

Individual Placement and Support – Youth (IPS–Y) Feasibility Report

Hofman, J., Herrera, F., Tee, O., de Waal, N., Leoni, M., Snell, J., Stern, D., Whitworth, A., & Vallely, M.

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Contact:

Get in touch

Youth Futures Foundation

Fivefields,
8 - 10 Grosvenor Gardens,
London
SW1W 0DH

Email: evaluation@youthfuturesfoundation.org

www.youthfuturesfoundation.org

Executive summary

Introduction

Young people aged 16–17 receiving support through Child and Adolescent Mental Health Services (CAMHS) face elevated risks of poor education and employment outcomes, including becoming not in education, employment or training (NEET). These risks are compounded by fragmented support across mental health, education and employment systems, particularly during the transition to adulthood and adult services.

Individual Placement and Support – Youth (IPS-Y) is an adaptation of the evidence-based IPS model that integrates education, employment and vocational support within mental health services. Designed specifically for young people, IPS-Y combines personalised vocational support with ongoing CAMHS care, aiming to help young people access and sustain meaningful education, training and employment opportunities as part of their recovery.

Although international evidence suggests IPS-Y can improve education and employment outcomes for young people with mental health difficulties, it has not been robustly evaluated in the UK. This study was commissioned to assess whether the practical, ethical, operational and methodological conditions are in place to support a future randomised controlled trial (RCT) of IPS-Y within Greater Manchester CAMHS services.

The study examined eight dimensions of trial readiness, including stakeholder commitment, recruitment and randomisation, participant retention, implementation capacity, outcome measurement, and governance requirements. It also developed a theory of change and assessed the feasibility of a proposed RCT involving approximately 304 young people aged 16–17, comparing IPS-Y with business-as-usual support.

The findings of this study are intended to inform decisions about whether, and under what conditions, a future effectiveness trial of IPS-Y should proceed.

Methods

The study combined quantitative and qualitative evidence gathering with extensive stakeholder engagement, including NHS Trusts (Pennine Care NHS Foundation Trust, Manchester University NHS Foundation Trust and Greater Manchester Mental Health NHS

Foundation Trust), delivery partners, young people, parents/carers and system stakeholders.

Evidence was collected through desk research, administrative data analysis, stakeholder interviews and workshops, co-design activities, and engagement with young people and parents/carers. These sources were used to examine key aspects of trial readiness, including recruitment, randomisation, implementation capacity, outcome measurement, participant retention, governance and safeguarding arrangements.

Findings were synthesised using a triangulation approach, bringing together evidence from multiple sources and perspectives. Each of the eight feasibility dimensions was assessed against predefined criteria and assigned a Red, Amber or Green (RAG) rating to indicate readiness for progression to a future trial. The assessment considered both the strength of the available evidence and the extent to which identified challenges could be addressed before implementation.

A key strength of the study was its collaborative and co-designed approach, particularly the involvement of young people and parents/carers in shaping the proposed trial design. Limitations included uneven engagement across NHS Trusts, variable quality of administrative data, and reliance on stakeholder views in areas where direct implementation evidence was not yet available.

Findings

- **Stakeholder readiness and commitment:** There was strong support for IPS-Y across participating organisations, particularly Pennine Care and Manchester University NHS Foundation Trust. However, support and engagement should not be interpreted as evidence of fully established delivery readiness. Progression remains dependent on confirming governance arrangements, operational delivery plans and formal organisational commitments. Overall readiness was assessed as **Amber**.
- **Target population and sample base:** The study found that the underlying CAMHS population appears large enough to support recruitment to a future trial. However, recruitment feasibility ultimately depends on the proportion of young people who meet eligibility criteria, express interest in education and employment support, consent to participate and remain engaged. These parameters cannot currently be estimated with confidence from routine data and require empirical validation – some will be possible during the pilot phase; others will be verified at full-scale implementation only. Overall feasibility was assessed as **Amber**.

- **Recruitment and randomisation:** Stakeholders considered the proposed recruitment, consent and randomisation procedures operationally feasible, ethically acceptable, and broadly consistent with CAMHS practice. Young people and parents/carers were generally supportive of individual randomisation, provided processes are clearly explained, flexible, and youth centred. Remaining work includes finalising recruitment pathways, standard operating procedures, staff training, and communication materials. Overall feasibility was assessed as **Green**.
- **Distinction from business-as-usual (BAU):** IPS-Y was considered sufficiently distinct from existing provision to justify a comparative evaluation. Its integration within CAMHS, focus on transition-age young people, and combination of educational, vocational and mental health support differentiate it from existing employment, careers and support services. Although some contamination from alternative services is possible, stakeholders considered this manageable through monitoring and analysis. Overall feasibility was assessed as **Green**.
- **Outcomes and measurement strategy:** Stakeholders strongly supported the proposed outcome framework. Participation in education, employment or training (EET) was viewed as an appropriate primary outcome that aligns closely with the intervention's objectives. Disaggregated measures of EET status and wellbeing were considered important secondary outcomes, while confidence and vocational progression were appropriate to capture via the implementation and process evaluation (IPE). The proposed survey-based approach was regarded as feasible, provided participant burden remains low. Overall feasibility was assessed as **Green**.
- **Participant engagement and retention:** Young people and parents/carers expressed positive views about participating in the proposed trial and highlighted the importance of flexible, personalised and trauma-informed engagement approaches. Stakeholders considered retention challenges manageable but acknowledged that maintaining contact with young people over 12 months will require careful planning, multiple communication channels, compensation, and ongoing engagement strategies. Retention assumptions remain untested. Overall feasibility was assessed as **Green**.
- **Ethics, safeguarding and data protection:** No substantive ethical, safeguarding or information governance barriers were identified. Existing CAMHS safeguarding systems were viewed as a key strength, and the proposed consent model for 16–17-year-olds was generally considered acceptable. However, some preparatory work remains outstanding, including Health Research Authority (HRA) and Research Ethics Committee (REC) approvals, data sharing agreements. Overall readiness was assessed as **Amber**.

- **Implementation resourcing:** The study found that Pure Innovations, participating NHS Trusts and the evaluation team possess the expertise, infrastructure and organisational capability required to attempt delivery and evaluation of IPS-Y. However, successful embedding within CAMHS pathways, achievement of high-fidelity delivery and effective integration with clinical teams remain assumptions that can only be tested through the pilot and then full-scale implementation. Overall feasibility was assessed as **Green**.

Conclusion

Overall feasibility judgement: Across all eight feasibility domains, the study identified no fundamental barriers to progressing to a future RCT of IPS-Y. While uncertainties remain around recruitment, retention, governance approvals and implementation mobilisation, these were considered manageable and appropriate for testing through a nested internal pilot. The overall conclusion was that progression to a full-scale trial is feasible and justified, subject to completion of key set-up activities and successful achievement of pilot progression criteria.

Overall, the study recommends progression to a pragmatic RCT with an embedded pilot phase to test key assumptions relating to recruitment, consent, randomisation, and intervention delivery. Immediate priorities include securing approvals, finalising operational and information governance arrangements, recruiting and training IPS-Y Specialists, and preparing participating sites for implementation. Subject to successful pilot delivery, the proposed trial would provide important evidence on the effectiveness and implementation of integrated mental health and vocational support for young people approaching adulthood.

1. Introduction

1.1. The policy and practice problem

Young people with mental health difficulties are at increased risk of poor education and employment outcomes, including becoming not in education, employment or training (NEET), with longitudinal evidence showing that adolescent health and psychosocial factors are associated with later educational attainment and NEET status.^{1 2 3} This risk is especially salient during late adolescence, when young people are navigating educational transitions, early labour-market decisions and increasing expectations of independence.⁴ For young people aged 16–17 with complex mental health needs, these transitions can coincide with movement through, or out of, Child and Adolescent Mental Health Services (CAMHS), creating risks of discontinuity in support. The transition from CAMHS to adult mental health services is recognised as a point of vulnerability, with evidence highlighting risks linked to fragmented pathways, variable eligibility thresholds and insufficient continuity of care.⁵

The resulting support landscape can leave young people and families navigating separate systems for mental health treatment, education support, careers advice and employment support, rather than receiving integrated assistance.⁶ This fragmentation matters because being NEET during youth is associated with longer-term risks for health, wellbeing, social inclusion and labour-market participation.⁷

The study was commissioned against a backdrop of increasing policy interest in interventions that can improve employment and education outcomes for young people with mental health difficulties.⁸ The study therefore responded to an important evidence and practice gap concerning how integrated mental health and vocational support

¹ Hale, D. R., & Viner, R. M. (2018). How adolescent health influences education and employment: investigating longitudinal associations and mechanisms. *J Epidemiol Community Health*, 72(6), 465-470.

² [APPG Mental Health Inquiry 2023: Report Final](#)

³ Milburn, A. (2026). Independent report: Young people and work: interim report. DWP.

⁴ Sundqvist, A. J. E., Hemberg, J., Nyman-Kurkiala, P., & Ness, O. (2024). Are educational transitions related to young people's loneliness and mental health: A systematic review. *International Journal of Adolescence and Youth*, 29(1), 2373278.

⁵ Hendrickx, G., De Roeck, V., Maras, A., Dieleman, G., Gerritsen, S., Purper-Ouakil, D., ... & Tremmery, S. (2020). Challenges during the transition from child and adolescent mental health services to adult mental health services. *BJPsych bulletin*, 44(4), 163-168.

⁶ Lanceley, L., Nancarrow, A., Williams, J., Campbell, B., Cook, J., Illidge, L. & Wong, K. (2025). Education to employment transitions: support in 2024. Youth Futures.

⁷ Hofman, J., Zhang, K., Groom, M., Reed, M. & Angell, S. (2024). Variations in labour market outcomes for young people facing marginalisation: associated factors and explanations. Youth Futures.

⁸ [Alan Milburn calls for a 'movement' to address lost generation of young people not earning or learning as investigation opens - GOV.UK](#)

might be delivered effectively for young people approaching adulthood. Together, these challenges have increased interest in interventions that can integrate mental health, education and employment support for young people approaching adulthood. Individual Placement and Support – Youth (IPS-Y) represents one such model.

1.2. IPS-Y: a proposed solution

What is IPS-Y?

Individual Placement and Support – Youth (IPS-Y) is an adaptation of the established Individual Placement and Support (IPS) model⁹ designed for transition-age young people experiencing mental health difficulties.¹⁰ In the context of this proposed trial, IPS-Y is intended for 16–17-year-olds receiving support through CAMHS.

IPS-Y is an adaptation of the evidence-based IPS model for young people, integrating education, employment and vocational support within mental health services. It provides personalised, strengths-based support to help young people with mental health difficulties access and sustain meaningful education, training and employment opportunities while receiving ongoing CAMHS care. It aims to support young people to access and sustain meaningful education, employment, or training (EET) opportunities alongside their recovery. Unlike traditional approaches, where education and employment support may be offered only once mental health symptoms have improved, IPS-Y treats vocational and educational goals as an integral part of recovery from an early stage.¹¹

The model has been implemented internationally across a range of youth mental health settings.¹² Although evidence suggests that IPS-Y can improve participation in

⁹ Whitworth, A., Baxter, S., Cullingworth, J., & Clowes, M. (2024). Individual Placement and Support (IPS) beyond severe mental health: An overview review and meta-analysis of evidence around vocational outcomes. *Preventive Medicine Reports*, 43, 102786.

¹⁰ Bond, G. R., Swanson, S. J., Becker, D. R., Al-Abdulmunem, M., & Keleher, V. (2025). Measuring fidelity to individual placement and support for transition age youth: psychometric findings. *Administration and Policy in Mental Health and Mental Health Services Research*, 52(2), 390-400.

¹¹ Bond, G. R., Swanson, S. J., Becker, D. R., Reeder, K. E., & Ellison, M. L. (2019). The IPS-Y: IPS fidelity scale for young adults. *American Journal of Psychiatric Rehabilitation*, 22(3), 239-255.

¹² See: Nicholas, J., Ardill-Young, O., Levy, P., Pearce, K., Chinnery, G., Sim, E., ... & Killackey, E. (2024). A supported education programme implemented in youth mental health services: Outcomes and lessons from the first year of COVID-disrupted delivery. *Early Intervention in Psychiatry*, 18(8), 652-658; Erickson, D. H., Roes, M. M., DiGiacomo, A., & Burns, A. (2021). "Individual Placement and Support" boosts employment for early psychosis clients, even when baseline rates are high. *Early Intervention in Psychiatry*, 15(3), 662-668; Sveinsdottir, V., Lie, S. A., Bond, G. R., Eriksen, H. R., Tveito, T. H., Grasdal, A. L., & Reme, S. E. (2020). Individual placement and support for young adults at risk of early work disability (the SEED trial). A randomized controlled trial. *Scandinavian journal of work, environment & health*, 46(1), 50-59; Malmberg-Heimonen, I., Frøyland, K., Spjelkavik, Ø., Tøge, A. G., & Bråthen, M. (2025). Enhancing implementation of the Individual Placement and Support for Young Adults programme in Norway: identifying challenges and facilitators. *European Social Work Research*, 3(1), 56-69; Hillörm, M., Bergmark, M., Lövgren, V., Hillborg, H., Bond, G. R., & Rosenberg, D. (2026). From principles to practice: exploring practitioner adaptations of

employment and education among young people with mental health difficulties,¹³ it has not yet been robustly tested within the UK context. The proposed trial would therefore provide important evidence on whether IPS-Y can be delivered effectively within NHS CAMHS services and improve outcomes for young people approaching adulthood.

How is IPS-Y expected to work in CAMHS in Greater Manchester?

IPS-Y is underpinned by a set of established principles that aim to support young people to engage in education, employment and training while receiving mental health support. These include:

- Close integration between employment specialists and CAMHS teams;
- A focus on education, training and competitive employment opportunities;
- Participation based on young people's interests and aspirations rather than assessments of "readiness";
- Rapid engagement with education and employment goals;
- Person-centred and strengths-based support;
- Engagement (where appropriate) with families or carers;
- Ongoing and individualised support through periods of change or instability;
- Active engagement with education providers, employers and support networks; and
- Practical advice regarding benefits, student finance, Special Educational Needs and Disabilities (SEND) provision and the financial implications of education or employment participation.¹⁴

Together, these principles are intended to reduce fragmentation between mental health, education and employment systems, strengthen young people's confidence

individual placement and support for young adults with mental health problems in a Swedish welfare context. *Social Work in Mental Health*, 1-25; Hillborg, H., Lövgren, V., Bejerholm, U., & Rosenberg, D. (2024). Supporting education with IPS: Advancing a career-oriented model for integrating work and study support for young adults in Sweden. *Psychiatric rehabilitation journal*, 47(1), 37; Ellison, M. L., Reeder, K. E., Stone, R., Hayes, M., Swanson, S. J., & Bond, G. R. (2023). Individual placement and support (IPS) for high school aged youth: Provider perspective and practice. *Community mental health journal*, 59(3), 471-476; <https://pure.au.dk/portal/da/projects/evaluating-individual-placement-and-support-ips-for-young-people/>

¹³ Warrington, E., Wonders, A., Denton, S., McLeod, B., & Pervéz, S. (n.d.). IPS-Y interventions in those at risk of transition to psychosis; a qualitative study of service user, parent/carer experiences and perceived effects. Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust.

¹⁴ [IPS Practice and Principles \(English version\) – The IPS Employment Center](#)

and self-efficacy, and improve access to opportunities that support longer-term education and employment outcomes.

This study focussed on the trial of IPS-Y within CAMHS in Greater Manchester. By embedding IPS-Y Specialists within CAMHS teams in Greater Manchester, IPS-Y seeks to provide coordinated support that remains responsive to young people's mental health needs while helping them progress towards their future goals.

What makes IPS-Y different?

While IPS-Y retains the core principles of IPS, it incorporates a number of adaptations designed to reflect the developmental needs and circumstances of young people. These adaptations include a stronger focus on supported education, career exploration and transition planning, alongside greater flexibility in how support is delivered. The model also recognises the importance of involving families and other trusted adults where appropriate, while remaining responsive to young people's preferences and autonomy.¹⁵

The youth and parents/carers engagement conducted as part of this study by the Centre for Mental Health highlighted the importance of tailoring support for neurodiverse young people, those with experiences of trauma and those with complex mental health needs. This includes adjustments to communication approaches, meeting formats, pacing and wider engagement strategies.

IPS-Y is intended to complement rather than replace existing CAMHS provision in Greater Manchester. IPS-Y Specialists would work alongside clinicians as part of a coordinated support offer, helping young people identify education and employment goals, navigate practical barriers, engage with education providers and employers, and maintain progress during periods of mental health fluctuation or transition. In doing so, IPS-Y aims to provide a level of integrated support that is not currently available consistently across participating CAMHS services.

Theory of Change (ToC) for IPS-Y in CAMHS

The proposed IPS-Y intervention is based on the assumption that poor EET outcomes among young people accessing CAMHS are influenced not only by mental health difficulties, but also by disrupted educational pathways, reduced confidence and self-efficacy, fragmented support systems, and limited access to tailored vocational support. IPS-Y seeks to address these barriers by embedding IPS-Y Specialists within CAMHS teams

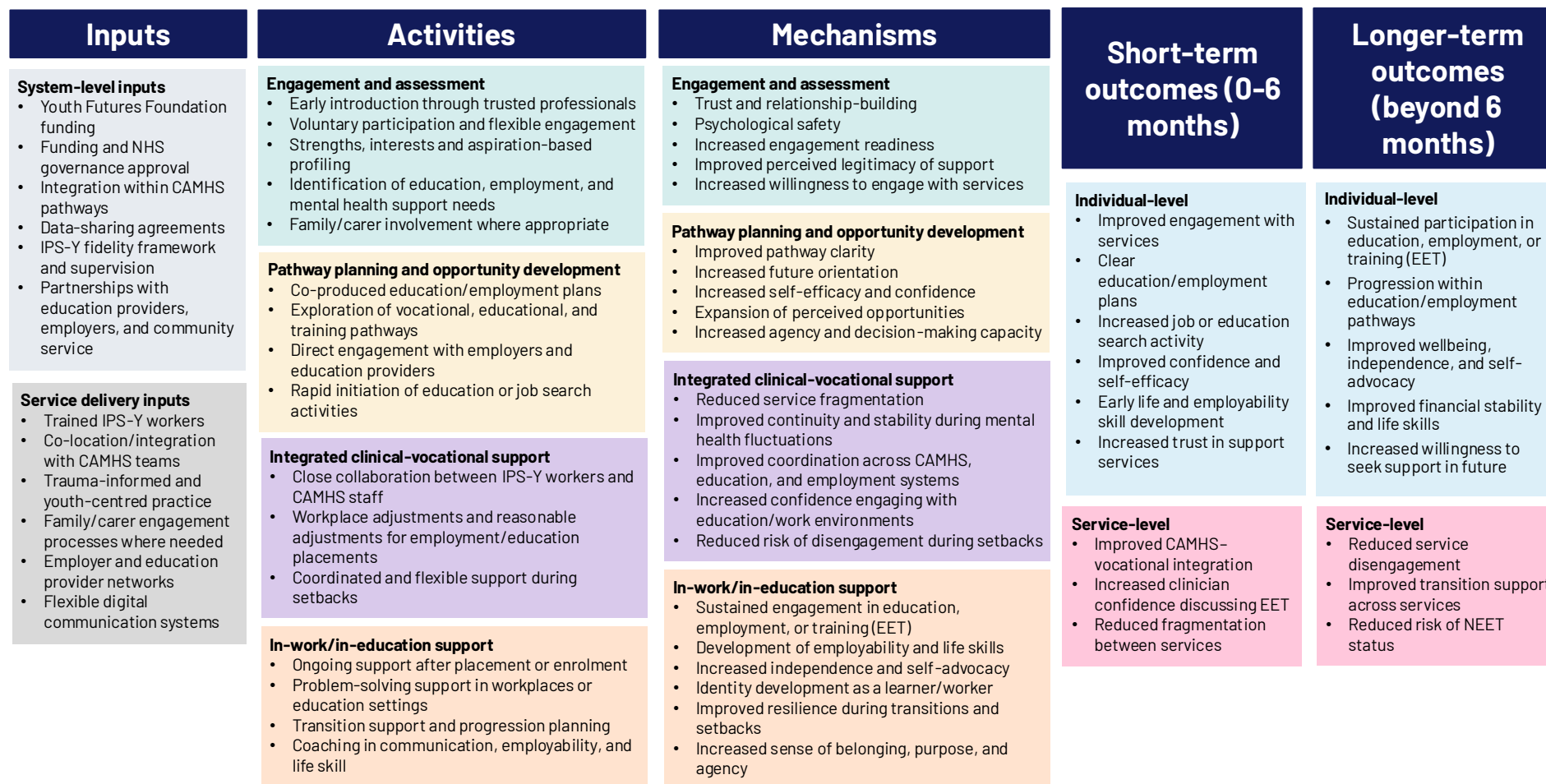
¹⁵ Ellison, M. L., Reeder, K. E., Stone, R., Hayes, M., Swanson, S. J., & Bond, G. R. (2023). Individual placement and support (IPS) for high school aged youth: Provider perspective and practice. *Community mental health journal*, 59(3), 471-476.

and providing integrated, person-centred support focused on education, training and employment goals.

The intervention is expected to improve outcomes through several interconnected mechanisms. These include strengthening young people's confidence and pathways to achieving their aspirations, increasing access to education and employment opportunities, improving navigation of transitions and support systems, and reducing fragmentation between mental health, education and employment services. Through these mechanisms, IPS-Y aims to support greater participation in education, employment and training, while also contributing to wider outcomes such as increased independence, self-efficacy and social inclusion.

Figure 1 presents the ToC developed through the study, drawing on evidence from the international IPS-Y literature, stakeholder engagement activities, and co-design work with young people and parents/carers. Further information on the development of the ToC and the evidence informing its components is provided in Appendix 1.

Figure 1: Theory of change for IPS-Y delivery within GM CAMHS



Source: Authors' elaboration

1.3. Why a feasibility study is needed

Although IPS-Y is supported by a growing international evidence base¹⁶ and was viewed positively by stakeholders consulted during this study, important uncertainties remain regarding its implementation and evaluation within the Greater Manchester CAMHS context. In particular, it was unclear whether a sufficiently large eligible population could be identified and recruited, whether randomisation would be acceptable and operationally feasible within CAMHS pathways, whether IPS-Y could be delivered with sufficient fidelity alongside existing services, and whether the governance, safeguarding and data-sharing arrangements required for a trial could be established within the proposed timelines. Before progressing to a full-scale randomised controlled trial (RCT), these uncertainties needed to be examined systematically. This study was therefore commissioned to assess whether the practical, ethical, operational and methodological conditions were in place to support a future evaluation of IPS-Y within Greater Manchester CAMHS services.

1.4. Study aims and feasibility framework

The aim of this study was to determine whether the conditions were in place to support a future RCT of IPS-Y within CAMHS in Greater Manchester. Specifically, the study sought to assess the practical, ethical, operational and methodological feasibility of implementing and evaluating IPS-Y for 16–17-year-olds with significant mental health difficulties. The study focused on understanding whether a future trial could be delivered successfully and appropriately in practice, and what adaptations, safeguards or implementation arrangements would be required to support progression to a definitive evaluation.

To assess whether a future RCT would be feasible, the study examined eight interrelated dimensions of trial readiness (Table 1). These dimensions were developed in consultation with Youth Futures Foundation and informed the design of the evidence-gathering activities undertaken during the study.

Table 1: Feasibility assessment framework

Feasibility dimension	Core question
1. Stakeholder readiness and commitment	Are NHS Trusts and delivery partners ready and willing to participate in the trial?
2. Target population and sample base	Is there a sufficiently large and well-defined eligible population to support a robust RCT?

¹⁶ Bond, G. R., Al-Abdulmunem, M., Marbacher, J., Christensen, T. N., Sveinsdottir, V., & Drake, R. E. (2023). A systematic review and meta-analysis of IPS supported employment for young adults with mental health conditions. *Administration and Policy in Mental Health and Mental Health Services Research*, 50(1), 160-172.

Feasibility dimension	Core question
3. Recruitment and randomisation	Are recruitment, consent and randomisation procedures practical, ethical and acceptable?
4. Distinction from business-as-usual (BAU)	Is IPS-Y sufficiently distinct from existing provision to enable a meaningful comparison?
5. Outcomes and measurement strategy	Are proposed outcomes and data collection approaches appropriate, meaningful and feasible?
6. Participant engagement and retention	Can young people with complex mental health needs be successfully recruited and retained throughout follow-up?
7. Ethics, safeguarding and data protection	Are ethical, safeguarding and data protection requirements achievable within the proposed timelines?
8. Implementation resourcing	Are NHS Trusts, Pure Innovations and the evaluation team adequately resourced to implement and evaluate IPS-Y to trial standards?

Source: Authors' elaboration

For each dimension, evidence was collected from multiple sources and assessed against pre-defined indicators of readiness. Together, these assessments informed the overall judgement on whether progression to a future trial would be feasible and what conditions would need to be addressed before implementation.

1.5. Proposed trial design assessed in this study

Details of the proposed design are provided in the Trial Protocol. This section summarises the key design features relevant to the feasibility assessment. These design elements are proposed based on findings from the study.

The proposed evaluation is a pragmatic, two-arm, parallel-group RCT comparing IPS-Y with business-as-usual (BAU) support. Approximately 304 young people aged 16–17 years receiving treatment or ongoing support through participating CAMHS services would be recruited and individually randomised on a 1:1 basis to receive either IPS-Y or BAU. Participants would be followed up for 12 months following randomisation.

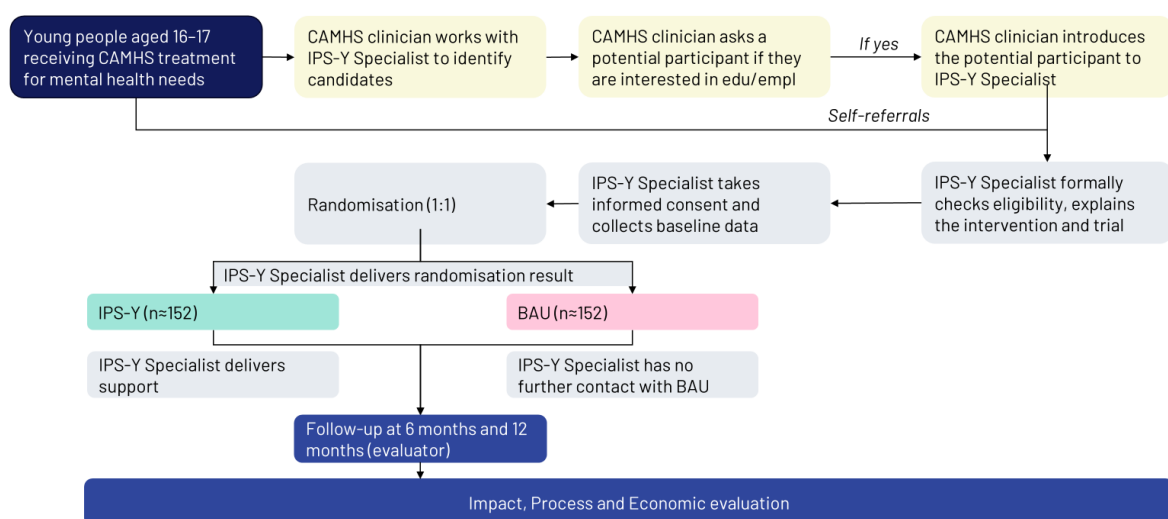
IPS-Y would be delivered by dedicated IPS-Y Specialists employed by Pure Innovations (already a provider of IPS in adult mental health services in Greater Manchester) and embedded within participating CAMHS teams. Participants allocated to the control arm would continue to receive usual CAMHS care and any EET support routinely available through existing local services.

The primary outcome would be participation in EET during the 12 months following randomisation. The secondary outcomes would include (1) EET participation disaggregated into: participation in education; participation in paid employment; or participation in accredited training and (2) mental wellbeing, measured using the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS); and (3) overall life satisfaction,

measured using the Office for National Statistics (ONS) personal wellbeing question. Outcome data would be collected independently of intervention delivery through surveys administered at baseline, six months and twelve months. The trial would also incorporate an embedded implementation and process evaluation (IPE) and economic evaluation to understand implementation, participant experiences, contextual influences and cost-effectiveness.

Given the remaining uncertainties identified through this study, the proposed RCT would commence with a nested pilot phase. The purpose of the pilot would be to test key assumptions relating to recruitment, consent, randomisation, and intervention delivery before progression to the full-scale trial. Progression would be guided by pre-specified criteria set out in the Trial Protocol. Figure 2 provides an overview of the proposed participant pathway and trial design.

Figure 1: Trial participant pathway and trial design



Source: Authors' elaboration

1.6. CAMHS context in Greater Manchester

The trial will be conducted within secondary care Child and Adolescent Mental Health Services (CAMHS) provided by Pennine Care NHS Foundation Trust (Pennine) and Manchester University NHS Foundation Trust (MFT). CAMHS provide multidisciplinary assessment and treatment for children and young people experiencing moderate to severe mental health difficulties. Teams typically comprise psychiatrists, psychologists, mental health nurses, occupational therapists, social workers and other allied health professionals working collaboratively to provide evidence-based mental health care.

Pennine provides CAMHS across the boroughs of Bury, Oldham, Rochdale, Stockport and Tameside, while Manchester University NHS Foundation Trust provides CAMHS for children and young people living within the City of Manchester, Salford and Trafford. Although services are organised differently across Trusts, both provide community-based multidisciplinary care for young people with a range of mental health conditions, alongside specialist pathways for those with more complex needs. It is proposed that IPS-Y will be embedded within these existing multidisciplinary CAMHS teams rather than operating as a standalone service.

Within MFT, it is proposed that IPS-Y will be integrated within Emerge, the Trust's specialist CAMHS service for older adolescents and young adults approaching the transition to adult mental health services. Emerge provides multidisciplinary mental health assessment and treatment for young people with moderate to severe mental health needs and places a particular emphasis on supporting developmental transitions, including progression into further education, employment and adulthood. Embedding IPS-Y within Emerge aligns vocational support with existing transition planning and enables close collaboration between IPS-Y Specialists and the wider multidisciplinary team.

2. Methods

2.1. Overall study design

This study was designed as a mixed-methods feasibility assessment to examine whether the conditions were in place to support a future RCT of IPS-Y within Greater Manchester CAMHS services. The study combined qualitative and quantitative evidence gathering with collaborative stakeholder engagement to assess the practical, ethical, operational, and methodological feasibility of implementing and evaluating IPS-Y within NHS settings.

A co-design approach was embedded throughout the study design. Stakeholders were engaged not only as consultees, but as active contributors to shaping the proposed trial model and assessing feasibility. The study was intended to support shared ownership between Youth Futures Foundation as the funder, Ipsos as the evaluation partner, young people via the YPAG, parents/carers and CAMHS teams participating in this research of the eventual “go/no-go” recommendation regarding progression to a future trial. Engagement activities were therefore structured to facilitate collaborative problem-solving, iterative refinement of proposed processes, and validation of emerging findings across participating organisations and stakeholder groups.

The engagement model brought together representatives from three Greater Manchester NHS Trusts, Pure Innovations, and other system stakeholders involved in CAMHS, employment support, education, governance, and data infrastructure. Engagement was intended to serve several linked purposes: developing shared understanding of feasibility; building readiness and commitment for a potential future RCT; co-designing operational processes; and identifying governance and implementation requirements early in the scoping process.

Young people (14) and parents/carers (11) were included as key stakeholders within the study design. Their perspectives were considered essential to understanding the acceptability and feasibility of IPS-Y and any future trial processes. Engagement activities explored issues including recruitment timing, communication preferences, consent and information-sharing, perceived benefits and risks, barriers to participation, and approaches to follow-up and retention.

Overall, the study design reflected the intention to combine empirical evidence gathering with collaborative system engagement in order to assess not only whether IPS-Y may be feasible in principle, but whether the practical conditions existed to support delivery of a robust, ethical, and operationally viable future trial within GM CAMHS services.

2.2. Evidence sources and data collection

The feasibility assessment drew on multiple sources of evidence. Evidence was collected from administrative data, document review, stakeholder engagement activities, and co-design work with young people and parents/carers. This mixed-methods approach enabled the study team to triangulate findings across different stakeholder groups and evidence sources, strengthening confidence in the overall feasibility assessment. Table 2 summarises the main evidence sources used within the study and the feasibility dimensions they informed. Further detail on the data collection activities is provided in Appendix 2.

Table 2. Evidence sources and feasibility dimensions

Evidence source	Purpose	Main feasibility dimensions informed
Desk research and document review	To review the evidence base for IPS-Y, relevant policy context, CAMHS pathways, and existing service provision, including BAU mapping to assess the distinctiveness of IPS-Y	Intervention design, implementation feasibility, BAU distinction
CAMHS administrative data	To estimate the size and characteristics of the potential participant population and inform recruitment modelling	Population, recruitment feasibility
Engagement with NHS Trusts and delivery partners	To understand implementation readiness, governance requirements, operational processes and resource implications	Stakeholder readiness, implementation feasibility, governance
Co-design workshops and stakeholder consultations	To explore the acceptability and practicality of proposed trial processes and intervention delivery, alongside appropriate outcomes and measurement strategies	Recruitment, randomisation, implementation feasibility, outcomes
Young people and parent/carer engagement	To understand participant perspectives on IPS-Y, trial participation, consent, engagement and retention	Recruitment, retention, acceptability, safeguarding

Source: Authors' elaboration

A full description of the evidence included in these sources and volumes of fieldwork undertaken can be found in Appendix 2.

Evidence from these sources was synthesised and assessed against the feasibility framework described in Chapter 3. Findings were used to inform the overall judgement regarding the feasibility of a future IPS-Y trial and to identify any conditions that would need to be addressed prior to progression.

2.3. Evidence synthesis and feasibility assessment

Evidence collected through the study was synthesised and assessed against the eight dimensions of the feasibility framework presented in Chapter 1.

A triangulation approach was used to bring together findings from different sources and stakeholder groups. Quantitative evidence, such as CAMHS administrative data and recruitment modelling, was used alongside qualitative evidence relating to stakeholder experiences, implementation readiness, governance requirements, and the acceptability of proposed trial processes. Where findings from different evidence sources converged, this increased confidence in the assessment. Where evidence was incomplete, inconsistent, or based on assumptions rather than observed data, this was reflected in the feasibility judgement and associated level of uncertainty.

For each feasibility dimension, evidence was reviewed against a set of pre-defined indicators and criteria developed in consultation with NHS Trusts, Pure Innovations and Youth Futures Foundation. These criteria were used to guide judgements regarding the extent to which the conditions required for a future trial appeared to be in place. Each dimension was subsequently assigned a Red, Amber or Green (RAG) rating to indicate the overall level of readiness and any remaining risks or uncertainties.

The final feasibility assessment was informed not only by whether individual criteria had been met, but also by consideration of the strength of the available evidence, the degree of stakeholder consensus, and the extent to which identified challenges could realistically be addressed prior to trial implementation. The resulting judgements therefore reflect both the evidence gathered through the study and the practical considerations associated with delivering a future IPS-Y trial within Greater Manchester CAMHS services.

2.4. Study strengths and limitations

Strengths

This study drew on a wide range of evidence sources to assess the feasibility of a future IPS-Y trial within Greater Manchester CAMHS services. By combining desk research, administrative data analysis, stakeholder engagement, systems mapping, and co-design activities with young people and parents/carers, the study was able to examine feasibility from multiple perspectives and triangulate findings across different stakeholder groups.

A particular strength of the study was the extensive involvement of young people and parents/carers throughout the feasibility assessment. Their contributions informed the development of the proposed trial design and provided valuable insights into the acceptability of IPS-Y, recruitment approaches, consent processes, participant communications, and strategies for engagement and retention.

The study also adopted a collaborative and iterative approach to feasibility assessment. NHS Trusts, delivery partner, commissioners, researchers, and individuals with lived experience were engaged throughout the process, helping to identify implementation challenges early and supporting the co-development of potential solutions. This approach enabled the study to assess not only whether a future trial might be feasible in principle, but also whether the practical conditions required for implementation could realistically be established.

Limitations

Several limitations should be considered when interpreting the findings of this study.

First, participation across Greater Manchester NHS Trusts was uneven. Engagement was strongest within Pennine Care NHS Foundation Trust and Manchester University NHS Foundation Trust, while engagement with Greater Manchester Mental Health NHS Foundation Trust was more limited. As a result, findings relating to implementation readiness and operational processes may not fully reflect the position across all potential trial sites.

Second, the availability and quality of administrative data varied across participating Trusts. In particular, routine data were insufficient to reliably estimate the prevalence of NEET status within CAMHS caseloads (as this information is not routinely collected) or to quantify the size of the eligible population (i.e. those in treatment and interested in employment and/or education) or attrition rates with a high degree of certainty. Consequently, recruitment projections and estimates of the recruitable population remain subject to uncertainty. These uncertainties affect the assessment of whether the required trial sample can feasibly be recruited, rather than the statistical power calculation itself.

Third, several planned stakeholder engagement activities were either not completed or achieved lower attendance than anticipated due to competing operational pressures within CAMHS services. While the study team was able to gather relevant evidence through alternative routes, principally discussions with research leads from the participating Trusts and document review (see Appendix 2), some findings rely on a smaller number of participants than originally intended.

Finally, some aspects of the feasibility assessment necessarily relied on stakeholder views regarding the likely acceptability, implementation, and sustainability of IPS-Y. Although these perspectives provide important insights, they cannot fully substitute for evidence generated through the actual delivery of the intervention and trial procedures in practice.

Taken together, these limitations mean that some areas of the feasibility assessment remain subject to uncertainty. However, they do not undermine the overall conclusions of the study. Instead, they highlight specific issues that would benefit from further testing, refinement, or validation prior to progression to a full-scale trial.

3. Findings

3.1. Overall feasibility assessment

This study found no fundamental barriers to progressing to a future RCT of IPS-Y within Greater Manchester CAMHS services. Across all eight feasibility dimensions, stakeholders identified challenges and implementation requirements that would need to be addressed during trial set-up, but no issues that would prevent a future trial from being delivered (Table 3).

The findings indicate that progression to a future RCT is feasible and justified in principle. The study identified no fundamental barriers to progression and established a credible route to delivery. There was broad support for the proposed intervention and trial across participating NHS Trusts, delivery partner, young people, parents and carers. Stakeholders considered the intervention acceptable, the proposed trial design appropriate, and the research questions relevant to current policy and practice priorities. IPS-Y was also found to be sufficiently distinct from existing provision to justify a comparative evaluation.

However, several important uncertainties remain. The most significant relates to recruitment feasibility. Available evidence suggests that a sufficiently large population of potentially eligible young people exists across participating CAMHS services, and engagement with the Young People's Advisory Group and parents/carers participating in the research indicated strong interest in the proposed intervention and trial participation. Stakeholders also considered recruitment and consent procedures broadly acceptable, provided they are delivered in a flexible and youth-centred manner.

Nevertheless, limitations in routine administrative data mean that the size of the recruitable population cannot be estimated, and key assumptions regarding recruitment yield, consent rates and participant retention have not been tested in practice. As a result, some uncertainty remains regarding the pace at which participants could be recruited and retained, and whether the required sample size could be achieved within the proposed recruitment period. These uncertainties are typical of feasibility-stage research and are best addressed through an internal pilot phase embedded within a future trial. Table 3 summarises the overall feasibility assessment across the eight dimensions examined in this study.

Table 3: Feasibility assessment framework

Feasibility dimension	RAG	Headline finding	Next steps
Stakeholder readiness and commitment	○ ● ○	Strong support from Pennine, promising engagement from MFT, named Principal Investigators (PIs) in both Trusts	Confirm formal organisational commitment
Target population and sample base	○ ● ○	Recruitment target appears achievable, but population estimates remain uncertain	Validate numbers screened, eligible, consented and randomised during the pilot, and estimate baseline EET participation rates
Recruitment and randomisation	○ ○ ●	Procedures are operationally feasible and acceptable to stakeholders	Confirm recruitment, consent and randomisation procedures work as intended during pilot phase
Distinction from BAU	○ ○ ●	IPS-Y is sufficiently distinct from existing provision to support meaningful evaluation	None
Outcomes and measurement	○ ○ ●	Appropriate and meaningful outcomes have been identified	Finalise operational definition and measurement approach
Participant engagement and retention	○ ○ ●	Retention risks are manageable through youth-centred and neurodiversity/trauma-informed approaches	Monitor provisioning of contact details, contactability and survey completion during the pilot
Ethics, safeguarding and data protection	○ ● ○	No major barriers identified; key documents, participant-facing materials and approval applications are yet to be finalised	Complete approvals, governance arrangements and data-sharing agreements
Implementation resourcing	○ ○ ●	Delivery appears feasible with an appropriate mobilisation period	Demonstrate successful recruitment, training and integration of IPS-Y Specialists within CAMHS

Source: Authors' elaboration

Overall feasibility judgement: Amber-Green ○ ● ●

Taken together, the findings support progression to a future RCT but suggest that this should include a nested internal pilot phase designed to test key assumptions relating to recruitment, consent, intervention implementation, and data collection procedures. Progression to the full-scale trial is therefore contingent on the next steps outlined in Box 1.

Box 1: Key risks, enablers and conditions for progression

Top 5 risks 1. Delays in governance approvals and data-sharing agreements. 2. Recruitment rates lower than anticipated. 3. Insufficient engagement from participating Trusts during trial delivery. 4. Participant attrition during follow-up. 5. IPS-Y takes time to reach high-fidelity delivery.	Top 5 enabling factors 1. Strong stakeholder support for IPS-Y. 2. Established IPS delivery infrastructure through Pure Innovations. 3. Large potential CAMHS caseload across participating Trusts. 4. Positive feedback from young people and parents. 5. Clear distinction between IPS-Y and existing provision.	Next steps • Confirmation of participating Trusts. • Completion of HRA/REC and governance approvals. • Finalisation of data-sharing agreements. • Development of young-person informed recruitment, consent and data collection procedures. • Delivery of a successful internal pilot meeting progression criteria.
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Source: Authors' elaboration

The study therefore concludes that progression to a future RCT is warranted, subject to completion of the next steps identified in this report and successful delivery of an internal pilot phase focused on testing the practicality of trial procedures and some of the remaining areas of uncertainty.

The following sections present findings for each feasibility dimension.

3.2. Stakeholder readiness and commitment

Summary

Indicators / thresholds ≥1 Trust confirms PI/sponsor and R&D route; HRA/REC plan aligned to timeline; identified CAMHS teams and capacity plan		
RAG rating and definition Green: ≥1 Trust confirmed, governance path clear and feasible. Amber: Lead Trust confirmed, but partial clarity on approvals. Red: No formal commitment or unclear governance route.		
Feasibility judgement		Stakeholders are broadly supportive of IPS-Y and willing to participate in a future trial. However, some governance and leadership arrangements remain outstanding and must be confirmed prior to trial commencement.

Table 4: Readiness dashboard

Component	Rating	Headline finding	Next steps
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Pennine Care NHS Foundation Trust (Pennine)		Strong engagement; support for IPS-Y; identified CAMHS teams and named PI; previous research experience	Obtain written organisational commitment
Manchester University NHS Foundation Trust (MFT)		Strong strategic fit; positive engagement with feasibility activities; identified a potential participating CAMHS team and named PI. Formal organisational commitment and operational delivery arrangements remain to be confirmed.	Obtain written organisational commitment
Greater Manchester Mental Health NHS Foundation Trust (GMMH)		Limited engagement during the feasibility study; readiness not established at this stage	Not currently considered a delivery site

Source: Authors' elaboration

What supports readiness?

Organisational commitment and strategic alignment

Across participating organisations, stakeholders expressed strong support for the aims of IPS-Y and recognised a clear need for more integrated education, employment and mental health support for young people approaching adulthood. NHS Trust representatives, Pure Innovations and advisory group members consistently viewed the proposed intervention as addressing an important gap within the current support landscape.

Pennine demonstrated the strongest evidence of organisational readiness. Stakeholders reported positive engagement with the study, identified potential participating CAMHS teams: (1) Tameside; (2) Stockport; (3) Bury; (4) Oldham; (5) Rochdale, and expressed interest in progressing to a future trial. MFT demonstrated encouraging engagement and a strong strategic fit with IPS-Y, identified the main participating team (Emerge – see Section 1.6 above) and strong alignment between IPS-Y and existing priorities relating to transitions, recovery and education and employment outcomes for young people. However, readiness conclusions remain based primarily on stakeholder discussions and planning assumptions rather than demonstrated operational delivery commitment. Engagement from GMMH was more limited and insufficient to establish readiness with confidence. The feasibility study considered all three Trusts as potential trial sites. At the time of the assessment, the evidence of readiness was stronger for Pennine and MFT, while engagement with GMMH was more limited. This does not preclude GMMH from being considered as a potential delivery site at a later stage as trial planning develops.

Stakeholders across Trusts noted that workforce pressures and competing operational priorities may affect the pace of implementation. However, these challenges were

generally viewed as manageable provided adequate mobilisation time and implementation support are built into trial planning.

Governance and research infrastructure

The study identified a viable governance model for a future trial. Participating Trusts demonstrated familiarity with research delivery processes and indicated that Health Research Authority (HRA) approval, ethics review, and local Capacity and Capability processes would be achievable within the proposed timelines, provided sufficient lead-in time is allowed (Appendix 3).

The following governance and sponsorship arrangements have been agreed: Ipsos would be the study sponsor – pending internal sign off, with a named Chief Investigator (CI); each participating site identified a local Principal Investigator (PI) who will be responsible for oversight and leadership of the trial at their respective Trust; Ipsos would lead on cross-Trust liaison and submitting the application for HRA approval. A clinical lead needs to be identified in each NHS site to provide clinical supervision during the trial. IPS-Y Specialists and the evaluator's staff would need Research Passports to enable them to work across NHS sites – these can only be arranged once staffing is confirmed.

However, a number of governance requirements remain outstanding. These include formal written commitment from participating Trusts, trial governance structure (Trial Management Group and independent Trial Steering Committee) and completion of Data Sharing Agreements (DSAs) between NHS Trusts, Pure Innovations and the evaluation team. Stakeholders did not identify any governance barriers that would prevent progression but emphasised the importance of addressing these requirements during the trial set-up phase.

Remaining risks

The principal risks identified within this feasibility dimension relate to implementation rather than acceptability. These include delays in confirming site leadership arrangements, delays in governance approvals and DSAs, workforce pressures within participating CAMHS teams, and the time required for IPS-Y delivery to become fully embedded within local services. Stakeholders emphasised that these risks are manageable but should be actively monitored during trial set-up and early implementation.

Conditions for progression

Progression to a future trial should be contingent on:

- Formal organisational agreement to participate;

- Completion of HRA, ethics and local governance approvals;
- Establishment of the trial governance structure and DSAs between participating organisations;
- Completion of mobilisation activities required to support integrated delivery within CAMHS settings.

Overall assessment

Overall, stakeholder readiness and commitment were assessed as **Amber**. There was strong support for IPS-Y across participating organisations and no evidence of barriers that would prevent implementation. However, some governance and leadership arrangements remain outstanding and will need to be confirmed before the research ethics application can be submitted. The evidence suggests that these challenges are manageable and do not constitute a barrier to progression to a future trial.

3.3. Target population and sample base

Summary

Indicators / thresholds		
Incoming referrals and caseload (inflow) support N≈304 recruits over 6 months; Local baseline EET rate confirmed within 15-40% range; ≤40% attrition		
RAG rating and definition		
Green: Eligible inflow ≥1.3× required monthly intake; local baselines validated.		
Amber: Inflow within 10–20% of required; some data gaps remain.		
Red: Population insufficient or unknown; data unavailable.		
Feasibility judgement	○ ● ○	The study found that a sufficiently large population of 16–17-year-olds is likely to exist across participating CAMHS services to support a future RCT. However, the originally anticipated recruitment model based on the flow of newly referred or newly starting treatment cases was unlikely to provide a sufficient monthly intake within the proposed recruitment period. The study therefore identified a revised recruitment approach based on the standing caseload of young people already receiving active CAMHS treatment. This substantially strengthens recruitment feasibility, but important data gaps remain regarding the proportion of young people who would meet the full eligibility criteria, express interest in education or employment support, and consent to take part.

Table 5: Population and sample dashboard

Component	Rating	Headline finding	Next steps
Population size	○ ○ ●	The standing CAMHS caseload across Pennine and MFT appears sufficiently large to support the proposed sample size	None
Recruitment model	○ ○ ●	The original inflow-based recruitment model was not viable; a standing	None

		caseload approach substantially improves feasibility	
Eligible population		A sufficient eligible population is likely to exist, but the proportion meeting all eligibility criteria cannot be estimated with confidence from routine data	Validate recruitment yield during pilot phase
Baseline EET rate		Local EET rates are likely to fall within the anticipated range, but precise estimates remain uncertain	Validate EET rates assumptions during pilot phase
Attrition assumptions		Stakeholder feedback suggest retention is achievable, but attrition assumptions remain untested in this population	Monitor early indicators of contactability and engagement to inform retention planning

Source: Authors' elaboration

What supports readiness?

The study identified a substantial population of young people aged 16–17 receiving support through CAMHS services in Greater Manchester. Data provided by Pennine and MFT for the period January 2025 to March 2026 indicate a combined standing caseload of approximately 3,413 young people, comprising around 1,440 at Pennine and 1,973 at MFT. This suggests that the overall population base is likely to be large enough to support the proposed trial sample size (Box 2).

Box 2: Sample size considerations

The proposed trial aims to recruit approximately 304 participants. The key uncertainty is not the size of the underlying CAMHS population, but the proportion of young people who are both eligible for IPS-Y and willing to participate in the trial. Recruitment feasibility therefore depends on this 'eligible-and-willing' fraction of the caseload. Two recruitment scenarios were considered:

Scenario 1: Pennine and MFT

Under a two-site design, approximately 9% of the combined caseload would need to be both eligible and willing to participate in order to achieve the recruitment target. Recruiting across two NHS Trusts reduces dependence on any single site and provides greater resilience should recruitment prove slower than anticipated in one area. It also allows for a broader range of perspective to be captured in evaluative activities.

Scenario 2: Pennine only

Under a single-site design, approximately 21% of Pennine's caseload would need to be both eligible and willing to participate. This scenario would still achieve the required sample size and support a fully powered trial. However, recruitment risk would be concentrated within a single Trust and service configuration, making overall recruitment performance more sensitive to local operational challenges.

Scenario	Caseload (16–17)	Recruitment target	Target as % of active caseload
Pennine + MFT	~3,413	~304	~9%
Pennine only	~1,440	~304	~21%

Both scenarios are capable of supporting a trial of the proposed size. However, the two-site design is preferred because it distributes recruitment risk across a larger and more diverse population, reducing reliance on recruitment performance within a single Trust. The choice between the two designs is therefore primarily one of recruitment risk management rather than statistical power.

A key finding from the study was that recruitment based solely on the flow of newly referred young people, or those newly starting treatment, would be unlikely to generate sufficient participants within a six-month recruitment window. This reflected variation in referral routes, waiting times, treatment initiation processes and the volume of young people entering relevant pathways each month. As a result, relying on inflow alone would create a substantial recruitment risk.

The proposed recruitment approach was therefore refined. Rather than drawing only on new treatment starts, the future trial would recruit from the standing caseload of young people already receiving active CAMHS treatment. This approach substantially increases the available recruitment pool and was considered more realistic by participating stakeholders.

Recruitment modelling indicates that, under a two-site model involving Pennine and MFT, only a relatively small proportion of the standing caseload would need to be both eligible and willing to participate to achieve the proposed sample size. This provides reasonable confidence that the required sample could be achieved, provided that eligibility criteria are not defined too narrowly and recruitment processes are implemented effectively.

The Young People's Advisory Group and parents/carers participating in this research also provided encouraging evidence regarding likely acceptability of participation. All 14 young people involved indicated that they would be interested in receiving employment and education support. When asked about participating in a randomised controlled trial such as the one proposed, 5 of 7 were very interested and 2 of 7 were somewhat interested. While this group cannot be assumed to be representative of the full CAMHS population, it provides positive evidence that the intervention and trial offer are likely to be meaningful and acceptable to young people.

Remaining risks

Despite this encouraging evidence, several important uncertainties remain. Routine administrative data do not currently allow the study team to estimate with confidence how many young people in the standing caseload would meet the full eligibility criteria (see the Trial Protocol). In particular, data on EET status, interest in education or employment support, and suitability for participation are not consistently captured in reportable fields.

Attrition also remains an assumption. The proposed threshold of $\leq 40\%$ attrition has not yet been tested in this population, and longer-term follow-up rates cannot be fully assessed within a short internal pilot. Early indicators of engagement and willingness to contact can be tested, but six- and twelve-month retention will remain a key risk until the trial is underway.

Conditions for progression

Progression to a future trial should be contingent on:

- Validating recruitment assumptions and local data on EET status and interest in education/employment support during a pilot phase;
- Monitoring early indicators of willingness to contact and engagement to inform retention planning;
- Implementing an incentives structure with value increasing across successive waves to encourage continued participation; and
- Communications will be written in accessible, youth-friendly language and will emphasise the importance of continued participation regardless of whether participants remain engaged with IPS-Y or CAMHS.

Overall assessment

Overall, the target population and sample base were assessed as **Amber**. The study found that the population is likely to be sufficient to support a robust RCT, but only if recruitment draws on the standing CAMHS caseload rather than the flow of new treatment starts. The study therefore identified and addressed a major recruitment risk in the original design. However, remaining uncertainty around local EET baselines, consent rates and attrition means that these assumptions should be tested through an internal pilot before full progression.

3.4. Recruitment and randomisation

Summary

Indicators / thresholds

$\geq 60\%$ of consulted stakeholders in each group judge recruitment and consent requirements adequate and workable.

≥ 1 Trust confirm that eligible participants can be identified consistently.

Randomisation viewed as feasible.

RAG rating and definition

Green: All stakeholder groups in ≥ 1 Trust confirm acceptability and operational fit; no major barriers identified.

Amber: Mixed feedback across the groups/Trusts; minor concerns that can be resolved.

Red: Significant opposition or uncertainty.		
Feasibility judgement	○ ○ ●	Stakeholders across CAMHS Trusts, Pure Innovations, Youth Futures, young people and parents/carers considered the proposed recruitment, consent and randomisation procedures acceptable, practical and compatible with routine CAMHS delivery. Participating Trusts confirmed that eligible young people can be identified through existing pathways, and no major ethical, operational or acceptability barriers were identified. While further operational development will be required during trial set-up, stakeholders considered these activities routine and manageable.

Table 6: Recruitment and randomisation dashboard

Component	Rating	Headline finding	Next steps
Eligible participants can be identified consistently	○ ○ ●	Participating Trusts confirmed that eligible young people can be identified through existing CAMHS pathways	None
Recruitment judged acceptable and workable	○ ○ ●	Recruitment through trusted clinicians and self-referral to IPS-Y Specialist were considered practical and acceptable	Confirm recruitment, consent and randomisation work as intended during pilot phase
Consent judged acceptable and workable	○ ○ ●	Stakeholders considered consent arrangements appropriate for 16–17-year-olds and compatible with CAMHS practice	
Randomisation judged feasible	○ ○ ●	Randomisation was viewed as acceptable and necessary to support a robust evaluation	

Source: Authors' elaboration

What supports readiness?

Stakeholders across CAMHS services, Pure Innovations, Youth Futures, young people and parents/carers consistently viewed the proposed recruitment and randomisation procedures as both practical and ethically acceptable. No stakeholder group (and no participant in CAMHS workshops or interviews) raised fundamental concerns about recruiting young people aged 16–17 into the study, obtaining informed consent, or allocating participants through randomisation.¹⁷

There was strong support for offering multiple recruitment routes tailored to individual circumstances, communication preferences and support needs in response to which a self-referral route was added. Participating NHS Trusts confirmed that potentially eligible young people could be identified through existing CAMHS pathways and clinical teams. Stakeholders described several feasible routes for identifying and approaching participants, including care coordinators, clinicians, transition services and

¹⁷ While the threshold was defined as “≥60% of consulted stakeholders in each group judge recruitment and consent adequate and workable”, the small size of some stakeholder groups limits the usefulness of reporting percentages. Judgements were therefore based on the consistency and strength of stakeholder feedback.

neurodevelopmental pathways. Recruitment through trusted clinicians was viewed as particularly important for building confidence, supporting informed decision-making and reducing anxiety about participation.

Young people and parents/carers emphasised the importance of clear and appropriate communication, accessible information and flexibility in how recruitment and consent discussions are conducted (Box 3). They highlighted the need for sufficient time to consider participation and opportunities to ask questions before making a decision. Young people also stressed the importance of being treated as active decision-makers while retaining the option to involve parents or carers where desired.

Box 3: Communication and participant information materials

Across stakeholder workshops and advisory group discussions, communication quality emerged as a key factor influencing recruitment and informed consent. Participants emphasised the importance of clear, accessible and youth-friendly communication, including plain-English information materials, visually engaging content, opportunities to access information independently through digital platforms, and multiple opportunities to ask questions before deciding whether to participate.

Young people also highlighted the importance of warm, respectful and non-patronising communication styles, alongside sufficient time to consider participation and flexible communication methods tailored to individual preferences.

Advisory group members identified altruism and the opportunity to improve services for future young people as important motivators for participation, alongside remuneration and opportunities to develop skills and experience. Participants emphasised that recruitment materials should clearly explain why the research is being undertaken, what participation involves, how young people's views and experiences will contribute to service improvement, and what support will be available throughout the study.

Randomisation (Box 4) was generally viewed as acceptable across stakeholder groups. Participants recognised that a robust evaluation would require a fair method of allocating support and did not identify randomisation itself as a barrier to participation. Young people and parents/carers emphasised that the rationale for randomisation should be explained clearly and transparently, particularly in relation to what support would remain available to participants allocated to business-as-usual.

Box 4: Randomisation considerations

The study team considered several approaches to participant allocation, including simple randomisation¹⁸, minimisation¹⁹ and stratified block randomisation²⁰. Stratified block randomisation was identified as the preferred option because it provides a practical balance between methodological rigour and operational simplicity. The proposed approach would stratify participants by site and diagnostic profile, helping to maintain balance between trial arms during the recruitment period while avoiding the additional complexity associated with minimisation procedures.

The proposed workflow was also viewed as feasible. Eligible young people would be screened, consented and complete baseline data collection before allocation, with randomisation undertaken through a centrally managed allocation sequence generated by the trial statistician. This approach supports allocation concealment and aligns with established trial practice.

Overall, the findings indicate broad stakeholder support for the proposed recruitment, consent and randomisation procedures and suggest that these processes can be integrated within routine CAMHS delivery without major disruption.

Remaining risks

Although no major barriers were identified, several implementation risks remain. These relate primarily to consistency of delivery rather than the acceptability of the procedures themselves. In particular, recruitment may be affected by workforce pressures within CAMHS services, variation in how recruitment opportunities are presented to young people by IPS-Y Specialists, and differences in their confidence and familiarity with research procedures.

Stakeholders also highlighted the importance of ensuring that information about randomisation is communicated clearly and consistently. Misunderstandings about allocation procedures could affect participant expectations or willingness to participate if not addressed through appropriate training and communication materials.

¹⁸ Simple randomisation allocates each participant to the intervention or control group purely by chance, typically using a computer-generated random sequence, with a fixed probability of assignment (e.g., 50% to each arm in a 1:1 trial). Each participant's allocation is independent of previous allocations and participant characteristics.

¹⁹ Minimisation is a dynamic allocation method that assigns each new participant to the treatment group that minimises imbalance across selected prognostic factors (e.g., site, diagnosis, gender). Unlike stratified block randomisation, allocation depends on the characteristics of participants already enrolled. A random element is usually incorporated to preserve allocation unpredictability and reduce the risk of selection bias.

²⁰ Stratified block randomisation combines stratification and blocking to ensure balance between treatment groups within predefined participant subgroups (strata), such as NHS Trust site or diagnosis. Separate randomisation lists are generated for each stratum, and participants are allocated in blocks to maintain approximately equal numbers in each treatment arm throughout recruitment.

These risks were considered manageable and are typical of trial implementation rather than barriers to progression.

Conditions for progression

Progression to a future trial should be contingent on:

- Finalisation of participant identification and screening procedures;
- Development of standardised recruitment and consent materials;
- Development of clear participant-facing information explaining randomisation;
- Completion of staff training covering recruitment, consent and allocation procedures;
- Establishment of a SOP to support consistent implementation across participating sites.

Overall assessment

Overall, recruitment and randomisation were assessed as **Green**. Stakeholders across all consulted groups considered the proposed procedures acceptable, practical and compatible with routine CAMHS delivery. Participating Trusts confirmed that eligible young people can be identified through existing pathways, and no major ethical or operational barriers were identified. While further operational development will be required during trial set-up, these activities are routine and do not represent a substantive risk to progression. The evidence therefore supports the conclusion that recruitment and randomisation procedures are feasible within the proposed CAMHS context.

3.5. Distinction from BAU

Summary

Indicators / thresholds		
IPS-Y provides integrated clinical-vocational support, and youth adaptations absent in BAU		
RAG rating and definition		
Green: IPS-Y unique features clear; overlap risk minimal.		
Amber: Some overlap identified but manageable through stratification.		
Red: BAU already offers similar services; differentiation unclear.		
Feasibility judgement	○ ○ ●	The study found that IPS-Y is sufficiently distinct from existing provision across Greater Manchester to support a meaningful comparison within a future RCT. While a number of employment, education and IPS-based services are available locally, stakeholders considered IPS-Y to offer a distinctive combination of integrated mental health, education and employment support delivered within CAMHS settings. Some overlap is

likely, but these risks were judged to be manageable and do not undermine the rationale for a comparative evaluation.

Table 7: Distinction from BAU dashboard

Component	Rating	Headline finding	Next steps
Distinctiveness of intervention model	○ ○ ●	IPS-Y combines education and employment support with CAMHS treatment in a way not currently available through existing services	None
Availability of alternative support	○ ● ○	A range of education, employment and IPS-type services operate across Greater Manchester, but most serve specific populations and none is integrated with CAMHS	Monitor service use during follow-up
Risk of overlap	○ ● ○	Some participants may access alternative (similar) employment or education support during the trial	Record external support at baseline and follow-up; use data to assess treatment differentiation and inform interpretation of findings
Ability to evaluate added value	○ ○ ●	Stakeholders considered IPS-Y sufficiently differentiated to support meaningful evaluation	None

Source: Authors' elaboration

What supports readiness?

The BAU mapping identified a diverse landscape of employment, education and wellbeing support services available to young people across Greater Manchester, including local authority NEET services, careers support, voluntary sector programmes, WorkWell, and several IPS-based initiatives targeted at specific populations (see Appendix 4).

The study identified a number of services with potential overlap with IPS-Y, including IPS in Primary Care, IPS delivered within drug and alcohol treatment services, IPS support for young people delivered through 42nd Street, WorkWell's IPS provision in some boroughs for young people identified as being involved in or at risk of serious violence. However, these services generally operate through different referral pathways, target somewhat different populations, and are not integrated within CAMHS treatment pathways.

Stakeholders consistently identified the integration of support within CAMHS as the defining feature of IPS-Y. No existing service was found to offer the same combination of mental health treatment, vocational support, educational support and transition-focused planning delivered through an integrated CAMHS pathway. IPS-Y was therefore considered sufficiently distinct from existing provision to support a meaningful comparison within a future RCT.

Stakeholders also highlighted IPS-Y's specific focus on transition-age young people with mental health difficulties. While some existing services support young people, most are commissioned around broader employment, wellbeing or risk-reduction objectives rather than supporting education and employment participation as part of mental health recovery.

Remaining risks

The principal risk identified within this dimension relates to overlap between IPS-Y and existing support services available in Greater Manchester. Several programmes currently provide employment and education support to young people, including some services that draw on IPS principles or offer similar forms of intensive vocational support. If participants were already receiving IPS or a closely comparable specialist vocational intervention at the point of recruitment, the added value of IPS-Y would be limited and the practical distinction between existing support and the trial intervention would be reduced. It may also be inappropriate or burdensome for young people to work simultaneously with two IPS-style specialists providing similar support.

To address this, the proposed trial eligibility criteria exclude young people who are already receiving IPS or a comparable intervention. In practice, it is unlikely that a young person would wish to engage simultaneously with two separate IPS-style services providing similar forms of support, and doing so could create duplication, confusion and unnecessary burden for participants.

The remaining risk relates to support accessed after randomisation. Participants allocated to the control group will continue to have access to existing local services and may choose to engage with employment, education or wellbeing support available within their area. This reflects the real-world context in which IPS-Y would operate and is therefore appropriately considered part of BAU rather than a source of unacceptable contamination.

The study concluded that excluding participants who subsequently access alternative support would not be appropriate, as this could reduce the representativeness of the sample and bias the trial towards young people with the least access to support. Instead, the preferred approach is to monitor and record the use of alternative services throughout follow-up and incorporate this information into process and impact analyses where appropriate.

Variation in service availability across Greater Manchester boroughs may also create differences in the BAU offer experienced by participants. The wider policy and service landscape may also evolve during the trial, including through the expansion or introduction of IPS or closely aligned provision. This could alter the BAU offer and, where

provision becomes more similar to IPS-Y, reduce the treatment contrast. While this introduces some heterogeneity, stakeholders considered this manageable and reflective of normal service delivery conditions. The IPE should therefore document material changes in local service provision over the trial period, alongside participant service use, to support interpretation of trial findings.

Conditions for progression

Progression to a future trial should be contingent on:

- Developing procedures to record participation in alternative employment, education and support services at baseline and follow-up;
- Monitoring the extent of contamination during the pilot phase;
- Ensuring the IPE captures local variation in available support and participant service use.

Overall assessment

Overall, distinction from BAU was assessed as **Green**. Although a number of related employment and IPS-based services operate across Greater Manchester, stakeholders considered IPS-Y sufficiently distinct to support a meaningful comparison. The intervention's integration within CAMHS, focus on transition-age young people, and combination of vocational, educational and mental health support differentiate it from existing provision. While some contamination is likely, the study concluded that this risk is manageable through measurement and analysis rather than participant exclusion and does not represent a barrier to progression.

3.6. Outcomes and measurement strategy

Summary

Indicators / thresholds		
Primary and secondary outcomes defined and acceptable; burden ≤20 min		
RAG rating and definition		
Green: ≥60% positive feedback across groups and ≥1 Trust accept the plans.		
Amber: 40–59% positive feedback or some uncertainty.		
Red: <40% agreement or major concerns.		
Feasibility judgement	○ ○ ●	The study found strong support for the proposed outcomes and measurement strategy. Stakeholders broadly agreed that the proposed primary and secondary outcomes capture the intended objectives of IPS-Y. The proposed short-term outcomes (defined in the ToC and to be captured through the IPE) reflect wider changes in confidence, wellbeing, vocational progression and service engagement that are important to young people and parents/carers. The proposed data collection approach was considered feasible, acceptable and

proportionate, provided that participant burden is minimised and measures are refined during trial set-up.

Table 8: Outcomes and measurement strategy dashboard

Component	Rating	Headline finding	Next steps
Primary outcome	○ ○ ●	Sustained participation in EET was viewed as meaningful, relevant and aligned with the aims of IPS-Y	Finalise operational definition and measurement approach
Secondary outcomes	○ ○ ●	Stakeholders supported inclusion of confidence, wellbeing, vocational progression and life skills outcomes which can be captured by IPE	Finalise operational definition and measurement approach
Participant acceptability	○ ○ ●	Young people and parents/carers considered the proposed outcomes relevant and meaningful	None
Data collection burden	○ ● ○	Participants supported data collection but emphasised the importance of keeping questionnaires concise and accessible	Co-design and pilot test survey length and completion rates

Source: Authors' elaboration

What supports readiness?

Stakeholders across CAMHS services, Pure Innovations, Youth Futures, young people and parents/carers demonstrated a high degree of consensus regarding the proposed outcome framework. There was broad agreement that the primary purpose of IPS-Y is to improve young people's participation in education, employment and training, and that sustained EET participation represents an appropriate primary outcome for a future trial.

Stakeholders also emphasised the importance of capturing outcomes that reflect the broader aims of IPS-Y. Young people and parents/carers consistently highlighted confidence, self-efficacy, independence, motivation and progress towards future goals as important markers of success. These views aligned closely with the proposed ToC and the wider IPS-Y evidence base. Participants supported the inclusion of measures relating to wellbeing, service engagement, social inclusion and transition outcomes, recognising that meaningful change may occur before education or employment outcomes are fully realised.

Remaining risks

The principal risk identified within this dimension relates to the availability and quality of administrative data for outcome measurement and validation.

The study explored several potential administrative data sources, including the Mental Health Services Dataset (MHSDS), the National Client Caseload Information System (NCCIS), and Longitudinal Education Outcomes (LEO) data. However, none were

considered suitable as a primary source of outcome measurement. LEO data are not available within the study timeframe, while MHSDS does not capture education, employment or training outcomes. NCCIS provides a closer match to the proposed primary outcome but is subject to known variation in data completeness and recording practices, particularly for young people whose status becomes difficult to track. As a result, self-reported EET participation remains the most appropriate primary outcome measure.

Stakeholders also identified limitations in measuring educational attainment. Educational attainment is conceptually relevant to the aims of IPS-Y and was viewed positively by stakeholders. However, the proposed trial timeline (Appendix 3) means that key qualification results are unlikely to be available within the planned follow-up period. Current Youth Futures Foundation timelines do not allow sufficient flexibility to extend follow-up to align with annual results-release cycles. Consequently, educational attainment is unlikely to be a feasible secondary outcome within the proposed evaluation and may instead be captured indirectly through measures of educational participation.

Finally, young people emphasised the importance of keeping questionnaires concise and accessible and administered in different formats (online, telephone, in person). Excessive survey burden could reduce completion rates and contribute to missing data, particularly among participants experiencing periods of poor mental health. Careful measure selection and pilot testing will therefore be required to ensure that data collection remains proportionate.

Conditions for progression

Progression to a future trial should be contingent on:

- Selecting validated measures aligned with the ToC and participant priorities;
- Pilot testing survey instruments to confirm acceptability and completion times;
- Developing procedures to monitor data completeness and missingness during the pilot.

Overall assessment

Overall, outcomes and measurement were assessed as **Green**. The study identified strong stakeholder agreement regarding the proposed primary outcome and broad support for the wider outcome framework. Young people, parents/carers and practitioners considered the proposed outcomes and associated measures meaningful and relevant, while no major concerns were raised regarding the overall measurement

strategy. Remaining uncertainties relate primarily to measure selection and data collection procedures rather than the appropriateness of the outcomes themselves and can be addressed during trial set-up and pilot testing.

3.7. Participant engagement and retention

Summary

Indicators / thresholds ≥60% of YP willing to participate in follow-up data collection (6–12 months) ≥60% of CAMHS and Pure Innovation staff believe maintaining participant contact is achievable.		
RAG rating and definition Green: ≥60% positive feedback from YP, parents, and staff; retention strategy endorsed by both advisory boards. Amber: 40–59% positive feedback or unresolved issues around communication or follow-up methods. Red: <40% agreement or significant concern that sustained contact is unrealistic.		
Feasibility judgement	○ ○ ●	The study found strong evidence that young people would be willing to engage with follow-up data collection and that maintaining participant contact over the course of the trial is achievable. Young people, parents/carers, CAMHS stakeholders and Pure Innovations staff identified practical approaches to supporting engagement and retention and did not raise concerns that would prevent successful follow-up. While actual retention rates cannot be determined prior to trial implementation, the evidence suggests that participant engagement and retention are feasible provided that appropriate youth-centred and neurodiversity and trauma-informed approaches are adopted.

Table 9: Participant engagement and retention dashboard

Component	Rating	Headline finding	Next steps
Willingness to participate in follow-up	○ ○ ●	Young people expressed willingness to remain involved in follow-up data collection	Monitor provisioning of contact details, contactability and survey completion during the pilot to refine procedures, if necessary
Acceptability of follow-up procedures	○ ○ ●	Stakeholders considered proposed follow-up arrangements proportionate and feasible	None
Ability to maintain participant contact	○ ○ ●	Staff considered retention achievable but recognised that some participants may become difficult to contact over time	Develop retention procedures
Retention strategy	○ ○ ●	Stakeholders identified a range of practical approaches to support ongoing engagement	Finalise retention strategy

Source: Authors' elaboration

What supports readiness?

Young people participating in the advisory activities and parents/carers contributing to this research expressed strong support for the proposed study and indicated a willingness to take part in follow-up data collection. Participants generally viewed six- and twelve-month follow-up points as reasonable and did not consider the proposed level of engagement burdensome.

Young people consistently emphasised the importance of maintaining regular, respectful and personalised communication throughout the study. They highlighted the value of receiving reminders, being able to choose their preferred communication methods, and understanding how the information they provide contributes to improving support for other young people. Participants also supported the use of incentives to recognise the time required to complete follow-up activities.

Parents and carers similarly considered ongoing participation achievable, provided that communication remains clear, accessible and flexible. They emphasised the importance of accommodating changes in young people's circumstances, educational settings and living arrangements over the follow-up period.

CAMHS and Pure Innovations stakeholders also considered retention achievable within the proposed trial design. Staff highlighted that IPS-Y is intended to involve sustained engagement with young people over an extended period, creating opportunities to establish trust and maintain up-to-date contact information. Stakeholders identified several practical strategies to support retention, including collecting multiple contact methods, obtaining alternative contact details, using reminders, and maintaining regular communication throughout participation. The importance of research staff and material communicating in a respectful, engaging and "real" way for young people was regarded as an important enabler of retention.

Stakeholders noted that parents and carers often play an important practical role in supporting continued engagement with services and research activities, including transport, scheduling, emotional reassurance and support. While levels of family involvement will need to remain flexible and led by young people's preferences, stakeholders considered appropriate family engagement an important facilitator of retention.

Attrition of approximately 40% is assumed at the 12-month follow-up, for both the treatment and the control group. Evidence on retention in trials involving adolescents with mental health needs suggests that follow-up attrition commonly ranges from

around 25–35%²¹ depending on the study population, follow-up duration, mode of data collection and intervention intensity. The most analogous evidence, the DWP Health-led Employment Trial, reported follow-up attrition of around 54%,²² while systematic reviews of school-based interventions showed a range from 3.4% to 42.5%²³ and meta-analytic estimates from mental-health intervention studies are in the region of 17–26%.²⁴ However, there is limited evidence for trials involving young people receiving secondary CAMHS services with 12-month employment and education outcomes. Given this uncertainty and recognising the potential challenges associated with maintaining contact with transition-age young people over a year, a more conservative attrition assumption of 40% has been adopted for planning purposes. Although this is higher than reported in much of the published literature, it provides a prudent basis for sample size estimation while acknowledging the uncertainty surrounding retention in this population. The trial will implement a comprehensive retention strategy, including participant incentives, multiple modes of contact, structured reminders and flexible survey completion options.

Taken together, the evidence suggests that participant engagement and retention are likely to be supported by the relevance of the intervention, positive stakeholder attitudes towards the study, and the availability of practical retention strategies.

Remaining risks

The principal risk relates to maintaining engagement among participants allocated to the control group. While stakeholders generally considered follow-up participation acceptable, some young people may be disappointed if they are not allocated to receive IPS-Y immediately. This could reduce motivation to remain engaged with the study and contribute to differential attrition between the intervention and control groups, in addition to differences in responding to self-reported questionnaires.

The proposed trial design includes several measures to mitigate this risk. A tapered incentive structure will be used to encourage continued engagement, with participants in both trial arms receiving shopping vouchers of £25 for completing the baseline survey, £50 for the 6-month follow-up, and £100 for the 12-month follow-up. The increasing value of the incentives is intended to recognise the greater commitment required for longer-term follow-up and to reduce attrition over the course of the trial.

²¹ Prior E, Dorstyn D, Taylor A and Rose A (2023). 'Attrition in Psychological mHealth Interventions for Young People: A Meta-Analysis', *Journal of Technology in Behavioural Science*, 9 (1), pp. 639-651.

²² Crowley, J., Martin, I., Weston-Stanley, P., Lau, R., Khambhaita, P., Newton, B., Gloster, R., (2023). *Survey findings: Health-led Employment Trial Evaluation*. DWP research report no.1035.

²³ Clarke, A., Sorgenfrei, M., Mulcahy, J., Davie, P., Friedrich, C., & McBride, T. (2021). *Adolescent mental health A systematic review on the effectiveness of school-based interventions*. Early Intervention Foundation

²⁴ Prior E, Dorstyn D, Taylor A and Rose A (2023). 'Attrition in Psychological mHealth Interventions for Young People: A Meta-Analysis', *Journal of Technology in Behavioural Science*, 9 (1), pp. 639-651.

Participants will also receive structured reminders via email, SMS and telephone, where appropriate, and will be able to complete follow-up surveys online or by telephone if preferred. Multiple contact methods will be collected at enrolment, and response rates will be monitored throughout the trial to identify and address any emerging differential attrition between the intervention and control groups. More generally, changes in education, employment, housing, contact details or personal circumstances may make some participants difficult to contact over time. As with all longitudinal studies involving young people, some attrition is therefore inevitable. However, stakeholders considered these risks manageable through proactive communication, flexible follow-up arrangements, incentives, and the collection of multiple contact methods.

While actual retention rates cannot be determined until the trial is underway, no stakeholder group identified sustained participant engagement as unrealistic or unachievable.

Stakeholders consistently highlighted neurodivergence as an important contextual factor within the proposed trial population. Participants described high levels of co-occurring autism, ADHD and other neurodevelopmental needs among young people receiving CAMHS support, often alongside educational disruption, social anxiety and difficulties navigating transitions. Stakeholders and advisory group members emphasised that these needs may affect recruitment, consent, engagement, retention and intervention delivery. Across discussions there was broad agreement that both IPS-Y delivery and trial procedures should incorporate neurodiversity and trauma-informed approaches, including flexible communication methods, adaptable pacing, relationship-based engagement, continuity of staffing, and multiple options for participation and data collection. These adaptations were viewed as important for ensuring accessibility and reducing the risk of disengagement among young people who may benefit most from IPS-Y.

Conditions for progression

Progression to a future trial should be contingent on:

- Developing a detailed retention strategy informed by young people's preferences;
- Training and briefing all personnel on youth friendly, inclusive and trauma-informed communication; and
- Monitoring early indicators of willingness to be contacted, engagement and follow-up completion during the pilot phase.

Overall assessment

Overall, participant engagement and retention were assessed as **Green**. Young people, parents/carers and stakeholders expressed strong support for the proposed follow-up arrangements and identified practical approaches to maintaining participant engagement throughout the study. While actual retention rates remain uncertain, no substantial barriers were identified, and the evidence suggests that retention is likely to be achievable with appropriate youth-centred engagement strategies and ongoing monitoring during the pilot phase.

3.8. Ethics, safeguarding and data protection

Summary

Indicators / thresholds REC timeline feasible; trauma-informed procedures in place; privacy notices approved; archiving plan drafted		
RAG rating and definition Green: REC pack near-final and IG sign-off secured. Amber: Partial ethics paperwork drafted; IG approval pending. Red: No ethics plan or data protection framework in place.		
Feasibility judgement		Overall, ethics, safeguarding and data protection were assessed as Amber . The study identified no substantive ethical, safeguarding or information governance barriers that would prevent progression to a future trial. Stakeholders considered the proposed intervention and trial procedures acceptable and identified a feasible route to obtaining the necessary approvals. However, the study is not yet submission ready. At the time of the feasibility assessment, key governance documents, DSAs, participant-facing materials and approval applications remained to be developed. Progression to a future trial is therefore contingent on successful completion of the HRA, REC and local governance approval processes during the trial set-up phase.

Table 10: Ethics, safeguarding and data protection dashboard

Component	Rating	Headline finding	Next steps
Ethical acceptability		No substantive ethical concerns identified by stakeholders	None
Safeguarding arrangements		Existing CAMHS safeguarding systems provide a strong foundation, but trial-specific procedures remain to be finalised	Finalise safeguarding and escalation procedures
Data protection and information governance		Information governance requirements have been identified, but agreements and approvals remain outstanding	Finalise DSAs and privacy documentation
Regulatory approvals		HRA and REC routes are clear, but submission materials are being finalised	Finalise and submit HRA/REC application

Source: Authors' elaboration

What supports readiness?

The study identified a feasible governance and approvals pathway for a future RCT. Stakeholders across participating organisations demonstrated familiarity with NHS research governance requirements, including HRA approval, Research Ethics Committee (REC) review, local Capacity and Capability processes, and information governance requirements. No stakeholder identified ethical, safeguarding or data protection concerns that would prevent progression to a future trial.

Existing CAMHS safeguarding systems were viewed as a particular strength. Young people participating in the consultation activities considered the proposed recruitment, consent model in which young people aged 16–17 provide informed consent to participate in the trial, with parental or carer involvement available where desired and appropriate, and follow-up procedures acceptable, provided that they remain clear, accessible and youth-centred. Stakeholders highlighted substantial variation in emotional maturity, confidence, neurodevelopmental needs and family circumstances among 16–17-year-olds, reinforcing the need for consent procedures that are flexible, developmentally appropriate and responsive to individual circumstances.

While detailed governance documentation remains to be developed, the study did not identify any substantive ethical or information governance barriers that would prevent the necessary approvals from being obtained.

Remaining risks

The principal risks relate to the volume of governance and regulatory work required before recruitment can commence. At the time of the feasibility assessment, key submission materials are being developed, including elements of the HRA and REC application pack, participant-facing materials, DSAs and trial-specific governance documentation.

Subject to a positive progression decision, these activities would need to be completed within a relatively compressed period, including during the run-up to the go/no go decision in July 2026. Delays in preparing documentation, securing approvals, or negotiating information governance arrangements could affect the planned recruitment timetable.

Stakeholders also highlighted the importance of ensuring that all participant-facing materials and trial procedures are trauma-informed and appropriate for young people experiencing mental health difficulties, as well as neurodivergence. Although no major safeguarding concerns were identified, safeguarding responsibilities and escalation pathways will need to be clearly documented before trial commencement.

Conditions for progression

Progression to a future trial should be contingent on:

- Completion and submission of HRA and REC applications;
- Completion of local Capacity and Capability processes;
- Finalisation of DSAs;
- Development of safeguarding and escalation procedures;
- Co-design of participant information sheets, consent materials and privacy notices with young people and parents/carers;
- Confirmation of data management, storage and archiving arrangements.

Overall assessment

Overall, ethics, safeguarding and data protection were assessed as **Amber**. The study identified no substantive ethical, safeguarding or information governance barriers that would prevent a future RCT from proceeding. Stakeholders considered the proposed intervention and trial procedures acceptable, and a feasible route to obtaining the necessary approvals was identified.

However, the study is not yet approval ready. At the time of the feasibility assessment, much of the documentation required for HRA, REC and information governance review are under development, and no formal approvals had been sought. Progression to a future trial is therefore contingent on successful completion of the governance and approvals process during the run-up to and trial set-up phase. While these activities are considered achievable, they represent one of the most significant outstanding workstreams prior to recruitment.

3.9. Implementation resourcing

Summary

Indicators / thresholds

≥1 Trust confirms capability, identify local PI and research delivery support.
Pure Innovations confirms staffing model, recruitment and training timeline.
Indicative resource plans (staffing, training, etc.) acceptable to Youth Futures.

RAG rating and definition

Green: ≥1 Trust, Pure Innovations, and evaluator all confirm readiness, and resourcing plans are feasible and aligned.
Amber: Partial confirmation (e.g., 1-2 Trusts not yet confirmed, or minor capacity gaps identified).
Red: No formal confirmation from key partners, unclear or insufficient resources to support delivery or evaluation.

Feasibility judgement



Table 11: Implementation resourcing dashboard

Organisation	Rating	Key strengths	Next steps
Pure Innovations	○ ○ ●	Strong IPS infrastructure; experienced provider	Finalise and agree with Youth Futures Foundation IPS-Y staffing model; demonstrate successful recruitment, training and integration of IPS-Y Specialists within CAMHS
Ipsos (evaluation team)	○ ○ ●	Established evaluation expertise and HRA approval experience	Finalise trial procedures and governance documentation
Participating NHS Trusts	○ ● ○	Existing research delivery infrastructure and experience supporting NHS research	Confirm local research leadership and operational arrangements
Overall implementation resourcing	○ ○ ●	No significant organisational, workforce or infrastructure barriers identified	Complete mobilisation activities prior to recruitment

Source: Authors' elaboration

What supports readiness?

The study found evidence that the organisations involved possess the capability and infrastructure required to deliver and evaluate a future RCT of IPS-Y.

Delivery partner capacity

Pure Innovations demonstrated a high level of organisational readiness to deliver IPS-Y. As the lead IPS provider across Greater Manchester for people with severe mental illness, the organisation has extensive experience delivering IPS services within NHS settings, established quality assurance processes, existing employer networks, and a strong operational presence across Greater Manchester. Although Pure Innovations has not previously delivered IPS-Y within CAMHS settings, stakeholders considered the organisation well placed to adapt existing infrastructure and delivery processes to support implementation. Existing IPS expertise (including training and implementation support), established relationships with NHS partners, and experience embedding employment support within health services were viewed as important strengths that would reduce implementation risk.

Stakeholders estimated that a mobilisation period of approximately three to four months would be sufficient to recruit staff, deliver training and establish operational processes

required for implementation, including reconfiguration of client management system.²⁵ This is substantially shorter than the lead-in period available within the proposed trial timeline (Appendix 3).

Evaluation capacity

Ipsos demonstrated the capability to deliver the proposed evaluation and fulfil Sponsor responsibilities. The proposed team brings extensive experience of conducting RCTs, mixed-method evaluations and research involving young people, mental health services and employment interventions. Stakeholders did not identify any concerns regarding the evaluation team's capacity to deliver the proposed programme of work.

NHS research delivery capacity

Participating NHS Trusts reported previous experience supporting research activity and established arrangements for research governance and delivery. Stakeholders did not identify any significant workforce, infrastructure or operational constraints that would prevent participation in a future trial. Issues relating to PI appointments and governance approvals are discussed earlier in this report and do not appear to represent resource barriers to delivery.

Taken together, the evidence suggests that the organisations required to deliver and evaluate the trial possess the necessary expertise, infrastructure and operational capability to support implementation.

Remaining risks

No major implementation resource barriers were identified during the study. The principal risks relate to the practical challenges associated with embedding a new service model within existing CAMHS pathways rather than the availability of organisational resources.

Stakeholders noted that IPS-Y delivery is likely to require a period of embedding before reaching full fidelity. Pure Innovations will need a defined process for receiving CAMHS risk information and noted that access to clinical systems has been a challenge in the past. Successful implementation will depend on effective collaboration between IPS-Y Specialists, CAMHS clinicians, employers and education providers, as well as maintaining organisational commitment across participating partners throughout the trial period.

²⁵ Pure Innovations uses Eclipse CRM, aligned to IPS workflow with outcome tracking and reporting in place which could be reconfigured for IPS-Y trial needs in ~8-12 weeks.

While detailed staffing plans, training arrangements and implementation procedures will need to be finalised during trial set-up, stakeholders considered these activities routine and achievable within the proposed timeline. Confirmation of arrangements to support PI time may further strengthen local research leadership capacity and facilitate governance and implementation activities within participating Trusts.

Conditions for progression

Progression to a future trial should be contingent on:

- Finalisation of the IPS-Y staffing model and mobilisation plan;
- Confirmation of local operational arrangements within participating organisations;
- Recruitment and training of IPS-Y Specialists (Box 5).

Box 5: Recommended training to IPS-Y Specialists

- IPS-Y fidelity scale/adaptations – provided by suitable organisation with IPS or IPS-Y experience
- Research processes and material (recruitment, consent/assent, randomisation and communicating randomisation results, data protection and storage, scripts and information, borough-specific BAU service information packs) – provided by Ipsos
- Trauma-informed practice, neurodiversity-informed approaches and safeguarding – provided by suitable organisation with relevant experience
- Education landscape and provision in Greater Manchester – provided by suitable organisation with relevant experience
- Working with young people – provided by young people advising on this study

Overall assessment

Overall, implementation resourcing was assessed as **Green**. The study found that Pure Innovations, Ipsos and participating NHS Trusts possess the expertise, infrastructure and organisational capability required to deliver and evaluate the proposed trial. No significant workforce, infrastructure or capacity barriers were identified.

Although implementation activities remain to be completed during trial set-up, stakeholders considered these achievable within the proposed timeline. The evidence therefore suggests that the resources and organisational arrangements required to support delivery of a future RCT are available and that implementation is feasible.

4. Conclusion

4.1. Summary of main findings and overall judgement

This study examined whether the practical, ethical, operational and methodological conditions are in place to support a future RCT of IPS-Y for 16–17-year-olds receiving support through CAMHS in Greater Manchester.

Across the eight feasibility dimensions assessed, the study identified no substantive barriers that would prevent progression to a future trial. Stakeholders expressed strong support for the intervention and the proposed evaluation, and evidence suggests that IPS-Y is sufficiently distinct from existing provision to justify a comparative evaluation. Recruitment, consent and randomisation procedures were considered feasible and acceptable, proposed outcomes were viewed as meaningful and appropriate, and no significant ethical, safeguarding or information governance concerns were identified.

Several important uncertainties remain. Most notably, limitations in routine administrative data mean that assumptions relating to recruitment yield, eligibility rates and participant retention cannot be tested. In addition, governance approvals, information governance arrangements and implementation mobilisation activities remain outstanding.

These uncertainties are typical of feasibility-stage research and do not represent barriers to progression. Rather, they highlight the importance of testing key assumptions under real-world conditions before committing to full-scale trial delivery.

Overall, the study concludes that progression to an RCT incorporating a nested pilot is both justified and feasible. The recommended trial design, operational arrangements and pilot progression criteria are set out in the Trial Protocol.

4.2. Implications for policy and practice

The findings of this study have implications that extend beyond the proposed trial itself.

Young people with mental health difficulties continue to face significantly poorer EET outcomes than their peers. Recent policy attention has increasingly focused on the growing number of young people who are NEET and the long-term consequences this can have for individuals, communities and the wider economy. The Independent Review led by Alan Milburn has highlighted concerns regarding a generation of young people becoming disconnected from both education and work, while emphasising the

importance of earlier intervention, improved transitions and more integrated forms of support, including mental health services.²⁶

The findings of this study suggest that IPS-Y has the potential to address several of the challenges identified within this broader policy debate. Stakeholders consistently described how young people with significant mental health needs often experience fragmented support across health, education and employment systems. While individual services may provide valuable support within their own remit, responsibility for educational progression, employment aspirations and mental health recovery frequently sits across multiple organisations with limited coordination between them.

IPS-Y was viewed as offering a distinctive response to this challenge through the integration of vocational and educational support within CAMHS. Rather than treating employment and education outcomes as issues to be addressed only after mental health difficulties have improved, IPS-Y seeks to position participation in education, employment and training as part of the recovery process itself. Stakeholders considered this approach highly relevant to the needs of young people approaching adulthood, particularly during periods of transition between education settings, services and stages of life.

The study also demonstrates that rigorous evaluation of integrated employment and mental health interventions within NHS settings is achievable. This is important given the limited UK evidence base currently available regarding effective approaches to improving EET outcomes for young people experiencing significant mental health difficulties. A successful trial would therefore provide valuable evidence not only regarding the effectiveness and cost-effectiveness of IPS-Y, but also regarding how health, education and employment services can work together more effectively to support young people during a critical period of transition.

The study identifies a credible route to delivery and no fundamental barriers to progression. While uncertainties remain, they can be resolved through next steps and the actual implementation and evaluation at scale.

The implications extend beyond Greater Manchester. Should IPS-Y prove effective, the model could inform future commissioning decisions and contribute to wider national efforts to reduce youth economic inactivity, improve transitions into adulthood and strengthen the integration of mental health and vocational support services.

²⁶ Milburn, A. (2026). Independent report: Young people and work: interim report. DWP.

4.3. Key risks, uncertainties and conditions for progression

Although the overall findings support progression to a future trial, some areas of uncertainty remain.

First, uncertainty remains regarding **recruitment yield and participant flow**. The trial recruitment target is determined by the statistical power calculation, rather than by assumptions about the available CAMHS population. The feasibility of achieving this target was assessed against the estimated existing caseload of 16–17-year-olds across participating Trusts. On this basis, approximately 9% of the identified caseload would need to be recruited and consent to participate to achieve the required sample. This suggests that the underlying population is sufficiently large to support the trial. However, routine administrative data do not allow the subsequent stages of the recruitment pathway — including clinical eligibility, interest in EET and consent — to be estimated reliably in advance.

Second, while stakeholders viewed the proposed recruitment, consent, randomisation and data collection **procedures** as acceptable, feasibility activities cannot fully predict participant behaviour in practice. Operational procedures need to be finalised, and the pilot will test if these are workable in practice.

Third, assumptions relating to **participant retention** remain uncertain but given the length of the pilot (three months) will not be possible to validate through the pilot. Instead, the pilot will provide an opportunity to monitor the rates of providing contact details, contactability, survey completion to refine procedures, if necessary.

Fourth, **governance and approvals** remain outstanding. While a feasible route to obtaining HRA, REC and local NHS approvals has been identified, associated documentation, DSAs and participant-facing materials remain to be finalised.

Fifth, successful implementation will depend upon **timely mobilisation across participating organisations**. Although Pure Innovations has substantial experience delivering IPS services, the integration of IPS-Y within CAMHS pathways and achievement of high-fidelity delivery have not yet been tested in this context. IPS-Y Specialists will need to be recruited, trained and embedded within CAMHS teams.

Progression to a future trial should therefore be conditional upon:

- Confirmation of participating NHS Trusts – efforts to secure this are in their final stages;

- Successful completion of HRA, REC and local governance approvals;
- Finalisation of DSAs and information governance arrangements;
- Recruitment, training and mobilisation of IPS-Y Specialists;
- Development of detailed standard operating procedures (for recruitment, consent, randomisation and safeguarding);
- Successful completion of a nested pilot phase against pre-specified progression criteria.

The next steps, including the pilot phase, should be viewed as an opportunity to reduce or resolve the remaining uncertainties that could affect the feasibility of the full-scale trial.

4.4. Next steps

Phase 1: Activities prior to Youth Futures Foundation Board decision (June–July 2026)

Between submission of this report and the Youth Futures Foundation Board decision in early July 2026, work should focus on maintaining momentum and reducing implementation risk.

Subject to confirmation of additional funding, preparatory activities should include development of the HRA and REC application package, including co-design and refinement of participant-facing materials with young people and parents/carers. This should encompass draft survey instruments, participant information sheets, consent materials, privacy notices and communications materials.

In parallel, the evaluation team should develop detailed SOPs covering recruitment, consent, randomisation, data collection, safeguarding, retention and data management processes. Pure Innovations and participating Trusts should also continue developing the implementation and mobilisation plan, including staffing structures, supervision arrangements, training materials and local operational workflows.

These activities will ensure that, should a positive progression decision be reached, the project is positioned to move rapidly into trial set-up.

Phase 2: Activities between Board approval and pilot launch

Following a positive progression decision, the project should enter a formal mobilisation and set-up phase. Key activities should include:

- Submission of HRA and REC applications;
- Completion of local NHS Capacity and Capability processes, once the HRA approval is obtained;
- Finalisation of DSAs and information governance documentation;
- Recruitment of IPS-Y Specialists and any associated delivery staff;
- Delivery of training for IPS-Y Specialists, CAMHS staff and relevant research personnel;
- Establishment of supervision and fidelity assessment arrangements;
- Co-location and integration of IPS-Y Specialists within participating CAMHS teams;
- Confirmation of participant identification and referral pathways;
- Testing of randomisation and data-management systems.

Progression to pilot recruitment should be contingent upon all required approvals being secured and operational readiness being confirmed across participating organisations.

Phase 3: Internal pilot and progression to the full-scale trial

The study recommends that the RCT commence with a nested pilot phase designed to test key assumptions underpinning the full-scale trial. **The primary purpose of the pilot should be to assess whether recruitment, consent, randomisation and implementation procedures function as intended in practice and whether progression to the full-scale trial remains justified.**

The pilot will assess three key domains:

1. Recruitment and consent;
2. Randomisation and trial procedures;
3. Intervention implementation.

The Trial Protocol spells out the criteria that will be used to inform the progression decision. Evidence to inform this decision will be gathered through trial monitoring and management processes, ongoing engagement with and feedback from young people, parents/carers, CAMHS teams and IPS-Y Specialists. Together, these data will provide a robust basis to determine whether the full-scale trial is feasible while allowing the pilot participants to be included in the final analysis (if no major changes are required).

References

APPG Mental Health Inquiry (2023) *APPG Mental Health Inquiry 2023: Final Report*. London: All-Party Parliamentary Group on Mental Health.

Bond, G.R., Al-Abdulmunem, M., Marbacher, J., Christensen, T.N., Sveinsdottir, V. and Drake, R.E. (2023) 'A systematic review and meta-analysis of IPS supported employment for young adults with mental health conditions', *Administration and Policy in Mental Health and Mental Health Services Research*, 50(1), pp. 160–172.

Bond, G.R., Swanson, S.J., Becker, D.R., Al-Abdulmunem, M. and Keleher, V. (2025) 'Measuring fidelity to Individual Placement and Support for transition-age youth: Psychometric findings', *Administration and Policy in Mental Health and Mental Health Services Research*, 52(2), pp. 390–400.

Bond, G.R., Swanson, S.J., Becker, D.R., Reeder, K.E. and Ellison, M.L. (2019) 'The IPS-Y: IPS fidelity scale for young adults', *American Journal of Psychiatric Rehabilitation*, 22(3), pp. 239–255.

Ellison, M.L., Reeder, K.E., Stone, R., Hayes, M., Swanson, S.J. and Bond, G.R. (2023) 'Individual Placement and Support (IPS) for high school aged youth: Provider perspective and practice', *Community Mental Health Journal*, 59(3), pp. 471–476.

Erickson, D.H., Roes, M.M., DiGiacomo, A. and Burns, A. (2021) 'Individual Placement and Support boosts employment for early psychosis clients, even when baseline rates are high', *Early Intervention in Psychiatry*, 15(3), pp. 662–668.

Hale, D.R. and Viner, R.M. (2018) 'How adolescent health influences education and employment: Investigating longitudinal associations and mechanisms', *Journal of Epidemiology and Community Health*, 72(6), pp. 465–470.

Hendrickx, G., De Roeck, V., Maras, A., Dieleman, G., Gerritsen, S., Purper-Ouakil, D. and Tremmery, S. (2020) 'Challenges during the transition from child and adolescent mental health services to adult mental health services', *BJPsych Bulletin*, 44(4), pp. 163–168.

Hillborg, H., Lövgren, V., Bejerholm, U. and Rosenberg, D. (2024) 'Supporting education with IPS: Advancing a career-oriented model for integrating work and study support for young adults in Sweden', *Psychiatric Rehabilitation Journal*, 47(1), p. 37.

Hillörn, M., Bergmark, M., Lövgren, V., Hillborg, H., Bond, G.R. and Rosenberg, D. (2026) 'From principles to practice: Exploring practitioner adaptations of Individual Placement and Support for young adults with mental health problems in a Swedish welfare context', *Social Work in Mental Health*, pp. 1–25.

Hofman, J., Zhang, K., Groom, M., Reed, M. and Angell, S. (2024) *Variations in Labour Market Outcomes for Young People Facing Marginalisation: Associated Factors and Explanations*. London: Youth Futures Foundation.

IPS Employment Center (n.d.) *IPS Practice and Principles (English Version)*. Available at: IPS Employment Center.

Lanceley, L., Nancarrow, A., Williams, J., Campbell, B., Cook, J., Illidge, L. and Wong, K. (2025) *Education to Employment Transitions: Support in 2024*. London: Youth Futures Foundation.

Malmberg-Heimonen, I., Frøyland, K., Spjelkavik, Ø., Tøge, A.G. and Bråthen, M. (2025) 'Enhancing implementation of the Individual Placement and Support for Young Adults programme in Norway: Identifying challenges and facilitators', *European Social Work Research*, 3(1), pp. 56–69.

Milburn, A. (2026) *Independent Report: Young People and Work: Interim Report*. London: Department for Work and Pensions.

Nicholas, J., Ardill-Young, O., Levy, P., Pearce, K., Chinnery, G., Sim, E. and Killackey, E. (2024) 'A supported education programme implemented in youth mental health services: Outcomes and lessons from the first year of COVID-disrupted delivery', *Early Intervention in Psychiatry*, 18(8), pp. 652–658.

Prior E, Dorstyn D, Taylor A and Rose A (2023). 'Attrition in Psychological mHealth Interventions for Young People: A Meta-Analysis', *Journal of Technology in Behavioural Science*, 9 (1), pp. 639-651.

Sundqvist, A.J.E., Hemberg, J., Nyman-Kurkiala, P. and Ness, O. (2024) 'Are educational transitions related to young people's loneliness and mental health: A systematic review', *International Journal of Adolescence and Youth*, 29(1), Article 2373278.

Sveinsdottir, V., Lie, S.A., Bond, G.R., Eriksen, H.R., Tveito, T.H., Grasdahl, A.L. and Reme, S.E. (2020) 'Individual Placement and Support for young adults at risk of early work disability (the SEED trial): A randomised controlled trial', *Scandinavian Journal of Work, Environment & Health*, 46(1), pp. 50–59.

Warrington, E., Wonders, A., Denton, S., McLeod, B. and Pervez, S. (n.d.) *IPS-Y Interventions in Those at Risk of Transition to Psychosis: A Qualitative Study of Service User and Parent/Carer Experiences and Perceived Effects*. Cumbria: Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust.

Whitworth, A., Baxter, S., Cullingworth, J. and Clowes, M. (2024) 'Individual Placement and Support (IPS) beyond severe mental health: An overview review and meta-analysis of evidence around vocational outcomes', *Preventive Medicine Reports*, 43, Article 102786.

Web sources

Department for Work and Pensions (2026) *Alan Milburn calls for a 'movement' to address lost generation of young people not earning or learning as investigation opens*. Available at: GOV.UK.

Aarhus University (n.d.) Evaluating Individual Placement and Support (IPS) for Young People. Available at: <https://pure.au.dk/portal/da/projects/evaluating-individual-placement-and-support-ips-for-young-people-/>

Appendices

Appendix 1: Narrative theory of change for the IPS-Y intervention

1.1.1. IPS-Y theory of change

The theory of change (ToC) for the proposed Individual Placement and Support–Youth (IPS-Y) intervention was developed through an iterative and collaborative process during this study. The development process combined evidence synthesis, stakeholder engagement and co-design methods to ensure that the model was both evidence-informed and grounded in the experiences of young people, families and practitioners.

An initial draft ToC was developed by this study team drawing on the established IPS evidence base, including systematic reviews, randomised controlled trials, implementation studies and fidelity research relating to IPS and IPS-Y models. This draft was then refined through stakeholder workshops involving clinicians, commissioners, education representatives, employment specialists and implementation partners, alongside structured co-design sessions with young people and parents with lived experience of CAMHS. Feedback from these activities informed the refinement of the intervention activities, mechanisms and intended outcomes, particularly in relation to youth engagement, trust-building, educational disruption, flexible delivery and longer-term developmental outcomes.

Evidence informing the theory of change

The ToC was developed iteratively using three main evidence sources:

- The international IPS and IPS-Y evidence base, including systematic reviews, randomised controlled trials, implementation studies and fidelity research.
- Co-design sessions with young people and parents with lived experience of CAMHS.
- Stakeholder workshops involving clinicians, commissioners, education representatives, employment specialists and implementation partners.

The literature review demonstrated consistent evidence that IPS approaches improve competitive employment outcomes for young adults with mental health difficulties, with emerging evidence for youth-adapted IPS models that incorporate supported education and flexible engagement approaches. Evidence from implementation

studies highlighted the importance of fidelity to core IPS principles while adapting delivery to youth developmental needs, including flexible communication, educational support, benefits navigation and family involvement where appropriate.

The advisory group findings strongly reinforced the need for a youth-specific adaptation of IPS. Young people and parents consistently described experiences of disrupted education, fragmented systems and limited access to meaningful employment and education support. They emphasised that effective support should be flexible, relationship-based, individually tailored and responsive to young people's ambitions, communication preferences and mental health needs. These findings informed several aspects of the ToC, particularly the emphasis on trust-building, psychological safety, co-produced planning, and sustained support through transitions and setbacks.

Stakeholder workshops additionally highlighted implementation requirements, including integration with CAMHS teams, collaboration with education providers and employers, and the importance of preserving core IPS principles such as rapid engagement, zero exclusion and competitive employment goals.

Theory of change for the IPS-Y intervention

The resulting ToC articulates how IPS-Y is expected to improve education, employment and training (EET) outcomes for young people aged 16–17 accessing CAMHS in Greater Manchester. The ToC integrates the established evidence base for IPS with findings from stakeholder engagement and advisory group work, recognising that difficulties in education, training and employment for young people accessing CAMHS are shaped not only by mental health symptoms, but also by disrupted education pathways, fragmented services, reduced confidence and self-efficacy, and limited access to tailored vocational support.

The model therefore conceptualises IPS-Y as a relational, youth-centred and integrated intervention that combines vocational and educational support with close collaboration across CAMHS, education providers and employers:

Inputs and activities

The ToC identifies a series of system-level and service-delivery inputs required to implement IPS-Y within CAMHS settings. These include funding and governance arrangements, integration within CAMHS pathways, IPS-Y fidelity frameworks, partnerships with employers and education providers, and trained IPS-Y Specialists operating within trauma-informed and youth-centred models of care.

IPS-Y workers will be embedded within participating CAMHS teams and integrated into existing multidisciplinary pathways while remaining employed and managed by the delivery organisation. Following referral, IPS-Y Specialists will work alongside clinicians to develop a personalised vocational support plan aligned with the young person's CAMHS care. Throughout delivery, IPS-Y workers will participate in relevant multidisciplinary meetings, maintain regular communication with treating clinicians, share information in accordance with agreed information-sharing protocols and participant consent, and contribute to coordinated planning around safeguarding, risk management and service transitions. This integrated model is intended to ensure that vocational support complements ongoing mental health treatment rather than operating as a separate or parallel service.

The intervention activities are organised across four interrelated domains:

- **Engagement and assessment:** Initial engagement focuses on building trust and establishing psychologically safe relationships with young people. Activities include strengths- and aspirations-based profiling, identification of education and employment goals, assessment of support needs, and flexible approaches to communication and participation. In line with advisory group recommendations, engagement is designed to be voluntary, adaptable and responsive to individual preferences.
- **Pathway planning and opportunity development:** Young people are supported to co-produce realistic and personalised education, training and employment plans. This includes career exploration, direct engagement with employers and education providers, rapid initiation of job or education search activities, and practical support navigating opportunities and systems.
- **Integrated clinical-vocational support:** IPS-Y Employment Specialists work closely with CAMHS clinicians to reduce fragmentation between services and support continuity during periods of fluctuating mental health. Activities include coordinated planning, workplace or education adjustments, communication across services, and flexible support during setbacks or transitions.
- **In-work and in-education support:** Ongoing support continues after entry into education, training or employment. This includes problem-solving support, progression planning, employability and life-skills coaching, and assistance maintaining participation during periods of stress or instability

Mechanisms of change

The ToC proposes several mechanisms through which IPS-Y is expected to improve outcomes.

- **Trust, safety and engagement:** Early relational work is expected to increase young people's trust in services, psychological safety, and willingness to engage with education and employment support. Advisory group findings consistently identified respectful communication, continuity of relationships and flexible engagement approaches as central to sustained participation.
- **Increased agency, confidence and pathway clarity:** Through collaborative planning and strengths-based approaches, IPS-Y is expected to increase self-efficacy, future orientation and confidence in navigating education and employment pathways. Young people described the importance of having a clear, achievable plan and feeling supported to take practical "first steps" towards their ambitions.
- **Reduced fragmentation and improved continuity:** Integrated working between CAMHS, education and employment systems is expected to reduce service fragmentation and improve continuity of support during periods of transition or mental health fluctuation. The literature review identified fragmentation across child and adult services, education systems and employment support as a major barrier to vocational participation.
- **Development of employability, independence and self-advocacy:** Sustained support within education and work settings is expected to strengthen employability skills, communication skills, independence and self-advocacy. Young people and parents particularly emphasised the importance of practical life skills, confidence-building and long-term development rather than solely rapid placement outcomes.

Assumptions underpinning the theory of change

The ToC is underpinned by several key assumptions:

- Young people accessing CAMHS have significant unmet need for integrated education and employment support.
- Young people are willing to engage with vocational support when it is delivered in a flexible, youth-centred and relational way.
- Integration between CAMHS and vocational support services can reduce fragmentation and improve continuity of engagement.
- Improvements in trust, confidence, agency and pathway clarity are important precursors to sustained EET participation.

- Competitive employment, education and training opportunities are available and accessible when appropriate support and employer/education engagement are provided.
- Flexible and ongoing support can help young people sustain participation despite mental health fluctuations and transitions.
- Fidelity to core IPS principles can be maintained while adapting delivery for developmental and contextual needs of young people

The ToC also assumes that meaningful outcomes for this population may be gradual and non-linear. Stakeholder and advisory group discussions highlighted that young people's pathways into education and employment are often characterised by pauses, re-engagement and changing goals, rather than simple linear progression.

Intended outcomes

The intended outcomes of IPS-Y are conceptualised across short-term and longer-term domains

At the individual level, IPS-Y is expected to lead to the following **short-term outcomes**:

- Improved engagement with mental health services.
- Increased trust in support systems.
- Clearer education and employment plans.
- Increased education, training or job-search activity.
- Improved confidence, self-efficacy and future orientation.
- Early development of employability and life skills.

At the service level, anticipated short-term outcomes include:

- Improved integration between CAMHS and vocational services.
- Increased clinician confidence discussing education and employment goals.
- Reduced fragmentation across support systems.

The **longer-term intended outcomes** include:

- Sustained participation in education, employment or training (EET).
- Progression within education or employment pathways.
- Reduced risk of NEET status.
- Improved wellbeing, independence and self-advocacy.
- Improved financial stability and practical life skills.
- Increased willingness to seek support in future.
- Improved transitions between services and reduced service disengagement.

Consistent with the advisory group recommendations, the ToC recognises that outcomes for young people may extend beyond simple vocational participation and include broader developmental gains relating to identity, confidence, independence and lifelong learning

Appendix 2: Summary of planned and delivered activities

Literature review

The study commenced with a targeted literature and document review to establish the evidence base for IPS-Y and inform the design of the feasibility assessment. The review examined published research on the effectiveness and implementation of IPS and IPS-Y, UK and international policy relating to youth mental health, education and employment, and existing evidence on supporting young people with mental health difficulties into education, employment and training (EET). It also reviewed relevant local documentation, including CAMHS pathways, existing education and employment support provision across Greater Manchester, and operational guidance from participating organisations. The review was used to inform the Theory of Change, identify evidence gaps, assess the distinctiveness of IPS-Y from business-as-usual, and shape the proposed trial design, implementation model and outcome measures.

Stakeholder interviews

Interviews were planned to be conducted with CAMHS service leads and the proposed delivery organisation, Pure Innovations. The purpose of these interviews was to understand how existing CAMHS services are set-up and how IPS-Y could be integrated. The interviews planned to cover understanding of requirements, processes and timelines; identification of barriers and key contacts; data access and privacy; risk mitigation; implementation planning and consent.

Three 1:1 in-depth interviews were conducted with Pure Innovations staff (1 invite with no response). Across the three Trusts, seven CAMHS leads were invited to interview (2 Pennine, 4 GMMH, 2 MFT) but the team were unable to complete any formal in-depth interviews with this cohort. The reasons for this are discussed in 'Study Strengths and Limitations'. Whilst not formal interviews, the evaluation team were able to meet with four of the five regional CAMHS leads and/or teams at Pennine by joining their team meetings or arranging shorter introduction calls.

Co-design workshops

The study planned to utilise 5 co-design workshops to get insights from CAMHS operational and delivery staff on: service volumes and readiness; recruitment pathway designs; consent and safeguarding processes and outcomes and measurement strategies. Recruitment for the co-design workshops adopted a snowball sampling approach. Youth Futures introduced the evaluation team to key contacts within each Trust, and these contacts were encouraged to share the details of relevant team

members (e.g., CAMHS operational staff and their teams) who were subsequently invited to the workshops.

Given barriers related to scheduling and availability, two of the five planned co-design workshops were cancelled, and the three completed had limited attendance with 2-5 NHS staff members attending of 35 invited. Those attending included operational leads and managers of CAMHS services. Please see the table below for a breakdown of the content of and attendance at the workshops.

Session Topic	Session Date	Number Trust Staff Invited	Number Trust Staff Attended
Readiness and Priorities: Understanding service volumes, pressures, appetite and constraints	20/03	35	5
Recruitment Pathway Design: Identify optimal trial entry points and eligibility criteria (including neurodivergent pathways)	27/03	35	2
Consent and Safeguarding Processes: Develop feasible, ethically robust consent model and onboarding processes	Cancelled	35	NA
Outcomes and Measurement Strategies: Identify potential benefits and associated outcomes, measurement processes to minimise burden	16/04	35	3
Validation and feasibility recommendations sign-off: Confirm RAG ratings and mitigation plan	Cancelled	35	NA

The CAMHS structures relevant to the study include:

- research staff overseeing research with NHS patients and/or staff – present in some of the workshops
- clinicians working with patients – not present at workshops but engaged by Ipsos researchers and Pure Innovations staff who attended a few clinical team meetings
- operational leads overseeing the work of clinical teams – present in some of the workshops
- implementation management – present in some of the workshops and maintaining regular contact with Ipsos researchers
- senior leadership – briefed internally by NHS staff engaging with the study.

Young People Advisory Group (YPAG) and parent/carers engagement

The primary aim of the YPAG was to engage participants meaningfully in shaping the research on IPS-Y services, encouraging their unique perspectives toward developing practical recommendations. In total, Centre for Mental Health recruited 14 young people and 11 parents after initial expressions of interest, and they participated in a

structured engagement process. This process involved multiple sessions, including onboarding and two phases of interviews and workshops, both online and in-person. Altogether, this resulted in 63.5 hours of contact with young participants and 43 hours with parents, ensuring comprehensive input from all parties involved.

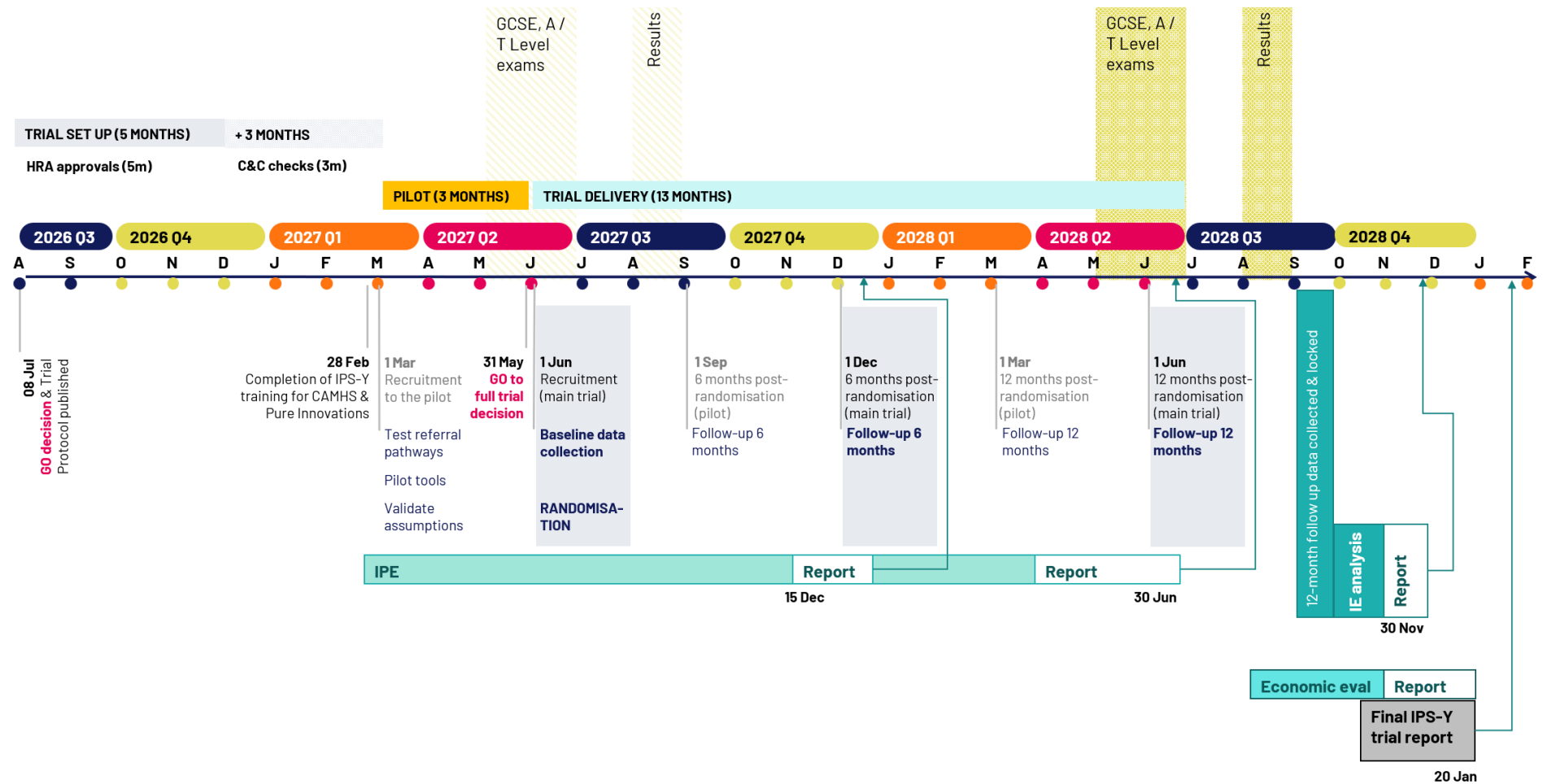
The table below shows the level of engagement in contact type:

Group	On-boarding interview	Phase one interview (phone/video)	Phase one workshop (online)	Phase two interview (in person/phone/video)	Phase two workshop (in person)
Number young of people	14	9	7	3	8
Hours of contact with young people	7	10	15	3.5	28
Number of parents	11	5	4	4	5
Hours of contact with parents	6.5	7	8	4	17.5

Appendix 3: Proposed timeline

The anticipated timeline for HRA/REC approval is approximately 5–6 months, with NHS Capacity and Capability (C&C) checks expected to take approximately 2–3 months, based on the research team's previous experience and engagement with NHS research leads. The implementation timetable allows approximately six months, from August to February, for these processes before the pilot begins. C&C checks are required in only two of the eight participating sites for the pilot to commence, providing a further three months during the pilot to complete checks in the remaining areas ahead of full trial delivery.

Other governance requirements, including contractual and data-sharing arrangements, will be progressed in parallel. While approval timelines remain subject to external processes and potential requests for further information, the phased approach provides contingency and reduces the risk that delays in individual areas affect the overall trial timetable.



Appendix 4: BAU services by Local Authority

Area	Services
City of Manchester	• Powerhouse Youth Zone: Multiservice youth hub providing careers advice and NEET support, located centrally in Manchester. • Career Street (Part of IPS): Part of 42nd Street, providing employment support for 16-25-year-olds with mental health difficulties.
Salford	• Career Connect Salford: Provides local careers advisor or engagement coach to NEET young people, promoted via the Connexions website. • Career Street (part of IPS): Provides employment support for young people facing mental health difficulties.
Trafford	• Connexions Trafford: Provides advice, guidance, and mental health support for 13-25-year-olds. Through qualified Careers Advisors and drop in Talkshop sessions. • Engage Trafford: Offers broad mentoring for children and young people with various needs, including NEET status. • Career Street (part of IPS): Provides employment support for young people facing mental health difficulties.
Stockport	• Stockport Family's ECAS: Supports NEET 16-17-year-olds with ongoing careers guidance. • WorkWell: Provides a triage service to navigate work and skills support.
Tameside	• Stockport Family's ECAS: Supports NEET 16-17-year-olds with ongoing careers guidance. • WorkWell: Provides a triage service to navigate work and skills support.
Oldham	• Positive Steps - Empower Oldham: Mentoring and wellbeing support for young people. • Get Oldham Working: Part of Work Well offer; specific youth offer with one-to-one guidance.
Heywood, Middleton and Rochdale	• Positive Steps - Engage Rochdale: Mentoring and wellbeing support for up to 19-year-olds. • IPS available: Through Groundwork offering support to young people involved or at risk of being involved in serious violence.
Bury	• Connexions Bury: Provides qualified personal advisers for young people aged 15-18 (or up to 25 if NEET).
Wigan	• Aspiring Futures: Employment support from Progression Advisors as part of Wigan Council's Employment and Skills team • WorkWell offer for residents delivered via Ingeus and the Growth Company
Bolton	• Connexions/Next Generation: bespoke mentoring to improve mental health and wellbeing and increase employability skills • WorkWell Bolton: Personalised support from a Work and Health coach • Genuine Futures: Youth led social enterprise offering a 12-week programme "Boss Your Future"

About the authors

Joanna Hofman is a Director in Ipsos UK's Employment, Welfare and Skills team with experience leading evaluations of employment and mental health interventions, including multiple studies of IPS models and youth employment programmes

Facundo Herrera is an Associate Director and health economist specialising in mental health research, with extensive experience designing and delivering feasibility studies, RCTs, and economic evaluations

Oliver Tee is an Associate Director specialising in evaluation and advisory work across health and social care systems, with extensive experience managing complex multi-stakeholder evaluations within NHS settings

Nicola de Waal is a qualitative researcher with experience conducting stakeholder engagement across health, education and social policy programmes

Marina Leoni is a mixed-methods researcher with expertise in policy and programme evaluation across diverse health and social care systems. She has a particular interest in service integration, new models of care, and the social determinants of health

Juliet Snell specialises in trauma-informed engagement, safeguarding and co-production with young people, families and communities experiencing mental health challenges

Dani Stern is a researcher specialising in mental health, youth engagement, participatory and co-production activities with young people and families

Adam Whitworth is Professor of Work, Employment and Organisation at the University of Strathclyde and a leading expert in employment support, welfare policy and the economic evaluation of IPS programmes

Michael Vallely is a quantitative researcher and economist specialising in labour market analysis, applied econometrics and economic evaluation, with expertise in employment outcomes and labour market inequalities