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PRIORITY BRIEFING

The purpose of this briefing paper is to aid Stakeholders in prioritising topics to be taken further by PenCLAHRC as the basis for a specific evaluation or implementation research project.

What are the barriers to implementing Integrated Placement and Support (IPS) to help people with enduring mental health problems find paid employment?

Question ID: 11/12

Question type: Implementation

Question: What are the barriers to implementing Integrated Placement and Support (IPS) to help people with enduring mental health problems find paid employment?

Current problem: People with a psychotic illness have low rates of open paid employment in the UK, and the evidence from audits suggest this is the same in the South West. Generally rates of 10-15% are common. However there is comprehensive evidence that applying Integrated Placement and Support (IPS) increases this rate to 30-50%. There are also clear links between employment and maintaining people's mental well being and helping to reduce health inequalities as well as improving overall quality of life. Despite this evidence, this intervention is not applied here in the south west or most places in the UK.

Service users fear having to disclose their mental health problems to future employers and fear that relapses in their condition will cause them to lose their job and leave them in a worse state than remaining on benefits.

Service and setting: Employment services such as Routeways, Connexions, Rite Associates (employment advisers), Job centre etc can be poorly integrated with NHS services for people with psychotic illnesses. These organisations, which often do not have an evidence-based culture, are often applying interventions without an evidence base and not implementing IPS. NHS services are often focused on treating acute crises and do not focus on this aspect of long-term rehabilitation. They are not evaluated using employment as an outcome.

Population: Patients aged 16-65 years with severe and enduring mental illness (schizophrenia, bipolar disorder, delusional disorder), interested in returning to paid employment.

Proposed solution: Having employment actively benefits their mental health, reducing the risk of relapse, as well as helping patients' confidence and self-esteem. Services need:

- to measure employment as an outcome measure of the quality of services
- to integrate NHS services with voluntary sector services to have an evidence-based programme of helping patients into paid employment

- to understand some of the barriers to developing a care pathway to help people into employment.

Outcome: For all mental health trusts to have a care pathway for gaining employment jointly with voluntary sector organisations working in this area. If we can identify the barriers to implementation of this intervention, we can overcome them, have a systematic application of IPS across the south west, improving patient's lives and reducing the financial dependence on state benefits. Cost-effectiveness of the service. Outcomes for patients such as hospitalization rate, length of employment, QOL, social exclusion. Mental health worker outcomes such as job satisfaction and belief in recovery.

Psychotic Illness: Psychosis is defined by Patient UK as a severe mental disorder in which there is extreme impairment of ability to think clearly, respond with appropriate emotion, communicate effectively, understand reality and behave appropriately. It can be very disabling and include symptoms such as delusions and hallucinations. Psychosis often presents itself between the ages of 15-30 years, and appears to deteriorate rapidly in the early stages before reaching a level of stability.

Integrated Placement and Support (IPS): The Sainsburys Centre for Mental Health describe Individual Placement and Support as having seven key principles. They include focusing on paid employment of an individual's choice, not sheltered work or lengthy job preparation, and support that continues once the person gets a job and that is provided together with clinical care and welfare benefits advice. The service should be individual to a person's needs and wishes; offer rapid placement in work; and provide ongoing support for as long as it is needed.

The Health Problem:

It is predicted that about 3% of the population in the UK will experience psychosis at some point in their lives and more will be affected as symptoms can also be distressing for those close to the patient. Current estimates suggest that 1.3million people with a mental health condition are on benefits and a further 1 million are workless but not claiming benefits. The Realising Ambitions (2009) review reports that health and social services have often not seen employment as part of their remit, and have not always recognised the importance of appropriate work in restoring and maintaining mental health.

Unemployment rates are high amongst people with severe mental illness (only 22% employment for people with severe mental health problems versus 74% for the general population), yet surveys show that most want to work. Mental health problems are becoming the commonest cause for long term sickness absence.

In the South West 40% of people on incapacity benefit have mental health problems. For example, the proportion of patients with schizophrenia who are in paid employment in the UK is 10-15%. Research projects using IPS have increased this proportion to 30-50% in both the US and in Europe and the UK. If this intervention was implemented successfully, it could have a huge impact on patients' quality of life, and also be cost effective as money on benefits will be saved. The overall costs associated with mental health conditions are estimated to be £77.4 billion in England alone of which £23.1 billion is from lost output and missed opportunities for employment.

Guidelines:

NICE Guidelines on managing long-term sickness absence and incapacity for work recommend that the Department for Work and Pensions (DWP) has a role to play in reducing the number of people on incapacity benefit by helping to develop integrated programmes to help people get back to work.

A review by the DWP called 'Realising ambitions: Better employment support for people with a mental health condition' (2009) suggests that the DWP, health and social services should work more closely to develop capacity and expertise of services to help support people with mental health conditions to find employment. Although no particular strategies are highlighted to implement these conditions, IPS could be an appropriate way forward.

NHS Priority:

Regional

SW SHA Priorities framework 2008-11

- Full implementation of the National Service Framework for Mental Health
- Improved access to specialist mental health services

Mental Health is one of the QIPP priorities. Social outcomes and promoting recovery are listed as one of the 'Golden Rules' for improving Mental Health as is reducing hospital admissions which can be achieved by getting people into employment. A principle in QIPP is that the promotion of wellbeing and recovery is a key function of mental health services and the Implementation Action for this is 'a recovery and wellbeing approach commissioned to enable people with mental health problems to identify and achieve personal outcomes'. QIPP also identifies Employment as a quality indicator for early intervention in psychosis services.

The previous government developed the PSA16 - a Public Service agreement for socially excluded adults - people with mental health problems were identified as one of the target groups and employment was one of the main outcomes.

Employment status is part of the mental health minimum data set and is therefore already recorded for all clients in secondary mental health services.

Local

- All localities in the peninsula aim to improve mental health and well being and reduce the number of deaths by suicide

Existing Research:

Published research

There is much research on the effectiveness of IPS and for this reason the searches concentrated on the most recent activity. A Cochrane review on 'Vocational rehabilitation for people with severe mental illness'⁹ was conducted in 2001 the results suggest that supported employment (such as the IPS model) is more effective at helping people with severe mental illness obtain competitive employment than pre-vocational training with 34% of people in supported employment employed versus 12% in pre-vocational training after 18 months (NNT 4.5).

In the past two years nine relevant articles¹⁻⁹ were identified for this area of research and four articles were identified on the topic of implementing IPS¹⁰⁻¹³. Of the nine articles on effectiveness (two reviews^{3,9}) eight confirm positive impacts of IPS on rates of competitive employment (82- 55% employment in IPS v 61-28% in current services/no support) and other outcomes (e.g. wellbeing, self-efficacy, relapse events) for people with severe mental illness. One study⁴ has reported no significant impacts ($p=0.15$) of IPS on the rate of competitive employment obtained by people with severe mental illness (13% employment in IPS v. 7% current services). However, within this study the authors suggest the findings could be due to poor fidelity of implementation.

Studies on the implementation of IPS highlight a number of issues that can prevent optimal fidelity of implementation. These barriers include funding, values and organizational policy¹³, fear on the part of professionals and patients (and their families) and a lack of support or confidence in implementing what we know works¹⁰. These studies also suggest that implementation of IPS is possible with time, organization, support and opportunity¹⁰. One paper also suggests that implementation may be promoted by having service level agreements specifying IPS standards within the commissioning guidance for vocational services and that training in IPS for employment support workers would help overcome barriers and change attitudes towards IPS implementation¹³.

Other studies also look at the IPS service user perspective¹¹ and report that the quality of support, particularly through interpersonal dynamics, which go beyond the organizational features emphasized in the IPS model, are most important to the success of the intervention. Interestingly, a further study¹² highlights how it may be possible to extend the IPS model from the employment to the education setting which may help those who are affected by severe mental illness at a young age.

Ongoing research

There are no ongoing studies on barriers to the implementation of IPS, though several studies are still being conducted into its effectiveness in the UK, US and Sweden (see below).

- University College London are running a study investigating the impact of introducing individual placement and support to a catchment area (Camden) using mental health service users who have and have not used IPS services. This study is expected to complete in November 2011.
- University of California are running a study investigating the effect of using additional cognitive training or additional support to improve the effectiveness of IPS for people with severe mental illness. The study began in 2008 and is expected to complete in December 2012, after a two-year follow-up.
- Lund University in Sweden are conducting a study to evaluate the impact of employment support and IPS in a Swedish context. The study began in 2008 and is expected to complete in 2015 with preliminary results on the primary vocational outcomes expected in February 2011.
- Institute of Psychiatry (Kings College London) is conducting a randomised control trial of IPS to improve the occupational outcomes for people with severe mental illness in South London. It is not clear if this study has yet been completed or when it is likely to be.

Feasibility:

The South West Development Centre, which may have an interest in this area, has a fund of £480,000 available to 'pump-prime' local projects which aim to support the most disadvantaged groups. They are looking for projects which aim to use multi-agency partnerships and provide sustainable change.

There are successful models of IPS in Somerset and Dorset. At a recent conference it was revealed that in Dorset the target for getting people back into work has exceeded 100%.

Both Cornwall and Plymouth appear to have interest in improving the implementation of this programme as submissions have been received from both areas. The employment adviser for IAPT (Increasing Access to Psychological Therapies), Pete Fenwick, has previously been involved in running such services before he started his new post in Plymouth.

The Sainsbury Centre has developed guidelines around how to implement IPS programmes. Pilot implementation sites could be Insight and AOS (Assertive Outreach Service) both are services that aim to promote independent living.

Companies such as Rite Associates which are already supporting people with mental health problems and are funded through A4E (Action for Employment), may be able to expand the work they do to include IPS.

References:

1) Tsang, H. W., K. M. Fung, et al. (2010). "Three year follow-up study of an integrated supported employment for individuals with severe mental illness." Aust N Z J Psychiatry **44**(1): 49-58.

OBJECTIVES: The aim of the present study was to examine and compare the long-term effectiveness of the Integrated Supported Employment (ISE) programme, which consists of individual placement and support (IPS) and work-related social skills training, with the IPS programme on the vocational and non-vocational outcomes among individuals with severe mental illness (SMI) over a period of 3 years. **METHOD:** One hundred and eighty-nine participants with SMI were recruited from two non-government organizations and three day hospitals in Hong Kong and randomly assigned into the ISE (n = 58), IPS (n = 65) and traditional vocational rehabilitation (TVR) (n = 66) groups. Vocational and non-vocational outcomes of the ISE and IPS participants were collected by a blind and independent assessor at 7, 11, 15, 21, 27, 33 and 39 months after their admission, whereas the TVR groups were assessed only up to the 15th month follow up. **RESULTS:** After 39 months of service provision, ISE participants obtained higher employment rate (82.8% vs 61.5%) and longer job tenure (46.94 weeks vs 36.17 weeks) than the IPS participants. Only 6.1% of TVR participants were able to obtain employment before the 15th month follow up. Fewer interpersonal conflicts at the workplace were reported for the ISE participants. Advantages of the ISE participants over IPS participants on non-vocational outcomes were not conclusive. **CONCLUSION:** The long-term effectiveness of the ISE programme in enhancing employment rates and job tenures among individuals with SMI was demonstrated by this randomized controlled trial.

2) Siu, P. S., H. W. Tsang, et al. (2010). "Nonvocational outcomes for clients with severe mental illness." Journal of Vocational Rehabilitation **32**(1): 15-24.

This study focuses primarily on the non-vocational outcomes and the changes in psychosocial functioning of individuals with severe mental illness through competitive employment. Thirteen out of 56 participants in the Individual Placement & Support (IPS) group who were competitively employed were recruited from two community based mental health settings for the first interview. Eight of them who met the selection criteria for the second interview were interviewed again for comparison. Data were collected through a tailor-made interview guide during their third and sixth months of employment and were analyzed through an inductive process. Data analyses indicated that the employed participants in the IPS group showed positive outcomes in both personal well-being and self-efficacy after three months of employment, while positive and negative impacts were obtained after six months of employment. A dynamic model was suggested based on the findings to explain the job tenure of participants. Further integration of this model to the existing supported employment model is explored.

3) Rinaldi, M., E. Killackey, et al. (2010). "First episode psychosis and employment: A review." International Review of Psychiatry **22**(2): 148-162.

Despite considerable growth in treatments, interventions, services and research of young people with a first episode of psychosis, little attention has been given

to the priorities of these young people, in particular, gaining employment. A literature review was undertaken with the aim of investigating: 1) whether young people with a first episode of psychosis want to work, 2) what challenges they experience regarding work, 3) what is understood about employment outcomes, 4) what the most effective interventions to enable them to gain employment may be, and 5) what the associated costs may be. The review found that these young people appear to want to work yet face a range of psychological and social challenges to achieving this. Typically by the time they first come into contact with mental health services a proportion are already falling out of education and employment, and this decline continues with contact with services. However, there are specific interventions that can support them to gain employment. The Individual Placement and Support approach, adapted to include support to fulfil educational goals, has demonstrated that a mean of 69% of young people with a first episode of psychosis can gain education and employment compared to 35% of controls.

4) Howard, L. M., M. Heslin, et al. (2010). "Supported employment: Randomised controlled trial." British Journal of Psychiatry **196**(5): 404-411.

Background: There is evidence from North American trials that supported employment using the individual placement and support (IPS) model is effective in helping individuals with severe mental illness gain competitive employment. There have been few trials in other parts of the world. Aims: To investigate the effectiveness and cost-effectiveness of IPS in the UK. Method: Individuals with severe mental illness in South London were randomised to IPS or local traditional vocational services (treatment as usual). Results: Two hundred and nineteen participants were randomised, and 90% assessed 1 year later. There were no significant differences between the treatment as usual and intervention groups in obtaining competitive employment (13% in the intervention group and 7% in controls; risk ratio 1.35, 95% CI 0.95-1.93, $P = 0.15$), nor in secondary outcomes. Conclusions: There was no evidence that IPS was of significant benefit in achieving competitive employment for individuals in South London at 1-year follow-up, which may reflect suboptimal implementation. Implementation of IPS can be challenging in the UK context where IPS is not structurally integrated with mental health services, and economic disincentives may lead to lower levels of motivation in individuals with severe mental illness and psychiatric professionals.

5) Tsang, H. W., A. Chan, et al. (2009). "Vocational outcomes of an integrated supported employment program for individuals with persistent and severe mental illness." J Behav Ther Exp Psychiatry **40**(2): 292-305.

We examined the effectiveness of an integrated supported employment (ISE) program, which augments Individual Placement & Support (IPS) with social skills training (SST) in helping individuals with SMI achieve and maintain employment. A total of 163 participants were randomly assigned to three vocational rehabilitation programs: ISE, IPS, and traditional vocational rehabilitation (TVR). After fifteen months of services, ISE participants had significantly higher employment rates (78.8%) and longer job tenures (23.84 weeks) when compared with IPS and TVR participants. IPS participants demonstrated better vocational

outcomes than TVR participants. The findings suggested that ISE enhances the outcomes of supported employment, endorsing the value of SST in vocational rehabilitation.

6) Burns, T., J. Catty, et al. (2009). "The impact of supported employment and working on clinical and social functioning: Results of an international study of individual placement and support." Schizophrenia Bulletin **35**(5): 949-958.
Background: Concerns are frequently expressed that working might worsen the mental health of people with severe mental illness (SMI). Several studies of Individual Placement and Support (IPS), however, have found associations between working and better nonvocational outcomes. IPS has been found to double the return to work of people with SMI in 6 European countries. Aims: To explore separately associations between IPS, returning to work, and clinical and social outcomes. Methods: Patients (n = 312) in a randomized controlled trial of IPS in 6 European centers were followed up for 18 months. Results: There were no differences in clinical and social functioning between IPS and control patients at 18 months. Those who worked had better global functioning, fewer symptoms, and less social disability at final follow-up; greater job tenure was associated with better functioning. Working was associated with concurrently better clinical and social functioning, but this contrast was stronger in the control group, suggesting that IPS was better than the control service at helping more unwell patients into work. Working was associated with having been in remission and out of hospital for the previous 6 months. It was also associated with a slight decrease in depression and with being in remission over the subsequent 6 months. Conclusions: Concerns among clinicians about possible detrimental effects of working and supported employment have been misplaced. Although some of the associations found may have been selection effects, there is sufficient evidence of work having beneficial effects on clinical and social functioning to merit further exploration.

7) Killackey, E., H. J. Jackson, et al. (2008). "Vocational intervention in first-episode psychosis: Individual placement and support v. treatment as usual." British Journal of Psychiatry **193**(2): 114-120.
Background: Unemployment is a major problem for people with first-episode psychosis and schizophrenia. This has repercussions for the economy, social functioning and illness prognosis. Aims: To examine whether a vocational intervention--individual placement and support (IPS)--which has been found to be beneficial in populations with chronic schizophrenia, was a useful intervention for those with first-episode psychosis. Method: A total of 41 people with first-episode psychosis were randomised to receive either 6 months of IPS + treatment as usual (TAU) (n = 20) or TAU alone (n = 21). Results: The IPS group had significantly better outcomes on level of employment (13 v. 2, P < 0.001), hours worked per week (median 38 v. 22.5, P = 0.006), jobs acquired (23 v. 3) and longevity of employment (median 5 weeks v. 0, P = 0.021). The IPS group also significantly reduced their reliance on welfare benefits. Conclusions: Individual placement and support has good potential to address the problem of vocational

outcome in people with first-episode psychosis. This has economic, social and health implications.

8) Burns, T., S. J. White, et al. (2008). "Individual placement and support in Europe: The EQOLISE trial." International Review of Psychiatry **20**(6): 498-502. Background: Individual Placement and Support (IPS) has been demonstrated to increase return to open employment significantly in individuals with mental health problems in the USA. Previous experience (e.g. with assertive community treatment) has demonstrated the sensitivity of complex community mental health interventions to local social and healthcare cultures. Europe has conditions of generally greater employment security than the USA, and varying (generally higher) unemployment rates and welfare benefits. Evidence of the effectiveness of IPS in these conditions, and its potential variation across them, would guide local policy and provide possible insights into its mechanism. Methods: We conducted a randomized controlled trial of IPS versus high-quality train-and-place vocational rehabilitation in six European centres with very different labour market and health and social care conditions. A sample of 312 individuals with psychotic illness was randomly allocated (50 per site). Inclusion criteria were a minimum of two years illness duration, with at least one year of continuous unemployment and six months contact with their current mental health services. Follow-up was 18 months. The primary outcome was any open employment, and secondary outcomes included time to employment, duration of employment and hospital admission. Findings: IPS was more effective than the vocational services for all vocational outcomes. 85 IPS patients (54.5%) worked for at least one day compared to 43 vocational service patients (27.6%). They were significantly less likely to have been rehospitalized. Local unemployment rates explained a significant amount of the variation in IPS effectiveness and both national economic growth and welfare systems influenced overall employment rates in both services. Conclusions: IPS doubles the access to work of people with psychotic illnesses, without any evidence of increased relapse. Its effectiveness is not independent of external circumstances, particularly local unemployment rates.

9) Crowther, R., M. Marshall, et al. (2001). "Vocational rehabilitation for people with severe mental illness." Cochrane Database of Systematic Reviews(2). BACKGROUND: Unemployment rates are high amongst people with severe mental illness, yet surveys show that most want to work. Vocational rehabilitation services exist to help mentally ill people find work. Traditionally, these services have offered a period of preparation (Pre-vocational Training), before trying to place clients in competitive (i.e. open) employment. More recently, some services have begun placing clients in competitive employment immediately whilst providing on-the-job support (Supported Employment). It is unclear which approach is most effective. OBJECTIVES: To assess the effects of Pre-vocational Training and Supported Employment (for people with severe mental illness) against each other and against standard care (in hospital or community). In addition, to assess the effects of: (a) special varieties of Pre-vocational Training (Clubhouse model) and Supported Employment (Individual Placement

and Support model); and (b) techniques for enhancing either approach, for example payment or psychological intervention. **SEARCH STRATEGY:** Searches were undertaken of CINAHL (1982-1998), The Cochrane Library (Issue 2, 1999), EMBASE (1980-1998), MEDLINE (1966-1998) and PsycLIT (1887-1998). Reference lists of eligible studies and reviews were inspected and researchers in the field were approached to identify unpublished studies. **SELECTION CRITERIA:** Randomised controlled trials of approaches to vocational rehabilitation for people with severe mental illness. **DATA COLLECTION AND ANALYSIS:** Included trials were reliably selected by a team of two raters. Data were extracted separately by two reviewers and cross-checked. Authors of trials were contacted for additional information. Relative risks (RR) and 95% confidence intervals (CI) of homogeneous dichotomous data were calculated. A random effects model was used for heterogeneous dichotomous data. Continuous data were presented in tables (there were insufficient continuous data for formal meta-analysis). A sensitivity analysis was performed, excluding poorer quality trials. **MAIN RESULTS:** Eighteen randomised controlled trials of reasonable quality were identified. The main finding was that on the primary outcome (number in competitive employment) Supported Employment was significantly more effective than Pre-vocational Training; for example, at 18 months 34% of people in Supported Employment were employed versus 12% in Pre-vocational Training (RR random effects (unemployment) 0.76 95% CI 0.64 to 0.89, NNT 4.5). Clients in Supported Employment also earned more and worked more hours per month than those in Pre-vocational Training. There was no evidence that Pre-vocational Training was more effective in helping clients to obtain competitive employment than standard community care. **AUTHORS' CONCLUSIONS:** Supported employment is more effective than Pre-vocational Training in helping severely mentally ill people to obtain competitive employment. There is no clear evidence that Pre-vocational Training is effective.

10) Rinaldi, M., L. Miller, et al. (2010). "Implementing the individual placement and support (IPS) approach for people with mental health conditions in England." International Review of Psychiatry **22**(2): 163-172.

Despite the overwhelming evidence of the effectiveness of the individual placement and support (IPS) approach to vocational rehabilitation for people with mental health conditions, there is very limited evidence of implementation in the UK. Both government policy and national clinical guidelines have set out a need for the availability of this effective approach in favour of other approaches, yet implementation appears to be an exception rather than a rule. This paper sets out four key challenges to implementing the IPS approach within mental health services in England: fear on the part of professionals, individuals and their families; a culture of low expectations; a failure to provide the support that we know works, and the global 'credit crunch' recession. Using a framework from implementation science, this review identifies the key features of implementing IPS within routine clinical practice from the experience of two large mental health NHS trusts in England.

11) Johnson, R. L., M. Floyd, et al. (2009). "Service users' perceptions of the effective ingredients in supported employment." Journal of Mental Health **18**(2): 121-128.

Background: The UK government is advocating the use of supported employment to help people on incapacity benefits back to work, with an emphasis on Individual Placement and Support (IPS) models. However there is little UK-based evidence on the key ingredients of effective support. Aim: To ascertain service users' views of what they found helpful about supported employment. Method: Interviews were carried out with 182 people with severe and enduring mental health problems who were actively engaged with one of the six supported employment agencies included in the study. Results: Three themes emerged: emotional support, practical assistance and a client-centred approach. Conclusion: The findings highlight the importance of the quality of support, particularly through interpersonal dynamics, which go beyond the organizational features emphasized in the IPS model. Declaration of interest: The study was financed from Higher Education European Social Fund Objective 3 resources and the six partner agencies made contributions in kind.

12) Nuechterlein, K. H., K. L. Subotnik, et al. (2008). "Individual placement and support for individuals with recent-onset schizophrenia: Integrating supported education and supported employment." Psychiatric Rehabilitation Journal **31**(4): 340-349.

Objective: To describe the adaptation of the Individual Placement and Support model of supported employment to individuals with a recent first episode of schizophrenia or a related psychotic disorder. Methods and Results: Given that the vocational goals of persons with a recent onset of schizophrenia often involve completion of schooling rather than only competitive employment, the principles of Individual Placement and Support were extended to include supported education. This extension involved initial evaluation of the most appropriate goal for individual participants, having the IPS specialist working on placement either with the participant or directly with educational and employment settings (depending on permitted disclosure and individual need), and follow-along support that included work with teachers and aid in study skills and course planning as well as typical supported employment activities. Work with family members also characterized this application of IPS. A randomized controlled trial is comparing the combination of IPS and skills training with the Workplace Fundamentals Module with the combination of brokered vocational rehabilitation and broad-based social skills training. Participants in the IPS condition have returned to school, competitive work, and combined school and work with approximately equal frequency. Conclusions: IPS principles can be successfully extended to integrate supported education and supported employment within one treatment program. The distribution of return to school, work, or their combination in this group of individuals with recent-onset schizophrenia supports the view that an integrated program of supported education and supported employment fits this initial period of illness.

13) Boyce, M., J. Seeker, et al. (2008). "Factors influencing the delivery of evidence-based supported employment in England." Psychiatric Rehabilitation Journal **31**(4): 360-366.

This paper assesses the extent to which the Individual Placement and Support (IPS) approach is currently adopted in England. Interviews based on the Supported Employment Fidelity Scale were conducted with staff from five of the leading providers of supported employment. One provider obtained a good IPS adherence score, three a fair score and one a non-adherence score. Constraints influencing providers' capacity to provide an IPS service related to funding, values and organizational policy. The authors discuss the implications of these constraints in relation to the recent commissioning guidance for vocational services in the UK.