twice a week for less than an hour to see if the team has any referrals for IPS. **Anchor 5:** This anchor is met when there is evidence of the ES actively promoting IPS employment support to integrated team members. This may be through suggesting IPS employment support for participants being discussed at regular meetings, or informal conversations with individuals. The presence of promotional material is not enough to award this anchor; evidence of active promotion of IPS through conversation must be present. Determine the total number of anchors present at the time of review. That total determines the item score.

OPERATIONAL GUIDELINES	Focus ES integration efforts on primary care teams, community health services, or organisations providing specialist support which serve potential Connect to Work cohorts. **Co-location and relationship- building:** While virtual meetings are common, dedicated in-person co-location time is essential. ES should be physically based or have a desk within the external service/organisation to build strong working relationships and embed support effectively. Co-location creates meaningful opportunities for ESs to gain a deeper understanding of participants' needs, adding important context around a person's employment goals, preferences, or challenges. **Selection of meetings:** ESs should attend the most relevant participant-focused multidisciplinary or team meetings. For example: If integrated with a musculoskeletal (MSK) clinic, attend meetings with physiotherapists, osteopaths, and psychologists. If integrated with a mental health neighbourhood team, attend weekly multidisciplinary meetings involving care navigators, social workers, and occupational therapists. **Active participation in team meetings:** ESs should utilise meetings to draw on the integrated team's expertise to discuss strategies for overcoming barriers to employment. They should also use these meetings to suggest IPS employment support for participants being discussed where it has not been considered but may be beneficial. Access to case records: ESs should have access to the integrated organisation's clinical or case record systems to document IPS progress notes alongside health or support records. Where system access is delayed or unavailable, use secure communication such as anonymised, encrypted emails alongside direct conversations with external team members to share relevant information. This information needs to then be uploaded into the integration partner's case management system if the ES does not have access. Pursue honorary contracts and data- sharing agreements to facilitate system access and data sharing. **Working location:** ESs should spend a meaningful part of their working week co-located within the integration partner's setting, ideally using their clinical or office base, rather than their own IPS organisation's premises

Fidelity Item 06

Score:

Collaboration between employment specialists and Jobcentre Plus

Liaison is important to obtain support with benefits and other return-to-work assistance. It is also important to know your local IPS provision for people with severe mental illness, or IPS within drug and alcohol treatment services. In addition, you should understand and engage with any local Youth Trailblazer programmes available in your area. The employment specialists and Jobcentre Plus (JCP) staff have frequent contact for the purposes of signposting to CtW, discussing shared participants, and obtaining additional assistance.

1 POINT	Employment specialists and JCP staff have participant-related contacts (phone, e-mail, in person) less than quarterly to discuss shared participant and referrals. OR employment specialists and related programme staff do not communicate.
2 POINTS	Employment specialists and JCP staff have participant-related contacts (phone, e-mail, in person) at least quarterly to discuss shared participant and signposting to CtW.
3 POINTS	Employment specialists and JCP staff have participant-related contacts (phone, e-mail, in person) monthly to discuss shared participants and sign posting to CtW.
4 POINTS	Employment specialists and JCP staff have scheduled, face to-face meetings at least quarterly, OR have participant-related contacts (phone, e-mail, in person) weekly to discuss shared participants and sign posting to CtW.
5 POINTS	Employment specialists and JCP staff have scheduled, face to-face meetings at least monthly and have participant-related contacts (phone, e-mail, in person) weekly to discuss shared participant and explore sign posting to CtW where relevant.

Additional guidance

Fidelity Manual Reference - pp. 56-58.

RATIONALE	Both JCP staff and IPS services are interested in achieving good employment outcomes. A strong relationship between ESs and local JCP staff ensures a collaborative approach to supporting participants into work, drawing on the JCP's local knowledge of available resources. Participants benefit from the combined resources and expertise of both types of service providers. It is also to ensure that, in common with integration, there are not mixed messages to the participant from ESs and JCP.
EVIDENCE REQUIREMENTS	Minutes of regular meetings with JCP staff, screenshots of ES and TL diaries, copies of email communication relating to participants, participant case notes evidencing JCP involvement.
SCORING	Virtual meetings will be considered as face-to-face in the scoring of this item. Determine the frequency of participant-related communication between ESs and JCP staff.
OPERATIONAL GUIDELINES	IPS teams should aim to arrange regular meetings with their local JCP representatives to share good practice, organisational updates, maintain regular referral pathways and discuss shared participants. IPS staff should establish relationships with staff at their local JCP offices who can advise and support with participant-related queries and maintain regular contact with them. These may include Disability Employment Advisors (DEAs), work coaches, JCP Managers and Partnership Managers.

Fidelity Item 07

Score:

Vocational unit

At least 2 full-time employment specialists and a team leader comprise the employment unit. They have weekly participant-based group supervision following the IPS supported employment model in which strategies are identified and job leads are shared. They provide coverage for each other's caseload when needed.

1 POINT	Employment specialists are not part of a vocational unit.
2 POINTS	Employment specialists have the same supervisor but do not meet as a group. They do not provide back-up services for each other's caseload.
3 POINTS	Employment specialists have the same supervisor and discuss participants between each other on a weekly basis. They provide back-up services for each other's caseloads as needed OR, if an IPS supported employment service is in a rural area where employment specialists are geographically separate with one employment specialist at each site, the employment specialists meet 2-3 times monthly with their supervisor by teleconference.
4 POINTS	At least 2 employment specialists and a team leader form an employment unit with 2-3 regularly scheduled meetings per month for participant-based group supervision in which strategies are identified and job leads are shared, and participants are discussed between each other. They provide coverage for each other's caseloads when needed OR, if an IPS supported employment service is in a rural area where employment specialists are geographically separate with one employment specialist at each site, the employment specialists meet 2-3 times per month with their supervisor in person or by teleconference.
5 POINTS	At least 2 full-time employment specialists and a team leader form an employment unit with weekly participant-based group supervision based on the IPS supported employment model in which strategies are identified and job leads are shared. They provide coverage for each other's caseloads when needed.

Additional guidance

Fidelity Manual Reference - pp. 58-61.

RATIONALE	An IPS vocational unit of people performing the same work can share ideas and information and provide back up for each other. In contrast, a single ES embedded in a primary care team, community health service, or organisation that provides support, has no one to help them learn skills such as building employer relationships. Effective vocational teams regularly review participants' progress together, creating opportunities for ESs to share ideas, resources, and contacts that positively influence employment outcomes.
EVIDENCE REQUIREMENTS	• Minutes of vocational unit meetings. • IPS service organogram.

SCORING	Virtual vocational unit meetings meet the requirements of this item. The vocational unit must consist of at least two ESs and a TL to score higher than a 3. The vocational unit must meet weekly and provide cover for each other's caseloads to score a 3 or higher.
OPERATIONAL GUIDELINES	Vocational unit meetings should be structured, strengths-based, and focused on improving employment outcomes through collaborative problem-solving and peer support. Please see below an example agenda which IPS teams may consider using: 1. Good news stories. 2. Performance. 3. Participant case conferencing. 4. Employer engagement and shared job leads. 5. Race equity. 6. Caseload coverage & upcoming events. 7. AOB. When allocating cover for an ES's caseload, TLs should consider how long the ES is due to be absent from work, individual participants' needs and resources available. Example 1: An ES is on leave for 2 weeks. They run through their caseload with the TL highlighting some participants who will need specific support during that time and highlighting others who they will contact when they are back from leave. All participants should be provided with contact details of someone to get in touch with if their situation changes or they need support. Example 2: An ES goes on long-term sick leave. The TL re-allocates everyone on their caseload to a new ES but explains to participants that this may be a temporary measure. The TL may pick up some cases themselves if capacity allows.

Fidelity Item 08

Score:

Role of IPS employment supervisor

The IPS supported employment unit is led by a IPS supported employment team leader. Employment specialists' skills are developed and improved through outcome-based supervision. All five key roles of the employment supervisor are present.

1 POINT	One or none is present	One full-time equivalent (FTE) supervisor is responsible for no more than 10 employment specialists. The supervisor does not have other supervisory responsibilities. (IPS Supported employment leaders supervising fewer than ten employment specialists, may spend a percentage of time on other supervisory activities on a prorated basis. For example, an employment supervisor responsible for 4 employment specialists may be devoted to supported employment supervision half time).
2 POINTS	Two are present	Supervisor conducts weekly IPS supported employment supervision designed to review participant situations and identify new strategies and ideas to help participants in their work lives.
3 POINTS	Three are present	Supervisor communicates with the primary care teams, community health services or organisations that provide specialist support, to ensure that services are integrated, to problem solve programme issues (such as referral process, or transfer of follow-along support) and to be a champion for the value of work. Attends a meeting for each referring primary care teams, community health services or organisations that provide specialist support, on a quarterly basis with minutes kept of actions and progress.
4 POINTS	Four are present	Supervisor accompanies employment specialists, who are new or having difficulty with job development, in the field monthly to improve skills by observing, modelling, and giving feedback on skills, e.g., meeting employers for job development.
5 POINTS	Five are present	Supervisor reviews current participant outcomes with employment specialists and sets goals to improve the IPS supported employment service performance at least quarterly.

Additional guidance

Fidelity Manual Reference - pp. 61-67.

RATIONALE	Effective team leaders are essential to high-performing IPS programmes. TLs provide expert training and coaching to ESs, maintain productive partnerships with the DWP and organisation/s the team is attached to, and champion employment as a core priority. They oversee outcomes-based quality improvement for the IPS programme, convene and support the steering committee, and co-lead implementation and sustainability efforts to ensure lasting, measurable employment outcomes.

EVIDENCE REQUIREMENTS	• IPS service organogram. • Minutes of vocational unit meetings. • Minutes of meetings with each integration partner where an ES is attached, confirming TL attendance and input. • Evidence of field mentoring including diary screenshots and field mentoring feedback notes. • Copies of ES supervisions evidencing reviews of individual outcome rates and goal setting.
SCORING	**Anchor 1:** To score this anchor a fulltime TL must not be responsible for more than 10 individual ESs including part-time ESs (e.g. if they line manage 11 ESs with an FTE total of 9.4 FTE, this anchor would not be met). If the TL is part-time the number of staff they line manage is pro-rated accordingly (e.g. if the TL is 0.8 FTE, they should line manage no more than 8 individuals for this anchor to be awarded). If TLs have other supervisory responsibilities for staff on other programmes the FTE of these staff is included in the calculation when scoring this anchor. **Anchor 4:** Only job development field mentoring will count towards the scoring of this anchor. 'Field mentoring' for this purpose involves the TL directly modelling employer engagement (EE) to an ES, observing, and giving feedback. To meet this anchor, the TL also needs to provide monthly field mentoring to ESs who are supporting less than three unemployed participants into work per quarter.
OPERATIONAL GUIDELINES	**Meeting attendance:** TLs should aim to attend meetings quarterly for each primary care team, community health service or organisation where their ESs are based, to support integration. They should champion the value of IPS and work with their counterparts to promote the offer. **Field mentoring:** When determining which staff to complete job development field mentoring with, the TL should consider the frequency of EE and the number of outcomes derived directly from EE. Example 1: If an ES completes an average of six face-to-face employer engagements a week but has only achieved one job outcome derived from EE in the last 3 months, the TL should complete field mentoring. They may need to develop their EE practice to make it more impactful. Example 2: If an ES has completed an average of two face-to-face employer engagements a week, the TL should complete field mentoring. The ES may be lacking confidence which is affecting the frequency of EE.

Fidelity Item 09

Score:

Zero exclusion criteria (where participants have been deemed eligible for CtW IPS pathway)

All participants interested in working have access to IPS supported employment services, regardless of job readiness factors, substance abuse, symptoms, history of violent behaviour, cognitive impairments, treatment non-adherence, and personal presentation. These apply during delivery of IPS supported employment services too. Employment specialists offer to help with another job when one has ended, regardless of the reason that the job ended or number of jobs held. Participants are not screened out formally or informally. See the fidelity review manual for how to score this item when the employment specialist caseload is full and no places are currently available.

1 POINT	There is a formal policy to exclude participants due to lack of job readiness (e.g. substance abuse, history of violence, low level of functioning, etc.) by employment staff, external health team members, or organisations providing specialist support.
2 POINTS	Most participants are unable to access IPS supported employment services due to perceived lack of job readiness (e.g., substance abuse, history of violence, low level of functioning, etc.).
3 POINTS	Some participants are unable to access IPS supported employment services due to perceived lack of job readiness (e.g., substance abuse, history of violence, low level of functioning, etc.).
4 POINTS	No evidence of exclusion, formal or informal. Referrals are not solicited by a wide variety of sources within the integrated team. Employment specialists offer to help with another job when one has ended, regardless of the reason that the job ended, or number of jobs held.
5 POINTS	Once deemed eligible for CtW, IPS support all participants interested in working have access to IPS supported employment services. Health and/or Support staff from external organisations encourage participants to consider employment, and referrals for IPS supported employment are solicited by many sources within the integrated team. Employment specialists offer to help with another job when one has ended, regardless of the reason that the job ended, or number of jobs held.

Additional guidance

Fidelity Manual Reference - pp. 67-71.

RATIONALE	An important foundation of IPS is that any person who wants to work should have access to IPS services and receive the full range of IPS provision including employer engagement, regardless of their circumstances or perceived job readiness. Someone's desire to work is an integral factor in their predicted success; people who want to work overcome many types of barriers to secure employment. ESs help by assisting people in finding jobs that are good matches for each person's skills, experiences, preferences, and needs.
EVIDENCE REQUIREMENTS	• Analysis of access and outcome data, with comparisons of both the caseload of the primary care team/community service/supporting organisation data and local population data, to ensure proportionate representation of all ethnic backgrounds on the IPS team caseload. • Service promotional material, and referral form.

SCORING	Exclusion can be a barrier to participants being referred to IPS, but people can also be excluded from the full range of support once they are on the IPS caseload due to perceived 'readiness for work'. Reviewers will determine whether every IPS-eligible CtW participant can easily access IPS if they want to work, and they will also examine attitudes within the IPS service and whether that affects the provision they receive. For example, if an ES is working with someone who they perceive as 'not ready for work' and resultantly do not complete EE on behalf of that individual, this would be deemed as exclusionary practice and would affect the scoring of this item. Many referrers report that IPS is available to any person who expresses an interest in work, however, people may be screened out on a case-by-case basis. For example, a person may neglect to ask someone about their interest in work or suggest that someone focus on sobriety before pursuing employment. There may be times when people are encouraged to postpone work and focus on treatment, which is not consistent with zero exclusion criteria. After completing eligibility screening in line with Connect to Work criteria, eligible participants can access IPS if they want to work; schedule the first vocational profile meeting promptly. No further exclusions are permitted based on complexity, clinical presentation, or assumptions about 'job readiness' such as substance use, mental health needs, non-adherence histories, behavioural issues, cognitive challenges, or social difficulties. When ESs close cases for participants whose jobs did not end well (for example, if they were fired for poor attendance), the score is not higher than 3. If there is a waiting list for the IPS service, the score is capped at 4. When services do not have accessible mechanisms for participants to self-refer, or participants do not know that they can self-refer, the score is not higher than 4.
OPERATIONAL GUIDELINES	Equitable access to services may be affected by protected characteristics such as someone's race, sexuality or age. IPS services should be proactively promoting equity. IPS teams should complete data analysis comparing the demographic makeup of the populations they serve with the IPS team caseloads and use this data to identify target groups to engage with. For example, if the IPS team is working in an area with a large Somali community (5% of local population) but only two individuals (1% of team caseload) of Somali origin have been referred to the service, they should research community groups and support services which actively engage with people of Somali origin to promote IPS. IPS teams should also use data to analyse the equity of their support by completing analysis of outcome demographic data. For example, if 10% of the IPS team caseload is made up of people of Caribbean origin but only 2% of their job outcomes were achieved by people of Caribbean origin they should explore the reasons behind this inequity and encourage open discussions with the team. We recommend demographic data is reviewed at least once a year, it is shared with key IPS stakeholders, and an action plan is developed to tackle areas of inequity. After completing IPS eligibility screening in line with Connect to Work criteria, schedule the first vocational profile meeting promptly. Participants should not be categorised by work readiness. TLs should use caseload reviews to ensure that no participant is being excluded from phases of IPS, e.g. EE, due to ES-perceived job readiness. IPS supports participants continuously, including after a job ends, helping participants to reflect on work experiences and using lessons learned to improve employment outcomes.

Fidelity Item 10

Score:

The primary care teams, community health services, and organisations providing specialist support, demonstrate a focus on competitive employment, based on the belief that gaining paid work chosen by the individual is beneficial to their wellbeing

The primary care teams, community health services, or organisations that provide specialist support, promotes competitive work through multiple strategies. Their initial engagement/assessment includes questions about interest in employment. The integrated service displays written postings (e.g. brochures, bulletin boards, posters) about employment and IPS supported employment services. The focus should be with the primary care teams, community health services or support organisations who provide specialist services for the participant. The integrated service supports ways for participants to share work stories with other participants and staff. The integrated service measures the rate of competitive employment and shares this information with their leadership and staff.

1 POINT	One or none is present	The primary care team's, community health service's, or organisation's providing specialist support, promote competitive work through multiple strategies: • The initial engagement/intake includes questions about interest in employment. • They include questions about interest in employment on all annual (or semi-annual assessment/ treatment plan/participant reviews. • They display written postings (e.g., brochures, bulletin boards, posters) about working and IPS supported employment services, in lobby and other waiting areas. • They support ways for participants to share work stories with other service users and staff (e.g., service/organisation wide employment recognition events, service/organisation wide in-service training, peer support groups, newsletter or bulletin articles, invited speakers at service user treatment/support groups, etc.) at least twice a year. • They measure rates of competitive employment on at least a quarterly basis and share outcomes with service leadership and staff.
2 POINTS	Two are present	
3 POINTS	Three are present	
4 POINTS	Four are present	
5 POINTS	Five are present	

Additional guidance

Fidelity Manual Reference - pp. 72-76.

RATIONALE	Some people who have not worked, maybe for years, need encouragement to believe that employment is an option for them, and the opportunity. Others need hope that they could be successful in a job that they would enjoy. Primary care teams, community health services, and organisations providing specialist support have a key role to play in providing opportunities for people to consider employment, distinctly prioritising competitive employment as a key goal within their active care, treatment, or support, not merely as a referral or signposting activity. This focus integrates employment as a core part of participant recovery and/or support pathways. Professionals who view employment as a vital contributor to personal wellbeing can play a pivotal role in helping individuals engage with IPS. When encouragement comes from someone they trust, it can shift perspectives, rebuild confidence, and empower them to take meaningful steps toward re-entering the workforce.
EVIDENCE REQUIREMENTS	• Intake assessments/questionnaires and care/support plan reviews. • Photos of posters/promotional materials in waiting areas. • Evidence of the integrated service supporting the sharing of participant work stories with staff and other participants. • Evidence that the integrated service measures and shares the rate of competitive employment with service leadership and staff on a quarterly basis.

SCORING	**Anchor 1 and 2:** Questions about a person's work history or employment status are not sufficient to meet these anchors. Standardised questions at intake and review should be designed to explore someone's interest in employment either now or in the future. They should prompt staff to raise the topic in a way that encourages meaningful discussion rather than it being raised in a dismissive manner. **Anchor 3:** Promotional materials about the IPS programme must be displayed in at least one public area. **Anchor 4:** Participant work stories need to be shared by the integrated service with staff and participants as they are a vehicle for encouraging self-referral. **Anchor 5:** This refers to the competitive employment rate of all people accessing the integrated service, not just those receiving IPS. The employment rate needs to be shared by the integrated service, not the IPS team.
OPERATIONAL GUIDELINES	Pivotal to successfully getting buy-in from the system you are integrated in is finding the key stakeholders and decision-makers who can influence change within their organisations to embed employment as a key outcome. Establishing relationships with integration partners to embed employment focus requires time and sustained effort, especially as these organisations typically prioritise short-term treatment or support and discharge over longer-term employment outcomes. Forging relationships with integration partners can be time consuming in the initial stages but the benefits of investing this time and energy pay dividends in integrating IPS, ensuring that people can access the service, and increasing the attention paid to employment across the system. IPS services should commit to providing information, raising awareness, and forging strong, collaborative relationships with primary care teams, community health services, or organisations providing specialist support. Over time, this leads to better integration, increased participant access to employment services, and a systemic shift toward valuing employment as a recovery tool. IPS teams should review the intake and review documentation for services they are integrated with and advocate for inclusion of standardised questions that explore interest in employment. Celebrate and share employment success stories across the system, ensuring representation of the diverse Connect to Work participant population and their varied pathways to competitive employment.

Fidelity Item 11

Score:

Executive team support for the IPS supported employment service

Executive team members for the primary care team, community health service, or organisations that provide specialist support (e.g: leaders such as directors and senior managers in primary care networks, specialist community services, partner agencies) assist with IPS supported employment implementation and sustainability. All five key components of external executive team support must be present for a score of 5.

1 POINT	One or none is present	• Director, clinical director or equivalent role in both the IPS Service and the integrated healthcare and/or support organisation demonstrate knowledge regarding the principles of evidence based IPS supported employment. • Their quality assurance process includes an explicit review of the IPS supported employment programme, or components of the programme, at least every 6 months through the use of the IPS supported employment fidelity scale or until achieving high fidelity, and at least yearly thereafter. The quality assurance process uses the results of the fidelity assessment to improve supported employment implementation and sustainability. • At least one member of the IPS service and external executive team / a director, actively participates at IPS supported employment leadership team meetings (steering committee meetings) that occur at least every six months for high fidelity programmes and at least quarterly for programmes that have not yet achieved high fidelity. Steering committee is defined as a diverse group of stakeholders charged with reviewing fidelity, programme implementation and the service delivery system. Committee develops written action plans aimed at developing or sustaining high fidelity IPS services. • The CEO or a senior executive, of both the IPS service and external, communicates how the IPS supported employment service, support the mission of their quality assurance process, and articulates clear and specific goals for IPS supported employment and/or competitive employment to all staff during the first six months and at least annually (i.e. IPS supported employment kick-off, all-staff meetings, newsletters, etc.). This item is not delegated to another administrator. • The IPS service leader shares information about IPS evidence-based barriers (difficulties) and facilitators (successes) with their executive team (including the CEO) at least twice each year. The executive team helps the IPS service leader identify and implement solutions to barriers.
2 POINTS	Two are present	
3 POINTS	Three are present	
4 POINTS	Four are present	
5 POINTS	Five are present	

Additional guidance

Fidelity Manual Reference - pp. 77-83.

RATIONALE	The purpose of this item is to ensure that IPS implementation and sustainability is not delegated to the IPS team. Implementation research studies have demonstrated that agency leadership is critical for successful implementation of an evidence-based practice. People in high-level positions can authorise organisational changes. For example, senior managers can develop plans to implement weekly participant- focused team meetings.
EVIDENCE REQUIREMENTS	• Steering group meeting minutes. • Email communications with senior leadership and/or individual meeting minutes. • Quality assurance reports.

SCORING	When scoring this item, the seniority of the position will be considered in the context of the integration partner included in the scope of the review. The most senior person within an organisation will always be counted for this item (for example, the CEO of a local charity). However, in larger organisations, it may not be practical or necessary for the most senior person to be directly involved. In such cases—for example, within a large national organisation delivering multiple services—the regional director may be the best placed person to support the development of the IPS service and would count in the context of a fidelity review. **Anchor 1:** Executives/senior leadership demonstrate a general understanding of the IPS model to the extent that they understand the overall philosophy and key resources and practices necessary for an IPS programme to function. They are not expected to know the operational details of IPS. **Anchor 2:** The focus of this anchor is on improving IPS fidelity. Reviewers give credit if the quality assurance process monitors a few fidelity items or the total score. **Anchor 3:** Examples of people to include in the steering committee are clinical director, quality assurance director, and/or chief operating officer (or equivalent roles in the integrated service/organisation). Senior leadership, along with the IPS service, develop steering committees to review fidelity reports and develop action plans for better fidelity. They also consider ways to increase access to IPS, to encourage more people to consider employment, to collaborate with local services, etc. The committee includes a diverse group of stakeholders. **Anchor 4:** The appropriate level of seniority for issuing communications depends on the size of the organisation and how IPS is integrated into its operations: • Large organisations where IPS is only integrated into specific departments or directorates (e.g. housing association with an IPS team integrated within their homelessness service): Communications must be issued by the most senior individual within the IPS-related area (e.g. director who has strategic oversight of the homelessness service). • Smaller organisations where IPS is integrated with the organisation's core delivery team (e.g. a refugee support charity): Communications must come from the chief executive, executive director, or the most senior leader of the organisation or service. This responsibility cannot be delegated to another administrator. **Anchor 5:** Meetings between IPS service management and senior leadership may include other people, for example the clinical director, and may be as short as 20 minutes. What is important is that the person who knows the programme best can share successes and ask for help directly.
OPERATIONAL GUIDELINES	To embed and sustain IPS effectively, you'll need strong executive support both within your own organisation and from external partners where ESs are based. Start by identifying senior leaders—such as clinical directors in primary care or chief executives in housing services—who have the authority to influence staffing, policy, and culture. These leaders should understand that employment is a key outcome in recovery and wellbeing and be willing to champion IPS across their teams. Build relationships with these leaders early. Reach out with clear, confident messaging about how IPS supports health and inclusion. Ask for their involvement in governance structures like steering groups and encourage them to communicate the value of employment to their wider teams. Don't be discouraged if engagement takes time—persistence matters, especially in settings where employment hasn't traditionally been prioritised. Once engaged, involve executive sponsors in quality assurance processes like fidelity reviews and data discussions. Their support can help remove systemic barriers and ensure employment is embedded as a measurable outcome in care pathways. Keep them informed, invite their feedback, and position them as strategic partners in driving IPS success.

Fidelity Item 12

Score:

Work incentives planning

All participants on benefits are offered assistance to obtain comprehensive individualised work incentives planning before starting a new job, and assistance accessing work incentives planning thereafter when making decisions about changes in work hours and pay. Work incentives planning includes the impact on all sources of income including welfare benefits (e.g. Universal Credit, Personal Independence Payment etc.) and all costs associated with commencing or changing employment. Participants are provided information and assistance about reporting earnings to any other organisation that needs to know the new income details (e.g. housing, Council Tax, HMRC etc.).

1 POINT	Work incentives planning is not readily available or easily accessible to most participants served by the IPS service.
2 POINTS	Employment specialist gives participants contact information about where to access information about work incentives planning.
3 POINTS	Employment specialist discusses with each participant changes in benefits based on work status.
4 POINTS	Employment specialist or other health, social care practitioner or support organisation personnel, offers participants assistance in obtaining comprehensive, individualised work incentives planning by a person trained in work incentives planning prior to a participant starting a job.
5 POINTS	Employment specialist offers participants assistance in obtaining comprehensive, individualised work incentives planning by a specially trained work incentives planner prior to starting a job. They also facilitate access to work incentives planning when participants need to make decisions about changes in work hours and pay. Participants are provided information and assistance about reporting earnings to DWP, housing programmes, etc., depending on the person's benefits.

Additional guidance

Fidelity Manual Reference - pp. 84-88.

RATIONALE	In order to make decisions about work, participants need accurate information about their individual situations. Many people do not work because they fear the impact on their benefits. Others would like to work enough to support themselves and exit the benefits system. Comprehensive information about how work will affect each participant's financial situation is critical. Work incentives planning (also known as benefits counselling) helps participants make informed choices. In IPS, participants have access to comprehensive, accurate information about how their benefits and other government entitlements will be affected by a return to work.
EVIDENCE REQUIREMENTS	• Examples of benefits counselling in participant files (e.g. back to work calculations). • Referral process flow chart for benefits counselling.

SCORING	If less than 20% of participants referred for benefits counselling receive support with their benefits, the score is capped at a 2. Where ESs only refer participants for benefits planning prior to starting a job and do not help them obtain more information as they make decisions about job changes the score is capped at 4. The scoring of this item is not negatively affected if benefits counselling is outsourced to an external agency, providing the IPS team continues work closely with them.
OPERATIONAL GUIDELINES	All participants should be offered benefits counselling but is not necessary for every participant to take up the offer. Participants may also need advice about other financial issues impacting their decisions about employment such as debt repayment plans and child maintenance payments. Work incentives planning should be individualised and revisited at key points in a participant's employment journey (e.g. at point of job offer, a change in their employment status or a change in employment-related income such as increased or decreased hours or salary/wage) to allow them to make informed decisions about employment. ESs may support participants with benefits counselling directly and may find the following free online benefits calculators helpful. Better Off Calculator - Policy in Practice Turn2us Benefits Calculator Benefits Calculator - entitledto - independent | accurate | reliable When ESs are offering the benefits counselling directly they should be able to demonstrate some knowledge of the benefits that individuals may be entitled to, so that the ES can support participants to explore their situation comprehensively and make informed decisions based on accurate information. When the provider outsources benefit counselling to an external agency it is good practice to ensure the benefits counsellors have open communication channels with ESs so they can provide them with information directly which will inform their job search. This could include inputting information into a shared system.

Fidelity Item 13

Score:

Disclosure/sharing personal information

Employment specialists provide participants with accurate information and assist with evaluating their choices to make an informed decision regarding what is revealed to the employer about having a health condition/disability or disadvantage.

1 POINT	None are present	• Employment specialists do not require all participants to disclose their health condition/disability/disadvantage at the work site to receive services. • Employment specialists offer to discuss with participants the possible costs and benefits (pros and cons) of disclosure at the work site in advance of participant disclosing at the work site. Employment specialists describe how disclosure relates to requesting adjustments and the employment specialist's role communicating with the employer. • Employment specialists discuss specific information to be disclosed (e.g. disclose receiving health treatment, or presence of a musculoskeletal or mental health condition or disability, unemployed for a period of time, legal histories etc.) and offers examples of what could be said to employers. • Employment specialists discuss disclosure on more than one occasion (e.g. if participants have not found employment after two months or if participants reports difficulties on the job).
2 POINTS	One is present	
3 POINTS	Two are present	
4 POINTS	Three are present	
5 POINTS	Four are present	

Additional guidance

Fidelity Manual Reference - pp. 89-93.

RATIONALE	Many job seekers are concerned with stigma about health conditions or situational barriers to employment, or do not wish to focus on problems or disabilities while moving forward in their lives. Other people appreciate advocacy from IPS specialists while applying for jobs, considering more schooling and/or requesting adjustments. The essence of this item is that participants should have choice about whether to share information, what information to share, and with whom. ESs help each person consider their options and abide by participant choice.
EVIDENCE REQUIREMENTS	• Records of conversations about sharing personal information in participant files. • Copies of pro-formas/templates used for discussions about sharing personal information.
SCORING	**Anchor 1:** If ESs do not support with employer engagement unless participants are willing to disclose, this anchor is not awarded. If participants are unaware that that ESs can advocate on their behalf to employers, this anchor is not awarded. **Anchor 2:** ESs must explore the pros and cons of disclosure with participants in an impartial manner, empowering the participant to reach their own conclusions. If ESs impose their own views about the pros and cons of disclosure on the participant, this anchor is not awarded. **Anchor 3:** There must be evidence that ESs have conversations about what specific information participants are happy to share, for this anchor to be awarded. **Anchor 4:** ESs must revisit conversations about disclosure at different times in a participant's IPS journey for this anchor to be awarded.

OPERATIONAL GUIDELINES	It is beneficial to embed conversations about sharing personal information into early conversations with a participant. Exploring this with participants during the vocational profiling stage can inform job searching activity and planning. It is helpful for participants to explore sharing personal information on their terms, encouraging them to think about whether they want to share any information, and if they do, what information, with whom and at what stage in their employment journey. ESs should help participants draw on previous experience of managing personal information so they can better understand the participant's perspective. It also helps the ES to understand not just what they are willing to share now, but also what factors might influence their willingness to share information in the future. ESs should remain impartial about the advantages and disadvantages of sharing personal information and ensure they are allowing participants to reach their own decisions. If a participants decides to share personal information, it can be helpful to explore what information they are comfortable to share, when they share, and with whom, encouraging them to think about the possible pros and cons there are in varying levels of disclosure in different situations. For example, a participant may decide to share that 'they are receiving employment support to help them get back into work following a period of unemployment due to a health condition'; this will allow the ES to engage more meaningfully with employers on their behalf during the job search phase. The same participant may choose to share more detailed information at an interview, for example that 'they have a diagnosis of muscular dystrophy which can affect their mobility, but they manage it very well and they've applied for this role as they don't anticipate this being a barrier to performing well.' Services should consider introducing a sharing personal information pro-forma which can support ESs to approach the subject effectively and capture key information. **Anchor 1:** Participants who decide not to share any personal information should still receive the support of the ES. **Anchor 2:** The pros and cons of sharing personal information should be individualised for each participant. Although standardised lists of pros and cons may help ESs to drive conversations they can prevent the participant from thinking about their personal situation and what the pros and cons of sharing personal information are for them. Pros and cons should be captured in the participants own words. **Anchor 3:** Specific information to be shared with employers could be recorded as statements that the participant plans to verbally communicate to employers, or these could be in the form of 'disclosure statements/letters' if participants would rather share information in writing. **Anchor 4:** ESs should revisit discussions about sharing personal information at varying points in a participant's journey regardless of whether they have decided to disclose or not. Participants' situations can change and how they feel about sharing personal information may change over time. ESs should particularly revisit conversations when participants are attending interviews, at the point of job offer and during the in-work support phase.

Fidelity Item 14

Score:

Ongoing, work-based vocational assessment

Vocational profiling occurs over 2-3 sessions and is updated with information from work experiences in competitive jobs. A vocational profile form that includes information about preferences, experiences, skills, current adjustment, strengths, personal contacts, etc., is upgraded with each new job experience. Aims at problem solving using environmental assessments and consideration of reasonable adjustments. Sources of information include the participant, primary care, community health services, or organisations that provide specialist support, clinical records and with the participants permission, information from family members and previous employers.

1 POINT	Vocational assessment is conducted prior to job placement with emphasis on office-based assessments, standardised tests, intelligence tests, work samples.
2 POINTS	Vocational assessment may occur through a stepwise approach that includes pre-vocational work experiences (e.g. work units in a day programme), volunteer jobs, or set aside jobs (e.g. sheltered workshop jobs, affirmative businesses, enclaves).
3 POINTS	Employment specialists assist participants in finding competitive jobs directly without systematically reviewing interests, experiences, strengths etc. and do not routinely analyse job loss (or job problems) for lessons learned.
4 POINTS	Vocational profiling occurs over 2-3 sessions in which interests and strengths are explored. Employment specialists help participants learn from each job experience and work with the external primary care, community health service, or organisations that provide specialist support, to analyse job loss, job problems and job successes. They do not document these lessons learned in the vocational profile, OR the vocational profile is not updated on a regular basis.
5 POINTS	Vocational profiling occurs over 2-3 sessions and information is documented on a vocational profile form that includes preferences, experiences, skills, current adjustments, strengths, personal contacts, etc. The vocational profile form is used to identify job types and work environments. It is updated with each new job experience. Aims at problem solving using environmental assessments and consideration of reasonable adjustments. Sources of information include the participant, primary care, community health services, or organisations that provide specialist support, clinical records, and with the participant's permission, from family members and previous employers. Employment specialists help participants learn from each job experience and work with the treatment team to analyse job loss, job problems and job successes.

Additional guidance

Fidelity Manual Reference - pp. 93-96.

RATIONALE	Vocational profiling is an essential process for gaining deeper insight into an individual's aspirations, strengths, and preferences. By exploring a participant's employment journey to date, ESs can better understand the participant's experiences helping to identify tailored employment goals. This person-centred approach is further enriched by including insights from family members, healthcare professionals/other supports, helping to build a fuller picture of the individual's support needs and preferences. Together, these perspectives ensure that each participant has an informed employment plan which is consistently updated to capture new information as it arises. The purpose is not to determine 'employability', but to learn what the person enjoys, their skills and experiences, and what will help them achieve their goals.

EVIDENCE REQUIREMENTS	• Vocational profiles (VPs) in participant files. • VP template.
SCORING	When most VPs do not include input from sources other than the participant (e.g. primary care practitioners, keyworkers, family members etc.) the score for this item is capped at a 3. When ESs do not complete the work history in the VP, reviewers score 3 or lower even if a CV is in the participant's record. In this case the ES is not gathering information about what the person liked or disliked about prior jobs, why jobs ended, how the person found those jobs, how the person managed mental health symptoms during those the jobs, how they got along with co-workers and supervisors, etc. If VPs are not updated regularly, including when participants start or end a job or their vocational preferences change, the score is capped at a 4.
OPERATIONAL GUIDELINES	Vocational profiles should be completed over 2-3 sessions and capture key information about each participant which will help both them and the ES plan the employment support. The VP is a crucial part of the IPS process in finding the right job for a participant. ESs should ask strengths-based questions and use motivational interviewing techniques to help them understand each participant's strengths, preferences, skills, interests, motivators and adjustments that may need to be considered. Involving others (e.g. health professionals, support workers, family members, previous employers etc.) in the VP process where possible can help deepen the understanding of the participant, encourage additional support from early on and bolster confidence in the participant. A VP should be updated with key changes (e.g. a change in vocational preference, a job start, a job end, attainment of a qualification etc.) but should not be a running log of all contact with the participant. A good way of measuring the quality of a VP internally is to share it with a colleague who hasn't worked with the participant whose VP it is, and assess if the VP gives them enough information to gain a good understanding of the participant's strengths, skills and preferences, what kind of employment they are looking for and what support they need to gain and sustain employment. They should feel as though they could meet that participant for an appointment and have a good idea of how to support them effectively in their employment journey.

Fidelity Item 15

Score:

Rapid job search for competitive job (does not apply for job retention cases)

Initial employment assessment and first face-to-face employer contact by the participant or the employment specialist about a competitive job occurs within 30 days (one month) after IPS programme entry (first vocational profile appointment).

1 POINT	First face-to-face contact with an employer by the participant or the employment specialist about a competitive job is on average 271 days or more (>9months) after programme entry.
2 POINTS	First face-to-face contact with an employer by the participant or the employment specialist about a competitive job is on average between 151 and 270 days (5-9 months) after programme entry.
3 POINTS	First face-to-face contact with an employer by the participant or the employment specialist about a competitive job is on average between 61 and 150 days (2-5 months) after a programme entry.
4 POINTS	First face-to-face contact with an employer by the participant or the employment specialist about a competitive job is on average between 31 and 60 days (1-2 months) after programme entry.
5 POINTS	The programme tracks employer contacts and the first face-to-face contact with an employer by the participant or the employment specialist about a competitive job is on average within 30 days (one month) after programme entry.

Additional guidance

Fidelity Manual Reference - pp. 97-100.

RATIONALE	Early job search correlates with better outcomes in IPS. The purpose of this fidelity item is to ensure that participants are assisted in contacting employers directly about competitive jobs, rather than participating in lengthy pre-employment preparation such as confidence or skills-building. It avoids unnecessary delays/demotivating participants and empowers the participants to lead the pace of their employment support.
EVIDENCE REQUIREMENTS	List of active participants for all ESs under the scope of the review, including their IPS start date, the date of the first face-to-face contact with an employer by the ES or the participant and their employment status at referral (participants employed at referral are not included in calculations). Employer engagement logs.
SCORING	Where the TL does not track the number of days from IPS start to first employer contact the score is capped at a 4.
OPERATIONAL GUIDELINES	Face-to-face contact with an employer by either the ES or the participant will typically be employer engagement carried out by the ES with a specific participant in mind, or by the participant themselves; it could also include interviews. It is not expected that face-to-face contact with an employer will occur for all participants within 30 days; the median number is calculated for this reason. Some participants may take longer than 30 days to identify which employers they want to engage with. Some participants may take longer than 30 days to agree that the ES can engage with employers on their behalf because they may need to grow their confidence before employer engagement starts.

Fidelity Item 16

Score:

Individualised job search

Employment specialists make employer contacts aimed at making a good job match based on participant's preferences (relating to what each person enjoys and their personal goals) and needs (including experience, ability, symptoms, health/disability, etc.) rather than the job market (i.e. those jobs that are readily available). An individualised job search plan is developed and updated with information from the vocational assessment/ profile form and new job/educational experiences.

1 POINT	Less than 25% of employer contacts by the employment specialist are based on job choices which reflect participant's preferences, strengths, symptoms, etc. rather than the job market.
2 POINTS	25-49% of employer contacts by the employment specialist are based on job choices which reflect participant's preferences, strengths, symptoms, etc. rather than the job marked.
3 POINTS	50-74% of employer contacts by the employment specialist are based on job choices which reflect participant's preferences, strengths, symptoms, etc., rather than the job market.
4 POINTS	75-89% of employer contacts by the employment specialist are based on job choices which reflect participant's preferences, strengths, symptoms, etc., rather than the job market and are consistent with the current employment plan.
5 POINTS	Employment specialists makes employer contacts based on job choices which reflect participant's preferences, strengths, symptoms, lessons learned from previous jobs etc., 90- 100% of the time rather than the job market and are consistent with the current employment/job search plan. When participant has limited work experience, employment specialists provide information about a range of job options in the community

Additional guidance

Fidelity Manual Reference - pp. 100-103.

RATIONALE	Long-term employment success and wellbeing stem from jobs aligned with what the individual enjoys, their skills, strengths, and unique circumstances, not simply from job availability. This item ensures that ESs provide personalised job search support and prioritise participant's preferences and needs, rather than just matching people to available jobs in the local market.
EVIDENCE REQUIREMENTS	Vocational profiles, job search plans, employer engagement logs, in-work support plans, progress notes.
SCORING	When there is no evidence of documented job search plans reviewers do not score higher than 3. When ESs base most job searches on stated employment goals without further exploration, do not help people think about job matches based on strengths, lessons learned from previous jobs, personality, what the person enjoys, symptoms (if present), substance use (if applicable), or do not attempt to share information about jobs that people may not know about, reviewers do not score higher than 2.

SCORING CONTINUED	When ESs encourage people with past convictions to take whatever jobs they can find in order to develop work histories, reviewers do not score higher than 3. Reviewers score this item by triangulating multiple sources of evidence to determine the proportion of participants whose preferences were thoroughly explored and addressed during job search activities, including employer contacts made on their behalf.
OPERATIONAL GUIDELINES	ESs should create an individualised job search plan for each participant based on joint exploration of their unique vocational preferences (i.e. what each person enjoys, their personal goals etc.) and needs (including experience, ability, health etc.) rather than the job market, using information from the vocational profile. Advertised jobs (e.g. via job sites) are less likely to suit the specific needs of participants, and employers may not be as receptive to considering reasonable adjustments than roles brokered or carved via IPS employer engagement activities. The vocational profile and individualised job search plan are live documents that need updating based on the participant journey; these documents may need revising to record new jobs or fluctuating adjustments needed due to the person's health condition/needs when exploring job matches.

Fidelity Item 17

Score:

Job development - frequent employer contact

Each employment specialist makes at least 6 face-to-face employer contacts per week on behalf of participants looking for work (rate for each week then calculate average and use the closest scale point). An employer contact is counted even when an employment specialist meets the same employer more than once in a week, and when the participant is present or not present. Participant-specific and generic contacts are included. Employment specialists use a weekly tracking form to document employer contacts.

1 POINT	Employment specialist makes less than 2 face-to-face employer contacts that are participant specific per week.
2 POINTS	Employment specialist makes 2 face-to-face employer contacts per week that are participant specific; OR does not have a process for tracking.
3 POINTS	Employment specialist makes 4 face-to-face employer contacts per week that are participant specific and uses a tracking form that is reviewed by the IPS supported employment supervisor on a monthly basis.
4 POINTS	Employment specialist makes 5 face-to-face employer contacts per week that are participant specific and uses a tracking form that is reviewed by the IPS supported employment supervisor on a weekly basis.
5 POINTS	Employment specialist makes 6 or more face-to-face employer contacts per week that are participant specific, or 2 employer contacts times the number of people looking for work when there are less than 3 people looking for work on their caseload (e.g. new to programme). In addition, employment specialist keeps records that can be reviewed by a supervisor on a weekly basis.

Additional guidance

Fidelity Manual Reference - pp. 104-106.

RATIONALE	Some ESs are nervous about connecting with employers and may avoid this part of their job. Submitting the number of in-person employer visits that they make each week keep ESs focused on visiting employers. TLs use the contact logs to help ESs think of follow-up visits with employers and to determine which ESs need help with job development. Not all employer engagement is successful. By ensuring that each ES is frequently engaging with employers, the chances of building positive relationships with employers is increased.
EVIDENCE REQUIREMENTS	Employer engagement logs/trackers for each ES under the scope of the review covering at least an 8-week period that ends no more than 2 months before the review date.
SCORING	Only face-to-face employer engagements (including video calls) with individuals with hiring authority are counted when scoring this item. When calculating this item reviewers add together the number of contacts made by each ES during the selected 8-week period (e.g. 34 + 28 = 62) and then add together the total number of weeks worked by each ES during this period, taking into account any absences such as annual leave (e.g. 6 + 7 = 13). They then divide the number of contacts by the number of weeks (e.g. 62 ÷ 13 = 4.77). The score is always rounded down; in this example the number of contacts per ES is rounded down from 4.77 to a 4.

SCORING CONTINUED	Multiple visits to the same employer are counted as part of the calculation. The number of employer contacts is pro-rata for part-time employment specialists (e.g. an ES who works 0.5 FTE would need to complete 3 F2F EE contacts a week). If the TL does not track and review the EE contacts for each ES the score is capped at a 2. Contact with the employers of participants who are in work are not counted when calculating the score for this item.
OPERATIONAL GUIDELINES	EE logs/trackers should be simple to use to ensure that ESs are able to capture relevant information efficiently and accurately. They should include the date of engagement, employer details, details on the mode of engagement (e.g. phone, email or face-to-face), whether the individual engaged with has hiring authority, details of which participant the engagement related to, a way of capturing return visits to the same employer, which ES completed the engagement and notes about the engagement. TLs should use EE trackers to monitor how many engagements each ES is completing and how many lead to follow-up appointments and meetings. EE logs are also a useful tool for ESs to use when planning a job search as there may be records of suitable employers where there has been successful or unsuccessful engagement in the past. Where ESs are lacking in confidence in EE, TLs should consider implementing staggered targets around EE quantity. For example, if an ES has not completed any EE in the last month, setting an objective to complete 24 engagements in the next 4 weeks may be unrealistic and demotivating. Building confidence in job development (EE) is essential to increase the quantity of engagement and TLs should consider this when setting EE-focused objectives.

Fidelity Item 18

Score:

Job development - quality of employer contact

Employment specialists build relationships with employers through multiple visits in person that are planned to learn the needs of the employer, convey what the IPS supported employment programme offers to the employer, describe participant strengths that are a good match for the employer (rate for each employment specialist, then calculate average and use the closest scale point).

1 POINT	Employment specialist meets employer when helping participant to turn in job applications, OR employment specialist rarely makes employer contacts.
2 POINTS	Employment specialists contacts employer to ask about job openings and then shares these “leads” with participants.
3 POINTS	Employment specialist follows up on advertised job openings by introducing self, describing the IPS supported employment programme, and asking employer to interview participants.
4 POINTS	Employment specialist meets with employers in person whether or not there is a job opening, advocates for participants by describing strengths and asks employers to interview participants.
5 POINTS	Employment specialist builds relationships with employers through multiple visits in person that are planned to learn the needs of the employer, convey what the IPS supported employment programme offers to the employer, describe participant strengths that are a good match for the employer.

Additional guidance

Fidelity Manual Reference - pp. 107-109.

RATIONALE	The ES learns about the needs and preferences of employers in order to introduce them to the right job candidates. Multiple in-person visits demonstrate that the IPS specialist is reliable (they return as promised) and that they are focused on a long-term relationship with the employer. The aim of this item is for the ES to build and nurture relationships with employers for the benefit of their participants and to create a local job market knowledge base.
EVIDENCE REQUIREMENTS	Employer engagement logs/trackers for each ES under the scope of the review covering at least an 8-week period that ends no more than 2 months before the review date.
SCORING	If it is not possible to observe employer relationship-building during a fidelity review, the score is 1. Where it is not possible to observe an interaction with an employer with whom the ES has an existing relationship during a fidelity review the score is capped at a 4.

OPERATIONAL GUIDELINES	TLs should support new ESs and those struggling with employer engagement to enhance their skills and confidence through regular field mentoring. ESs should focus on building relationships with employers through repeat visits in person and developing a deeper understanding of employers' business and hiring needs. TLs should monitor whether employer engagement carried out is vacancy led or if it focuses on building collaborative relationships. Where EE is predominantly led by vacancies advertised on the open job market, ESs may miss opportunities to find hidden jobs and 'job carve' on behalf of their participants.

Fidelity Item 19

Score:

Diversity of job types

Employment specialists assist participants in obtaining different types of jobs. Determine the types of jobs IPS participants currently hold. Divide the number of diverse types of jobs by the total number of jobs. Remember, no more than two of the same type of job is counted in the number of diverse jobs. For further details, refer to the fidelity review manual.

1 POINT	Employment specialists assist participants to obtain different types of jobs less than 50% of the time.
2 POINTS	Employment specialists assist participants to obtain different types of jobs 50-59% of the time.
3 POINTS	Employment specialists assist participants to obtain different types of jobs 60-69% of the time.
4 POINTS	Employment specialists assist participants to obtain different types of jobs 70-84% of the time.
5 POINTS	Employment specialists assist participants to obtain different types of jobs 85-100% of the time.

Additional guidance

Fidelity Manual Reference - pp. 109-111.

RATIONALE	ESs help participants to consider a wide range of positions for which they are qualified and are related to their preferences. IPS is an individualised service as indicated by the different types of jobs that people choose.
EVIDENCE REQUIREMENTS	List of job titles for participants who are currently employed on the active caseload of the ESs under the scope of the review. If this is a sample of less than 10, then a list of job titles for jobs started in the 6 months prior to the review from the caseloads of the ESs under the scope of the review. NB: One report showing job titles, employer and contract type can be used as evidence for items 19, 20 and 21.
SCORING	If a job type is represented twice, the score is not affected. If a job type is listed three or more times, the score is affected. Reviewers ask for a list of competitive jobs for people who are currently employed. Reviewers should not include jobs that people obtained prior to entering IPS. If there are fewer than 10 jobs, they ask to see a list of competitive job starts for the past six months (so that there will be enough jobs to determine what percent of jobs are diverse). If the number of examples in the past six months is less than 10 for a team of at least two employment specialists (or fewer than 5 for a single employment specialist), reviewers score this item 1 because the sample size is too small.
OPERATIONAL GUIDELINES	TLs should monitor the diversity of job types per ES to ensure that participants are not commonly achieving the same type of roles, which may suggest that the ES is not completing individualised job search activity and could be relying on a small number of employer relationships or sector knowledge to achieve job outcomes.

Fidelity Item 20

Score:

Diversity of employers

Employment specialists assist participants in obtaining jobs with different employers. Determine the number of total employers and the number of diverse employers, where IPS participants work (the same employer is counted no more than twice). Divide the number of diverse employers by the total number of employers. Refer to the fidelity review manual for more detail.

1 POINT	Employment specialists assist participants to obtain jobs with different employers less than 50% of the time.
2 POINTS	Employment specialists assist participants to obtain jobs with the same employers 50-59% of the time.
3 POINTS	Employment specialists assist participants to obtain jobs with different employers 60-69% of the time.
4 POINTS	Employment specialists assist participants to obtain jobs with different employers 70-84% of the time.
5 POINTS	Employment specialists assist participants to obtain jobs with different employers 85-100% of the time.

Additional guidance

Fidelity Manual Reference - pp. 112-114.

RATIONALE	ESs work with the full range of employers in their communities so that they can help participants find competitive jobs related to their individualised needs and preferences. Further, when multiple people from an IPS service work at the same business, there is a risk that they will be stigmatised, or that a person who does not wish to disclose a disability will feel uncomfortable. ESs may occasionally advocate for more than one person to work at the same business (especially in separate departments) but they also discover that the wider their network of employers, the more they are able to provide individualised services.
EVIDENCE REQUIREMENTS	List of employers for participants who are currently employed on the active caseload of the ESs under the scope of the review. If this is a sample of less than 10, then a list of job titles for jobs started in the 6 months prior to the review from the caseloads of the ESs under the scope of the review. NB: One report showing job titles, employer and contract type can be used as evidence for items 19, 20 and 21.
SCORING	If an employer is represented twice, the score is not affected. If an employer is listed three or more times, the score is affected. When participants work for the same employer but at different business locations the employers are counted as diverse. Reviewers ask for a list of employers for people who are currently employed. Reviewers should not include jobs that people obtained prior to entering IPS. If there are fewer than 10 working people, they ask to see a list of competitive job starts for the past six months (so that there will be enough employers to determine what percent of employers are diverse). If the number of examples in the past six months is less than 10 for two ESs (or fewer than five for a single ES), reviewers score this item 1 because the sample size is too small.
OPERATIONAL GUIDELINES	TLs should monitor the diversity of employers per ES to ensure that participants are not commonly achieving outcomes with the same employers which may suggest that the ES is not completing individualised job search activity and could be relying on a small number of employer relationships to achieve job outcomes.

Fidelity Item 21

Score:

Competitive jobs

Employment specialists provide competitive job options that could vary from seasonal work, time-limited contract work, or apprenticeships through to permanent status. Competitive jobs pay at least minimum wage, are jobs that anyone can apply for and are not set aside for people with health conditions/disabilities/disadvantages.

1 POINT	Employment specialists provide options for competitive jobs less than 64% of the time, OR there are fewer than 10 current jobs.
2 POINTS	Employment specialists provide options for competitive jobs 65-74% of the time.
3 POINTS	Employment specialists provide options for competitive jobs 75-84% of the time.
4 POINTS	Employment specialists provide options for competitive jobs 85-94% of the time.
5 POINTS	Employment specialists provide options for competitive jobs 95% or more of the time.

Additional guidance

Fidelity Manual Reference - pp. 115-117.

RATIONALE	People say that they are interested in regular jobs rather than positions that are set aside for those who have disabilities or disadvantage. In this way people are part of their communities and do not feel the effects of stigma from their health condition, disability or other disadvantage.
EVIDENCE REQUIREMENTS	List of employment outcomes, including contract type, for participants who are currently employed on the active caseload of the ESs under the scope of the review. If this is a sample of less than 10, then a list of jobs started in the 6 months prior to the review from the caseloads of the ESs under the scope of the review. Any participants who have been supported into volunteer roles or unpaid jobs should be included on the list. NB: One report showing job titles, employer and contract type can be used as evidence for items 19, 20 and 21.
SCORING	Self-employment is competitive employment. In the context of the UK labour market, temporary, seasonal, fixed-term and zero-hour contracts are considered as competitive employment. Volunteer/unpaid roles are not the focus of IPS. If an ES has supported participants into volunteering, this information needs to be provided as it will affect the score of this item. For example: The ESs have supported 10 people to gain competitive jobs and two to secure volunteer positions. 10 (competitive jobs) divided by 12 (all roles) = 0.83 (83%). The score is 3.

OPERATIONAL GUIDELINES	When participants decide that they do not want to pursue paid competitive employment and want to secure a volunteering position, IPS teams should signpost them to organisations that can support with this. When participants are unsure about whether to pursue volunteering or competitive employment, this may be due to a lack of confidence and ESs should explore the benefits of competitive employment with them. Where a participant's primary goal is to achieve competitive employment, but they decide that they want to volunteer as well to complement their employment (for example if they are looking for a part-time paid role) ESs should continue to support them with finding a competitive role. However, ESs should clearly explain that the boundaries of their role mean they cannot provide support to help the participant into the volunteering roles they are looking for. ESs may signpost them to organisations who can help them with volunteering or provide information (e.g. volunteering websites) for self-led exploration of volunteering opportunities. TLs should monitor the number of competitive employment outcomes each ES is achieving, and the type of contracts participants are securing. If there is a high number of temporary, casual or seasonal jobs then the TL should explore whether a high-fidelity individualised job search (see item 16) is always being implemented for participants.

Fidelity Item 22

Score:

Individualised follow-along support

Participants receive different types of in-work support that are based on the job, participant preferences, work history, needs, etc. Supports are provided by a variety of people, including members of the primary care teams, community health service, or organisations that provide specialist support (e.g. medication changes, social skills training, encouragement), family, friends, co-workers (i.e. natural supports), and employment specialist. Employment specialist also provides employer support (e.g. educational information, reasonable adjustment) at participant's request. Employment specialist offers help with career development, i.e. assistance with education, a more desirable job, or more preferred job duties.

1 POINT	Most participants do not receive supports after starting a job.
2 POINTS	About half of the working participants receive a narrow range of supports provided primarily by the employment specialist.
3 POINTS	Most working participants receive a narrow range of supports that are provided primarily by the employment specialist.
4 POINTS	Participants receive different types of support for working a job that are based on the job, their preferences, work history, needs, etc. Employment specialists provide employer supports at the participants request.
5 POINTS	Participants receive different types of support for working a job that are based on the job, their preferences, work history, needs, etc. Employment specialist also provides employer support (e.g. educational information, reasonable adjustments) at the participant's request. The employment specialist helps people move onto more preferable jobs and also helps people with education or certified training programmes. The site provides examples of different types of support including enhanced supports by primary care teams, community health service or organisations that provide specialist support or other relevant external services.

Additional guidance

Fidelity Manual Reference - pp. 118-121.

RATIONALE	Helping people sustain employment is just as important as helping them find the right role. Supports are individualised because each participant and their employer will have different needs and preferences.
EVIDENCE REQUIREMENTS	• In-work support plans and case notes in participant files. • In-work support plan templates.
SCORING	If participants do not have documented, individualised in-work support plans the score is capped at a 3. If participants only receive job supports from ESs and not from members of the primary care teams, community health services, or organisations providing specialist support, the score is capped at a 3.

SCORING	If participants do not have documented, individualised in-work support plans the score is capped at a 3. If participants only receive job supports from ESs and not from members of the primary care teams, community health services, or organisations providing specialist support, the score is capped at a 3. When most job supports are by phone or ESs tell their participants to 'call if this is a problem' rather than scheduling in-work support appointments, the score is capped at a 2. If half of the working participants only receive phone support the score is capped at a 3. If there are no examples of ESs supporting participants with career development by pursuing more desirable positions the score is capped at a 4.
OPERATIONAL GUIDELINES	ESs should create individualised in-work support plans in collaboration with each participant. These plans should be started early in someone's IPS journey to help the individual and the ES explore what kind of roles are right for the individual, and also to build the participant's confidence and self-belief. This plan should reflect their strengths, preferences, and any anticipated challenges, and include strategies for onboarding, skills-building, and coping at work. It should be reviewed regularly and adjusted as the person's needs or job situation evolves. Close collaboration with other professionals is essential to ensure that IPS employment support is aligned with the support participants are receiving from others. ESs should maintain regular communication with the teams each participant is attached to, sharing relevant updates and participating in integrated team meetings to support coordinated, holistic care. Support should be responsive to any difficulties the individual experiences at work. This includes identifying specific challenges, helping to problem-solve, and working with employers to explore reasonable adjustments. ESs can also provide on-site or remote on-the-job coaching, helping individuals navigate interpersonal dynamics or task-related issues. Career development is a key part of follow-along support. ESs should encourage individuals to think beyond their current job, exploring opportunities for advancement, training, or education that align with their long-term goals. Support should remain flexible and ongoing, continuing through job transitions, periods of unemployment, or changes in career direction.

Fidelity Item 23

Score:

Time-unlimited follow-along supports

Employment specialists have face-to-face contact within 1 week before starting a job, within 3 days after starting a job, weekly for the first month, and at least monthly for a year or more, on average, after working steadily and as desired by participants. Participants are transitioned to step down job supports from Access to Work arrangements or others in the primary care team, community health services or organisations providing specialist support, following steady employment. Employment specialists contact participants within 3 days of learning about the job loss.

1 POINT	Employment specialist does not meet face-to-face with the participant after the first month of starting a job.
2 POINTS	Employment specialist has face-to-face contact with less than half of the working participants for at least 4 months after starting a job.
3 POINTS	Employment specialist has face-to-face contact with at least half of the working participants for at least 4 months after starting a job.
4 POINTS	Employment specialist has face-to-face contact with working participants, weekly for the first month after starting a job, and at least monthly for a year or more, on average, after working steadily, and as desired by participants.
5 POINTS	Employment specialist has face-to-face contact within 1 week before starting a job, within 3 days after starting a job, weekly for the first month, and at least monthly for a year or more, on average, after working steadily and as desired by participants. Participants may be transitioned to intermittent support, or regular monitoring, following steady employment. Employment specialist contacts participants within 3 days of hearing about the job loss.

Additional guidance

Fidelity Manual Reference - pp. 122-124.

RATIONALE	There is some evidence that job loss is most likely to occur soon after a job start. Therefore, practitioners are encouraged to offer more supports to people who have just become employed. After people work steadily for a long period and report that they are satisfied with their jobs, they may no longer want and need job supports from the IPS team. In these situations, participants should draw support from a wider support network that they have developed since starting work (e.g. employer, colleagues, family, health professionals etc.). Providing face-to-face in-work support allows the ES to gain a more accurate understanding of how the individual is coping at work and to offer practical, personalised support when needed.
EVIDENCE REQUIREMENTS	• In-work support plans and case notes in participant files. • In-work support plan templates.

SCORING	If most working people receive phone call supports, reviewers do not score higher than 2. When ESs don't document the job supports they provide, reviewers do not score higher than a 3.
OPERATIONAL GUIDELINES	ESs should aim to meet face-to-face with all participants and explain the benefits to participants of meeting in person for in-work support. They should meet within one week before starting a job, within three days after starting, and weekly for the first month of employment. After this initial period, contact should continue at least monthly in line with the participant's preferences and until they are stable in work. If a participant loses their job, the employment specialist should make contact within three working days to offer support, explore the reasons for job loss, and begin planning for re-employment. As IPS support is stepped down in a planned and person-centred way, ESs should encourage participants to draw on other sources of support—such as Access to Work, primary care, community health services, or workplace allies—to help sustain their employment. Transitions should be collaborative and paced to match each participant's comfort level, fostering a sense of empowerment and ensuring they feel consistently supported throughout the process. Participants are formally transferred off the IPS caseload when they express satisfaction with their job and no longer feel they need IPS services.

Fidelity Item 24

Score:

Community-based services

Employment services such as participant engagement, job finding, and follow-along supports are provided in natural community settings by all employment specialists. (Rate each employment specialist based upon their total weekly scheduled work hours, then calculate the average and use the closest scale point).

1 POINT	Employment specialist spends 30% or less of total scheduled work hours in the community.
2 POINTS	Employment specialist spends 30-39% of total scheduled work hours in the community.
3 POINTS	Employment specialist spends 40-49% of total scheduled work hours in the community.
4 POINTS	Employment specialist spends 50-64 % of total scheduled work hours in the community.
5 POINTS	Employment specialist spends 65% or more of total scheduled work hours in the community.

Additional guidance

Fidelity Manual Reference - pp. 124-126.

RATIONALE	Research has demonstrated that IPS specialists who carry out their job responsibilities away from their offices help more people with employment. Meeting participants away from health services or treatment settings supports their self-efficacy and their sense of belonging in their local communities and in society.
EVIDENCE REQUIREMENTS	Screenshots of four consecutive weeks of diaries for each ES under the scope of the review, within the three months prior to the review. Where possible the diaries provided for each ES should represent the same four consecutive weeks.
SCORING	A common misconception about this item is that for good fidelity, 65% of client meetings are in the community. Actually, for good fidelity, IPS specialists spend at least 65% of their *total work hours* away from their offices. For part-time ESs, the amount of time in the community is pro-rated. For example, an ES who works 20 hours per week should spend 65% of 20 hours each week in the community (13 hours). Reviewers find the average amount of time that each ES spends in the community. For example, one ES works in the community 50% of the time, another 62% of the time. 50 + 62= 112. 112 divided by 2 = 56. The score is 4. Any work completed in the integrated services an ES is attached to, the offices of the provider they work for, or the ES's home *does not* count towards community time. Some activities completed in community locations (e.g. coffee shops, libraries, job centres, community centres, at worksites, participants' homes etc.) do count towards community time and others don't. Please see below:

SCORING CONTINUED	**Does count towards community time:** • In-person participant appointments. • Face-to-face employer engagement. • Other meetings with employers (e.g. occupational health). • JCP meetings. • Travel to and from any of the above (with the exception if it is outside working hours – i.e. travel to or from work). **Doesn't count towards community time:** • Completing admin. • Telephone or video conferencing appointments with participants or colleagues. • Vocational unit meetings or other meetings between IPS team members including supervisions & caseload reviews. • Lunch breaks. • Travel to or from any of the above (unless from or to an activity that counts towards community time, see below). • Travel to or from work. Where travel is between an activity that counts towards community time and one that doesn't count (e.g. from EE to a vocational unit meeting in a library) then the travel is counted towards community time.
OPERATIONAL GUIDELINES	Both the location and the activity undertaken affect the scoring of this item and therefore ESs should accurately record both when populating their diary. Completing diaries in full for the whole day of work without gaps is recommended, including a description of the activity and a location to show where each activity is taking place. IPS team leaders should bear in mind the interactivity between this item and 'integration with primary care teams, community health services, or organisations providing specialist support through frequent member contact' (item 5). At times when improving integration is a priority, the amount of time spent in the community may be negatively impacted and reduce the score for item 24 'community-based services'.

Fidelity Item 25

Score:

Assertive engagement and outreach by integrated primary care teams, community health services or organisations that provide specialist support

Service termination is not based on missed appointments or fixed time limits. There is systematic documentation of outreach attempts. Engagement and outreach attempts are made by integrated team members. Multiple home/community visits. Coordinated visits by employment specialist with integrated team member. Connect with family, when applicable. Once it is clear that the participant no longer wants to work or continue IPS supported employment services, the team stops outreach.

1 POINT	Evidence that 2 or less strategies for engagement and outreach are used.	• Service termination is not based on missed appointments or fixed time limits. • Systematic documentation of outreach attempts. • Engagement and outreach attempts made by integrated team members. • Multiple home/community visits. • Coordinated visits by employment specialist with integrated team members. • Connect with family, when applicable.
2 POINTS	Evidence that 3 strategies for engagement and outreach are used.	
3 POINTS	Evidence that 4 strategies for engagement and outreach are used.	
4 POINTS	Evidence that all 5 strategies for engagement and outreach are used.	
5 POINTS	Evidence that all 6 strategies for engagement and outreach are used.	

Additional guidance

Fidelity Manual Reference - pp. 127-129..

RATIONALE	Participants may disengage from IPS support for a variety of reasons. One person may have trouble remembering appointments while another is nervous about working. Problems with babysitters, limited options for transportation, concern about losing benefits, or low expectations for employment services can also result in missed meetings. To help people overcome these issues, ESs attempt to meet in person to learn about the problem. ESs utilise a variety of strategies to re-engage the individual. They work with other professionals and family members (with permission) to make services accessible to the participant.
EVIDENCE REQUIREMENTS	Evidence of outreach attempts in participant file notes.
SCORING	After two months of unsuccessful (and varied) attempts to re-engage a person, the IPS specialist may close the participant's case without negative effects on the score for this item.

OPERATIONAL GUIDELINES	ESs should use a variety of strategies to re-engage participants who have disengaged from the IPS programme. For example, if an ES has not had success from calling a participant, they could try calling them at different times of day or asking a colleague to call them from a different number. A "coordinated visit with integrated team member" indicates that practitioners are coordinating visits and does not necessarily mean that they are both present for the participant meeting. For example, a support worker may tell the ES that they are seeing a participant at 2:00 PM and the ES is likely to be able to find them in the waiting room beforehand. It may also mean that the ES and support worker go together to meet with a participant. If a participant states that they wish to leave the IPS programme and no longer want IPS employment support, the ES should aim to understand the reasons why and ensure that the participant is making an independent personal decision that is not being influenced by pressure from other sources (e.g. family, other professionals). Once the participant no longer wants to find work, the ES does not need to attempt further outreach strategies before discharging them from the IPS service. Some services may not permit ESs to complete home visits to re-engage participants. Where this isn't possible, ESs should consider whether 'community visits' to places where they are likely to see the participant may be beneficial for re-engagement. This could include attending a library or community centre where they have seen the participant regularly, or the participant's favourite coffee shop.

Fidelity Review Summary

ELEMENT		LAST FIDELITY REVIEW	THIS FIDELITY REVIEW	CHANGE IN SCORE
STAFFING				
01	Caseload size.			
02	Employment services staff.			
03	Vocational generalists.			
ORGANISATION				
04	Integration with primary care teams, community health services or organisations that provide specialist support through team assignment.			
05	Integration with primary care teams, community health services or organisations that provide specialist support through frequent contact.			
06	Collaboration between employment specialists and JCP.			
07	Vocational unit.			
08	Role of IPS employment supervisor.			
09	Zero exclusion criteria.			
10	Primary care teams, community health services or organisations that provide specialist support focus on competitive employment.			
11	Executive team support.			
SERVICES				
12	Work incentives planning.			
13	Disclosure/sharing personal information.			

ELEMENT		LAST FIDELITY REVIEW	THIS FIDELITY REVIEW	CHANGE IN SCORE
SERVICES CONTINUED				
14	Ongoing, work-based vocational assessment.			
15	Rapid job search for competitive job.			
16	Individualised job search.			
17	Job development – frequent employer contact.			
18	Job development – quality of employer contacts.			
19	Diversity of job types.			
20	Diversity of employers.			
21	Competitive jobs.			
22	Individualised follow-along supports.			
23	Time-unlimited follow-along supports.			
24	Community-based services.			
25	Assertive engagement and outreach by integrated team.			
TOTAL SCORE				
MAXIMUM IPS SCORE		**125**	**125**	

IPS Fidelity Scale for Connect to Work

This Fidelity Scale is the Centre for Mental Health UK version, adapted by IPS Grow and the CtW Expert Reference Group.

ipsgrow.org.uk