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Building Evidence Ecosystems in Education, Employment, and Training: Interpreting Data

Examples and Evaluation Use in the United Kingdom

Joanna Hofman, 09/04/2025



Agenda

Example 1: Evaluation of the Health-led Trials

- Intervention
- Trial
- Data used
- Results
- Interpretation

Example 2: Evaluation of the Individual Placement and Support for Alcohol and Drug dependence trial

- Trial
- Data used
- Results
- Interpretation



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Example 1: Evaluation of the Health-led Trials



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Individual Placement and Support (IPS) is an evidence-based approach

- Follows 8 [principles](#) in supporting **people with severe mental ill-health** into employment¹
- Trained Employment Specialists:
 - are integrated with mental health / clinical teams
 - help clients looking for jobs through intensive and individual support and engaging with employers
 - continue support (for the client and employer) after employment starts
- It is highly [manualised](#)² and has been proven [effective](#)³

Clarity: The intervention is clearly specified—who delivers it, what it involves, its duration, and its intensity.

Replicability: It should be delivered in a consistent way across sites/participants to ensure fidelity.

Manuals/training: These ensure standardise delivery and reduce variability.

The Health-Led Trials were the largest IPS trial in the UK so far



Department
for Work &
Pensions



Department
of Health &
Social Care

Two areas in England

9,785 clients with low to **moderate mental & physical health** conditions (**7,266 out of work, OOW**; **2,519 in work, IW**)

3,675 clients recruited in West Midlands Combined Authority (**WMCA**)

6,110 clients recruited in Sheffield City Region (**SCR**)

1,837 clients received IPS (Treatment Group)
1,838 clients received treatment as usual (Control Group)

1,799 (Treatment)
1,792 (Control)

1,260 (Treatment)
1,259 (Control)

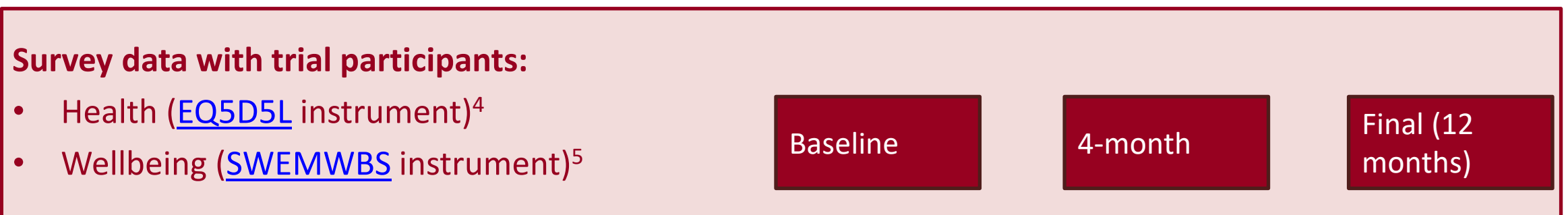
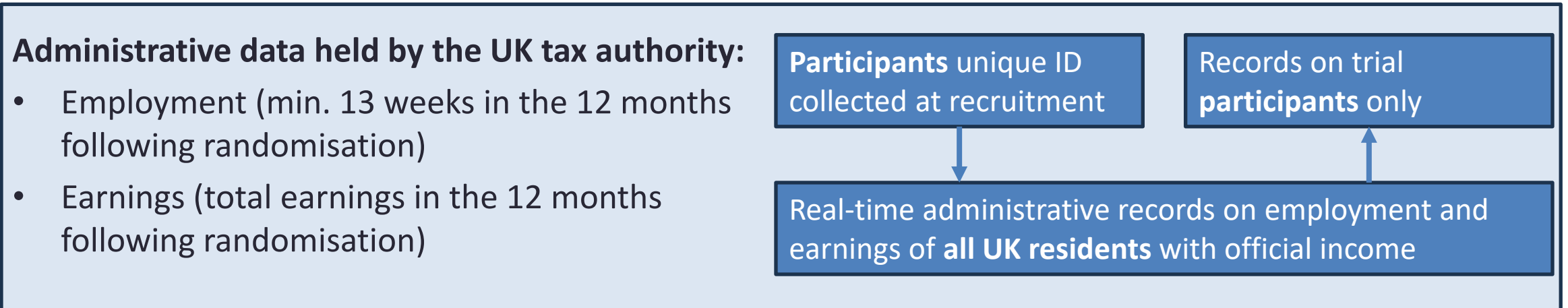
Process evaluation

How the intervention and its implementation worked in practice

Impact evaluation

Primary outcome: employment; earnings; health; wellbeing

The trials used both secondary (administrative) data and primary data (surveys) to measure impact



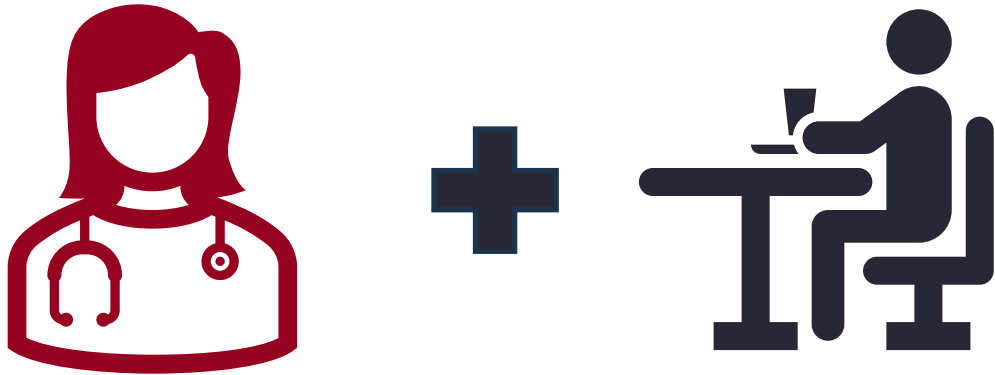
IPS made a significant difference to treatment groups in both sites, but the nature of this impact differed

	Health	Wellbeing	Employment	Earnings
A. Sheffield (In Work)	0.10 sd *	0.18 sd ***	3ppt *	£442
B. Sheffield (Out Of Work)	0.10 sd *	0.12 sd *	-2ppt	-£233
C. All Sheffield (A+B)	0.10 sd ***	0.14 sd ***	1ppt	£102
D. West Midlands	0.05 sd	0.9sd	4ppt ***	£150
E. All Out Of Work (B+D)	0.08 sd **	0.10 sd **	1ppt	-£51

Notes: Bold indicates statistically significant impact; asterisks indicate level of confidence/significance associated with observed impacts as follows: * 90%; ** 95%; *** 99%.

Source: Final [evaluation](#) data set⁶

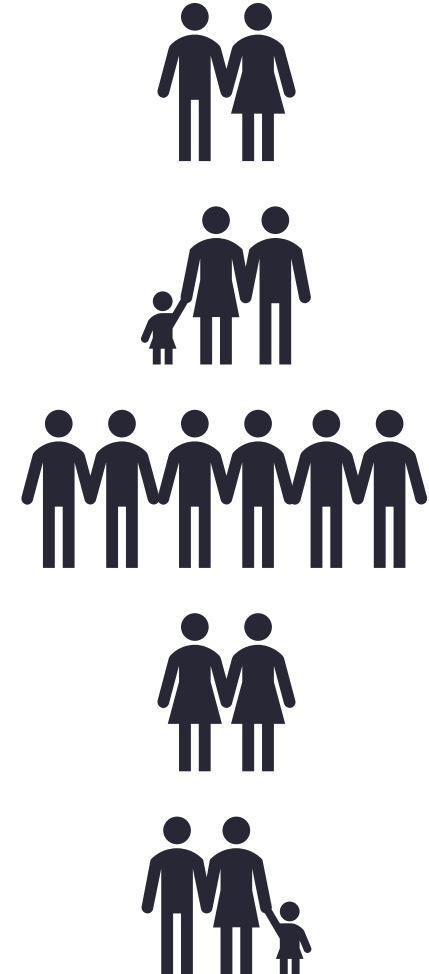
Interpretation of data: site level and fidelity factors explain some differences in **health** impacts



- Health was the most common barrier to work across both sites, health impacts were observed in Sheffield but not in West Midlands
- IPS integrates employment support with health services; the closer linkage to the health system in Sheffield might lead to this impact
- Process evaluation showed that the health system and IPS service were better linked in Sheffield than in West Midlands and Sheffield treatment groups made better use of health services than control groups (this was not the case in West Midlands)

Interpretation of data: fidelity factors also explain differences in **employment** impacts

- Employment impact was observed in West Midlands but not for the Sheffield Out Of Work group
- Higher fidelity to IPS principles leads to larger impact on employment; if there were differences in IPS delivery between the sites, these could explain differences in outcomes
- There were higher and more mixed caseloads in Sheffield (compared to West Midlands) which meant employment specialists had less time to offer individualised support and engage with employers



Epilogue: from the Health-Led Trials to Universal Support

£58 million
to support
over 25,000 people
with health issues find
and stay in work

- Individual Placement and Support in Primary Care (IPSPC) offers a supported employment programme helping at least 50,000 disabled people and people with health conditions per year into sustained work from 2025/2026
- Eligible people can opt into Universal Support to receive up to 12 months of support, helping them to move quickly into suitable work and followed with wraparound support to help them to sustain that employment for the longer-term.

Source: Press release ([2023](#))⁷

Example 2: Evaluation of the Individual Placement and Support for Alcohol and Drug dependence (IPS-AD) trial



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IPS-AD was the first trial of IPS for people in treatment for substance dependence

Seven drug and alcohol treatment services in England

1,720 clients across all seven sites

860 clients in the Treatment Group
(clients received IPS)

860 clients in the Control Group
(clients received usual employment support)

Process evaluation

(three rounds of data collection over two years)

Impact evaluation

Primary outcome: employment (min. 1 day)

Secondary outcomes: (1) total time in employment; (2) time from randomisation to first employment; (3) number of job appointments; (4) job tenure; (5) sustained employment; and (6) job search self-efficacy.

The trial used secondary (administrative) data to measure impact

Administrative data held by the UK tax authority:

- Employment (attainment of employment in the open competitive labour market during the 18-month follow-up (i.e. work min. 7 h / one day))

Participants unique ID
collected at recruitment

Records on trial
participants only

Real-time administrative records on employment and earnings of **all UK residents** with official income

IPS proved more effective than standard support in helping participants find work in the open labour market

Analysis	Adjusted estimate	p-value
Primary outcome measure—full analysis set (n = 1,687)		
Attained competitive employment	1.29 (1.02–1.64)	0.036

Notes: IPS intervention effect is adjusted odds ratio (95% CI).

Source: Impact [evaluation](#)⁸

However, impacts were seen for some (but not all) groups of participants

Analysis	Adjusted estimate	p-value
Primary outcome measure—full analysis set (n = 1,687)		
Attained competitive employment	1.29 (1.02–1.64)	0.036
Clinical group—full analysis set		
Opioid use disorder group (referent)	–	–
Alcohol use disorder group	1.48 (1.14–1.92)	0.004
Drug use disorder group	1.45 (1.03–2.04)	0.031

Notes: IPS intervention effect is adjusted odds ratio (95% CI).

Source: Impact [evaluation](#)⁸

Interpretation of data and epilogue

- We know that IPS does not seem to help opiate users
- We do not know why (yet)



- The UK Government made a [commitment](#) to achieving full coverage of IPS in community alcohol and drug treatment across England by 2024/25⁹
- IPS in community drug and alcohol treatment is being expanded
- RAND Europe is conducting a follow-up study to evaluate the national-scale delivery of IPS-AD
- As part of this, a qualitative component involving longitudinal research with participants explores how IPS supports different groups – and why it may be more or less effective for some¹⁰



EUROPE

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