Understanding interventions and outcomes in supported employment and individual placement support: A qualitative evidence synthesis☆,☆☆

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ABSTRACT

Background: Economically developed economies continue to display large and long-standing disability employment gaps. Train-then-place activation models have traditionally dominated efforts to support non-working disabled people to gain employment but recently there has been increasing interest in place-then-train Supported Employment (SE) activation models.

Objective: Evidence regarding the effectiveness of SE approaches is growing. However, authors have called for greater understanding of the mechanisms underpinning these interventions. We therefore carried out a systematic review of qualitative research to understand the processes operating.

Methods: We carried out a systematic review of qualitative research around SE interventions carried out in developed countries since 2000 in any population excepting those with severe mental illness. We used thematic synthesis and logic modelling methods and assessed the quality of the body of literature.

Results: We identified and included 13 relevant source studies containing qualitative data. Key aspects of the programmes reported were the nature of the support, the employment advisor, and the type of employment. Influencing factors were client-related, employer and employment-related, programme-related, and system-related. Effects beyond the gaining of employment included a changed attitude to work, different outlook, increased skills and/or confidence. Suggested longer-term impacts were on health and wellbeing, financial security, independence, contribution to society and sense of belonging.

Conclusions: This review adds to the growing evidence regarding the value of SE interventions for disabled people. It adds insights regarding the key elements of the programmes, and suggests outcomes beyond the measures typically considered within quantitative studies.

1. Introduction

Despite the myriad of employment interventions over recent decades that have sought to support disabled people into paid work all advanced economies display large and long-standing disability employment gaps. Train-then-place approaches for workless disabled people have traditionally dominated activation interventions. These interventions seek to overcome barriers to work (for example health, housing, self-confidence) prior to employment attempts. In contrast, Supported Employment (SE) services adopt a place-then-train model that seeks to assist disabled people rapidly into well-matched jobs alongside voluntary, personalised, intensive support to tackle barriers.

Supported employment activation interventions are distinct not only because they adopt a place-then-train approach but also because they

operate to a fidelity scale. The fidelity scale describes the key features of the SE service and provides a benchmark for services to operate to and be measured against. Fidelity is key since stronger adherence to fidelity is evidenced to associate with stronger job outcomes performance in SE services.[1] Two different SE fidelity scales exist: Individual Placement and Support (IPS)[2] and the Supported Employment Quality Framework (SEQF).[3]

The IPS fidelity scale contains 25 items each scored out of five that relate to staffing (e.g. caseload size is below 20 per employment specialist ideally), organization (e.g. employment specialists are integrated into clinical teams) and service (e.g. employment specialists proactively engage employers) dimensions. IPS services have traditionally supported workless individuals with severe mental health conditions and robust evidence exists for their strong performance with this group.[4] Over the past decade IPS has been tested and found to be effective in a wider range of population groups including individuals with chronic pain, low to moderate mental health and physical health, substance misuse issues, ex-offenders and the homeless.[5-7]

In contrast, the SEQF fidelity scale is structured and scored around the five phases of any SE service (whether IPS or SEQF) – engaging referrals, vocational profiling, employer engagement, job matching and securing work, and in-work support – alongside job outcomes performance and client and employer satisfaction. Unlike IPS, SEQF services have traditionally supported individuals with learning disabilities and autism and integration of employment specialists into clinical teams – central to IPS – is not part of the SEQF model.

Although IPS and SEQF differ in the details of their fidelity scales they share far more in common with each other than separates them as alternative specifications of the same overarching SE approach. Firstly, both offer voluntary, person-centred and intensive support with specialist employment advisors operating to fidelity and working with low caseloads. Secondly, both models emphasise values of co-production, user agency, client preferences, consent, commitment to whole-person wellbeing, and strengths-based employability support. Thirdly, both models are ambitious for clients in seeking paid work that is at market rates in the open economy and well-matched to individual's preferences. Fourthly, both models – and especially IPS – have strong evidence of both effectiveness and cost-effectiveness across multiple population groups.[4-9]

As noted above, the SE literature is replete with quantitative impact evidence from randomised controlled trials (RCTs). Although important, there have been calls for a better understanding of the range of qualitative factors that contribute to that evidenced effectiveness of these place-then-train SE models.[10-12] In response, the present article reports the findings of a systematic review of qualitative studies, synthesising available evidence on critical success factors in SE and IPS interventions for individuals with health conditions other than severe mental illness.

2. Methods

This qualitative evidence synthesis formed part of a wider review of literature on the effectiveness of IPS, which was registered with the PROSPERO database (CRD42022321454)..

2.1. Search strategy

An information specialist (MC) developed a bespoke search strategy and ran searches in MEDLINE, PsycINFO, CINAHL, Social Sciences Citation Index via Web of Science and ProQuest Social Science Collection electronic databases in April 2022. In addition we carried out screening of reference lists of studies identified as potentially relevant, scrutinised available systematic reviews, sought citations for included studies and searched for relevant grey literature on websites of relevant organisations (Centre for Mental Health, British Association for Supported Employment, Department for Work and Pensions, IPS Grow). Steering committee members and other stakeholders (experts,

commissioners and providers) were asked to suggest relevant reports and other forms of grey literature. See Ancillary material for a sample search strategy. Further details of the search strategy and other materials from the review are available from the authors on request.

2.2. Study selection

Our review focused on population groups other than people with severe mental illness (SMI) as there is a large existing literature on programmes for this client group.[4] The application of IPS to wider population groups beyond SMI is more recent and less well understood.[5-7] We found that distinguishing SMI from non-SMI mental health studies was challenging, as many authors used differing or insufficiently clear terms to describe mental health population groups. We drew on definitions used by authors of other reviews in the area[5-7] and the World Health Organisation[13] to define mild or moderate mental health conditions, post-traumatic stress disorder, affective disorders, borderline personality disorder, depression, mood or anxiety disorders or adjustment disorders and distinguish these from SMI. Where studies included both those with and without SMI we scrutinised the participant characteristics and if more than half of the study participants did not have SMI then the source was deemed eligible for inclusion.

The employment programmes eligible for inclusion were either SEQF or IPS interventions. Given the varying and often unclear descriptions and terminology ascribed to programmes, we included studies which described their intervention as either IPS or SE, or had programme characteristics in line with the core values of these programmes including adherence to the SEQF or IPS fidelity scales.

We opted to include any source which reported qualitative data whether mixed methods or sole qualitative studies. Author opinion, perspectives or general narrative which are discursive and do not contain data were therefore excluded. We selected research published in English since 2000 to give us over 20 years of work to scrutinise and map. We included studies only from high-income or upper-middle-income nations as defined by the World Bank Atlas method as these dominate application of SE interventions and provide similarity in economic and welfare contexts.

Citations retrieved were added to an Endnote database (EndNote 20) for systematic screening against the inclusion criteria by two members of the team (JC, SB). JC carried out the initial screening and SB then second screened. Any differences in decision were recorded and discussed between the reviewers and the study lead (AW) to reach consensus. The eligibility criteria are summarised in Table 1. Citations were initially screened at title and abstract level, with those of potential relevance tagged in the database for further scrutiny. The full text of each of these was then sourced for further scrutiny by the two reviewers, and if the study continued to meet the eligibility criteria it was included in the review.

Table 1
Inclusion criteria.

Study participants	Users of employment programmes who do not have severe mental health difficulties or staff or employers providing or recruiting from these programmes.
Type of intervention	IPS or SE employment programmes
Study design	Includes qualitative data
Outcomes	Any effect including relating to employment, quality of life, health or wellbeing or any views or perceptions of programme success factors, barriers or programme implementation
Date	Published since 2000
Countries	Any high-income or upper-middle-income nation as defined by the World Bank Atlas method
Language	Published in English

2.3. Data extraction

Key details from each study were systematically extracted and entered into an Excel spreadsheet by one reviewer (JC) with second-checking of a 25 % sample by another (SB). While there was consistency in extraction of themes, regular meetings were used to discuss emerging findings, and all extractions were checked again during the writing up of the synthesis. Extracted data comprised first author, date of study, participants, study design, key findings including any reported outcomes and impacts, and author conclusions.

3. Method of synthesis

Qualitative evidence synthesis (QES) refers to the systematic review of research that uses qualitative methods.[14,15] QES can form part of a wider systematic review or can be carried out as a standalone study. The bringing together of qualitative evidence is useful to supplement reviews of quantitative evidence of effectiveness that dominate the current IPS and SE literature with increased qualitative evidence around factors that affect programme success and perceptions and experiences of those involved.[14]

We used thematic synthesis methods[16] to summarise source article themes in a table and then to compare and contrast to examine where themes were similar. This enabled us to identify where we could synthesise using similar terminology to the source authors or where themes should be synthesised into new concepts to add additional insight (see Table 2). We therefore used a mixture of deduction (where we could use author's existing themes) and induction (where we combined themes together to create a new theme). For example a source paper theme "being valued" was echoed in other studies therefore was retained, whereas another theme "troubleshooter" was combined with data from other studies which described "practical support". Where studies were mixed methods we examined only the qualitative data. We listed and scrutinised author's themes related either to key elements of programmes, factors which influenced whether programmes might be successful or not, and perceived effects. This fits well with logic model approaches[17] and we therefore adopted this type of framework to structure the coding tree of themes and sub-themes.

Quality appraisal.

The critical appraisal of qualitative studies within a QES is an area of some debate[18,19] even if the need remains.[20] We utilised the checklist from the Critical Skills Appraisal Programme,[21] with two reviewers independently evaluating methodological quality of individual studies. We did not weight findings or remove poorly rated studies. We also drew on the GRADE-CERqual categorisation to consider overall robustness, which focuses on assessing how much confidence should be placed in evidence from qualitative studies taking into account methodological limitations, relevance, adequacy, and coherence.[22]

4. Results

From a database of 3859 citations after de-duplication 13 studies were identified that met our inclusion criteria for this QES. Nine of the studies used solely qualitative methods and four were mixed-method studies including data from both quantitative surveys and qualitative interviews. One study reported an evaluation of an IPS programme using a realist approach.[23] Fig. 1 summarises the process of study selection. The screening process was lengthy due to imprecision in reporting of study populations, and/or the content and format of employment interventions.

4.1. Characteristics of the studies

Table 2 provides an overview of the study design, participants, intervention and main themes described. Four papers originated from the United Kingdom, three papers were from the United States of

Table 2
Summary of included studies.

First author/ date Country	Intervention, method, and participants	Main themes in source paper	Contribution to synthesised themes
Cotner 2018a USA	IPS Mixed methods (interview plus survey) N = 151 interviews veterans with spinal cord injury	Perceived effects of intervention relating to productivity and wellbeing – contribute to society, earning and income, maintain employment, changed outlook (goals)	Effects and impacts – wellbeing, valued, productive, income, outlook
Cotner 2018b USA	IPS N = 130 interviews with medical and vocational staff	Barriers/facilitators to implementation – caseload (size of area), leadership support, integration into teams, client-related factors, fit of model (sustainability, understanding), staffing (recruitment, turnover, contract, role and need for education/training), resources	Influencing factors - resources, leadership, integration, client-related, fit of model, staffing
Froyland 2016 Norway	IPS to include vulnerable youth in school/work. Youth aged 15-25. Multiple case studies including focus groups with around 1000 youth, workshops with staff, field notes	Key elements of programme – enable a range of difficulties, client choice, "facilitation of mastery" (address low self esteem, education, lack of work experience), sense of normal (permanent job, wage), Support for private and practical issues, finding right employer, continuing support over time, avoiding stigmatisation	Key elements of programme – choice, practical support, continuing support, normalisation Influencing factors - client-related, employer-related
Gustaffson 2018 Sweden	Supported employment N = 300 interviews disabled people	Key elements - being valued as a worker (perceived competence, stimulating, valued by others, having personal responsibility), disclosure of disability creates fairness, social belonging from job matching and co-worker support, opportunities for development	Key elements of programme -being valued fairness co-workers personal development
Gustaffson 2013 Sweden	Supported employment N = 15 interviews disabled employees, N = 5 interviews with managers	Role of supported employment worker – broker (mediate, support, offer trial period), guider, troubleshooter. These influenced employer willingness to work together. Key elements of approach – providing security, taking responsibility	Influencing factors - employer-related Elements of programme -practical support relationships

Table 2 (*continued*)

First author/ date Country	Intervention, method, and participants	Main themes in source paper	Contribution to synthesised themes
		for the employee, enabling a good relationship.	
Hardonk 2021 Iceland	Supported employment N = 10 interviews with job counsellors	Factors – employer lack of knowledge, attitudes or prejudice, need for being client-centred, considering fitness for job, wage subsidies, matchmaking employee to right job, providing follow up support, policy context. A social integration rather than inclusion perspective.	Key elements of programme – employee fit, support Influencing factors - employer-related, model, context
Holmes 2020 UK	IPS N = 14 interviews, 3 focus groups with nine clients with chronic pain, five employment support workers, 11 health care professionals	Factors – client related (fluctuating condition, motivation to work), offering time, supporting and tailoring, one to one contact, peer support, providing sufficient information prior to placement, developing a relationship with advisor, having long wait an adverse factor	Influencing factors - client related, timing Key elements of programme -practical support, relationships
Howlin 2005 UK	IPS Interviews with n = 63 line managers, 61 senior managers, 15 programme staff, 84 adults with "high ability" Asperger syndrome or autism	Limited qualitative data – report providing full data not available. Outcomes - clients described being more secure, confident and happier. Line managers concerned re possibility of client support not being available when required but reported personal satisfaction and improved managerial abilities. Programme staff noted lack of understanding of condition, challenges meeting client goals and administrative burden	Outcomes – employee and employer-related
Noel 2018 USA	IPS Interviews with staff at 10 study sites providing services for youth with developmental and psychiatric disabilities (number unclear)	Challenges – lack of collaboration between systems, expectations of parents, clients and counsellors, selection of only those perceived as having potential to benefit	Influencing factors -Client-related, collaboration, attitudes
Rodevand 2017 Norway	IPS N = 8 individuals with chronic pain offered intervention	Helpful aspects – providing follow up, offering competitive employment, work perceived as positive,	Elements of programme - practical support client related, individualised

Table 2 (*continued*)

First author/ date Country	Intervention, method, and participants	Main themes in source paper	Contribution to synthesised themes
	as part of pain rehabilitation	process of employment positive, administrative support to clients, help with completing applications, changing mind focus, negative self-esteem education and writing applications are obstacles, addressing individual needs/preferences important aspect of programme. Effect on mental health, no effect social function.	Effects - changed mind focus, mental health
Steadman 2015 UK	IPS Mixed methods interviews, focus groups plus survey N = 45 work coaches Focus groups employment specialists (N unclear 12-20) N = 4 interviews with service managers, n = 12 interviews with clients accessing psychological therapies	Challenges of partnership working and process of referral and high drop out rates. Positive feedback from services users, noted effect on mental health	Influencing factors - integration Effects – confidence, mental health
Vlachou 2021 Greece	Supported employment N = 14 disabled people (five mental health conditions, nine learning disabilities)	Clients experienced emotional pressure during the job search, was difficult and stressful. Adaptation to a new job created confusion and anxiety. Previous challenges gaining employment included limited opportunities, competition from many other candidates for a job. Relationships with colleagues could be difficult, workload and fatigue an issue. Those with MH difficulties noted the exploration of personal incentives and preferences improved self-awareness and provided assistance in decision-making. Those with LD highlighted the assistance with demonstrating appropriate behaviour. Both groups noted the support from trustworthy co-workers and	Influencing factors - client related – emotional pressure, background, health, co-worker relationships Elements of programme -practical support, employment goal Effects – security, independence

Table 2 (*continued*)

First author/ date Country	Intervention, method, and participants	Main themes in source paper	Contribution to synthesised themes
Williams 2022 UK	IPS Realist evaluation including observation and interviews n = 28 employment specialists, 17 service users with mild to moderate mental health difficulties	supervisors. For all maintaining employment was a primary goal as it provided security and independence. Key elements of programme - motivations to take part and scaffolding employability, job matching, in-work personal and practical support, balancing working on well-being and employability, non-judgemental, person-centred support, brokers and fixers Influencing factors – worked best for those who understood it was a supportive programme, scaffolding nature to build confidence and motivation. Ongoing support important, building trust and taking time to prepare future employee, training, supplying tools. Importance of seeking the right job to meet client preferences, although this could not always be achieved. Need to work with client to manage expectations, stepping stones. Integration and alignment with other services important, co-location, cohesive leadership and managerial structure, flexibility and autonomy for employment specialists. Challenges in engaging with employers, establishing networks important, time for employers to understand the programme. Outcomes –client confidence and resilience, employment preparedness	Programme elements, influencing factors –client related and system related, client outcomes

America (two from the same author and study), two were from the same author in Sweden, two were from Norway, and one each from Iceland and Greece. Studies were balanced relatively evenly between IPS and SEQF models. The earliest study was published in 2005[24] and the most recent in 2022.[23]

4.2. Quality appraisal

Individual assessment of study conduct and reporting revealed few methodological limitations. The body of literature used qualitative methods appropriately with no concerns regarding recruitment, data collection or analysis. Some studies provided few or no details on ethical considerations, or of the researchers collecting the data. Table 3 displays completed quality appraisals.

4.3. Synthesis of studies

We compared and contrasted the themes described in the source studies to synthesise across the data and to develop a coding framework. The final column of Table 2 indicates where original themes contributed to the synthesised themes. Given the range in focus as well as the detailed nature of the source qualitative studies we used logic model methods to provide an overall structure for the themes and sub-themes.[25] The themes related to the content of the SE programmes, factors which might influence (or moderate) implementation and outcomes, and perceptions of the short-term and longer-term effects resulting from these interventions (see Fig. 2). We present a narrative synthesis of these themes in turn in the following sections.

4.4. Perceptions regarding key elements of IPS and SE programmes

Key elements of services were identified across a range of different population groups. In the following section we outline evidence relating to the nature of the support; the employment advisor; and the employment.

4.5. Nature of the support

Studies highlighted the wide ranging support needs of clients, with optimal input encompassing both private and practical issues, co-ordinated input from many different services, and flexibility as issues could vary from day to day.[26,27] Practical help within the programmes included arranging meetings and writing applications, finding funding for training, and addressing homelessness.[23,28]

Tailored and individualised support is important. For example, people with mental health conditions require very different support (personal incentives and general guidance) to that for people with learning disabilities (building relationships and collaborative behaviour).[29] Both groups require support relating to familiarisation with the job and working environment. Individualised support enables bespoke modifications to be put in place to enable continued employment,[30] and for some groups (such as young people) extra help may be required with finding strengths and preferences and motivation.[26] Additional contact visits and outreach visits with youth who were non-engaged were recommended.[11] One study suggested that providing support in a preferred location away from a public employment service is a particularly positive element.[31]

The person-centred nature of the these approaches was identified as an element distinguishing this approach from other interventions.[23,31] Matching individuals to their employment preferences, listening to their needs and wishes regarding support journeys and the type of jobs applied for was particularly appreciated.[23] Authors highlighted the need for long-term support in order to achieve and sustain successful employment including on-going in-work support,[23,26,27] with one recommending that this should be time unlimited.[32] This is an area of current debate in the IPS landscape with some evidence pointing to the
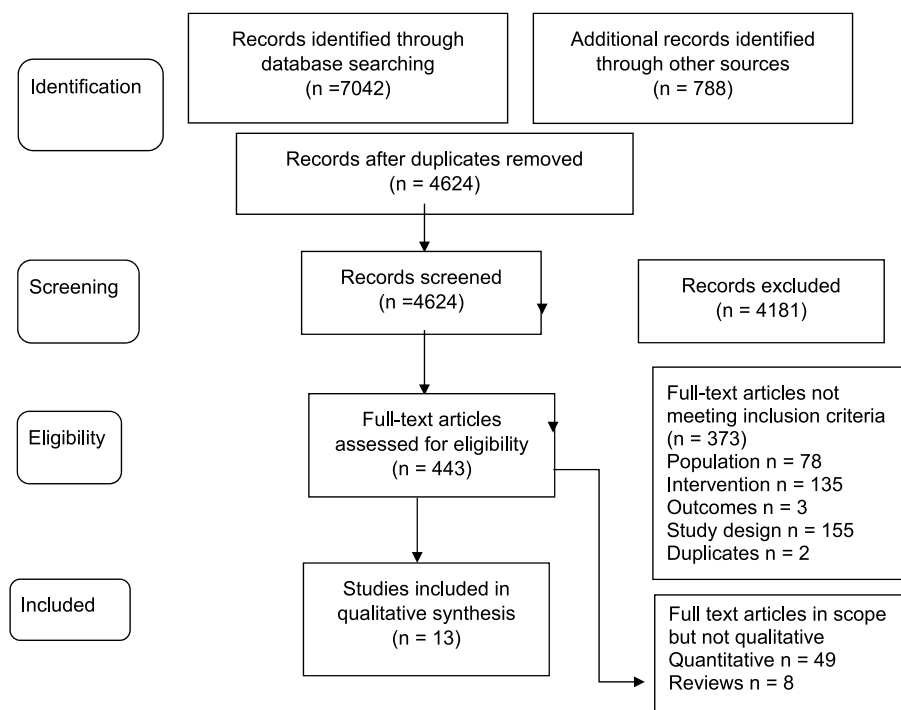
Fig. 1. Process of study selection.

potential benefits and minimal disadvantages at the aggregate level to time-limiting out-of-work support to 9-12 months.[33]

A key principle of the IPS (but not of the SEQF) model is integration of services, and authors noted how this is key for programmes requiring vocational and clinical care for clients.[30] Regular team meetings, co-locating services or identifying a worker responsible for coordinating support were ways that services facilitated integration.[26] Partnership working was perceived to be an important aspect of the design in order to deliver services in a co-ordinated and complementary way.[31] In some locations services were co-located, managers were shared and IPS team members spent time in psychological services.

4.6. The advisor

One to one contact and the development of a trusting relationship between advisor and service user was perceived to be the most important element of a programme.[23,27] Skilled specialist employment advisors who had expertise in the type of job which might be appropriate together with a full understanding of an individuals' needs, supported by a detailed and live vocation profile, was described as setting these services apart from others.[26,27,31]

Advisors can have the roles of a broker, a guide, and a trouble-shooter.[34] They need to establish a good rapport with employers, instil confidence, demonstrate a good understanding of employer needs and situation, and act as a broker to match employee and employer. Advisors also need to be accessible, particularly in the early days of an employment to simplify and to provide security and support for any issues thereby taking on the role of a trouble shooter.

4.7. The employment

Frøyland[26] described how an important element of this type of employment programme is addressing a client's desire for permanent competitive employment in the open labour market rather than shorter term and/or sheltered employment. Disabled people in another study described the importance of their contributions being perceived as valuable by their co-workers, of their employment instilling feelings of

competence, being stimulating, and offering personal responsibility.[35]

4.8. Factors influencing the effect of a programme

Studies described different factors which will influence the effect of a programme, which we report in sections relating to the client/service user; the employment and employer; the programme; and the system.

4.9. Client-related

Client-related factors described included low motivation, lack of engagement, fear of losing benefits, fear of pain, lack of transportation, and issues with substance abuse and criminal convictions hindering programme effectiveness.[36] While a key element of SE programmes (whether SEQF or IPS) is their voluntary nature, one study describes some confusion amongst clients regarding the perceived voluntary versus mandatory status of the intervention. The study highlighted the need for clear information and explanation around the voluntary nature of SE programmes before commencing the first session.[26]

The influence of family members in programmes for young people was noted. Concerns included possible loss of social security benefits or a belief that employment was not a priority which could lead to lack of parental encouragement and a young person's non-engagement with a programme.[37] This study also reported fears of bullying, losing social networks and low expectations as concerns, and all influenced decisions regarding programme uptake amongst disabled young people.

Anxiety, depression and low confidence amongst clients can act as obstacles to successful employment outcomes. Employment advisors should have "honest conversations" to manage expectations in some clients where employment aspirations cannot be achieved and to work with clients to identify practical steps and intermediate goals, and build understanding that it is not a service to "do the work for them".[23]

4.10. Employment and employer-related

There is a need for clear and concrete expectations regarding the employment from both employee and employer, with reports of

Table 3
Completed quality appraisals.

1st author/ date	Was there a clearstatement of the aims of the research?	Is a qualitative methodology appropriate?	Was the research design appropriate to address the aims of the research?	Was the recruitment strategy appropriate to the aims of the research?	Was the data collected in a way that addressed the research issue?	Has the relationship between researcher and participants been adequately considered?	Have ethical issues been taken into consideration?	Was the data analysis sufficiently rigorous?	Is there a clear statement of findings?	Study contributions
Cotner 2018a	Y	Y	Y	Y	Y	U	U	Y	Y	Insight into effects of intervention
Cotner 2018b	Y	Y	Y	Y	Y	N	N	Y	Y	Insights into implementaion issues
Frøyland 2016	Y	Y	Y	Y	Y	N	N	Y	Y	Describes required modifications to a programme
Gustaffson 2018	Y	Y	Y	Y	Y	U	Y	Y	Y	Insights into social exclusion
Gustaffson 2013	Y	Y	Y	Y	Y	N	N	Y	Y	Insights into employer perspectives
Hardonk 2021	Y	Y	Y	Y	Y	N	Y	Y	Y	Understanding of inclusion
Holmes 2020	Y	Y	Y	Y	Y	Y	Y	Y	Y	In-depth description of personal experiences
Howlin 2005	Y	Y	Y	Y	Y	N	N	N	Y	Brief report of qualitative findings, more in-depth elsewhere (report not available)
Noel 2018	Y	Y	Y	Y	Y	N	N	Y	Y	Identifies barriers to implementation
Rodevand 2017	Y	Y	Y	Y	Y	Y	Y	Y	Y	Identifies feasibility of model for chronic pain
Steadman 2015	Y	Y (MM)	Y	Y	Y	Y	Y	Y	Y	Identifies issues and makes recommendations
Vlachou 2021	Y	Y	Y	Y	Y	Y	Y	Y	Y	Limited novelty
Williams 2022	Y	Y	Y	Y	Y	N	Y	Y	Y	In-depth analysis providing detailed findings

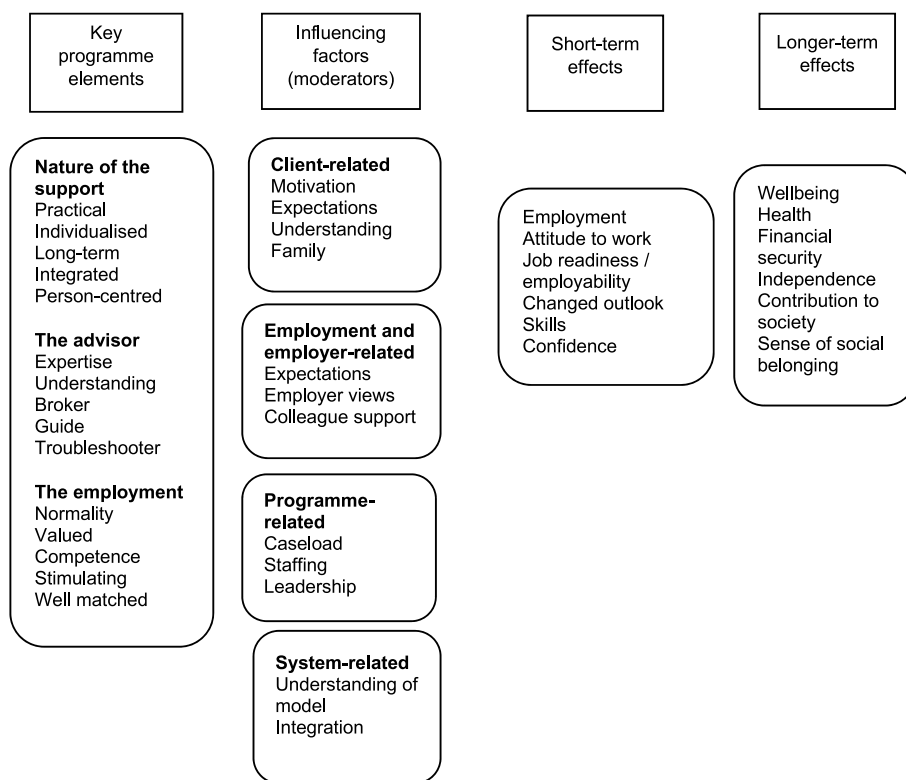Y=Yes, N=No, U = Unclear, MM = Mixed methods.

Fig. 2. Logic model summary of key themes derived from the literature.

employer expectations sometimes being set too low.[35] An open and supportive work environment, clear communications (especially regarding the person's impairment), and "natural support" from co-workers was recommended if close relationships, and a sense of belonging in the workplace are to be developed and stereotypical expectations from employers are to be overcome.[32,35] Authors[26] noted that employers who were interested in supporting young people, wanted to give them a chance, and had patience were most suitable when looking to place vulnerable youths. Employers with limited understanding of the intervention and other commitments and priorities were less successful.[23]

The importance of embedding a client-centred philosophy was highlighted, if cherry picking clients for a service was to be avoided. A client-centred philosophy was also important to avoid employer perceptions of burden, that they need to reduce their requirements, and that employees in the programme should fit into existing employment contexts without adaptation.[32]

4.11. Programme-related

Issues with delivery of programmes included: advisors having large caseloads (up to 50); staffing challenges (turnover, knowledge of the programme and sufficient skills); limited access to resources such as laptops and meeting spaces; and geographically dispersed caseloads.[36] Studies emphasised the need for timeliness of support for potential participants, with successful employment outcomes perceived to be more likely the sooner a programme could be provided.[27] It was recommended that employment specialists should be given flexibility and autonomy with ongoing training and regular caseload review.[24]

4.12. System-related

The authors of one study described how integrating IPS advisors into the wider system of interdisciplinary clinical care teams proved challenging. It was described as requiring "a paradigm shift", was time-

intensive, and required changing mind sets and education on what the programme provided.[36] Key facilitators to implementation were support from leaders and programme providers and on-going inter-disciplinary meetings.

Challenges in partnership working were noted in other studies.[31,37] There could be a lack of collaboration between services,[37] delays in waiting times for health services, staff uncertainty regarding co-location of employment services and limited understanding of the employment intervention.[31] Pre-existing relationships could act as an enabler, and maintaining awareness of the programme amongst employers and partner organisations.[23,31] Communication and collaboration between stakeholders, shared objectives and buy-in from organisations, maintaining networks ("rootedness in localities"), and having the right people to enable effective networking were highlighted as key elements in the success of the programme.[23]

Limited and selective referrals to the programme from partner agencies could be challenging due both to referral agencies being unfamiliar with the model as well as a tendency from some referrers to focus on individuals who were perceived as more likely to secure or to benefit from open employment.[37] Clear information, communication and referral processes was suggested to mitigate these challenges.[31]

4.13. Short-term effects

The intended primary outcome of these programmes is gaining and sustaining paid work in the open labour market. Alongside these core employment outcomes however, authors also discussed other outcomes such as moving closer to work, health and wellbeing and in-work progression. Studies reported a changed outlook and attitude to work,[27,28,30] the "reframing of work into something positive",[28] and increased confidence and greater motivation to seek employment amongst clients.[24,31] In one study positive effects on client confidence and skills were linked to wider job readiness for the future,[27] and in another, clients described feeling content, competent and part of a workplace community with co-workers at their place of employment.[35]

4.14. Longer-term effects

We scrutinised the included literature for suggestions of links between short term and potential longer-term effects from SE services. Authors outlined how being able to contribute to society was the most frequent client aspiration,[30] with employment leading to social inclusion.[35] Clients described developing hope for the future, a greater sense of achievement and accomplishment, and perceived that their mental health, self-confidence and self-worth had improved.[28] Securing a job could lead to future security, independence and career enhancement.[24,29]

5. Discussion

The study reviewed 13 research articles that met our inclusion criteria for this qualitative evidence synthesis. The findings synthesise evidence of key programme elements, influencing factors, short-term and longer-term effects that together add new qualitative understandings of SE services to complement the extensive existing body of quantitative evidence around effectiveness that dominates this literature presently.

Key elements of the programmes described by studies are: the practical, individualised, long-term, intensive and (for IPS) integrated nature of the support; the expertise, understanding, and positive relationship with the employment advisor; the range of broker, guide and trouble shooter roles played by the employment advisor; and the stimulation, belonging, competence and sense of self-worth felt from the well-matched employment gained. The findings also highlight the multiple client, employer, employment, programme, and system-related factors which influence whether an employment outcome is likely to be successful.

Considering the quality of evidence from individual studies and drawing on the GRADE-CerQual criteria,[22] the themes derived were well supported with findings from more than one study indicating coherence and adequacy. Studies were from high income countries providing relevant findings to these economies. Studies met most quality criteria with no major concerns or suggestion of a lack of confidence in their findings. Our assessment is therefore that the review findings are a reasonable representation of the mechanisms and outcomes operating within IPS and SE interventions.

While considerations of effectiveness tend to emphasise the gaining or retaining of employment, studies included in our review also highlight wider outcomes such as a changed outlook on life, job readiness/employability, a changed attitude towards work, improved skills, and greater confidence. Studies also suggested longer-term impacts on people's lives in terms of wellbeing, health, financial security and feelings of social belonging, self-confidence and contributions to society.

We endeavoured to identify associations between individual elements in the model as part of a theory of change but the source literature tended only to describe individual elements. As an important next step for research in this policy areas, we echo the call from authors of a recent review for a more interconnected understanding of the effects of SE programmes on clients, professionals, and the environment.[10]

By reviewing the qualitative evidence our article is able to speak and contribute to several important research and policy debates within this field. First, adherence to a fidelity model is a cornerstone of SE models and many of the key programme elements and influencing factors identified across the qualitative studies are captured within the fidelity scales. However, these studies also highlight that strong fidelity should be understood as a necessary but not sufficient component for programme success since some key factors sit beyond the fidelity scales. Amongst the key programme elements identified, for example, although the nature of support and employment are captured within the fidelity scale the characteristics and roles of the employment specialist are highlighted as key but are not in the fidelity scales. Similarly, amongst the influencing factors highlighted client-level factors and some

programme-level factors (e.g. geographical dispersion of clients, staff turnover, employer, and workplace factors) sit beyond the fidelity scales. Wider success factors beyond fidelity warrant greater attention in SE policy and scholarship than is currently often the case, if we are to maximise the potential of SE models for different population groups.

Second, the evidence highlights the on-going need for policy and business organisations to continue to challenge and change employer attitudes and expectations around disabled workers so that the employment aspirations, strengths and assets of disabled people can be more fully harnessed in the workforce. The evidence also feeds into the still marginal debate in this policy field around the pressures that employers face and the need for employment support interventions to do more to support employers in their employment.[38]

Third, these qualitative studies highlight the importance of values, ways of working and the trusted relationship between advisor and client with these employment models. SE/IPS services are at the margins of a wider employment policy landscape dominated by procedural/bureaucratic public employment services on the one hand and quasi-marketised, profit-led programme designs on the other. These qualitative findings speak to an important policy debate in the field of employment support around how policy makers can best drive positive experiences and effectiveness within their programmes.[39] Specifically, the qualitative evidence outlined above speaks empirically to the existing theoretical suggestion in the activation literature[40] around whether the types of progressive, intensive, person-centred and relational values, attitudes and interactions seen within these SE models are possible in either the market-based or rule-based employment approaches. These approaches dominate the employment policy landscapes of all advanced economies.

Fourth, these qualitative studies speak to the challenges of integration for any public policy such as these that seeks to connect actors and services from different parts of the health and welfare systems. The studies suggest two key integration needs: securing the right volume and type of referrals of individuals with health conditions from health partners into employment programmes and, secondly, effectively co-locating and integrating employment support into and alongside health teams and support. These may be factors contributing to success, and represent an on-going challenge across all SE services and particularly so for IPS services given its emphasis on service co-location and integration. Indeed, the IPS policy debate is increasingly recognising the benefits of – and potential need for – multi-disciplinary integration across multiple key teams rather than single team integration as seen in current IPS services. Whilst sensible in terms of meeting individual's multi-faceted support needs, any such shift in this direction would compound the integration challenge for IPS services. Further, whilst IPS fidelity is rooted in physical co-location and support these qualitative studies also highlight the importance and further potential of digital tools to facilitate delivery and integration. IPS and SEQF services necessarily switched towards digital tools during the physical restrictions throughout the Covid-19 pandemic. The role of digital within IPS services in particular remains a live debate given the inclusion of face-to-face meetings within several IPS fidelity items.

Finally, quantitative studies of impacts and, to a far lesser extent, cost-benefits dominate the IPS literature and these quantitative studies are typically drawn around a markedly narrower set of outcome measures. These often do not reach beyond employment outcomes alone in contrast to effects and impacts highlighted in these qualitative studies. This suggests a need for future quantitative impact and cost-benefit research in this field to seek to reflect that wider range of relevant outcomes, if we are to begin to more fully capture the true impacts and fiscal savings of such employment programmes.

6. Limitations

As with any review we acknowledge the potential for omission of relevant sources, although our electronic database search strategy and

additional searching strategies offer robust identification methods. A particular challenge identified in the literature was the frequent lack of clarity regarding use of terminology to describe SE or IPS programmes. Further challenges were limited definition of population groups, together with often limited reporting of the content of interventions. Our focus was evidence of most relevance to the UK context, so we did not search for international grey literature. There may be relevant sources on websites from organisations in other countries.

7. Conclusions

This review adds to the growing evidence regarding the value of SE interventions (both SEQF and IPS models) for disabled people. Synthesis of qualitative evidence adds additional insights regarding the key elements of the programmes, and suggests outcomes beyond the narrower set of measures typically considered within quantitative studies.

CRediT authorship contribution statement

Susan Baxter: Writing – review & editing, Writing – original draft, Supervision, Methodology, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization. **Jane Cullingworth:** Writing – review & editing, Investigation, Data curation. **Adam Whitworth:** Writing – review & editing, Writing – original draft, Supervision, Investigation, Funding acquisition, Conceptualization. **Katherine Runswick-Cole:** Writing – review & editing, Funding acquisition, Conceptualization. **Mark Clowes:** Writing – review & editing, Methodology, Data curation.

Declaration of competing interest

The authors have no conflicts of interest to declare.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.dhjo.2024.101579.

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