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*Integrated support to
overcome severe
employment barriers*

Adapting the IPS approach

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Jyden Lawlor and Daniel Perkins

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Jyden Lawlor is a research assistant at the Brotherhood of St. Laurence, working on a pilot program of the IPS model and Daniel Perkins is a research and policy manager at the Brotherhood of St Laurence.

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Brotherhood of St Laurence
67 Brunswick Street
Fitzroy Vic. 3065
ABN 24 603 467 024
Phone: (03) 9483 1183

www.bsl.org.au

and

Centre for Public Policy
University of Melbourne
Vic. 3010
Phone (03) 8344 9480

www.public-policy.unimelb.edu.au

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Introduction

The Labor government has confirmed its commitment to promoting social inclusion in Australia through the adoption of a broad social inclusion agenda (Clark 1998; Gillard & Wong 2007). In order to achieve this goal, a commitment must be made to implement labour market assistance programs that help disadvantaged unemployed people find appropriate employment. The government has recognised that current employment assistance arrangements fall short of this aim for those who face multiple or severe barriers to work, particularly for people suffering from mental illness (DEEWR 2008). Accordingly, a new employment services system has been designed, to commence in July 2009.

Building on the findings of a recent evaluation (Perkins 2007) of the Personal Support Programme (a Commonwealth Government program focused on unemployed people facing severe or multiple personal barriers to employment), this paper examines the applicability of an approach known as the Individual Placement and Support (IPS) model of supported employment for participants in the existing PSP and its successor, 'Stream 4' of the new employment assistance system.

The paper outlines the key conceptual and operational principles of IPS and their development; reviews the evidence for the model's effectiveness and applicability to different populations, agency arrangements and countries, including Australia; explores criticisms, limitations and potential enhancements to the model; and finally, identifies issues for implementation, along with strategies to address these. The paper is primarily an analysis of the literature; but it also draws on an interview conducted with a local IPS practitioner at ORYGEN Youth Health for operational insights which are particularly relevant to a demonstration project being undertaken by the Brotherhood of St Laurence.

Background

After its election in November 2007, the Rudd government committed to a social inclusion agenda. A socially inclusive society was defined as one where all Australians are 'able to play a full role in Australian life, in economic, social, psychological and political terms' (Gillard & Wong 2007, pp.1–2). Within this framework, paid work is seen as a key pathway to inclusion. Julia Gillard (2007, p.3) has stated that 'Full-time employment is the most effective weapon to guard against poverty and disadvantage' and workforce participation has been identified as providing a broad range of benefits to individuals and communities (Gillard & Wong 2007). Increasing employment participation for people with a disability or mental illness has also been identified as one of six initial priority areas to tackle exclusion (Australian Government 2008).

The government and others have also highlighted the importance of workplace participation for Australia's global competitiveness, as a key aspect of fully capitalising on the skills of Australians in the face of future population ageing and of skills shortages (O'Connor 2008; Brotherhood of St Laurence 2008; DEEWR 2008). While the last decade and a half of economic growth has absorbed many job seekers into the labour market, there is still a large pool of people that have not been able to make this transition (Brotherhood of St Laurence 2008). Many in this group experience multiple or severe barriers to work, including mental health issues, inadequate housing and homelessness, family breakdown, lack of transportation and substance misuse issues.

The recent evaluation (Perkins 2007) of the PSP undertaken by the Brotherhood, Melbourne Citymission and Hanover Welfare Services found that participants possessed an average of eight personal barriers to employment, with nearly 80 per cent reporting some type of mental health problem. Despite their severe barriers, participants expressed a strong desire for economic participation: around 73 per cent identified paid work (40%) or study (33%) as the activity they would most like to be doing. Work or work readiness was the most common goal participants wanted to achieve while on PSP; and working or looking for work was the most common activity people could see themselves doing after PSP. Many participants in the focus groups also expressed a strong desire to be working, and discussed negative impacts of not working, in areas including self-confidence, social isolation and family relationships. At the same time, there was an almost unanimous view that the type of work was crucial and that the wrong job could have severe adverse effects.

This finding is in line with overseas studies. In the UK, Singh (2005) reported that 77 per cent of homeless people wanted to work at the time of the study, while 97 per cent wanted to work in the future. Reviewing research regarding people with mental health problems, Evans (2000, p.15) asserts that there is an 'overwhelming consensus from surveys, cases studies and personal accounts that users want to work.' A substantial proportion of people with mental health problems (even those suffering from severe mental illness) report wanting to work and see employment as feasible, important to their recovery and as an unmet need (Bond 2004; Waghorn & Lloyd 2005).

Despite the desire for work from participants facing severe personal barriers, employment rates within PSP remain around 6 per cent. In addition, employment rates for people with a mental illness in Australia remain at 19.5 per cent, significantly lower than the population as a whole, and lower even than for other disability groups (DEEWR 2008b). High unemployment rates have been described as an 'index of social exclusion of people with mental illness' (Crowther et al. 2001a, p.204).

Key deficiencies identified in the PSP model by the aforementioned evaluation include a lack of integrated employment support and inability to access required services, particularly counselling and mental health services. The approach to employment assistance is based on a sequential model where individuals first address personal barriers in PSP, and then move on to other programs to receive employment assistance. Employment assistance provided within PSP is minimal and ad hoc. Such limited provision is not supported by research and fails to recognise both the importance of work as part of the broader recovery process and the high support needs that many people will have after moving into work (Perkins 2008).

New employment system

Recognising the major flaws in the existing system, the Australian Government has proposed a new model of employment assistance, to commence in July 2009. The new approach will merge seven existing contracts into one and provide four streams of assistance based on assessed job seeker needs. Job seekers considered 'job ready' will be assisted through stream 1, while those requiring more assistance will enter streams 2, 3 or 4. Those requiring the highest level of assistance, who would currently receive support through the PSP, will enter stream 4.

In each stream, providers will develop an individual Employment Pathways Plan with participants, which can include both vocational and non-vocational activities. Brokerage

funding, ranging from \$11 per person (stream 1) to \$1650 (stream 4), will be available through the Employment Pathways Fund (EPF).

The funding available for providers to assist people facing the greatest barriers will substantially increase with the new brokerage fund, along with the new sizeable employment outcome payments for this group. These payments will provide a much needed incentive to achieve employment outcomes that was missing under PSP. However, there is a danger that this may lead some providers to focus too narrowly on vocational interventions and employment outcomes. In contrast, research has found that for this client group the most effective models are those that are strongly work-focused but address non-vocational *and* vocational barriers in an integrated way (Perkins 2008).

In working towards such a model the Brotherhood is undertaking a demonstration project to trial the Individual Placement and Support (IPS) model of supported employment. It is hoped that the IPS model will lead to greater participation in employment for clients facing severe barriers, and to enhanced social inclusion generally for these people.

Overview of the IPS model

The Individual Placement and Support (IPS) model is a carefully defined and tested variation of supported employment. IPS recognises the complex, ongoing support needs of people with mental illness and other personal barriers to employment, such as substance misuse (Cook et al. 2007), homelessness (Drake et al. 1999b; Lehman et al. 2002), and contact with the criminal justice system (Rosenheck & Mares 2007). It addresses these personal barriers in tandem with vocational needs to help individuals achieve competitive employment (Shaheen et al. 2003). The IPS approach views work as a vital part of an individual's broader recovery and reintegration into society. Despite the strong work focus and goal of rapid movement into work, IPS differs substantially from regular 'work first' employment models that provide minimal support and focus on pushing people into the first job available job, regardless of individual preferences and needs.

History and development

IPS is not a unique model of employment support, but a carefully specified variant of supported employment (SE) and a distillation of best practice principles in vocational rehabilitation, developed with the aim of allowing SE to be 'clearly described, scientifically studied, and implemented in communities' (Bond 2004; Bond et al. 2001a, p.314; Twamley et al. 2003).

SE began in the field of developmental and physical disabilities in the early 1980s, representing a radical departure from traditional vocational rehabilitation for this population, by replacing the widespread use of sheltered workshops, day-care facilities and extensive pre-employment training (Bond et al. 2002; Cook et al. 2005; Drake & Becker 1996; Moll, Huff & Detwiler 2003). Based on the belief that these services excluded people with disabilities from mainstream society, clients in SE were instead placed rapidly into employment in the community, with extensive post-placement support (Bond et al. 2001a; Crowther et al. 2001b).

By the late 1980s supported employment had gained the attention of professionals working in the field of severe mental illness, in part due to the increasing emphasis placed on

competitive employment as an aid to recovery (Bond et al. 2001a; Drake 1998). Attention was drawn to the disturbingly high levels of unemployment for people with severe mental illness, and to the profound ineffectiveness of existing vocational rehabilitation interventions, highlighted, for example, by an influential literature review by Gary Bond, published in 1990 (Drake 2008).

Working in New Hampshire, Deborah Becker and Robert Drake developed the IPS model as a standardised model of supported employment for people with severe mental illness, drawing on insights from Wehman and colleagues' model of SE and the Assertive Community Treatment (ACT) model, developed by Stein and Test (Bond 1998, 2004, 2007; Drake & Becker 1996). Early milestones in the research and dissemination of IPS included a successful 'natural' trial in New Hampshire, and the publication by Drake and Becker of a practice manual for IPS in 1993 (Bond 2007; Drake et al. 1999a; Moll, Huff & Detwiler 2003).

In the intervening years, international interest at the government, academic and service delivery levels has continued to grow, as has the implementation of IPS programs, particularly in the US, but also increasingly in Europe, Asia, and more recently in Australia. In the US, IPS services currently exist in ten states, with a steady increase in the number of clients served over the last decade (Drake 2008). Several IPS services also exist throughout the UK, where IPS was singled out as an evidence-based intervention in mental health by the Blair government, within its social inclusion program (Blair 2006).

Core principles

IPS is a model of integrated, team-based employment assistance, offering individualised, client-led and collaborative assistance for people with mental illness, in community mental health centres or case management services. IPS services are based on seven key principles:

- a goal of competitive employment
- zero-exclusion policy – eligibility based on consumer choice
- rapid job search
- integration of vocational and clinical services
- attention to consumer preferences
- time-unlimited and individualised support
- personalised benefits counselling (Bond 2004).

The last principle was developed more recently, in response to the finding that fear of losing benefits is a major impediment to finding competitive employment in IPS services. In Australian IPS programs, benefits counselling has been adopted as a means of helping clients to calculate the financial and fringe benefit implications of moving from welfare to work, as well as educating them about lesser-known entitlements and other techniques to reduce welfare-related disincentives to work (Waghorn et al. 2007).

Operational principles

In addition to the core principles listed above, a number of operational principles have been identified for the IPS model (see Table 1). These principles (discussed further below) are

outlined in IPS fidelity scales, which are used to measure the extent to which programs replicate the model. The two scales that have been developed are the Quality of Supported Employment Implementation Scale (QSEIS) and the IPS Fidelity Scale (DPRC 2008b). Programs attaining higher fidelity to the IPS model have been found to be the most effective in achieving employment outcomes with participants (DPRC 2008a; Kubek et al. 2007). Moreover, achieving high fidelity has been found to be more important in predicting employment outcomes than adapting the model to perceived differences in local conditions, and helps to improve the outcomes at earlier stages of the program (Becker et al. 2006).

Table 1 IPS operational dimensions (derived from DPRC 2008b)

<p><i>Staffing</i></p> <ul style="list-style-type: none"> ▪ Employment specialists manage individual case loads of up to 25 participants ▪ Employment specialists provide only vocational services ▪ Employment specialists carry out all phases of employment assistance, including intake, engagement, assessment, job placement and ongoing support
<p><i>Organisation</i></p> <ul style="list-style-type: none"> ▪ Mental health treatment is integrated with employment assistance through team assignment ▪ Mental health treatment is integrated with employment assistance through frequent team member contact ▪ Employment specialists are a part of a vocational unit, comprising two or more employment specialists and a team leader who convenes weekly client-based group supervision meetings. Ongoing outcome-based supervision is provided by the team leader ▪ The host agency promotes competitive work through multiple strategies ▪ Executive staff take an active role in the implementation and sustainability of the IPS program. ▪ Employment specialists and mental health staff share information and assist each other with cases ▪ Zero exclusion criteria apply so employment assistance is provided to all individuals who are interested in the program
<p><i>Services</i></p> <ul style="list-style-type: none"> ▪ Ongoing vocational assessment is based on work experiences ▪ Rapid search for competitive employment occurs typically within one month of entering program ▪ Employment specialists provide clients with accurate information and assist them to make an informed decision regarding what is revealed to employers about personal difficulties ▪ Individualised job search is based on preferences (what participants enjoy, and personal goals) and needs (including experience, ability, personal issues, health) rather than the job market ▪ Employment specialists have frequent, face-to-face contact with potential employers to generate job offers ▪ Participants are offered job options that are diverse and in different settings ▪ The focus is on providing competitive job options that are permanent rather than casual or temporary most of the time ▪ All jobs are viewed as positive experiences of vocational growth and development. Employment specialists help participants end jobs where appropriate and find other opportunities ▪ Individualised ongoing support is provided to employer and participant. Employer supports may include education and guidance. Participant support may include crisis intervention, job coaching, job counselling, job support groups, transport, treatment changes, networked supports (friends/family) ▪ Vocational services such as engagement, job search and ongoing support are provided in natural community settings. Employment specialists spend 65% or more of their time in the community ▪ Assertive engagement and outreach are conducted as needed

These dimensions are discussed further below.

Role of employment specialist

While the IPS employment specialists take a generalist role regarding employment services, being involved fully in all aspects and stages of this process, they do not provide non-vocational or clinical services (Bond et al. 1997; Drake et al. 1999a). Thus, although integration of services is a critical aspect of the IPS model, vocational services should maintain their 'separate identity and mission' (Bond 2004, p.347), reducing the potential for role conflict. This differs from the approach currently used in PSP and other programs, where one person is often expected to address both vocational and non-vocational needs.

Assessment and planning

An initial vocational assessment takes place quickly after referral, either between the employment specialist and client only, or including the case manager and family members (Becker & Drake 1994; Becker et al. 1998). Information is gathered from a wide variety of sources and on a wide variety of issues, including work and education history, clinical information (such as symptoms, medication, interpersonal skills) and other work-related areas (such as transport, substance misuse, family situation). After this initial stage, assessment is an ongoing process based on the client's individual needs. It has been suggested that a plan be developed at this stage, taking into account the client's goals, fears and expectations, as well as the impacts employment can have on other areas of the client's life. This plan should also set time-lines, identify supports needed to achieve goals, and assign responsibility for different aspects of implementation (Becker & Drake 1994; Marrone & Gold 1994).

Emphasis on individual preferences

It is critical that employment specialists should honour the preferences of clients, and not dismiss employment goals as unrealistic, instead finding jobs to match clients' goals, strengths and preferences, even for the most difficult clients to place (Bond 2004; Marrone & Gold 1994). This is in line with research which has found that the attitudes of professionals and support staff can represent a substantial extra barrier for individuals facing severe personal barriers to employment. Such attitudes include a belief that participants should not be encouraged to work, a misplaced desire to 'protect' the vulnerable clients (Evans & Repper 2000), and an unsubstantiated belief that employment is not realistic and could have an adverse impact on the participants' mental health or well-being (Waghorn & Lloyd 2005).

Provision of outreach

Employment specialists should aim to offer the majority of service in the community and spend 70 per cent or more of their time out of the office at all stages of intervention, including engagement, job search and post-placement support (Bond 2004). The rationale is that support in the community offers a more natural means to assess the skills, interests, supports and needs of clients and aids engagement and retention (Becker et al. 2001; Mueser et al. 2004). Employment specialists should meet regularly with clients and offer assertive outreach to clients who drop out of services. Outreach should also allow the employment specialist to identify issues at work, and address them proactively before problems arise (Becker & Drake 1994; Marrone & Gold 1994). This strategy was identified by the employment specialist at ORYGEN¹ as important for job maintenance.

¹ Insights from the ORYGEN IPS experience included in this paper were gained from an interview with the program's employment specialist, Gina Chinnery, 30 May 2008.

Organisation culture and structure

A number of authors have noted the importance of a total commitment to the value of competitive employment for clients at all levels of the service provider, a belief in clients' ability to work, and the active communication of these values to clients (Bond et al. 2001a). Another critical aspect is willingness, both by staff and managers, to confront stigma associated with clients' barriers, and play an active advocacy role for clients. Finally, literature on IPS points to the importance of creating multiple, flexible entry points to services, in order to encourage engagement and retention of clients (Marrone & Gold 1994).

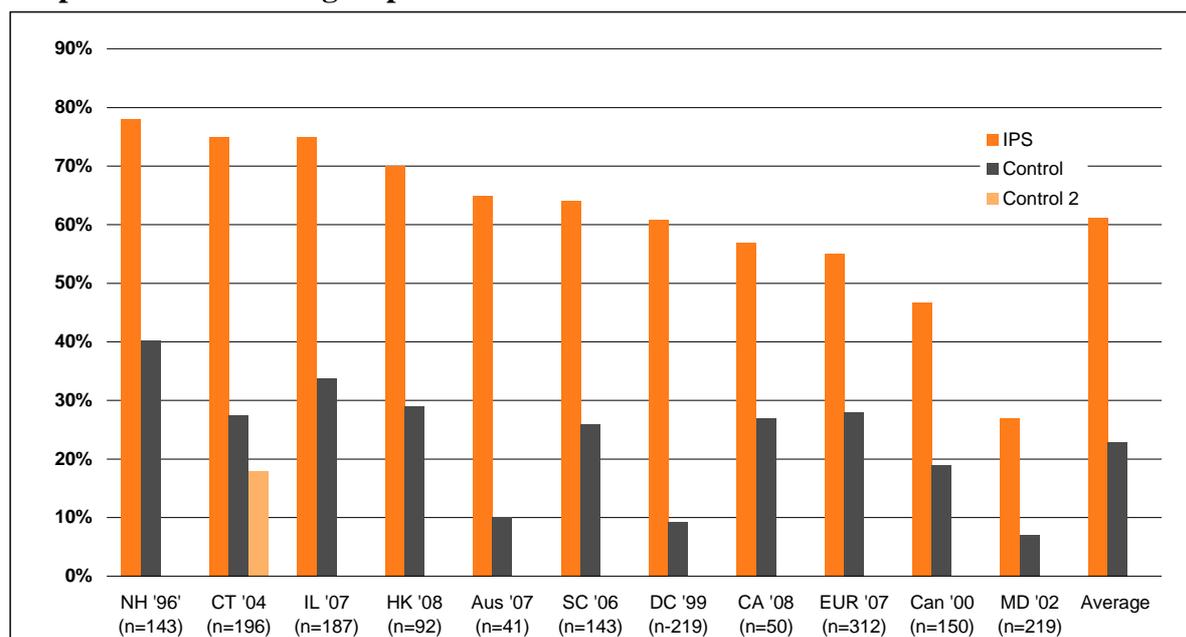
Effectiveness

There is a large, and growing, body of evidence demonstrating the effectiveness of IPS for people with mental illnesses, with proponents claiming that IPS can be viewed as the 'standard of care within psychiatric rehabilitation' (Drake et al. 2006, p.315). This is supported by several literature reviews, most recently a comprehensive review of randomised clinical trials (RCTs), by Bond (Bond 2004; Bond 2008; see also Crowther et al. 2001b).

A recent Cochrane review of vocational rehabilitation concluded that there was strong evidence that IPS was superior to pre-vocational training in terms of competitive employment and also that secondary measures such as hours worked and total earnings favoured clients in IPS programs (Bond 2004; Crowther et al. 2001b). In a meta-analysis of vocational rehabilitation for people with schizophrenia, Twamley, Jeste and Lehman (2003, p.521) reported that the mean effect size favouring IPS over pre-vocational training, from literature reviewed, was 0.79 (considered 'large'), confirming IPS as 'evidence-based practice'.

In total there are currently eleven published randomised controlled trials (RCTs) trialling IPS, including one of a combined IPS and Assertive Community Treatment (ACT) program (Bond et al. 2007; Cook et al. 2005; Drake et al. 1999b; Drake et al. 1996; Killackey, Jackson & McGorry 2007; Latimer et al. 2006; Lehman et al. 2002; Macias et al. 2006; Mueser et al. 2004; Twamley et al. 2008; Wong et al. 2008). Most have compared IPS with pre-vocational training programs, or in one case a mixture of services including pre-vocational training (Macias et al. 2006). Results from all RCTs demonstrate the relative effectiveness of IPS in gaining competitive employment, with an average competitive employment rate of 60 per cent for IPS compared with 23 per cent for the various control groups (see Figure 1).

Figure 1 Percentage of participants who gained competitive employment, IPS compared with control groups



Several ‘natural’ and pre/post trials, testing IPS against various different models including clubhouse, day treatment and ‘best practice’ pre-vocational services, have all found significantly superior outcomes for IPS when implemented in ‘real-world’ settings (Drake et al. 1994; Henry et al. 2004). Adding to these relatively brief (six to eighteen-month) trials, several long-term studies of IPS, ranging from five to eleven years, provide evidence that the positive effects of IPS endure over the long term (Bailey et al. 1998; McHugo, Drake & Becker 1998; Perkins et al. 2005).

Evidence for IPS principles

There has also been some investigation of evidence for the individual principles of the IPS model, in addition to general data looking at the effectiveness of the model as a whole.

Integration is one of the central aspects of the IPS model, and is the key component differentiating IPS from other models of SE (Bond et al. 1997; Oldman et al. 2005). In an analysis of integrated and non-integrated services, Drake et al. (2003, pp.56–7) found that the former were ‘generally more effective’ especially for those people with multiple needs, as they led to improved engagement and retention and communication within the team, had a positive effect on the attitudes and beliefs of the clinical staff, and enabled better use of clinical information in employment support.

Gowdy, Carlson and Rapp (2003), in a study looking at factors that differentiate low-performing from high-performing IPS programs, found that high-performing sites showed a greater level of practical integration. Similarly Cook (2007) found that those clients in non-integrated services were ‘extremely unlikely to achieve competitive employment’, with 21 per cent achieving competitive employment compared with 58 per cent of those in integrated services. Finally, in a series of semi-structured interviews, Oldman (2005) found staff reported that integration was a critical aspect of their effectiveness, as a catalyst for greater peer support and more effective collaboration between teams.

Bond (2004) notes that several studies reported a positive association between **job matching based on consumer preference** and employment outcomes. Other studies have found that matching jobs to client preferences improved employment rates and job tenure (discussed in more detail below). The focus on competitive employment is based on widespread evidence that such employment is a primary goal for clients with mental illnesses (Bell et al. 2005; Bond 2004). Both Cook et al. (2001) and Bond (2004) noted that clinical or case management services alone have little effect on employment rates for clients.

The importance of **rapid job search** is perhaps most clearly shown by evidence favourably comparing the effectiveness of IPS with pre-vocational training programs in terms of competitive employment rates. Drake (1999a, 295) has noted that there is ‘no empirical support for the view that prevocational training or other stepwise approaches help clients to find jobs faster, to find better jobs, or to hold jobs longer’; and Bond argues that rapid job search may be responsible for the significantly higher retention rates demonstrated by IPS programs. Finally, Gowdy, Clarkson and Rapp (2003, p.235) found that high-performing sites completed initial assessments quickly so as to capitalise on early enthusiasm for job-search, whereas low-performing sites focused more on pre-vocational training, with clients often finding the process ‘burdensome’ and therefore making decision to disengage from, or leave, the program.

Studies by Cook (2007) and Salyers et al.(2004) have emphasised the importance of **time-unlimited support**. Conducting a ten-year follow-up of one IPS program, Salyers found that clients’ employment success throughout the preceding ten years was not linked to success in the program’s first year. From this finding, she argued that ongoing support is critical, as clients may become more receptive to the idea of competitive employment over time. Similarly, Cook found that clients ‘employment success’ tended to increase over time, which she saw as a justification for ongoing support and services. Finally, Becker et al.(2007b) found in semi-structured interviews that clients viewed ongoing support as ‘imperative’ to the transition from unemployment to work and then maintaining employment.

The zero-exclusion policy is supported by a large body of evidence, including studies by Macias et al. (2006) and Mueser et al.(2004), that demonstrate no link between vocational outcomes and those client characteristics commonly used as exclusion criteria, such as diagnosis, symptoms, dual-diagnosis and other measures of work readiness.

There is also substantial evidence for the operational principles of IPS outlined above. Gowdy, Carlson and Rapp (2003, 2004) found that high-performing IPS sites were more likely to make individual proactive contact with employers on behalf of clients, see clients outside the office, display a commitment to the value of work, and focus on the strengths of clients to project a positive message regarding competitive employment.

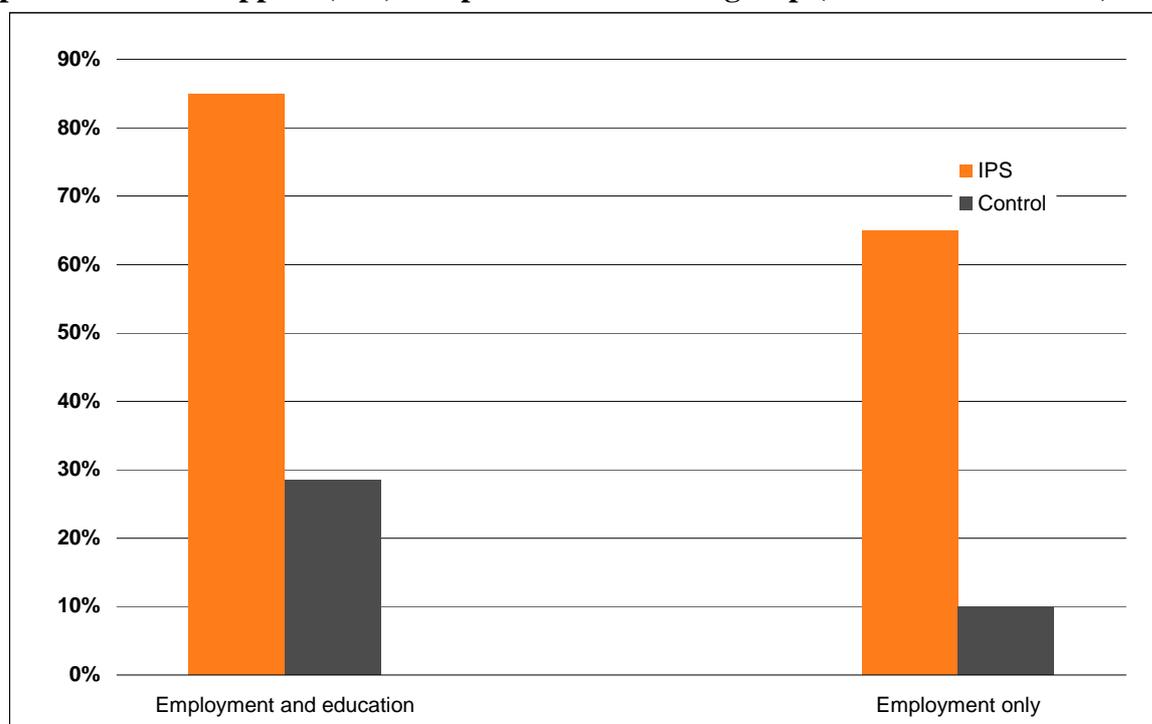
Perkins et al.(2005) found that the amount of provider time devoted to travel was positively correlated to employment outcomes, while Becker and colleagues (2001) highlighted outreach as one of two factors strongly associated with better employment outcomes. In a separate study, Becker and colleagues (2006) also reported that a higher staff-to-client ratio was associated with greater access to IPS services, which in turn was predictive of better employment outcomes. Finally, a number of studies have confirmed the link between closeness to the IPS model, as measured by the two fidelity scales, and better employment outcomes (Bond et al. 1997; Bond et al. 2001c; Drake et al. 1996; McGrew &

Griss 2005). Becker et al.(2001) found that SE components, as measured by the fidelity scales, accounted for up to 50 per cent of employment outcomes in IPS services.

In various national contexts

While original development and trialling occurred in the United States, numerous trials have since been undertaken in other countries. Of the ten RCTs mentioned above, four were undertaken outside the US: in Canada (Latimer et al. 2006), in Hong Kong (Wong et al. 2008), in a European study including sites across the UK, Germany, Italy, Switzerland and Bulgaria, and in Australia (Burns et al. 2007). The positive results from the Australian trial, at ORYGEN youth mental health service’s first episode psychosis program (EPPIC) in Victoria, are shown in Figure 2 (Killackey, Jackson & McGorry 2007).

Figure 2 Outcomes from Australian randomised controlled trial of individual placement and support (IPS) compared with control group (‘treatment as usual’)



Data source: Killackey, Jackson & McGorry (2007)

Additionally, at least two non-randomised trials have been carried out in the UK, both achieving positive results, in one case almost trebling employment after conversion to IPS (Rinaldi et al. 2004; Rinaldi & Perkins 2007). In Australia, Waghorn and colleagues (2007) have reported positive results from a trial conducted in 2007 at seven sites in four states, including the previously mentioned ORYGEN program. Overall, results strongly support the generalisability of IPS across varying social, political, economic and welfare contexts, and notably within the more ‘managed’ welfare structures of some European countries and of the Quebec province in Canada. Almost all have shown outcomes comparable, or superior, to those from RCTs in the US.

Outside community mental health centre settings

IPS has been developed specifically to operate in community mental health centres (CMHCs), so most trials have been in this setting (Becker & Drake 1994). Nonetheless there are some examples of successful implementation in other settings, such as a hospital (Wong et al. 2008).

One study found that non-CMHC providers showed serious deficiencies in fidelity, most notably in the area of integration, which the authors attributed to the 'respective organizational structures and program philosophies' (Campbell et al. 2007, p.6). Although the authors did not conclude that IPS could not be implemented in other types of organisation, they argued that type of provider does have an effect on outcomes, and that non-CMHC providers must be conscious of the ways that their specific organisational structures and philosophies affect IPS delivery, taking 'corrective action' to ensure fidelity.

Bond (2001a, p.314) has argued that IPS is 'not necessarily limited to particular service model', and noted that it is found in a variety of different 'service contexts'. He suggested that the key to effective outcomes is the integration of IPS with a service that offers adequate case management. Drake (1999a) claimed that IPS can be combined with a variety of clinical teams, of varying levels of intensity.

In summary, while fidelity measures may need to be adapted for non-CMHC agencies, the literature suggests that effective implementation need not be limited to one form of agency, providing that attention is paid to attaining the best replication of the model's principles and that adequate case management is provided.

For different client populations including clients facing multiple barriers to employment

Special populations

In terms of demographic factors, various studies have proven the effectiveness of IPS in rural as well as urban communities; in communities with differing socioeconomic profiles, with people from minority backgrounds, and for varying age groups, including one RCT testing IPS with younger clients (Killackey, Jackson & McGorry 2007) and another with middle-aged and older clients (Twamley et al. 2008). Cook (2007, p.7) claims that IPS 'can work anywhere, with a wide variety of clients', and a number of other evaluations of IPS programs have failed to identify any demographic factors that affect employment outcomes. A further important finding is that effectiveness is enhanced by maintaining fidelity to the model's critical components, rather than adapting these to meet perceived differences in local conditions (Becker et al. 2006).

Multiple barriers to work

Of particular significance to the current project is the application of IPS to groups with multiple barriers to employment, as well as to those populations where mental illness is a common, but not a defining, feature. Pavetti et al. (2001) argue that the IPS model works from the assumption that clients face multiple barriers to employment, and that the individualised, client-focused approach to addressing these barriers is a particular strength.

Nevertheless, the effects of these barriers on employment outcomes have been less directly examined in the IPS literature. Where they have been, attention tends to be focused

narrowly on issues of co-morbidity, rather than broader barriers to employment such as homelessness or family breakdown. Findings suggest that IPS maintained better employment outcomes than control groups for those with co-morbidities, but that these individuals tended to work less and earn less money than the average for IPS clients (Cook et al. 2007). Interestingly, one RCT suggests that this may be true only for those with co-morbid mental and physical health problems, whereas those with co-morbid substance misuse problems obtained employment at an above average rate, (Cook et al. 2007). Supporting this contention are studies including an RCT conducted by Mueser (2004) and a review by Sengupta, Drake and McHugo (1998), which failed to find a link between substance misuse co-morbidity and poorer employment outcomes in IPS programs.

Indirect evidence also exists for IPS effectiveness in addressing multiple or severe barriers to employment. In both the Maryland and Washington D.C. RCTs, participants had high levels of substance misuse (27% and 40%, respectively) and homelessness (Drake et al. 1999b; Lehman et al. 2002). Additionally, a natural study was conducted in 2000 with people who were homeless and veterans, facing a number of barriers including contact with the criminal justice system (79 per cent had previously been arrested and charged with a crime), who were less likely than other IPS studies to have a mental illness, but significantly more likely to have a substance misuse problem (82%). Not only did results favour IPS over the control group in terms of competitive employment (55%, compared with 33%), but, interestingly, those having substance misuse problems without mental illness showed higher employment rates than those participants with only mental illness (Rosenheck & Mares 2007).

In Oregon, an award-winning IPS program implemented since 1999 within a housing service has also produced positive results from a population of 12,000 clients, presenting primarily with homelessness and substance misuse issues, for whom mental health is a common but not defining feature. While an evaluation has not been published, the program director reported a marked increase in the rates of clients exiting the service into competitive employment and stable accommodation, and ongoing improvements in housing, employment and substance misuse problems (pers. comm. Rachel Post, Central City Concern, Portland, Oregon).

Information from an interview with the employment specialist at ORYGEN suggests that multiple barriers to employment, in particular substance misuse and homelessness, are common among IPS clients. She noted that multiple barriers did add another 'layer' of complexity to IPS work; however in general the goals of finding work and, for example, accommodation were viewed as complementary, so multiple barriers were not a major barrier to effective service delivery. She further noted the importance of close contact with different services (e.g. drug and alcohol and housing workers) in dealing with these issues.

Consonant with the zero-exclusion principle, IPS literature generally argues that those with co-morbidity, or multiple non-mental health barriers to work, should not be excluded from the program. For those tackling substance misuse issues in particular, employment is often seen as complementary to the goal of recovery. Competitive employment is seen as an opportunity for clients to better understand the way that substance misuse has affected their capacity to work, while receiving support and encouragement from the employment specialist (Becker et al. 2005).

Effect on non-vocational outcomes and social inclusion

Another widely studied aspect of IPS is the extent to which better vocational outcomes will positively affect non-vocational areas of clients' lives. Overall evidence is fairly slim that higher employment rates affect other areas of clinical functioning, such as substance use, hospitalisation, contacts with the criminal justice system and physical health. Most studies found no difference between IPS clients and controls, or between those who obtained competitive employment and those who did not (Bond et al. 2001b; Salyers et al. 2004). In a review of literature, Drake et al. (1996, p.398) argued that it is 'probably unrealistic to think that promoting competitive employment through IPS or any other vocational program will have strong positive effects on nonvocational areas of adjustment'. Importantly, however, no studies have reported a link between greater levels of competitive employment and increased negative outcomes in other areas of life.

Stronger evidence exists for positive effects in areas more closely related to employment and social inclusion. Results from a New Hampshire RCT and a secondary analysis from a Washington D.C. trial both found some difference between those who worked competitively and those who did not work, or worked only minimally, in terms of satisfaction with finances and leisure activities (Drake et al. 1999b; 1996). The Washington D.C. study also reported that clients in competitive employment felt less bored and lonely, and more self-confident and hopeful about the future. The authors concluded that improvements may be more significant in areas that address broader goals of rehabilitation, rather than narrow clinical outcomes such as symptom reduction and lower hospitalisation rates.

In another study, using semi-structured interviews with clients in a program converted from rehabilitative day treatment to IPS, 20 per cent of clients reported greater involvement in a variety of community activities, with the authors concluding that competitive employment 'promoted independence and community integration' (Torrey & Becker 1995). Follow-up semi-structured interviews with another group of IPS clients, conducted by Becker and colleagues (2007b), found that working positively affected clients' general feelings about life and themselves, and their relationships with other people.

In summary, while effects may not quickly generalise to non-vocational clinical functioning, there is some evidence that the strong employment outcomes characteristic of IPS programs may have a positive effect on community integration and social isolation. Thus IPS may have a distinctive ability to enhance social inclusion for marginalised job seekers.

Criticisms and limitations

General academic criticisms of the IPS model have been few, and some criticisms (to do with generalisability, and the lack of long-term studies, for example) are arguably no longer relevant in light of growing evidence. However, limitations of the model remain. Robert Drake (2008) outlined in a recent speech what he sees as the three main limitations:

- While IPS studies filter for motivation, not all clients who may benefit from IPS express motivation to work.
- Work is generally part-time and/or low-paid and/or entry level.
- Job tenure is often short, with a high incidence of unsatisfactory job endings.

These problems will be briefly explored here, along with techniques or enhancements developed to address them.

Motivation to work

While the majority of studies involve minimal filtering for client characteristics, most filter for motivation to work: that is, participants are required to express an interest in gaining competitive employment before entering IPS programs. This presents a limitation for the model, as not all clients who could benefit from IPS will express a motivation to work. This issue is also particularly relevant to the current project, as filtering for motivation is clearly not tenable within government-funded employment assistance services.

Nonetheless, a program such as PSP, which aims to achieve both vocational and non-vocational goals, is well positioned to implement an IPS type approach, where clients are not compelled but have the opportunity to receive vocational support.

Evidence exists from at least two RCTs that have included participants with low motivation to work. The South Carolina RCT combined IPS with an assertive outreach program, and hence IPS services were given regardless of motivation to work. As would be expected, these participants were significantly less likely to find competitive work, but, interestingly, if they did find work they were likely to have longer job tenure and accrue greater earnings (Macias et al. 2006). In the Maryland RCT, while no filtering applied specifically for motivation, the program did not involve assertive outreach, and it can be assumed that clients' choice to participate reflected some interest in work. Nonetheless, joining the study was relatively easy, which the authors argue implied that at least some less motivated clients would have taken part. Outcomes data was not analysed specifically based on motivation to work, but the IPS program still achieved levels of employment (27%) many times higher than the control (7%), although employment rates remained relatively low for both groups (Lehman et al. 2002).

Overall, no specific solutions for reluctance have been developed, in large part because these clients are commonly filtered out of IPS programs. This is an area which warrants further research, perhaps looking at strategies from other programs aimed at engaging with reluctant clients. It should not be forgotten, however, that evidence shows that many job seekers who face multiple and severe barriers to employment, including those suffering from mental illness, express a strong desire to work.

Brief tenure, unsatisfactory terminations and part-time/low-paid work

Numerous studies have noted that most jobs achieved through IPS are entry-level, part-time, and often short-lived, with clients quitting or being fired before securing other work (Clark et al. 1998a; Gold et al. 2006; Johannesen et al. 2007; McGurk, Mueser & Pascaris 2005). Significantly, IPS clients often show no advantage in these areas over those in control groups who also secure competitive employment. Researchers have tried to identify reasons for this finding, commonly pointing to issues related to symptoms, interpersonal skills and cognitive deficits, as well as poor work history and lack of job satisfaction (Gold et al. 2006).

Authors have noted the link between jobs matched closely to client preferences and job tenure, with Mueser, Becker and Wolfe (2001) finding clients in such jobs remained in them on average almost twice as long as those in other jobs (also Bond 2004). Similarly the employment specialist at ORYGEN noted that job satisfaction and matching jobs to client preferences were important in increasing job tenure. This may suggest a link

between short tenure and unsatisfactory job endings on the one hand, and the preponderance of entry-level work, which is presumably less satisfying for clients, on the other.

In terms of general recommendations, Becker et al. (2007b) found that clients reported a number of interventions which aided job retention, including working part-time and other work accommodations, help with managing medicines, and benefits counselling. Leff et al. (2005) found a significant association between the time that clients stayed in their first competitive job and the amount of job support provided by employment specialists.

Another promising solution to these problems is the use of 'enhanced' models of IPS aimed at addressing the causes of brief job tenure and unsatisfactory job endings. The two most prominent models involve IPS services offered in combination with either supported education or cognitive skills training.

Cognitive skills training

The most tested of these models so far is the enhanced model integrating IPS and cognitive skills training, as developed by McGurk (McGurk et al. 2007; McGurk, Mueser & Pascaris 2005; McGurk & Mueser 2004). To better address cognitive difficulties, clients undertake a short, pre-placement, cognitive training computer module known as the Thinking Skills for Work Program. Reporting on results three years after the establishment of the program, McGurk and colleagues (2007) found that those in the enhanced IPS program held more jobs, worked more hours and earned more than those enrolled in IPS only.

Supported education

Supported education aims to improve job tenure by increasing opportunities for more satisfying, client-preferred and high-paid work through education and training. Supported education services are structured similarly to employment services, with specific arrangements based on the client's needs and the course of study or training chosen (Murphy et al. 2004). The employment service at ORYGEN shows the promising ability of IPS programs to include training and education alongside competitive employment as key goals: the employment specialist offers a variety of support services for those interested in training or higher education, including sourcing funds, help with applications and forms, advocacy and negotiation of accommodation for clients, and practical help, such as with transport.

Integration of some aspects of supported education may be a particularly promising addition to the proposed project, due to the Australian Government's strong focus on education and training as outcomes in employment services, and also in light of the finding from the PSP evaluation that the number of clients expressing an interest in study actually declined over the course of involvement with PSP (DEEWR 2008; Perkins 2007).

Issues regarding implementation

A large body of the IPS literature has analysed issues of implementation. Overall, the large number of trials, in a multitude of different agencies, communities and countries appears to support the relative ease of implementation. The National Implementing Evidence-Based Practice (NIEBP) project in the US found that of five evidence-based practices studied, IPS was the easiest to implement (Becker et al. 2007a). Evidence suggests that, on average, it

takes programs one to two years to implement IPS at a high level of fidelity (Becker et al. 1998).

Nonetheless, a number of reviews, including Waghorn and colleagues' (2007) study in Australia, have identified significant issues that can hinder the effective implementation of IPS. Summarising these studies, common barriers to implementation include:

- costs and funding
- staffing and training
- organisational change, including resistance to change from key stakeholders
- broader issues with the welfare system

Each of these will be examined briefly here, along with strategies to negotiate them.

Costs and funding

A key funding issue, noted both in the literature and by ORYGEN's employment specialist, is the burden of paperwork or administrative tasks related to assessing eligibility for service. This is often incongruent with the aims of IPS, due to its focus on symptoms and disability, and can be a barrier to effective engagement (Becker et al. 1998). Fortunately, the imminent reform of employment assistance services appears to involve a more flexible and less burdensome administrative system, and to link funding strongly to appropriate outcomes. Becker et al. (1998) and Bond et al. (2001a) have both noted that effective services should focus on outcomes, rather than the number of clients served; and hence it can be expected that IPS will suit this funding model.

Waghorn and colleagues (2007) felt that use of Job Capacity Assessments (JCAs) interfered with the principle of rapid job placement, but noted that agencies were able to come to accommodations with Centrelink. Perhaps the major issue identified is securing funding for time-unlimited, post-employment support. This may require some negotiation between practitioners, managers, and government decision-makers to ensure that funding structures do not adversely affect outcomes. Promisingly, the ORYGEN IPS service has reported very positive outcomes from a service limited to a six-month intervention, without experiencing significant problems with closing or disengagement (Killackey, Jackson & McGorry 2007).

A number of studies have reported on the costs of IPS programs. The most recent findings come from a survey of seven sites in the US, which found that the annual cost per full-year-equivalent client averaged \$2449 (Latimer et al. 2004). Chalamat and colleagues (2005), attempting to generalise US costs data to a hypothetical Australia-wide program, concluded that it would cost around \$8700 per participant, mostly for wages. However, the generalisability of overseas costs to the Australian context is dubious, as Chalamat and colleagues noted themselves (see also Schneider 2003).

In terms of total costs, compared before and after implementation, findings are mixed, with some studies reporting that costs stayed relatively stable or decreased (Clark et al. 1996), and others finding minor increases (Dixon et al. 2002). The key factor seems to be whether IPS replaced a previous vocational intervention, or was set up 'from scratch', with the former often being cost-neutral or cost-saving, and the later tending to increase costs

(Drake et al. 1999a; Latimer 2001). Becker et al. (1998) noted that transport costs may go up with the increased emphasis on outreach services. Extra costs may also be associated with staff training and supervision to maintain fidelity, particularly in the early stages.

Some authors have argued that the relatively short time-period of the studies which form the basis of cost-benefit data may underestimate the cost-offsets for other services that may accrue over a longer period. Twamley, Jeste and Lehman (2003) posit that functional decline associated with mental illness, which is arguably exacerbated by unemployment and social exclusion, has a significant negative economic impact on communities that could be offset by IPS. Latimer (2005) has argued that cost effectiveness may favour IPS from a client perspective, due to the more productive use of time and clinical information as a result of integration. He also argues that this benefit will increase over time, as practitioners become more adept in integrated settings.

Most promising is data looking at costs per outcome. As a significantly more effective intervention, IPS may actually deliver greater benefits with minimal or no extra costs (Clark et al. 1996; 1998b; Latimer 2005). Rinaldi and Perkins (2007) found that when the mean cost of enabling a client to obtain and retain competitive employment was examined, the pre-vocational program cost 6.7 times as much as IPS. Additionally, a full analysis of costs and benefits for IPS must take into account the greater social inclusion and reduced isolation which can result from higher rates of employment (Clark et al. 1996; Drake et al. 1999b; Schneider 2003). Schneider (2003, p.155), for instance, argues that the ‘ultimate criterion of cost effectiveness [for IPS] will be the value that decision-makers place on the greater social inclusion promoted’.

Staff and training

The extreme importance of practitioner skills in outcomes, and therefore of recruiting, training and retaining qualified staff is a critical aspect of effective implementation (Catty et al. 2008; Drake, Bond & Rapp 2006). A number of studies noted that implementation was adversely affected by difficulty finding and retaining adequately qualified staff (Becker et al. 1998; Gold et al. 2006; McCarthy, Thompson & Olson 1998). Moll, Huff and Detwiler (2003) note that it can take considerable time and training for practitioners to maintain fidelity to the IPS model. On the other hand, Bond et al. (2002), claimed that measures on the fidelity scale related to staffing did not vary significantly from other vocational approaches.

Key strategies include intensive early training for the employment specialist in the ‘principles, goals, and implementation criteria’ of the IPS model, with one study also suggesting that training be provided in relational aspects of work with clients (Becker et al. 1998, 53; Catty et al. 2008). Where possible, it is suggested that training be provided by more experienced practitioners as this has been shown to aid implementation (Moll et al. 2003; Oldman et al. 2005). While this may be more difficult to achieve in Australia, due to the relatively short history of IPS here, some early training or education could perhaps be provided by workers from the current Australian IPS programs, for example from the ORYGEN service. Additionally training resources, including videos and manuals, are made available by the developers of the model, at the Dartmouth Psychiatric Research Center (see <<https://dms.dartmouth.edu/prc/employment>>).

Also important was strong and ongoing supervision. Following consultation on implementation at one US program, a part-time vocational rehabilitation supervisor role was established, in order to ensure fidelity and positive outcomes and coordinate between the vocational and treatment staff (Oldman et al. 2005). Techniques suggested include regular team meetings, peer support, field supervision and ongoing professional development (Becker et al. 2007a; Drake, Bond & Rapp 2006; Oldman et al. 2005). One program found that when supervisors spent at least thirty per cent of their time supervising in the field employment outcomes improved significantly. Another successfully applied a system of 'outcome-based supervision', using key outcome measures to monitor work, coupled with field supervision and group training, to improve outcomes (Becker et al. 2007a).

Regarding staffing, the literature, supported by the interview with the employment specialist at ORYGEN, suggests that general interpersonal skills, such as skills in effective engagement with clients, a positive and hopeful attitude towards client strengths, and self-motivation, may be as important as formal qualifications or training when recruiting staff (Drake & Becker 1996). Nonetheless, some experience and knowledge of employment services is clearly a critical aspect of IPS work, and seemed to be of great benefit at ORYGEN, in particular when dealing with the broader government welfare and employment systems.

At the ORYGEN service, the decision was made to hire staff for the employment specialist role with employment, rather than clinical, experience. Anecdotally, this skill set seems to have translated well into the IPS model. The employment specialist noted that skills learnt through work in disability employment services, in particular, were useful in the IPS service. Some have argued that those without clinical experience may have some difficulty making the transition into work with a more challenging client population, and the employment specialist did note the need to acquire knowledge of mental health issues, for example, about medication (Catty et al. 2008).

Organisational change

Bond et al. (2001a, p.318) claim that 'resistance to change is a barrier in any organization', while other authors have noted that IPS may require staff members to refocus from a way of working that 'protects' clients towards one that encourages 'positive risk taking' to build productive roles in their communities (Torrey et al. 1998). Marrone and Gold (1994, p.42) note that bringing together vocational and clinical service teams often requires both teams to confront differences in 'philosophy, goals and mandates'. To this, Weston (2002) adds possible pressure on already stretched agency resources and workspace, due to the introduction of vocational staff. Additionally, authors have noted possible resistance to change from clients and their family members (Drake 1998).

The key to addressing these issues appears to be involving all stakeholders (consumers, families, practitioners and supervisors) in the change process in a way that educates them on the effectiveness of the model. A number of studies have noted the importance of consensus building for effective implementation (Bond et al. 2001a). Successful strategies have included meetings and information sessions to educate stakeholders on the principles and effectiveness of the model, and encouraging stakeholder involvement in the process of implementing services (Becker et al. 2007a; 1998; McCarthy, Thompson & Olson 1998).

The employment specialist at ORYGEN's IPS service noted some apprehension about the introduction of vocational services into the agency, as well as some cynicism regarding the effectiveness of the model. Nonetheless, she felt that once clinical staff began to see the practical benefits, and that IPS could be utilised as an engagement tool with clients, many of these apprehensions subsided. She felt that clients' and families' reactions to IPS were extremely positive, and that both groups seemed to welcome the goal-focused nature of the intervention, offering positive, concrete outcomes.

Logically, it seems that stakeholder resistance may be more problematic for CMHCs or day-centre and clubhouse programs, which are based on a strong community model, and where clients may be involved long-term and identify strongly with services. Nonetheless, the literature clearly demonstrates the value of attention to education and consensus building among stakeholders, and utilising stakeholder expertise in the structuring and implementation of services.

Welfare policy issues

A number of researchers, including Waghorn and colleagues (2007), have noted that implementation of IPS has been hampered by the broader welfare context, in which there are disincentives to work or eligibility criteria that negatively impact access to services (see also van Erp et al. 2007). Fear of losing benefits and the 'benefits trap' have sometimes been identified as the key factor affecting competitive employment rates, as well as the move from part-time to full-time work and eventual economic self-sufficiency (Becker et al. 2007a; Bond 2004; Burns et al. 2007; Salyers et al. 2004). In general, these issues have been presented as surmountable, primarily through individualised benefits counselling (discussed above). Results from trials of IPS with benefits counselling have been promising, in some instances doubling employment rates (Becker et al. 2007a).

At ORYGEN the employment specialist felt that, in general, Centrelink staff and policies were reasonably supportive of the transition from welfare to work, although advocacy was sometimes necessary to retain or secure ancillary benefits, such as Health Care Cards. Overall welfare issues do not appear to represent a major barrier to implementation for the current project; however the importance of a strong knowledge of the welfare and employment systems for employment specialists is clear.

Conclusion

The large body of evidence that has developed for IPS in the decades since its conception has established it as an evidence-based practice for those with mental health issues and other non-vocational barriers.

IPS and its underlying principles have a successful track record with an ever-widening range of clients—from origins in development and physical disability services to application with people with mental illness, and from there, through a series of successful trials, to a variety of populations in widely different communities and countries. Each of these contexts has distinctive physical, social and politico-economic features, to which the IPS model appears to have easily adapted.

Studies have demonstrated the efficacy of IPS for populations with mental health and other barriers to work, including substance misuse, homelessness, contact with the criminal

justice system and other physical co-morbidities. This evidence supports the contention that IPS will be an effective intervention to improve employment outcomes for Australian job seekers facing multiple barriers to employment, at the very least greatly exceeding those of existing pre-vocational services.

Common barriers to implementation include training and retaining qualified staff, and resistance to change from stakeholders. These barriers have been successfully negotiated through education on the model, and by involving stakeholders in the implementation and structure of services. Staffing issues highlight the importance of adequate and intensive early training in the model, and ongoing supervision for employment specialists. It is likely that employment specialists could be recruited from those with previous experience in employment services, and particularly disability employment services, and from individuals with strong personal qualities and commitments consonant with the IPS model. Furthermore, the identified limitations of the model strongly support the adoption of at least some aspects of 'enhanced' models of IPS, particularly cognitive skills training and supported education.

IPS fits well with the goals both of the imminent reform of employment assistance services, and the federal government's commitment to enhancing social inclusion in Australia. The model is well suited to a flexible, individualised and outcome-based system of employment services, such as the one proposed. Evidence suggests that IPS is a cost-effective intervention to improve employment specifically, and social inclusion more generally, by facilitating greater social connection, improved leisure activities, expanding relational networks, and reducing poverty.

Working towards greater social inclusion has been succinctly described as requiring 'joined-up solutions to joined-up problems'. Clearly the many mutually reinforcing barriers experienced by marginalised job seekers in Australia represent a serious 'joined up' problem. At the service delivery level, therefore, IPS is an innovative, evidence-based model of service integration that represents a promising 'joined up' solution to social exclusion for marginalised job seekers in Australia.

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