



# Evidence and experience

Report on the Individual  
Placement and Support project  
for disadvantaged job seekers  
with mental health issues

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## Authors

This report was compiled by Dr Dina Bowman and Jyden Lawlor.

Sections four and five of this report draw on a literature review conducted as part of this project, *Integrated support to overcome severe employment barriers: adapting the IPS* by Jyden Lawlor and Daniel Perkins (2009), which was published as a Social Policy Working Paper by the Brotherhood of St Laurence and Centre for Public Policy, University of Melbourne.

## Abbreviations

ACT	Assertive Community Treatment
BSL	Brotherhood of St Laurence
CMCH	Community Mental Health Centre
ILM	Intermediate Labour Market
IPS	Individual Placement and Support
PSP	Personal Support Programme
RCT	Randomised controlled trial
SE	Supported employment
SROI	Social return on investment

## Summary

The Individual Placement and Support (IPS) approach is a well-documented, evidence-based approach to supported employment for people with severe mental illness. Developed in the United States at the Dartmouth Psychiatric Research Center, IPS is based on the following principles:

Rehabilitation is considered an integral component of mental health treatment rather than a separate service. The goal is competitive employment in community settings. Consumers are expected to obtain jobs directly, rather than following lengthy pre-employment training. Vocational rehabilitation services are continuous and based in real work experiences, rather than in sheltered settings. Follow-along supports are continued indefinitely. Services are based on consumers' preferences and choices, rather than providers' judgments. (Bond, Vogler et al. 2001, p.384)

Following our evaluation (Perkins 2007) of the Commonwealth program to assist disadvantaged job seekers, the Personal Support Programme (PSP), the Brotherhood of St Laurence (BSL) decided to examine the IPS model in more detail. In planning for a more in-depth trial, we devised a qualitative project to identify the practice, program and policy lessons of adapting and implementing an evidence-based intervention.

The IPS project was conducted in the first six months of 2009 with Employment Focus, an employment service provider in the North Eastern suburbs of Melbourne, as project partner. It was supported by funding from the Leith Trust and the William Buckland Philanthropic Trust.

The project made two major adaptations to the IPS approach. First, rather than providing employment services within a community mental health context, it provided mental health support within an employment context. Second, it expanded the IPS model to include people with multiple barriers to employment, rather than focusing just on mental health issues. Cohen and her colleagues stress that the 'need to adapt does not indicate a poor intervention or an inexperienced research team; it is a common part of the research process' (Cohen et al. 2008, p.S387). They point out that the effective 'translation of evidence into practice' requires detailed reporting and assessment of the practical adaptations. The fidelity review process is particularly useful when evaluating an adaptation of an evidence-based intervention. It is a tool that relies on a broad range of data, including comments and recommendations. An overall score measures the fidelity of the implementation to the model. The detailed fidelity review report is included as an appendix.

The fidelity review of our trial of IPS and our assessment of the process highlighted a range of issues including:

- *Cultural change and contractual obligations:* The employment services agency was bound by existing contractual obligations under Job Network and PSP. We found that several aspects of the IPS approach were difficult to implement, particularly outreach, offering service on a voluntary basis and requiring the employment specialist to undertake all aspects of work (i.e. job development, direct client engagement and post-placement support). The project highlights importance of examining and addressing existing contractual obligations when seeking to trial or implement new approaches.
- *Stigma and support:* IPS is a form of supported employment. This project did not successfully demonstrate the support of clients once they had secured jobs. There are several reasons for this. First, very few clients secured employment. Second, clients tended

not to want to use the support that was offered, as they felt it might stigmatise them or compromise their employment. Support in employment is vital to ensure that disadvantaged job seekers get jobs and keep them, but it requires the client's consent. The project highlighted the importance of discussion about issues of disclosure.

- *Working with employers:* Strong relationships with employers are another vital component of the IPS approach. Employers needed clear information about the role of the IPS service, the nature and extent of support, and how disadvantaged job seekers could fit available job vacancies. Time, training and resources are needed to develop skills and experience in employer engagement.

The IPS project has provided insights into the use of evidence, issues of implementation and the processes involved in adapting an evidence-based practice. The careful analysis of new approaches is important because it enables the identification of elements that require further refinement. Evidence-based practices provide reliable information about 'what works', but what works is not immutable. Innovation arises from adaptation to meet the specific needs of particular groups within particular social, regulatory, cultural and economic contexts. Innovation can build on well-documented evidence-based practices without compromising the essence of the approach. Our experience suggests that the IPS fidelity review process is a useful tool that can ensure that the essential features of the approach are maintained, and can identify the nature and degree of innovation and adaptation.

Importantly, funding and administrative and organisational flexibility are needed to allow the development of specific approaches to meet the unique attributes of particular settings and target populations. The new Jobs Services Australia system is seeking to address the needs of the most disadvantaged job seekers, but it is still too early to assess its effectiveness. Early indications are that a tightly controlled contractual regime persists and this may affect the degree to which services can be individualised to meet the needs of job seekers.

Job seekers facing multiple barriers need individualised assistance to get and *keep* jobs. Supporting workers in jobs is an investment, but individualised approaches are not cheap. More detailed evidence of the costs and benefits of such approaches is needed. A social return on investment (SROI) or social accounting of expenditure and returns on investment could provide useful insights into the cost-effectiveness of flexible individualised service for job seekers with complex needs.

Future research through a longer term, well-funded trial could test the claims that a more flexible discretionary approach provides better outcomes for disadvantaged job seekers with mental health issues than more tightly controlled services. Well-resourced, longer term pilots are useful because they can provide detailed insights into implementation issues and the particular adaptations that work best. These insights can then inform the development of national programs.

In the final section of this report, we make some recommendations in relation to the adaptation and implementation of IPS; staffing and organisation; working with employers; and working with clients.

On the basis of our experience of working with disadvantaged job seekers who face multiple barriers, and the staff who serve them, we also make some broader policy recommendations about the need for adequate income support and the importance of supported employment programs to enable disadvantaged job seekers to get and keep jobs.

# 1 Introduction

This document reports on the findings of the Individual Placement and Support (IPS) project which was conducted in the first six months of 2009. The IPS project grew out of the 2007 *Making it work* evaluation of the Commonwealth program to assist disadvantaged job seekers, the Personal Support Programme (PSP). The project was designed as a qualitative study that sought to identify the practice, program and policy lessons of adapting and implementing an evidence-based intervention for disadvantaged job seekers. Initially, the project was developed as a project that would inform a longer-term study designed to test new model of assistance for some of Australia's most disadvantaged job seekers.

The IPS project was developed and conducted during a time of great change in the provision of employment services. The contracts for provision of employment services under Job Network were scheduled to end on 30 June 2009. In the time leading up to the end of contracts, the Rudd government had undertaken widespread reform of the employment assistance system. New contracts were let for providers of employment services under the new Jobs Services Australia system from 1 July 2009. The BSL decided not to submit a bid to provide employment services under the new system. As a result, the proposed larger trial could not be implemented.

During the period in which the project was conducted, employment services were awaiting outcomes of tenders or preparing to cease the delivery of services. At the same time, the global financial crisis dramatically changed the project context. Instead of taking place within a period of relatively low unemployment and high business confidence, the project was conducted during an economic downturn. The economic downturn and resulting increased unemployment added to the pressure on employment services. These factors affected the implementation of the project to some extent, but the central aim remained unaffected. Indeed, the changes to the external environment highlight the importance of examining issues in adapting and implementing evidence-based approaches.

The report is structured as follows: first, we provide some background to the project. We then briefly discuss evidence-based approaches and provide an overview of the IPS model. In section five, we detail our adaptations to the IPS model; we then describe the project, the participants and our experience of implementing an adapted IPS approach in detail. In sections eight and nine, we introduce and assess the fidelity review process and discuss our findings. We then reflect on the interrelationship of evidence and experience and make some detailed recommendations. The detailed fidelity review report is provided as an appendix.

## 2 Background to the project

This IPS project developed from an evaluation of the federal government's Personal Support Programme (PSP), undertaken by the Brotherhood of St Laurence, Melbourne Citymission and Hanover Welfare Services (Perkins 2007a).

The PSP formed part of the array of services provided under Job Network. The PSP was designed to deliver services and support to improve an individual's circumstances so that they could have 'an enhanced capacity for, and participation in, economic-focused activities and programs including assistance in finding and staying in employment, study, vocational education and training, **and/or** an enhanced capacity for, and participation in, the social life of the community' (Centrelink 2009). The PSP provided a case-management approach that emphasised strong linkages with local services to provide support for job seekers facing multiple barriers to social and economic participation.<sup>1</sup> These barriers include mental health problems, homelessness, family breakdown, substance abuse, chronic health problems, and social isolation. The program was administered by the Department of Employment and Workplace Relations and delivered by providers who were contracted to deliver the following services:

- 'counselling, personal support including guidance, encouragement, building self-esteem and confidence'
- 'referral, coordination and advocacy with other appropriate services within the community'
- 'practical support, such as assistance with attending interviews or to access other services'
- 'outreach, such as taking services to participants in the community'
- 'assessing participants to establish goals and plans and to monitor their progress' (Centrelink 2009)

The *Making it work* study (Perkins 2007a) evaluated the extent to which the PSP enabled people with multiple non-vocational barriers (such as those identified above) to achieve positive economic and/or social outcomes. The study, which was based on research carried out in 2004–05 and 2005–06, found that mental health issues were the most common barrier to employment, reported by nearly 80 per cent of those surveyed<sup>2</sup> (Perkins 2007a p.122). Perkins identified a number of deficiencies with the PSP approach, including a lack of integration of employment and other services, and inadequate funding to access essential services such as counselling or mental health support. Further, the study questioned the effectiveness of the sequential model used by PSP, where long-term pre-vocational programs were used to facilitate clients' 'job readiness'. Perkins also criticised PSP's lack of focus on employment as part of broader aims of recovery.

Perkins argued that the most effective models for clients facing multiple barriers to employment are strongly employment-focused and address both non-vocational *and* vocational barriers in an integrated way (Perkins 2007). The IPS model was identified as an example of a more integrated approach. The IPS approach is a well-documented, evidence-based approach to supported employment for people with severe mental illness (Drake, Becker et al. 1999; Swanson et al. 2008).

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<sup>1</sup> Perkins (2007) discusses the 'barriers approach' in more detail.

<sup>2</sup> Some 134 participants completed the first survey and 120 of these completed at least part of the second survey.



Swanson and her colleagues succinctly define evidence-based supported employment<sup>3</sup> as helping ‘people with serious mental illness find regular jobs of their choice with individualized and long-term support’ (Swanson et al. 2008, p.1). This approach ‘shifts the paradigm from a “train-place” to a “place-train” approach’ (Drake, Becker et al. 1999, p.290). The emphasis is on rapid job placement and long-term support rather than providing lengthy preparation for employment. Importantly, despite the strong employment focus and goal of rapid movement into paid work, IPS differs substantially from other ‘work first’ employment models that provide minimal support and focus on placing people into the first available job, regardless of individual preferences and needs.

Following the PSP evaluation study, the BSL decided to examine the IPS model in more detail. We wanted to assess how this approach could be adapted to an employment services setting to best meet the needs of disadvantaged job seekers who face multiple barriers to employment. In planning for a more in-depth trial we developed this project to identify the practice, program and policy lessons of adapting and implementing an evidence-based intervention.

The following section briefly traces the development of evidence-based approaches in Australia and explores some of the issues surrounding such approaches.

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<sup>3</sup> Swanson and her colleagues suggest that the terms IPS and evidence-based supported employment can be used interchangeably.

### 3 Evidence-based approaches

Evidence-based approaches have their origins in medicine, where they refer to the ‘process of systematically finding, appraising, and using research findings as the basis for clinical decisions’ (Marston & Watts 2003, p.146). There has been a growing interest in and reliance on evidence-based approaches in fields other than medicine.

Evidence-based policy and practice are now accepted as important aspects of policy making and service delivery. When applied to the field of human services and social policy making, evidence-based approaches can be seen ‘as an attempt to modernise policy-making and professionalise human service practice’ (Marston & Watts 2003, p.145). Evidence-based approaches to policy making in the human services field were popularised by the Blair Government in the UK (Banks 2009, p.3), and have subsequently grown in popularity internationally and within Australia. Nevertheless, as chairman of the Productivity Commission, Gary Banks observes, in policy making, ‘decisions will typically be influenced by much more than objective evidence, or rational analysis. Values, interests, personalities, timing, circumstance and happenstance – in short, democracy – determine what actually happens’ (Banks 2009, p.4).

Evidence-based practice, as an approach to structuring services at the program and direct practice levels, has also grown in popularity in the US, UK, and more recently in Australia (Marston & Watts 2003). As with policy, the emphasis is on ‘what works’—applying empirical evidence from research directly to the structure of programs and interventions. A key assumption of this approach is that thoroughly designed and well-tested evidence-based approaches should be easily and effectively replicable in other programs working in similar settings with similar goals.

The growing use of evidence-based approaches in human services has generated much debate and raised challenging questions, particularly at the interface of research, policy, and practice. Much of the criticism surrounding this approach targets the use of the term ‘evidence-based’ as shorthand for ‘what works’. Such a use raises the questions: Works for whom? To what end? At what cost? And, at whose cost? It also raises the questions: what counts as evidence? And, who decides? Renowned qualitative researcher Norman K. Denzin (2009, p.142) refers to this debate as ‘the politics of evidence’.

The shorthand use of ‘evidence-based’ may add a practical and ‘scientific’ wash to policy and practice but the process of accurately identifying and transferring ‘what works’ is often more problematic than it may seem. Replicating what ‘works’ in one context is difficult for complex social issues, which are shaped by and reflect myriad social, political, individual, historical, regulatory and cultural frameworks and settings. Further, transferring an evidence-based approach that has been developed within a particular context may entail the loss of some of the key elements of the policy or practice. This is clearly of particular concern in the application and design of human services programs or interventions, where differences between populations, settings, practitioners and individuals can be subtle and difficult to exhaustively analyse, and may have a profound effect on the efficacy and appropriateness of evidence-based practices.

When assessing policies and practices it is important to consider the social, political and regulatory context in which evidence-based approaches have been shown to work. As Marston and Watts (2003, p.157) point out: ‘no evidence claim underpinning evidence-based policy [or practice] arguments can be considered detached, value free, and neutral’. Denzin shares this perspective and describes the growing pressure to conform to narrowly defined evidence-based standards as the

‘elephant in the living room’ (2009, p.140). Marston and Watts call for an approach that focuses on ‘recognising and developing the capacity for “practical judgement”’. In other words, ‘what works’ requires an assessment of evidence in its various forms as well as an assessment of how ‘what works’ best suits a particular context. They argue that this approach entails a respect for knowledge born from ‘practice based wisdom [and] professional judgement’ (Marston and Watts 2003, p 158). It also requires respect for the experience of the people who use services, as well as more formally documented evidence.

There is a growing concern about the restrictions that evidence-based approaches may place on practice. For example, Stephen A Webb suggests that evidence-based approaches undermine nuanced, responsive professional practice that relies on judgement and experience. He argues that ‘evidence-based practice proposes a particular deterministic version of rationality’ that ‘undermines professional judgement and discretion’; further, he argues that the positivist framework ‘restricts social work to a narrow ends-means rationality such that only certain forms of action are considered legitimate’ (Webb 2001, pp.57–8).

These concerns have been countered by other researchers who advocate implementation that combines ‘flexibility within fidelity’ (Kendall et al. 2008, p.988). Kendall and his colleagues argue that ‘creativity and clinical skill play a major role in the proper implementation of a manual-based treatment, and flexibility within fidelity is encouraged ... Manuals are not meant to be implemented in a “cookie cutter” fashion, with all patients being treated exactly alike’ (Kendall et al. 2008, p.988). Similarly, Cohen and her colleagues recognise that implementation requires adaptation; as they put it: ‘The need to adapt does not indicate a poor intervention or an inexperienced research team; it is a common part of the research process. It is the journey of translating evidence-based research into practice’ (Cohen et al. 2008, p.S387). For Cohen and her colleagues, the effective translation of evidence into practice requires detailed reporting and assessment of the practical adaptations.

These debates about evidence-based practice form the backdrop to this report in which we document our experience of adapting and implementing an evidence-based intervention—the Individual Placement and Support (IPS) model.

The following section provides an introduction to the key theoretical and practical concepts of the model, as well as some brief description of the history of its development.<sup>4</sup>

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<sup>4</sup> For a more comprehensive discussion of the IPS approach see J Lawlor & D Perkins 2009, *Integrated support to overcome severe employment barriers: adapting the IPS approach*. Section 4 of this report draws on their review of the literature.

## 4 Overview of the IPS model

The Individual Placement and Support (IPS) model of employment assistance is a form of employment support that was developed in the United States for individuals living with severe mental illness. 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, McHugo et al. 1999; 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, Williams & Dennis 2003).

The IPS approach views paid employment as a vital part of an individual’s broader recovery. As Swanson and her colleagues put it, it is ‘based on the idea (which is supported by research) that working in a regular community job with people who don’t have serious mental illness enhances people’s lives, promotes wellness, and reduces stigma’ (Swanson et al. 2008 p.2). At first, advocates of this approach emphasised the importance of promoting normative roles, for example, ‘supported employment directly promotes *normal adult work* roles’ (emphasis added, Drake, Becker et al. 1999, p. 290). This initial emphasis on normative roles reflected the idea of ‘normalisation’ (Wolfensberger 1972). More recent research highlights the key role that employment can play in recovery, but acknowledges that it is just one component of recovery, albeit a significant one. Importantly, researchers now recognise that the path to recovery varies from individual to individual (Swanson et al. 2008, Drake 2008).

The IPS model reflects its origin from a recovery and disability rights perspective. As the name implies, this approach seeks to address the individual needs of people with mental illness by providing tailored employment assistance. It assumes a strong practitioner and organisational commitment to foster hope and work towards goals of recovery, by encouraging clients’ strengths and competencies and actively involving client input in the design and implementation of programs based on this model (Bond, Resnick et al. 2001).

### IPS: an evidence-based employment services intervention<sup>5</sup>

In its original form, Individual Placement and Support (IPS) is a carefully designed, manualised and widely tested, evidence-based vocational rehabilitation intervention, developed in the United States for people with severe mental illness<sup>6</sup> (Bond 2004). The focus of IPS is the provision of individualised, client-led, support for job seekers in a setting where employment services and counselling or case management are closely integrated.

The model has been developed around a set of seven core principles:

- the goal of the service is competitive employment
- zero-exclusion policy, eligibility is based solely on desire to work
- rapid job search, excluding lengthy pre-vocational training
- integration of vocational and clinical services
- attention to consumer preferences

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<sup>5</sup> This section is based on Lawlor and Perkins (2009, pp.4–7).

<sup>6</sup> For more detail see < <http://www.modelprograms.samhsa.gov/pdfs/effective/individual-placement-and-support.pdf>>.

- time-unlimited and individualised support
- personalised ‘benefits counselling’, that is, advice regarding welfare entitlements are their interaction with paid work (Bond 2004)

In addition to the core principles listed above, a number of operational principles have been identified for the IPS model. These principles are organised around the operational dimensions of staffing, organisation, and services, and frame the IPS fidelity scale, which was developed by Bond and his colleagues to measure the extent to which programs are faithful to the model (Bond, Campbell et al. 2002). Two scales have been developed: the Quality of Supported Employment Implementation Scale and the IPS Fidelity Scale (DPRC 2008).

Programs attaining higher fidelity to the IPS model have been found to be the most effective in achieving employment outcomes with participants (DPRC 2008; Kubek et al. 2007). Moreover, Becker, Xie et al. (2006) suggest high fidelity helps to improve the outcomes at earlier stages of the program, and plays a more significant role in accurately predicting employment outcomes than adapting the model to perceived differences in local conditions.

## History and development

IPS was developed in the US with the aim of allowing supported employment to be ‘clearly described, scientifically studied, and implemented in communities’ (Bond, Becker et al. 2001, p.314; see also Bond 2004; Twamley, Jeste & Lehman 2003). Supported employment began in the field of developmental and physical disabilities in the early 1980s, representing a radical departure from traditional vocational rehabilitation for this population, which focused on sheltered workshops, day-care facilities and extensive pre-employment training (Bond, Campbell et al. 2002; Cook 2007; Cook, Razzano et al. 2007; Drake & Becker 1996; Moll, Huff & Detwiler 2003). Based on the belief that these services excluded people with disabilities from mainstream society, clients in supported employment were instead placed rapidly into employment in the community, with extensive post-placement support (Bond, Becker et al. 2001; Crowther et al. 2001).

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, Becker et al. 2001; Drake 1998). For example, an influential literature review by Gary Bond, published in 1990, drew attention to the high levels of unemployment for people with severe mental illness and the ineffectiveness of existing vocational rehabilitation interventions (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 supported employment and the Assertive Community Treatment (ACT) model (Bond 2004; Bond 1998; Drake & Becker 1996). Early milestones in the research and dissemination of IPS included a successful trial in New Hampshire, and the publication by Drake and Becker of a practice manual for IPS in 1993 (Drake, Becker et al. 1999).

In the intervening years, international interest at the government, academic and service delivery levels 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 operate in 10 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).

## 5 Adaptation and implementation of the model

IPS has been studied in different countries, in different service settings, and in rural and urban settings. In examining the IPS model, Lawlor and Perkins (2009) reviewed a range of randomised controlled trials and other studies on the adaptation and implementation of the IPS approach. They concluded that: ‘overall, results suggest the generalisability of IPS across varying social, political, economic and welfare contexts’ (Lawlor & Perkins 2009, p.10).

### IPS in different countries, service settings and locations

IPS was developed specifically to operate in community mental health centres (CMHCs), accordingly most trials have been in this setting (Becker & Drake 1994). However, Lawlor and Perkins (2009) note the ‘successful’ implementation of IPS in other settings, such as a hospital (Wong et al. 2008). They refer to Bond, Becker and colleagues who observe that the IPS model is ‘not necessarily limited to a particular service model’, but suggest that the key to effective outcomes is the integration of IPS with services that offers adequate case management (Bond, Becker et al. 2001, p.314). They note claims that IPS can be combined with a variety of clinical teams, of varying levels of intensity (Drake, Becker et al. 1999). However, they also acknowledge research that suggests that organisational structure and service design is an important element of evidence-based supported employment practice (Campbell et al. 2007). Campbell and her colleagues emphasise the importance of recognising:

the challenges their program designs present in serving persons with SMI [severe mental illness]. Corrective actions to ensure fidelity to identified supported employment principles, such as fully integrating their employment services with needed mental health services, must be taken (Campbell et al. 2007, p.10).

Lawlor and Perkins (2009) conclude that while fidelity measures may need to be adapted for non-CMHC agencies, 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.

Lawlor and Perkins (2009) observe that various studies have indicated the effectiveness of IPS in rural and urban communities, in communities with differing socioeconomic profiles, with people from minority backgrounds, and for varying age groups, including one randomised controlled trial that tested IPS with younger clients (Killackey, Jackson & McGorry 2007) and another with middle-aged and older clients (Twamley et al. 2008). Lawlor and Perkins (2009) cite Cook, who claims that supported employment programs such as IPS ‘can work anywhere, with a wide variety of clients’ (2007, p.7). However, they also note that Becker, Xie and colleagues suggest 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, Xie et al. 2006).

### Not just mental health issues

In reviewing the implementation and adaptation of IPS, Lawlor and Perkins (2009) highlight programs that served populations where mental illness is a common, but not a defining, feature. For example, Pavetti et al. (2001) observe that the individualised, client-focused approach to addressing multiple barriers is a particular strength of the IPS approach. Lawlor and Perkins (2009) observe that where researchers address issues other than mental health in the IPS literature they tend to focus on issues of co-morbidity, rather than broader barriers to employment such as homelessness or family breakdown. For example, a randomised controlled trial (RCT) reported by Judith Cook

and her colleagues suggest that those with co-morbid mental and physical health problems work less and earn less, while those with co-morbid substance misuse problems obtained employment at an above average rate (Cook et al. 2007). Other studies including an RCT conducted by Mueser et al. (2004) and a review by Sengupta, Drake and McHugo (1998) support Cook's findings.

Lawlor and Perkins (2009) refer to indirect evidence for IPS effectiveness in addressing multiple or severe barriers to employment. For example, in RCTs in Maryland and Washington DC, participants had high levels (27% and 40%, respectively) of substance misuse and homelessness (Drake, McHugo et al. 1999; Lehman et al. 2002). A 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% had previously been arrested and charged with a crime). These participants were less likely than those in other IPS studies to have a mental illness, but significantly more likely to have a substance misuse problem (82%). Lawlor and Perkins (2009) observe that 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).

Lawlor and Perkins (2009) also report on anecdotal evidence that suggests the effectiveness of the IPS approach for job seekers who face multiple barriers to employment. They highlight an award-winning IPS program in Oregon, established in 1999 within a housing service, which has also produced positive results for 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. They note that 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, as well as ongoing improvements in housing, employment and substance misuse problems (pers. comm. Rachel Post, Central City Concern, Portland, Oregon 2008). Closer to home, they cite Gina Chinnery, an employment specialist at Orygen Youth Health in Victoria, who observed that multiple barriers to employment, in particular substance misuse and homelessness, are common among IPS clients. She noted the importance of close contact with relevant services such as those addressing issues relating to drug and alcohol dependence or housing. Chinnery observed that—while multiple barriers generally add another 'layer' of complexity to IPS work—the goals of finding work and, for example, accommodation are considered complementary, so multiple barriers were not seen as a major impediment to effective service delivery. The IPS approach sees competitive employment as an opportunity for clients to understand better how substance misuse affects their capacity to work, while receiving support and encouragement from the employment specialist (Becker, Drake et al. 2005). This approach reflects the zero-exclusion principle of the model.

## Implementation issues

Issues of implementation have been widely analysed. In their review of the literature, Lawlor and Perkins (2009) concluded that, overall, numerous trials in a multitude of different agencies, communities and countries appear to support the IPS model's relative ease of implementation. The National Implementing Evidence-Based Practice project in the US found that of five evidence-based practices studied, IPS was the easiest to implement (Becker, Baker et al. 2007). But it takes time—Becker and her colleagues suggest that, on average, it takes one to two years to implement IPS with a high level of fidelity (Becker, Torrey et al. 1998).

In their review of the literature, Lawlor and Perkins (2009) identified the following common barriers to implementation:

- 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

Lawlor and Perkins (2009) cite findings from a 2004 survey of seven sites in the US, which calculated the annual average cost of IPS per full-year-equivalent client as amounting to US\$2,449 (Latimer et al. 2004, p.404). A study by Chalamat and colleagues attempted to generalise US costs data to a hypothetical Australia-wide program and concluded costs per participant would be around A\$8,700, mostly for wages (Chalamat et al. 2005). The ability to generalise from overseas costs to the Australian context is doubtful, as Chalamat and colleagues noted (see also Schneider 2003).<sup>7</sup> Lawlor and Perkins (2009) reviewed a number of studies that reported 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, Becker et al. 1999; Latimer 2001). Becker and colleagues (Becker, Torrey 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) speculate 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.

As a significantly more effective intervention, IPS may actually deliver greater benefits with minimal or no extra costs (Clark et al. 1996; 1998; 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, McHugo et al. 1999; Schneider 2003). Schneider (2003, p.155), for instance, argues that the

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<sup>7</sup> Given the different organisational structures it is difficult to compare costs with the previous PSP approach, which allowed brokerage funds of \$150 per client per year. Perkins (2007, p.91) found that around 90 per cent of managers reported 'cost was a barrier to providing required services'.



‘ultimate criterion of cost effectiveness [for IPS] will be the value that decision makers place on the greater social inclusion promoted’.

### Staff and training

Practitioner skills play a vital role in achieving positive outcomes. Accordingly, recruiting, training and retaining qualified staff is a critical aspect of effective implementation (Catty et al. 2008; Drake, Bond & Rapp 2006). Lawlor and Perkins (2009) reviewed a number of studies that noted that implementation was adversely affected by difficulty finding and retaining adequately qualified staff (Becker Torrey 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, Campbell et al. (2002) claim that measures on the fidelity scale related to staffing did not vary significantly from those of 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, Torrey et al. 1998, p.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, Huff & Detwiler 2003; Oldman et al. 2005).

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, Torrey et al. 1998; Drake, Bond & Rapp 2006; Oldman et al. 2005). One program found that employment outcomes improved significantly when supervisors spent at least 30 per cent of their time supervising in the field. 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, Baker et al. 2007).

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 an important aspect of IPS work, and seemed to be of great benefit at Orygen Youth Health, in particular when dealing with the broader government welfare and employment systems.<sup>8</sup> At Orygen, the decision was made to hire staff for the employment specialist role with employment, rather than clinical, experience.<sup>9</sup> 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. Knowledge of mental health issues—for example, about medication—was also important, and some researchers have argued that those without clinical experience may have some difficulty making the transition into work with a more challenging client population (Catty et al. 2008).

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<sup>8</sup> Interview with Gina Chinnery, Youth Employment Specialist, 30 May 2009.

<sup>9</sup> See <http://cp.oyh.org.au/ClinicalPrograms/employment> and <http://rc.oyh.org.au/ResearchAreas/functionalrecovery> for more details of their approach.

## Organisational change

Bond, Becker et al. (2001, 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 shift from a way of working that ‘protects’ clients towards one that encourages ‘positive risk taking’ to build productive roles in their communities (Torrey, Mead & Ross 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’. Weston (2002) suggests that the introduction of vocational staff may add pressure to already stretched agency resources and workspace. Additionally, researchers have noted possible resistance to change from psychiatric clients and their family members (Drake 1998).

The key to addressing these issues appears to be involving all stakeholders (service users, families, practitioners and supervisors) in the change process. Lawlor and Perkins (2009) identified a number of studies have noted the importance of consensus building for effective implementation (Bond, Becker et al. 2001). 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, Baker et al. 2007; Becker, Torrey et al. 1998; McCarthy, Thompson & Olson 1998).

The employment specialist at the Orygen 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.<sup>10</sup> Nonetheless, she felt that once clinical staff began to see the practical benefits, and that IPS could be used as an engagement tool with clients, many of these apprehensions subsided. She reported 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. It may be 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 of using stakeholder expertise in the structuring and implementation of services.

## Welfare policy issues

A number of researchers, including Waghorn and colleagues 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 (Waghorn et al. 2007; see also van Erp et al. 2007). Fear of losing benefits and the ‘benefits trap’ have sometimes been identified as the key factors affecting competitive employment rates, as well as the transition from part-time to full-time work and eventual economic self-sufficiency (Becker, Baker et al. 2007; Bond 2004; Burns et al. 2007; Salyers et al. 2004). In general, these issues have been presented as surmountable, primarily through individualised benefits counselling. Results from trials of IPS with benefits counselling have been promising, in some instances doubling employment rates (Becker, Baker et al. 2007).

At Orygen, the employment specialist observed that, in general, Centrelink staff and policies were reasonably supportive of the transition from welfare to work, although advocacy was sometimes

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<sup>10</sup> Gina Chinnery interview 30 May 2009.

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.

## Limitations of the IPS model

Robert Drake (2008) highlights three main limitations of the IPS model:

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

The following section draws on Lawlor and Perkins' review of IPS literature that reported on the techniques or enhancements that have been developed to address these issues.

### Motivation to work

While the bulk 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 possible within government-funded employment assistance services. Nonetheless, a program such as PSP, which aims to achieve both vocational and non-vocational goals, was well positioned to implement an IPS-type approach, where clients are not compelled but have the opportunity to receive vocational support.

At least two RCTs reviewed by Lawlor and Perkins (2009) did not filter for motivation to work. The South Carolina RCT combined IPS with an assertive outreach program, and hence IPS services were provided regardless of motivation to work. As may 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, no filtering was 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 were 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).

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

Lawlor and Perkins (2009) identified numerous studies that identify 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. 1998; Gold et al. 2006; 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). The employment specialist at Orygen also noted that job satisfaction and matching jobs to client preferences were important in increasing job tenure. Lawlor and Perkins (2009) observe that this may suggest a link between short tenure and unsatisfactory job endings on the one hand, and the preponderance of entry-level work, which may be less satisfying for clients, on the other. Becker, Baker et al. (2007) 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.

## 6 Outline of the project

This project was developed in response to the unmet needs of Australian job seekers facing multiple barriers including mental health issues. Originally it was intended to inform the design of a larger program trial and evaluation that sought to test the effectiveness of an evidenced-based approach to meeting the needs of disadvantaged job seekers.

The project was designed as a qualitative implementation study, which sought to examine the implementation and adaptation of an evidence-based intervention. This project made two major adaptations to the IPS approach. First, rather than providing employment services within a community mental health context, it provided mental health support within an employment context. Second, it expanded the IPS model to include people with multiple barriers to employment including mental health issues, rather than focusing on mental health issues as the primary identifying characteristic of the client group.

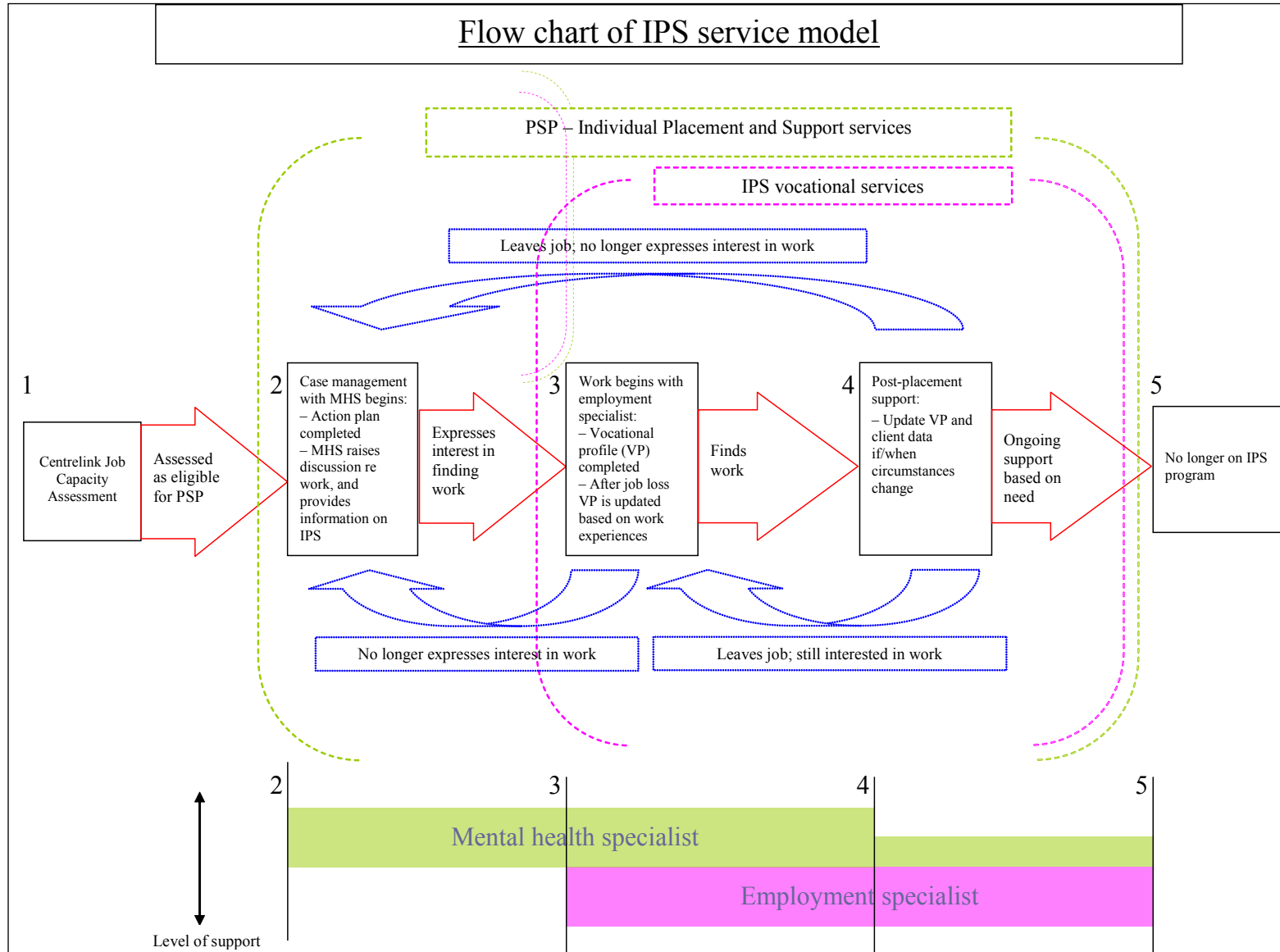
### Aims

Many elements of the Personal Support Programme model—including using a holistic model of assistance, strong partnerships with local agencies to provide a wide range of support services and smaller case loads, and more intensive case management—were in line with good practice approaches identified in research in Europe and the United States. However, two fundamental weaknesses of the program were found to detract substantially from its ability to achieve positive outcomes. These were the lack of integration between employment assistance and mental health support services, and the substantial difficulties faced in providing the help that was needed (Perkins 2007a).

The project aimed to examine an adapted IPS approach as outlined in the flow chart (Figure 6.1) overleaf. The adaptation was devised by adding the following three components to the then current PSP approach:

- **Improved mental health support** through the use of a PSP case worker with mental health qualifications. It was intended that this worker would be the primary case manager and provide general support and assistance with non-vocational barriers as well as mental health support and referrals as required to a total case load of 50. Part of the role of this worker was to develop improved linkages with local mental health services.
- **Access to specialist employment** through the addition of an employment specialist to work intensively with participants who were receiving increased mental health support and also wanted to move towards employment or training and education. An existing worker was provided with training to develop specialist employment skills based on the IPS employment model. This worker's role focused on vocational support and all phases of vocational service including participant engagement, assessment, job placement and ongoing support. He also engaged in job development with employers. This assistance was intended to be integrated with non-vocational assistance through regular joint case meetings with the primary case manager and regular contact with other service providers. This worker's case load was 25.
- **Participation support account:** A participation support account of up to \$300 per participant was available to enable access to other support services such as education and training.

Figure 6.1



The BSL entered into an agreement with an employment service provider in the North Eastern suburbs of Melbourne. The project included 50 participants. It was intended that all of them would receive additional mental health support via a case manager with mental health training, and each participant would have \$300 available as brokerage funding. A subset of up to 25 of this group would also receive support from the employment specialist.

## Research methodology

A mixed-method approach was used to collect different forms of data. These included:

- **Questionnaires**
  - a questionnaire of staff after the training provided feedback on the training materials
  - a PSP–IPS employment interest questionnaire provided insight into the experience and aspirations of the participants and acted as a tool for staff and clients to focus discussion on the clients’ experience and hopes for paid work
- **Analysis of administrative data** obtained from the EA3000 system, including case notes, contact sheets and other information and data collected specifically for the review by agency staff
- **Face-to-face semi-structured interviews** with the case manager, employment specialists and other staff and employers
- **Focus group** with participants provided insight into their perspective of employment services, and this approach in particular
- **Observation** of work in the program

The project adopted two broad approaches to assessing the evidence generated by the project. The first was the fidelity review process. Based on the principles of ‘evidence-based practice’ the purpose of the fidelity review is to assess how faithfully a particular program fits with a pre-determined and tested model for service. In this case, the model that has been used is the Individual Placement and Support (IPS) model of employment services, developed in the United States at the Dartmouth Psychiatric Research Center. The developers of the model have been involved in numerous randomised trials of the approach, and through the process of studying it have developed a ‘fidelity scale’. The fidelity scale is a list and explanation of the key aspects of the model that will (or should) affect the efficacy of the program. The ‘fidelity review’ process assigns a score for each component of the program on the basis of how faithful each one is to the IPS model. These scores are added to provide an overall assessment. The project also assessed the fidelity review framework process in terms of its usefulness and ease of implementation.

## Ethics

Ethics approval was sought and obtained through the BSL Ethics Committee. A formal agreement was made between the employment service provider and the BSL. Informed consent was sought from all participants. Participants were able to opt out of the trial at anytime. All data was provided on a confidential basis.

## Implementation of the project

Cohen and colleagues have argued that the effective ‘translation of evidence into practice’ requires detailed reporting and assessment of the practical adaptations (Cohen et al. 2008, p.S387). Here we report on implementation of the project to provide the context for the fidelity review and to highlight planning and practice issues.

### Context

The project was developed and conducted during a time of great change in the provision of employment services. The contracts for provision of employment services under Job Network were scheduled to end on 30 June 2009. In the time leading up to the end of contracts, the Rudd government had undertaken widespread reform of the employment assistance system. New contracts were let for providers of employment services under the new Jobs Services Australia system from 1 July 2009. The BSL decided not to submit a bid to provide employment services under the new system. As a result, the proposed larger trial could not be implemented.

In the first half of 2009, when the project was conducted, the general sense of uncertainty may have distracted the employment service provider from engagement with the trial. In March 2009 the employment service provider was advised that their bid to provide services under the new Jobs Services Australia model had been unsuccessful. The immediate impact of this was the resignation of the IPS employment specialist, halfway through the project. In addition, instead of taking place within a period of relatively low unemployment and high business confidence, the project took place during an economic downturn. Business confidence fell, and many employers ceased to employ additional workers and began to lay workers off, which meant that it was not easy to quickly fulfil a participant’s desire for a job.

### Staffing

After an initial planning period the project commenced at the employment service in January 2009. The employment service, Employment Focus, which partnered with the Brotherhood in this project, is an established community-based, not-for-profit organisation that offers recruitment, training and employment services to employers and job seekers. At the time of the project, it provided a range of services and programs including the Personal Support Programme (PSP), Disability Employment Network (DEN) and Job Network, had over 70 staff, and an annual turnover of \$6 million.<sup>11</sup> The research team comprised Daniel Perkins and Jyden Lawlor, who conducted the initial literature review and designed and implemented the project. Dina Bowman took over Daniel’s role in May 2009; Jyden worked on the project until late 2009. Two existing Employment Focus staff participated in the project along with a mental health specialist who was recruited specifically for the project in December 2008. December is traditionally a difficult time to recruit staff and there were delays in starting the recruitment process, as a result, there was insufficient time for the mental health specialist to complete an orientation to the employment service, before starting work on the project. This had a compounding effect because the employment specialist supported and trained the mental health specialist, which affected his ability to focus on his own role.

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<sup>11</sup> For further details, see <<http://www.empfocus.vic.edu.au/docs/Organisation%20Profile.pdf>>, last viewed 5 January 2010.



## Training and orientation

The first month of the project focused on orientation and training in relation to the IPS approach. A training consultancy developed, delivered and evaluated training, which consisted of one and a half days of initial training, with a follow-up half day, one month into the trial. The training emphasised a proactive approach that encourages positive risk-taking by clients in seeking to gain employment rather than a protective approach. The training used an *IPS Training Manual* which was developed by Perkins and Lawlor based on a toolkit developed by the New Hampshire Dartmouth Psychiatric Research Center for the Substance Abuse and Mental Health Services Administration (SAMHSA). It was based around two components:

- orientation of practice, which introduced the Individual Placement and Support model
- practice, knowledge and skills, which provided strategies around referrals, engagement, benefits counselling, vocational assessment, job finding, job supports, working effectively with clients, and harnessing the help of other critical stakeholders

## Training for staff working with clients

For employment service staff working with clients, the emphasis was on an IPS approach in:

- providing only vocational support
- carrying out all phases of employment assistance including engagement
- assessment, job placement and ongoing support
- providing ongoing work based vocational assessment
- facilitating rapid search for competitive employment, typically within one month of entering the program
- individualised job search based on preferences (what participants enjoy and personal goals) and needs (including experience, ability, personal issues, health) rather than the job market
- viewing all jobs as positive experiences of vocational growth and development
- providing individualised ongoing support
- spending most of their time out of the office

## Training for staff working with employers

For employment service staff working with employers, training was based on an IPS approach including:

- being proactive in making contacting with employers
- engaging in job development with employers
- providing ongoing support to employers with issues that arise (performance, barriers etc.)
- understanding and achieving project key performance indicators
- enabling employment service and mental health staff to work together in highly integrated way, regular meetings, sharing information, and joint problem solving

The training provided opportunities for active learning, with role plays and case studies. A set of two DVDs produced by the Johnson & Johnson–Dartmouth Community Mental Health Program, *Supported employment: Strategies that work* (2007), provide more detail of these strategies. Contents of the DVDs include discussion of referral processes, benefits counselling, assessment,

job finding, job supports, team meetings, the role of the psychiatrist, the role of the team leader, the employment unit meeting, and the role of employment specialists. The DVDs also included vignettes that featured clients in different scenarios.

One month into the project, follow-up training provided IPS project staff with the opportunity to clarify issues and report any difficulties in implementing the program. Throughout the project BSL staff provided support, feedback and advice to the project staff at Employment Focus.

## 7 The clients

Most of the participants<sup>12</sup> in the IPS project faced multiple complex, longstanding challenges in their daily lives. In this section of the report we provide details of the clients in the IPS project who received both mental health and employment specialist support.

All experienced some problems with their mental health, but this did not necessarily mean that they had serious mental illness. Most had relatively low levels of education. All were in receipt of Newstart Allowance and most had been unemployed for long periods of time.

Key characteristics of this client group are given below. Figures cited show only the number of clients who provided details for each question.

### Characteristics of the sample

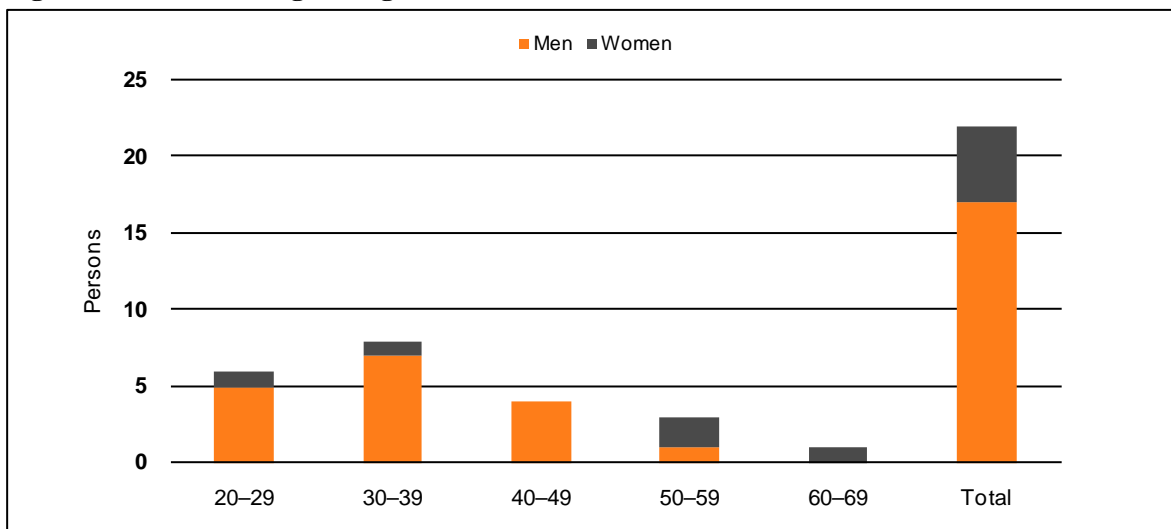
#### Gender

Twenty-four individuals (18 men and 6 women) participated in the IPS component of the project.<sup>13</sup>

#### Age

The average age of female participants was 46; this was considerably older than the average age of men, which was 35. Figure 7.1 below shows the number of participants, men and women, in each of five age brackets.

**Figure 7.1 Clients' age and gender**



#### Health

All participants had some form of mental health problem, with the bulk experiencing depression and or anxiety. It is hard to ascertain whether the mental health status represents a formal diagnosis or an assessment of current mood and sense of wellbeing. Conditions commonly co-occurred.

<sup>12</sup> Here 'participants' refers to clients in the IPS project.

<sup>13</sup> Participants moved in and out of the project over the six-month period. This figure relates to all participants of this time.

Of the men who provided details:

- 10 reported depression and/or anxiety
- 8 reported alcohol or drug dependence
- 5 of the 8 who had alcohol or drug dependence also reported mental health problems
- 3 reported specific psychiatric diagnoses such as schizophrenia
- 3 men also had a physical disability

Four women reported depression and/or anxiety, and two of these women also had a physical disability.

One woman’s case notes indicated that she had a psychiatric problem, possibly a post-traumatic stress disorder. This woman was of a refugee background, did not have good English language skills, and had primary schooling only. She had children in her care and had moved house up to three times in the past 12 months.

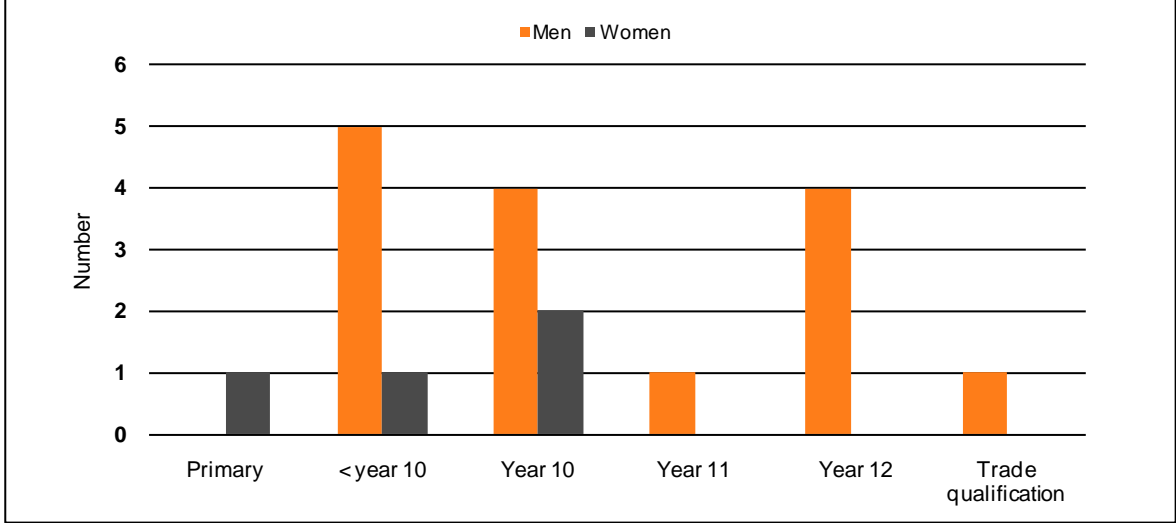
### English language

Most had good English language skills. Three participants had a preferred language other than English (two women and one man); one man identified as Indigenous.

### Education

Most participants had completed schooling to year 10 or less. Figure 7.2 below shows the number of participants, men and women, who had attained each of six categories of education.

**Figure 7.2 Education by gender**



Of the men who provided details:

- 4 had completed year 12
- 1 had a trade qualification
- 1 man had completed year 11
- 4 had completed year 10
- 5 men had completed up to year 10

Of the four women who provided details two had completed year 10; one had completed up to year 10, and one had primary schooling.

### Accommodation

Five of the men and three of the women lived alone; three men lived in emergency or temporary accommodation.

### Criminal record

Six of the 17 men who answered this question disclosed a criminal conviction.

### Income

All of the participants who provided information were in receipt of the Newstart Allowance.

### Work ability and history

Twelve men and four women were assessed as being able to work 30 or more hours per week, one woman was assessed as able to work for up to 15 hours per week, and two men were assessed as being able to work for between zero and seven hours per week.

### Employment history

The client participants had long histories of unemployment or non-employment. Few had any paid work over the past two years. Only seven men and one woman had had any paid work in the past two years.

Not surprisingly, many of the participants revealed a detailed knowledge of the employment services system. For example, one man said:

Well, when you've been on the dole for ten ... years, you sort of get to know the ins and outs better than the people working there pretty much. You really do. You get frustrated. They're incompetent—sometimes, you feel like doing their job for them ... 'No, you're meant to hit the back key, stupid! No, you're on the wrong screen. Go back, and put the number in there...'

As experienced employment service users, the participants had valuable insights, knowledge and experience regarding employment services policy and practice.

### Motivations and aspirations

The desire for money was a key motivator for work. Without money, participants' choices were limited, which compounded their sense of exclusion and powerlessness. One young man in the focus group said:

I want money now. I wanna earn, like the money that my friends are earning or my parents are earning. I wanna earn money now.

Another young man explained, 'with what we get on the dole it's impossible to save. At all! Even five dollars, it's impossible to save'.

Participants also expressed concern about the loss of benefits if they gained employment, especially in relation to the cost of medications:

If you work over so many hours you can lose your health care card ... medication ... And stuff like that is gonna stuff me up, paying full price for that. I've just either gonna have to jump off stuff or ... I don't know ... something ... get private health insurance ... I wouldn't have a clue.

Interviews suggest that some of the participants may have worked informally (cash in hand). They were unable to include this work on their resumes, due to the penalties applied to working while receiving unemployment benefits.

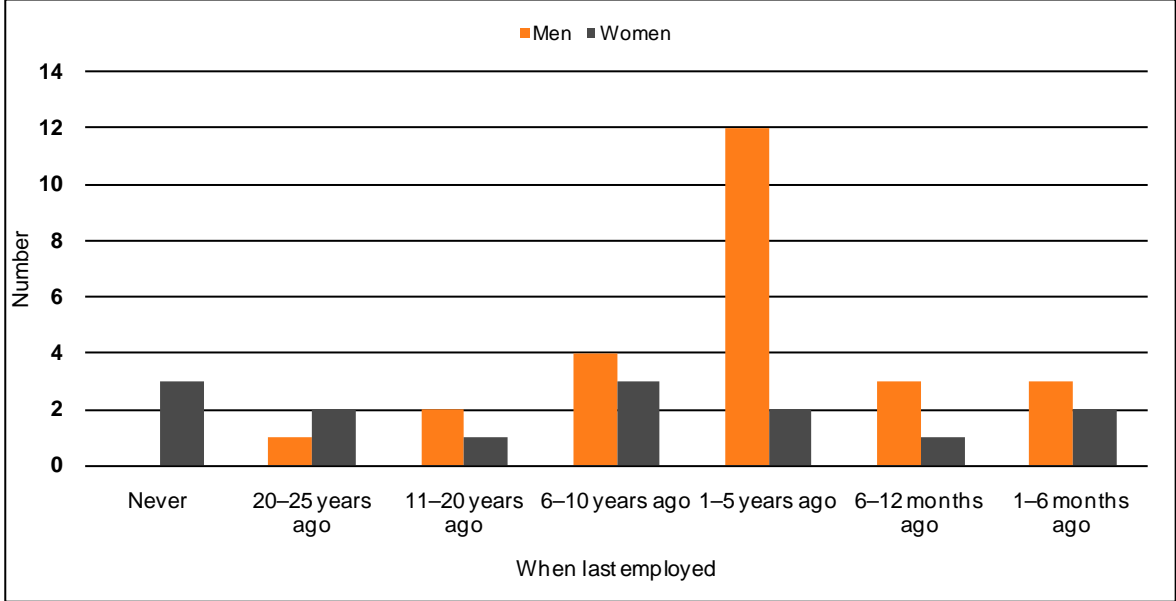
### Employment interest survey

The employment interest survey acted as a catalyst for discussion about employment aspirations. It also provides some insight into the kinds of work to which this client group aspired. Not all of the respondents to the employment interest questionnaire took part in the IPS stream of the project, but the data provide insight into the skills, histories and aspirations of the PSP client group.

Of the 39 people who completed the employment interest survey, 25 are men and 14 are women. Of the 25 men, almost half had been unemployed for between one and five years, with around a quarter unemployed for the past year.

Of the 14 women, only three had been employed in the past year, with the bulk last having a job more than one year ago. Three of the women had never been employed (see Figure 7.3 below).

**Figure 7.3** Employment history—last job



The bulk of the men who completed the survey had worked as drivers or couriers, construction workers, or in call centres; others had worked as waiters or kitchen hands, in security, in factories, on the wharfs, delivering pamphlets, as painters and decorators, as computer technicians, as gardeners or as linesmen.

Most of the women who completed the survey had worked in sales, others had worked in hospitality, as a laundry assistant, a night-filler in a supermarket or as a telephonist. One had last worked as a teacher and another as an advertising executive.

### Readiness for work

Of the 14 women who provided details, only one considered that she was 'very ready' for paid work, three said they were 'quite ready', while the rest reported being 'not ready at all'.

Of the 22 men who responded to the question about readiness for work, only two said they felt 'very ready' for work, 15 felt 'somewhat' or 'quite ready' for work, while five said that they were 'not ready at all'.

Notwithstanding their self-assessed readiness for work, four women and four men said they wanted work now, and 16 men said they wanted paid employment within the next 12 months. Eleven people (7 women and 4 men) said that they wanted to work at some stage in the future. Four respondents said they did not want to work.

### Desired work hours

Most of the men (9) said they wanted to work fulltime or more than 38 hours per week, three said they wanted to work more than this ('lots of hours', 'as many as necessary' and '50+'). Five said they wanted to work between 20 and 40 hours, four wanted to work between 10 and 18 hours, while two wanted to only work a few hours per week. As one man put it, 'small steps to begin with'.

Most of the women said they wanted to work 35 or more hours per week, although two women wanted to work less than eight hours per week; one said she wanted to work 'as few [hours] as possible for the most money'.

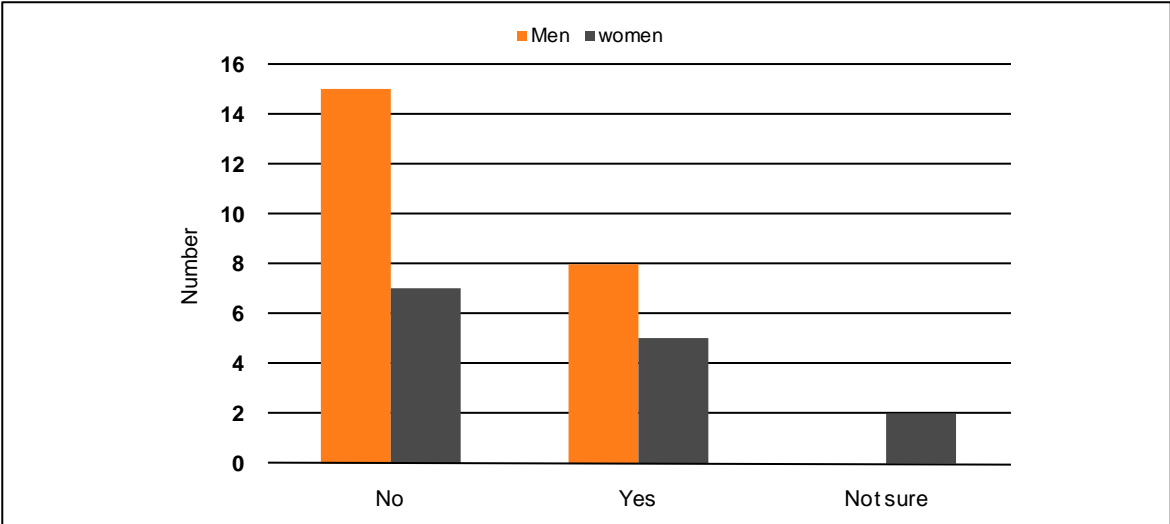
### Aspirations for training or study

Most of the respondents did not want to do further training (see Figure 7.4 below). Fifteen men and seven women did not want to study or train. As one man said:

I don't wanna do any more courses. I mean, like my resume is like two pages long. I've done all the courses I need to do. I just wanna get a job. I don't wanna go back and do my VCE. I just wanna get a job – and that's it.

Eight men and five women wanted to study or do training, while two women were unsure.

### **Figure 7.4 Aspirations for training—'Do you want to do further training or study?'**



### Aspirations for employment

The men’s aspirations were generally modest, yet quite specific. Most said they wanted to work in sales, drive trucks, machinery and forklifts, work in warehouses, and return to the work they had last done. A few had specific aspirations, including being a master of ceremonies, a lumberjack, an artist, or a music teacher.

The women’s aspirations were similarly modest (clerical work, child care, data entry, sales assistance, working with animals) or reflected their work experience (teaching and advertising), but one woman had a particular ambition, she wanted to work ‘in a team to build self sufficient villages globally’.



## 8 The fidelity review

The fidelity review process provides a framework for evaluation and assessment of the extent to which the implementation of the IPS approach has remained true to its key principles. It is useful in identifying areas of divergence or adaptation. It does not measure service quality.

The fidelity review requires detailed data collection and analysis. It considers three main aspects: staffing, organisation and services.

The first aspect, staffing, assesses case load size and the nature of staff specialisations. Organisation considers the degree to which mental health rehabilitation is integrated into service provision and the extent to which the service complies with zero exclusion and focuses on competitive employment. The third aspect of the review focuses on services, and examines issues such as work incentives, disclosure, diversity of job types, individualised follow-along support and assertive engagement and outreach by an integrated treatment team.

Each element is assessed against the model and given a score from one to five (1 = no implementation and 5 = full implementation). Recommendations for improvement are made for each aspect identified in the review.

The review was undertaken using the fidelity framework that was developed based on training information supplied by the developers of the IPS model at the Dartmouth Psychiatric Research Centre (Becker, Swanson et al. 2008). This information included 'fidelity scales' used to rate the fidelity of program to the model, as well as a series of written and audiovisual material supplied to aid agencies in conducting reviews of the fidelity of the program. The current fidelity review differs to those described in this material in a number of ways. Firstly, the aims of the review, as part of a wider research study looking at the implementation of the program, are broader than a simple review of program performance. Accordingly, insights and recommendations tend to focus on program or structural difficulties and solutions, rather than the work of individual staff members.

While the fidelity review kit suggests that the analysis should be cross-sectional, with data collection and analysis taking place within a week or two, time and resource constraints meant that the data collection and analysis for the current review occurred over a much longer time period. As a result, some of the comments refer to changes throughout the length of the project, and look at trends or themes in the performance of the program fidelity rather than specific examples where the program was or was not successfully implemented.

Finally, where the fidelity review material suggests a fully impartial reviewer undertake the fidelity review, the novelty of the model in the Australian context made this difficult to achieve. This review was undertaken by a research team member who had worked closely with agency staff and management to plan and implement the program being reviewed. The aim of the review, and of the project itself, was to critically assess the implementation of the model, rather than giving a score or rating to the particular project involved. Accordingly, motivation for bias in the analysis, whether conscious or unconscious, should have been reduced. Nonetheless, this is a limitation of the analysis which should be borne in mind. A summary of the fidelity review is provided here. A detailed report is provided as an appendix.

## Summary of the fidelity review

<b>Fidelity rating</b>
----------------------------

**A. Staffing**

1A.	Case load size	4
2A.	Vocational services staff	2
3A.	Vocational generalists	4

**B. Organisation**

1B.	Integration of rehabilitation with mental health through team assignment	5
2B.	Integration of rehabilitation with mental health through team member contact	4
3B.	Collaboration between employment specialists and vocational rehabilitation counsellors	1
4B.	Vocational unit	1
5B.	Role of employment supervisor	2
6B.	Zero-exclusion criteria	3
7B.	Agency focus on competitive employment	2
8B.	Executive team support	5

**C. Services**

1C.	Work incentives (welfare entitlements) planning	3
2C.	Disclosure	2
3C.	Ongoing, work-based vocational assessment	3
4C.	Rapid search for competitive jobs	3
5C.	Individualised job search	3
6C.	Job development—frequent employer contact	3
7C.	Job development—quality of employer contact	3
8C.	Diversity of job types	4
9C.	Diversity of employers	5
10C.	Competitive jobs	5
11C.	Individualised follow-along supports	5
12C.	Time-unlimited follow-along supports	2
13C.	Community-based services	2
14C.	Assertive engagement and outreach by integrated treatment team	4
<b>Total</b>		<b>80</b>

(Note: 1 = no implementation and 5 = full implementation)

<b>115–125</b>	Exemplary fidelity
<b>100–114</b>	Good fidelity
<b>74–99</b>	Fair fidelity
<b>&lt; 73</b>	Not IPS

## Assessment of the fidelity review process

Cohen and her colleagues observe that the ‘need to adapt does not indicate a poor intervention or an inexperienced research team; it is a common part of the research process’ (Cohen et al. 2008, p.S387). They argue that the effective ‘translation of evidence into practice’ requires detailed reporting and assessment of the practical adaptations. The fidelity review process is particularly useful when evaluating an adaptation of an evidence-based intervention.

The fidelity review enables the detailed reporting and assessment of adaptation and implementation. It is a tool for analysis that relies on a broad range of data, an assessment of that information and its expression as a score. Reducing complex understandings and observations to a single number may obscure the nuances of the experience of implementation and adaptation. However, the comments and recommendations allow for more detailed explanation and consideration.

The project generally performed well, with over half of the indicators scoring three or more. For staffing, two out of three scores were four; for organisation, half the scores were three or more and, for services, nine out of 14 scores were more than three.

The project did not score well in the following areas:

- 3B. Collaboration between employment specialists and vocational rehabilitation counsellors (score = 1)
- 4B. Vocational unit (score = 1)
- 2A. Staffing—employment services staff (score = 2)
- 5B. Role of employment supervisor (score = 2)
- 7B. Agency focus on competitive employment (score = 2)
- 2C. Disclosure (score = 2)
- 12C. Time-unlimited follow-along support (score = 2)
- 13C. Community-based services (score = 2)

A score of one indicates that no implementation occurred. A score of two indicates that some implementation occurred. These scores reflect the adaptations to the IPS approach and the short nature of the project. We discuss these issues in more detail in the following section.

## 9 Discussion of findings

This section examines the adaptation of the IPS model and the associated implementation issues based on the fidelity review and the stakeholder interviews.

### Adapting IPS

This project made two major adaptations to the IPS approach. First, rather than providing employment services within a community mental health context, it provided mental health support within an employment services context—while other studies had implemented IPS programs in a range of contexts, none studied had done this. Second, it expanded the IPS model to include people with multiple barriers to employment including mental health issues, rather than focusing on mental health issues as the primary identifying characteristic of the client group. While other studies had included people with co-morbidity, and other issues such as homelessness, they all included people with a primary diagnosis of mental illness.

These two adaptations are important; organisational and professional frameworks shape understandings of the challenges that confront individuals (Webb 2001). The evidence that the IPS approach works is based on particular assumptions about clients, human services workers and employers. Within a mental health environment, work can be seen as part of the process of recovery, while within a federally funded employment services, work is often seen as a requirement, or as a goal in and of itself, with varying levels of compulsion depending on the individual and the service context.<sup>14</sup> Differences in organisational culture, professional frameworks, contractual obligations and what seems reasonable or possible within these frameworks affect the implementation of the IPS approach (Bond, Becker et al. 2001; Torrey, Mead & Ross 1998 Marrone & Gold 1994; Weston 2002).

Defining the roles and responsibilities of staff members is important in adapting the model to a new client population and a new service context (Marrone & Gold 1994). Not surprisingly, perhaps, adaptation of the ‘integrated service’ aspect of IPS to this client and service context was the most difficult area of adjustment. This appears to have been a key area of adaptation throughout IPS programs in Australia, although little detailed information is provided in other reports. In our experience, co-locating a mental health professional in the employment service was seen to be beneficial by the employment service staff, but clients were more equivocal. They commented on the skill set involved and the appropriateness of the role. For example, one man said:

We’re already seeing, you know, counsellors, psychs, other people outside of here, um or just dealing with it ourselves. Another person, can ... just get confusing nearly, it can just get confusing talking to too many people. You forget what you’ve told one person – you think you’ve told one person one thing, but it was actually the other person you told, and you get frustrated because you think: I’ve just told you this last week’ – but it wasn’t them. It was the other person.

Another man put it more bluntly, ‘We don’t come down here to see a psychologist. You know, we come down here to look for work, to get off the dole’.

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<sup>14</sup> Under PSP participants were subject to activity tests; the aim of the program was to ‘help you move toward looking for work, getting a job, studying or participating in your local community’ (Australian Government 2008, p.3).

This finding warrants more examination, as previous research (Perkins 2007) suggests that clients and staff view the lack of mental health support services as a pressing issue.

In this project there was some confusion regarding roles and procedures. Much of this confusion may be attributable to a lack of time, resources and support in these areas. It may be that implementation issues around staff role clarity and the integration of services affected clients' perceptions. On the other hand, it may be that the participants did not primarily identify themselves as having mental health issues, which may explain their resistance to engaging with the mental health specialist.

Importantly, this confusion highlights the distinction between 'mental health issues' and 'mental illness'. As noted above, most of the clients were reported as experiencing anxiety or depression. These conditions may reflect the complexity and difficulty of their circumstances rather than indicating a clinical condition.

## Implementation issues

The project and the fidelity review process identified the following issues as areas of concern in implementing an adapted IPS approach: cultural change and contractual obligations; communication of the principles and practices underpinning the model; and support in implementing them.

### Cultural change and contractual obligations

Effecting cultural change in workers, processes and styles of work is difficult and takes time. Particular aspects of the model were identified as challenging to implement. Specifically, the provision of service through outreach, offering service on a voluntary basis and the requirement to have the employment specialist undertake all aspects of work (i.e. job development, direct client engagement and post-placement support) were difficult to implement. Interviews with staff suggested that individualised job search was difficult to implement, given the strongly 'results-based' culture of employment services and the specific contractual obligations under which the agency provided services. Australia has a highly contractual employment service regime. Over the past decade or so, employment services have become increasingly controlled by contractual obligations (Kerr, Carson & Goddard 2002; Considine 2000). Considine argues that privatisation in itself is not the distinguishing feature, rather it is the nature of what he calls the 'contract regime' that is important (2000, p. 615). He distinguishes between 'compliance-centred' or 'client-centred' forms of contracting and suggests that Australian employment services have increasingly been characterised by compliance-centred approaches. This contractual approach was reflected in the difficulty that staff experienced in adopting the more client-centred IPS approach.

Interviews also suggest that staff felt that clients were frustrated by a lack of success in job search, which they associated with waning client motivation and engagement. At times, individualised job search was seen as a barrier to 'getting results' because clients' preferences were seen as too difficult to achieve or unrealistic. Another factor was the very tight job market, due to the economic downturn, which created a sense of frustration, and a decreased sense of efficacy for staff, which at times made it difficult for them to remain committed to individualised job search.

It is important to note that the agency was a high-performing service provider in both PSP and Job Network. Indeed, this success created tensions as it was difficult to introduce a new approach in addition to an existing successful service provided under tightly defined contractual terms. In particular, seeing clients as work-ready in spite of complex non-vocational barriers, working

individually with clients based on their desires regarding work and the pace of employment support, and, once again, the voluntary nature of the service required changes in attitude and behaviour, and caused a sense of frustration. For example, one staff member observed:

I just find the voluntary base of it was a bit frustrating. Um ... you know ... it's just, I know that they have issues. I understand that there're factors in their lives that they use as an excuse but the bottom line is, you know, if they have to be committed to do something – they have to be really committed. And, and the pilot is just ... they end up being ... Some end up a bit casual ... and it just makes the job a bit harder to do.

Paradoxically, some aspects of the integration of case management and employment services and the mental health focus of case management may have acted to exclude some clients from services. Interviews with staff seem to show that in some situations where clients were reluctant, resistant or in chaotic circumstances the psychologist/case manager was used to 'get people ready' for work, using counselling techniques. Again this reflects the tension arising from the addition of a new approach onto an established service with existing contractual obligations. These kinds of tensions need to be more clearly examined and addressed by the service provider and the responsible government agency.

Staff were committed to supporting and encouraging clients. One staff member drew on his own experience of unemployment to encourage and support clients:

Compared to Job Network, you know, they forced you to come here and say well, 'Look for the job. Fill this sheet out and give it to me'. And that's it ... I know this is not part of the pilot but usually when they start feeling down or negative about things, you know, I'll sort of spruce them up. I'll say 'Look, come on, you're nearly there, you know, just keep at it, you know, there's gonna be something out there'.

The study also highlighted particular issues in relation to the role of the employment specialist. Other studies (Catty et al. 2008; Drake, Bond & Rapp 2006; Becker, Torrey et al. 1998; Gold et al. 2006; McCarthy, Thompson & Olson 1998) emphasise the importance of recruiting appropriately qualified staff and Moll, Huff and Detwiler (2003) observe that it can take considerable time and effort for practitioners to maintain fidelity to the IPS model. Ongoing support and supervision is important to maintain a commitment to the IPS approach by the mental health and employment specialists (Becker, Baker et al. 2007; Drake, Bond & Rapp 2006; Oldman et al. 2005). Furthermore, the time and resources required to build a network of local employers must also be taken into account. In a short project such as this, there was insufficient time to develop a strong and extensive network. Similarly, there was inadequate time to allow for the development of skills in 'reverse marketing' (promoting job seekers to potential employers) and employer engagement. Our experience suggests that these skills were difficult to 'pick up' on the job. In addition, the existing organisational structure of the employment service meant that the role of the employment specialist was informally 'split' and another employee undertook much of the 'reverse marketing'.

### Implications

A thorough and collaborative assessment of the service context, service, client and worker needs and desires, and possible adaptation of the model is desirable prior to implementation.

Before implementing a new approach, adequate time and resources are required to ensure that all stakeholders, especially staff, have a firm understanding of, and commitment to, the model. Adequate time is important to allow for a collaborative approach to adapting the principles of the model to a specific organisational context. It is also important to examine the implications of

existing contractual obligations relating to service delivery on the implementation of a new approach.

Ongoing education and supervision, in particular vested in the role of a dedicated supervisor for the IPS team, is required. The development by staff and management of innovative and context specific adaptations and processes is important. For example, strategies to engage and maintain contact with clients in a voluntary (or perhaps more accurately *quasi-voluntary*) service should be supported by ongoing training, supervisory support and professional development. The adaptation to a new non-mental health setting requires careful definition of the core responsibilities of the 'mental health specialist'. Further exploration of appropriate adaptations to the role of mental health worker is needed, for example, this role could be reconfigured as a 'key worker' or service coordination role to avoid duplication with other mental health services.

### Communication and support

IPS is a form of evidence-based supported employment (Swanson et al. 2008). A key element of the approach is the provision of ongoing support to clients once they have found jobs. This project did not successfully demonstrate the support of clients once they had secured jobs. There are several reasons for this. The first is that very few clients secured employment. The second is that clients tended not to want to use the support that was offered, as they felt it might stigmatise them or compromise their employment. For example, one man did not want the employment specialist to contact his employer. He said: 'I'm on probation, and you know, they might kick me off, if someone's stepping in'. All clients were very reluctant to disclose information about their mental health status to potential employers. It is a difficult issue to broach, but one that would become more important to address as the program went on and more clients entered employment. Finally, disclosure may have also been particularly difficult considering the numerous personal barriers that clients faced, and the complexity and diversity of these barriers.

On the other hand, employers expressed concern about the degree of support that could be available if they took on workers through this program. From an employer's perspective what was important was to have staff that could perform the required roles. As one employer said:

Customers who come in don't know that that person is someone that's having a hard time. They don't know. Really, all they want is to come in, buy whatever they've got to buy and that's it. So they're a little unforgiving at times.

Importantly, in this project the organisational context (and funding) did not allow for 'time-unlimited' support, which the core principles of IPS recommend.

### Implications

Support in employment is a vital component of ensuring that disadvantaged job seekers not only get jobs, but keep them. Importantly, support in employment requires the consent of the client. An organised, well-considered and well-resourced program of client education around the model is required. This is supported strongly by the literature on IPS, but may have been neglected in this project due to time and resource constraints, and, perhaps also, assumptions about the service context (participants for the IPS trial were drawn from existing PSP clients and there may have been less emphasis on 'recruiting' participants). Nevertheless, our experience highlights the importance of discussing issues of disclosure and the nature of support that can be provided.

## Communication and marketing

The project encountered difficulties in effectively communicating the aims and principles of the model, and what the model could offer to clients. Clients appeared to have had very little understanding of the program, and its structure and aims. Indeed, in some cases, it appeared that clients were unaware that there had been a change in the program at all. For example, one client said, 'It's grey, you know, all grey ... You could have spoken about anything all day, and I wouldn't have remembered'. Another participant said 'I had no idea she [the case worker] was coming and one minute, you know, I was talking to him and then she walks in, okay! ... What the hell is going on here!'

The IPS model emphasises the importance of quality control and assessment by clients. Compliance with the principles of the IPS approach requires that participants are enabled, through the provision of information and the development of communication strategies, to gauge whether they are receiving adequate and appropriate services. Our experience may indicate a lack of success engaging with stakeholders and enabling their active participation in the project process.

Employers may also have been unaware of the program, although data in this area was limited. Interviews with employers suggest that they felt concerned about taking staff on who may be 'high maintenance' but at the same time they did express a sense of responsibility towards disadvantaged job seekers. As one employer put it:

If someone was reasonably high maintenance we would not have the capacity to watch over them, guide them, and do whatever needs to be done. It would be just impossible ... Anyone would want to take into account that you're dealing with people and people have feelings and if someone's had a bit of a hard time, you don't want to make it worse for them.

This employer may be casting his understandable concern for his business and customers in terms of a sense of responsibility towards 'high maintenance' people. An IPS approach recognises these kinds of concerns and develops preventative strategies to support workers in jobs without exposing employers to unnecessary business risk.

## Implications

Strong relationships with employers are a vital component of the IPS approach. Employers need clear information about the role of the IPS service, the nature and extent of support, and how disadvantaged job seekers could fit available job vacancies.

Appealing, easy to understand, accessible materials on the service should be available to clients and other stakeholders— employers, in particular. An active communication strategy that clearly communicates the core principles underpinning the approach and the practical support that is available is vital. Such a communication strategy for all stakeholders will increase the understanding of the model, and may increase commitment to this approach. A collaborative process *prior* to implementation is important in developing a targeted tailored strategy.

## Assessment against original aims of the project

This project sought to assess the potential for a particular adaptation of the IPS approach. The project made two major adaptations to the IPS approach:

1. change in organisational setting: rather than providing employment services within a community mental health context, it provided mental health support within an employment context



2. expansion of client group: rather than focusing on a client group for whom mental health issues are the primary identifying characteristic, the project client group comprised people with multiple barriers to employment including mental health issues

The project aimed to test three specific aspects of the adapted approach:

- improved mental health support through the use of a PSP case worker with mental health qualifications
- access to specialist employment support through the addition of an employment specialist to work intensively with participants who were receiving increased mental health support who also wanted to move towards employment or training and education
- a participation support account of up to \$300 per participant was available to enable access to other support services such as education and training

Initially, this project was designed to inform the implementation of a longer term trial. The project was successful in providing insight into the issues about adaptation and implementation of the IPS approach, specifically, and evidence-based practice, more broadly. Here we provide an assessment of the extent to which the project fulfilled the specific aspects of the adapted approach.

### Improved mental health support

It was intended that the mental health worker would be the primary case manager and provide general support and assistance with non-vocational barriers as well as mental health support and referrals as required to a total case load of 50.

The mental health worker was based at the employment services agency. A key aspect of this role was to develop improved linkages with local mental health services and to work closely with the employment specialists.

The mental health specialist developed good relations and linkages with the employment services staff who said they had benefitted from her professional support and insights. There is less evidence of improved linkages with other mental health services. This aspect of the trial should be further explored. As noted in the previous sections, clients were unclear about the role of the mental health worker. Further exploration of appropriate adaptations to the role of mental health worker is needed, for example, this role could be reconfigured as a 'key worker' or service coordination role to avoid duplication with other mental health services. More broadly, further exploration of how best to meet the needs of people with multiple barriers including mental health issues is required.

### Access to specialist employment support

An existing worker was provided with training to develop specialist employment skills based on the IPS employment model. This worker's role focused on vocational support and all phases of vocational service including participant engagement, assessment, job placement and ongoing support. He also engaged in job development with employers. This assistance was intended to be integrated with non-vocational assistance through regular joint case meetings with the primary case manager and regular contact with other service providers. This worker's case load comprised 25. There is some evidence that the reduced case load enabled better, more intensive support for clients. The employment specialist engaged in strong marketing of clients to employers, but the economic downturn meant that few jobs were available, which was frustrating for clients and staff.

Further, staff needed more support and training in working in non-stigmatising ways with clients and employers.

### **Participation support account**

The participation support account was intended to be available to all participants to enable them to access other support services, such as specific training. These funds were underutilised. There are several possible reasons for this. The first and most compelling reason is that the workers and clients did not have a clear enough understanding of what the money could be used for, or on what terms it could be provided. Another contributing factor was that the short time frame of the project was insufficient for staff to shift towards a more enabling approach.

## 10 Evidence and experience

This project contributes to the strong, and growing, literature on adapting and implementing evidence-based approaches. It demonstrates the importance of undertaking well-resourced projects to test innovations before implementing them more broadly. It also has demonstrated the importance of carefully examining and assessing evidence-based approaches. Of particular significance, perhaps, is the extent to which an evidence-based approach can be adapted to new settings and clients.

The cultural changes that this approach entails cannot be achieved quickly, especially when the context is one that is characterised by an emphasis on control and transactional efficiency rather than ongoing, client-directed, individualised support. Our experience suggests that differences in ‘philosophy, goals and mandates’ (Marrone & Gold 1994, p.42) can be overcome, but it takes time and resources. As Becker and her colleagues have suggested, a period of at least two years is required to implement IPS at a high level of fidelity (Becker, Torrey et al. 1998).

Importantly, all stakeholders need information and the opportunity to influence the precise nature of the service. Again this requires sufficient resources (time and money), as well as a commitment to the active participation of clients.

Our experience also suggests the need to more clearly focus on the essential elements of the approach. The key elements are common to many forms of supported employment as Bond (2004) and Swanson and her colleagues (Swanson et al. 2008) point out. These are well-documented and include the commitment to respect the individual’s preferences, skills and attributes; their potential to achieve competitive employment; and their decision making capacity by providing information about the financial consequences of employment. They also entail support for the individual on a tailored, ongoing basis that closely integrates employment specialist services and mental health support services. These common features reflect the core principles of the IPS approach.

The effectiveness of the IPS approach is well documented—like other evidence-based supported employment. The questions that require further exploration relate to implementation and adaptation. This project has contributed to a better understanding of these issues.

The project has also highlighted the needs of job seekers who face multiple disadvantage including mental health issues, as well as the needs of the staff who work with them. Our experience suggests that despite difficult circumstances not only were staff committed to assisting the most disadvantaged job seekers, they appreciated the opportunity to support innovation in the delivery of services.

The Jobs Services Australia employment services model commenced in July 2009. It is still too early to assess the effectiveness of the new approach or the extent to which it meets the needs of the most disadvantaged job seekers. However, the principles and issues identified in this report provide a framework within which to assess the new system.

In the following section, we provide a summary of recommendations arising from our research.

## 11 Recommendations

In this section we draw together the recommendations we have made throughout the text. There are two broad sets of recommendations. The first are specifically related to the adaptation and implementation of IPS approaches. The second are broader policy recommendations that are informed by the experience of undertaking the project.

### IPS-related recommendations

#### Implementation issues

1. Importance of scale: It is difficult to maintain fidelity to the IPS approach when scaling the model down. Future projects should be mindful of the importance of scale and the benefits of collaboration.
2. Adequate time and resources are required to undertake thorough and collaborative assessment of:
  - a. the service policy and professional context (that is, whether it is primarily a mental health service or an employment service)
  - b. the service organisational context (staffing, contractual obligations etc.)
  - c. client and worker needs and desires
  - d. possible adaptations of the model
3. An active communication strategy around the model and the reasons for applying it is important to increase commitment to and understanding of the model for all stakeholders.

#### Staffing issues

1. Adequate lead time is needed in order to ensure a clear and orderly move from a case management or other general employment services role into the new generalist role. Further, there is a need for a clear division of tasks between the case manager and the employment specialist. Setting up clear but flexible structures or guidelines that make the division of responsibilities between the two roles more explicit may address this issue. Similarly, it may be useful to create the space, with supervisory input, for staff members to decide what tasks each will handle when this is unclear.
2. The role of a mental health specialist warrants more examination, as previous research (Perkins 2007) suggests that clients and staff view the lack of mental health support services as a pressing issue. Further, there is a need to critically explore the contribution the case manager/mental health specialist brings to the program. In particular the following issues need clarification:
  - a. the nature and extent of the focus on mental health difficulties
  - b. the role and purpose of counselling
  - c. the appropriate role of case management in the program
  - d. the specific contribution of mental health specialists to the job-finding process

- e. the extent to which it is appropriate or desirable for the mental health specialist to play the role of a ‘motivator’ for clients to find work using counselling techniques
  - f. the specific contribution of mental health specialists to case-management on the job support
3. The effective use of outreach by staff is an important aspect of this approach. Assessment and early job search should be offered in the community. Access to wireless internet and other resources may enable greater outreach and post-placement support but, more importantly, staff should be encouraged and supported in outreach work with job seekers and potential employers.
  4. Ongoing training and support: Formal communication structures, which are supported by comprehensive supervision and training, and carefully designed and tailored data collection and note keeping systems are required.

### Working with employers

1. Sufficient time for the employment specialist to build a stronger network of employers is required.
2. Specific training, mentoring or supervision around skills of general contact and networking with employers is required.
3. A comprehensive advertising or communication strategy with prospective employers is recommended. Employers need clear information about the role of the IPS service, the nature and extent of support, and how disadvantaged job seekers could fit available job vacancies.
4. Clear policies around the employment specialist’s requirements to engage with a certain number of employers each week and a more comprehensive system of supervision to track and discuss these indicators are required.
5. Consistent employer engagement needs to be maintained with regular contact for/with all clients that are interested in work.
6. Job trials and training/recruitment programs should be avoided, along with the practice of placing several clients into the same job recruitment program rather than finding work based on individual job search. This is an area of the model that needs to be emphasised in training and supervision.

### Working with clients

1. An organised, well-considered and well-resourced program of client education around the model is required. This is supported strongly by the literature on IPS, but may have been neglected in the project due to time and resource constraints, and perhaps also assumptions about the context of the service (i.e. a lack of emphasis on these points where there was little need to ‘recruit’ clients).
2. A key recommendation is to strengthen all aspects of the zero-exclusion policy, a core principle of the IPS approach. This requires:
  - a. more intensive staff training to emphasise this aspect of the model
  - b. clear procedures that ensure that clients are not excluded from services

3. The option of self-referral to the employment specialist without having to go through the case manager is desirable. This requires comprehensive information provision, advertising and client education about the program to ensure that clients have the knowledge to self-refer and self-advocate for service. Once clients are working with the employment specialist, a mechanism by which disengagement or referral back to case management services is justified, in case notes or via a specific form, may help to clarify and review access to service.
4. In future, greater emphasis should be placed on issues of disclosure, both in terms of training and procedures. Strategies include:
  - a. training on disclosure for clients with multiple and complex barriers to employment
  - b. including information about disclosure in initial assessment documents
  - c. providing clients with comprehensive information about disclosure and its implications
5. It is important to develop and maintain a comprehensive and easy to use client record system. Additional training is needed to ensure that assessment is undertaken in a less formal and more expansive way with clients, whilst emphasising the need to collect and store this information.
6. Time and training for open and collaborative discussion about job prospects is important. Further, the opportunity to consider with clients decisions about the desire for work in general, and aspirations for particular kinds of work is recommended. Presenting staff with an uncomplicated or seemingly simple idea of ‘individualised job search’ may downplay the complexity of this area of work. During staff training, it is recommended that attention is given to the implications of individualised job search. For example, the tension between rapid job search and adopting a flexible, more accountable approach with clients should be discussed.
7. Future programs should include the provision of in-depth and ongoing training of staff in benefits counselling or creating direct links either with Centrelink or financial counselling services to provide benefits counselling for clients.
8. Clear guidelines about the nature and level of support need to be developed and discussed with clients to avoid misunderstandings and confusion.

## Broader policy recommendations

These recommendations are broader than those related to the IPS approach and are based on our experience with disadvantaged job seekers who face multiple barriers and the staff who serve them. Complex, multilayered needs require integrated, flexible and collaborative approaches to maximise opportunities for social and economic participation. Two key areas of policy recommendations are:

### Adequate income support

Poverty is the most pressing barrier for disadvantaged job seekers. Maintaining benefits at a low level is often rationalised as a means of motivating the unemployed into paid work. Paradoxically, the low level of Newstart Allowance may add to and compound the barriers facing disadvantaged job seekers.

1. The Newstart and Youth Allowance level of payment is inadequate should be increased.

The cost of medications can act as a disincentive to move off benefits.

2. Eligibility for Health Care cards should be extended for long-term unemployed people returning to work, to avoid a financial disincentive to gaining and keeping jobs.

### Supported employment

Disadvantaged job seekers require assistance in identifying, getting and keeping jobs. Employers may also require assistance and support in adapting jobs to meet the needs of people with multiple barriers including mental health issues.

1. Policies such as job creation programs for people with multiple barriers and increased incentives for employers to employ this job seeker group should be examined in more detail.

Organisations adopting the Intermediate Labour Market (ILM) model are well placed to provide individualised tailored support to very disadvantaged job seekers. The ILM approach provides a pathway to employment for very disadvantaged job seekers (Finn & Simmonds 2003; Marshall & Macfarlane 2000). The Brotherhood has been exploring this model through its community enterprises and through collaborations with employers. A key aspect of our approach is ongoing support once participants are employed (BSL 2008). Our research suggests this approach pays social and economic dividends—with a ‘\$14 return for every \$1 invested in these programs’ (Mestan & Scutella 2007).

2. Funding to examine the effectiveness of the ILM approach for disadvantaged job seekers with mental health issues is required.
3. Incorporating the IPS approach into flexible place-based initiatives such as ILM programs may provide further evidence of the importance of flexible, responsive services that are based on well-documented research and practice, and should be examined in more detail.

## 12 Conclusion

This report has examined the evidence and experience of adapting and implementing the IPS model. In undertaking a careful assessment of evidence-based approaches and in documenting our experience we have contributed to a more nuanced understanding of the practical challenges of meeting the needs of the most disadvantaged job seekers. Evidence-based practices provide reliable information about ‘what works’, but what works is not immutable. Innovation arises from adaptation to meet the specific needs of particular groups within particular social, regulatory, cultural and economic contexts. As McKleroy and colleagues suggest, innovation can build on well-documented evidence-based practices without compromising ‘the core elements and internal logic’ of the approach (McKleroy et al. 2006, p.59). Our experience suggests that the IPS fidelity review process is a useful tool that can ensure that the essential features of the approach are maintained, and can identify the nature and degree of innovation and adaptation.

New approaches also require the funding and administrative and organisational flexibility to allow the development of specific approaches to meet the unique attributes of particular settings and target populations. The new Jobs Services Australia system has refocused on the needs of the most disadvantaged job seekers, but it is still too early to assess its effectiveness. Early indications are that a tightly controlled contractual regime persists and this may affect the degree to which services can be individualised to meet the needs of job seekers. An important further stage in this research is a longer term, well-funded trial to test the claims that a more flexible discretionary approach provides better outcomes for disadvantaged job seekers with mental health issues than more tightly controlled services.

Job seekers facing multiple barriers need individualised assistance to get and *keep* jobs. Supporting workers in jobs is an investment, but individualised approaches are not cheap. Perkins (2007, p.23) has observed that ‘such investment is ... likely to provide significant returns due to the high costs of long-term joblessness’. More detailed evidence of the costs and benefits of such approaches is needed. A social return on investment (SROI) or social accounting of expenditure and returns on investment could provide useful insights into the cost-effectiveness of flexible individualised service for job seekers with complex needs.

Well-resourced, longer term pilots are useful because they can provide detailed insights into implementation issues and the particular adaptations that work best. These insights can then inform the development of national programs. The IPS project provided useful insights into issues of implementation, the processes involved in adapting an evidence-based practice, and the use of evidence. A longer term project could use these insights to further develop the approach particularly in relation to mainstream non-stigmatised, place-based services, such as the BSL’s new Yarra Centre for Work and Learning.



## Appendix: The fidelity review

### Summary of the fidelity review

		<b>Fidelity rating</b>
<b>A. Staffing</b>		
1A.	Case load size	4
2A.	Vocational services staff	2
3A.	Vocational generalists	4
<b>B. Organisation</b>		
1B.	Integration of rehabilitation with mental health through team assignment	5
2B.	Integration of rehabilitation with mental health through team member contact	4
3B.	Collaboration between employment specialists and vocational rehabilitation counsellors	1
4B.	Vocational unit	1
5B.	Role of employment supervisor	2
6B.	Zero-exclusion criteria	3
7B.	Agency focus on competitive employment	2
8B.	Executive team support	5
<b>C. Services</b>		
1C.	Work incentives (welfare entitlements) planning	3
2C.	Disclosure	2
3C.	Ongoing, work-based vocational assessment	3
4C.	Rapid search for competitive jobs	3
5C.	Individualised job search	3
6C.	Job development—frequent employer contact	3
7C.	Job development—quality of employer contact	3
8C.	Diversity of job types	4
9C.	Diversity of employers	5
10C.	Competitive jobs	5
11C.	Individualised follow-along supports	5
12C.	Time-unlimited follow-along supports	2
13C.	Community-based services	2
14C.	Assertive engagement and outreach by integrated treatment team	4
<b>Total</b>		<b>80</b>

(Note: 1 = no implementation and 5 = full implementation)

<b>115–125</b>	Exemplary fidelity
<b>100–114</b>	Good fidelity
<b>74–99</b>	Fair fidelity
<b>&lt; 73</b>	Not IPS

The fidelity review is a tool to assess the extent to which the implementation of the IPS approach has remained true to its key principles. It is useful in identifying areas of divergence or adaptation. It does not measure service quality.

## A. Staffing

### 1A. Case load size

<i>Employment specialists have individual employment case loads. The maximum case load for any full-time employment specialist is 20 or fewer clients.</i>	Fidelity rating 4
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To be faithful to the IPS model the maximum case load for a full-time employment specialist is 20 or fewer clients. The fidelity review scored four. This indicates that in general, the case load did not exceed 20 clients, although there were 21 clients from the eleventh week (of sixteen) and 22 clients from at least the thirteenth week. For much of the project the case load was significantly under 20. Interviews with staff demonstrated some concern that it was difficult to move clients across from PSP to work with the employment specialist. Nevertheless, there was a steady increase in client numbers over approximately the first nine weeks, which seems reasonable in light of the referral process and the fact that the service was new, and is consonant with the IPS model’s focus on working at clients’ own pace.

#### Recommendations

A stricter policy regarding referral to the employment specialist is recommended. It is also recommended that there be adequate staffing to accommodate the number of clients likely to be referred. Staff suggested there was some confusion regarding how and in what circumstances clients should be referred back and forth between the two members of the team. Findings also reinforce the importance of a clear and well-maintained system of data collection that tracks clients through the service (dates of referral, exiting, etc.). This was not always successful in the current program. The findings also suggest the importance of having a clear and consistent policy regarding waiting lists agreed before services commence.

### 2A. Vocational services staff

<i>Employment specialists provide only employment services.</i>	Fidelity rating 2
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Data obtained from interviews indicate the difficulty in limiting the duties of the employment specialist to employment services only. Interviews with clients in particular suggest that clients did not see the case manager as taking on many of the duties intended by the structure of the program. A number of issues seem to have contributed to this difficulty. The first issue was a result of the initial planning of the program. As the employment specialist moved from his role as PSP case manager, he was given the main burden of training the new case manager. With little lead time for the program, this meant that he was expected to spend a significant amount of time supporting the new case manager, while taking on some case management roles in the initial stages of the program.

Another issue surrounds the structure and nature of the program. Interviews and case notes suggest that once clients were transferred to the employment specialist, some felt more comfortable working with one person and hence some case management duties were transferred as well, in particular where the line between employment issues and non-employment issues was unclear. A related difficulty was that clients who had previously worked with the employment specialist in PSP found it difficult or confusing to work through non-employment issues with a new case manager.

Finally, there is some indication that the professional background and title of the case manager, as a psychologist, may have created some confusion regarding roles and responsibilities. Clients noted that they saw her as a counsellor or ‘motivator’ rather than a case manager, and this contributed to them taking case management tasks to the employment specialist. Related to this issue, there appears to have been an informal structure in the program between the employment specialist and case manager where the latter, as a psychologist, was used to ‘motivate’ clients for work, after which they would be ‘sent back’ to the employment specialist. This also may have contributed to some confusion regarding roles for both clients and staff.

### Recommendations

Two main recommendations can be made. First, adequate lead time is needed in order to ensure a clear and orderly move from a case management or other general employment services role into the new generalist role. Further, there is a need for a clear division of tasks between the case manager and the employment specialist, and the difficulties clients may have with splitting these responsibilities between staff members need to be addressed. This was a particular concern due to the relationship and rapport that clients are likely to develop with one worker in the initial stages of contact with the service. Setting up clear but flexible structures or guidelines that make the division of responsibilities between the two roles more explicit may address this issue. Similarly, it may be useful to create the space, with supervisory input, for staff members to decide what tasks each will handle when this is unclear.

Secondly, there is a need to critically explore the contribution the case manager/mental health specialist brings to the program, and the intended contribution of this role to the program. The nature and extent of the focus on mental health difficulties, the role and purpose of counselling, and the appropriate role of case management in the program all needed to be better clarified. The specific contribution of mental health specialists to the job-finding process needs clarification, as does the extent to which it is appropriate or desirable for the mental health specialist to play the role of a ‘motivator’ for clients to find work using counselling techniques.

### 3A. Vocational generalists

<i>Each employment specialist carries out all phases of employment services, including intake, engagement, assessment, job placement, job coaching, and follow-along supports.</i>	Fidelity rating 4
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The program lost a point in this area because job finding and post-placement support activities were not always undertaken by the employment specialist. The employment specialist had little experience in job finding, reverse marketing and in employer engagement, which had traditionally been undertaken by a specifically dedicated staff member. In interviews the employment specialist voiced the opinion that these skills were particularly difficult to pick up quickly, and said that he felt less confident in this area of the work. He also noted a sense of frustration at the difficulty of employer engagement within the program. As a result, many of these responsibilities fell back on the existing reverse marketer, as he had a strong existing network of employers and well-developed skills in this area. With this exception, all of the other employment services responsibilities were carried out by the employment specialist.

It should be noted that the reverse marketer had a high level of ongoing involvement with team meetings, some involvement with clients, and job search was well tailored for individual clients. The IPS fidelity material does note that where there are existing job finding roles in organisations

these can be drawn upon for job leads. Accordingly, splitting this aspect of the role probably did not have a particularly detrimental effect on fidelity.

### Recommendations

It is difficult to see how this could have been improved in the current program, although with time the employment specialist may have begun to develop these skills, and build up a stronger network of employers. For future programs, these issues may highlight the difficulty of quickly obtaining skills in reverse marketing and employer engagement, and building a strong network of local employers. Accordingly, when setting up programs, particular attention should be paid to training in these areas or recruiting staff who already have specific experience.

## B. Organisation

### 1B.Integration of rehabilitation with mental health through team assignment

<i>Employment specialists are part of up to two mental health treatment teams from which at least 90% of the employment specialist's case load is comprised.</i>	Fidelity rating 5
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All clients were referred directly from the mental health specialist (representing the mental health ‘team’), and the employment specialist had an exclusive relationship to the mental health specialist.

### Recommendations

No recommendations need to be made in this area.

### 2B.Integration of rehabilitation with mental health treatment through frequent team member contact

<i>Employment specialists actively participate in weekly mental health treatment meetings (not replaced by administrative meetings) that discuss individual clients and their employment goals with shared decision making. Employment specialist's office is in close proximity to (or shared with) their mental health treatment team members. Documentation of mental health treatment and employment services is integrated in a single client chart. Employment specialists help the team think about employment for people who have yet to be referred to vocational services.</i>	Fidelity rating 4
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Weekly meetings were held during the majority of the project, and observation at one of these meetings demonstrated that they were client focused, involved shared decision making and effective sharing of information between staff regarding clients. Case notes were written in a shared system that both the employment specialist and case manager used. However, this meant that sometimes it was difficult to identify the author of notes, and some were clearly mislabelled. The employment and mental health specialist shared an office and were seated next to each other, and feedback from interviews shows that this was an effective arrangement.

The program lost a point for two reasons. First, meetings do not appear to have been held consistently from the beginning of the program, and there was little documentation of meetings thereafter. This was partly a program planning issue. Secondly, it was observed that the employment specialist did not seem to promote work for clients with other staff members. Indeed, at times, the dynamic seemed to run in the opposite direction, with the mental health specialist

more likely to have a positive opinion of clients' ability to work in spite of barriers. There were conflicting data on this issue, however, which will be discussed more fully below.

### Recommendations

More-formal communication structures could have been supported with more-comprehensive supervision and training and more formally designed and tailored data collection and note keeping systems. Difficulties regarding the employment specialist's role as an advocate for work may reflect cultural practices and beliefs that were carried over from previous employment service's programs and were difficult to alter. This finding may have implications for recruiting (i.e. experience and training is desirable in the role) and also more-intensive, ongoing training and supervision. Supporting this recommendation, staff noted that extra training was helpful in reinforcing all aspects of the model, and feedback from training shows that some of the more theoretical or belief-based aspects of the training were the most difficult for participants to integrate.

### 3B. Collaboration between employment specialists and vocational rehabilitation counsellors<sup>15</sup>

<i>The employment specialist and vocational rehabilitation (VR) counsellors have frequent contact for the purpose of discussing shared clients and identifying potential referrals.</i>	Fidelity rating 1
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This element was not implemented as no equivalent 'VR counselling' service could be found for this client group.

### Recommendations

Possible equivalent services, perhaps in the form of a strong relationship with Centrelink or with disability or mental health vocational/psychosocial rehabilitation services, could be investigated in the future. This decision must be sensitive to the services clients are already in contact with and the likely value of additional services.

### 4B. Vocational unit

<i>At least two full-time equivalent specialists and a team leader comprise the employment unit. They have weekly client-based group supervision following the model in which strategies are identified and job leads are shared. They provide coverage for each other's case load when needed.</i>	Fidelity rating 1
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This element was not implemented. This was primarily the result of a lack of resources and time. Nevertheless, semi-regular supervision appears to have been available, focusing on the case load and areas where work could be improved based on the IPS principles.

### Recommendations

Interviews with the employment specialist show that having an opportunity to communicate with others in the same role and share strategies for work would have been welcome and may have

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<sup>15</sup> Note 1 = no implementation

contributed to the effectiveness of the program. The employment specialist noted that they had welcomed an opportunity to spend a day with an employment specialist from another program when this was made available. These issues tend to emphasise the importance of having a larger and more dedicated team in order to uphold fidelity to the IPS model, and the difficulty of scaling the model down. More dedicated supervision would also have contributed to fidelity and the effectiveness of the program and these issues are discussed further in the next section.

**5B. Role of employment supervisor**

<i>Supported employment unit is led by a supported employment team leader. Employment specialists’ skills are developed and improved through outcome-based supervision.</i>	Fidelity rating 2
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The program lost points in this area because provision was not made for a dedicated supervisor or for regular, intensive supervision. Due to contractual and other obligations the IPS supervisor was able to dedicate only approximately 10 per cent of her time to the program. Also, supervision did not take place ‘in the field’ as the model suggests, with the exception of some training or mentoring around reverse marketing provided by a senior staff member.

Interviews with the IPS supervisor and the employment specialist show that there was some regular supervision focusing on the clients and strategies to improve fidelity and outcomes, and this seems to have been effective. Nonetheless, it appears from interviews with the employment specialist, case manager and other staff members that much of the problem solving and decision making took place between staff, rather than through supervision. This was not necessarily seen as a negative aspect of the program from a staff perspective, however, and appears to have contributed to team cohesion, flexibility and effective communication. What supervision was in place seems to have played an active role in coordinating work between the case manager and employment specialist and in solving difficulties.

**Recommendations**

Once again deficits in this area mainly reflect difficulties with staffing, time and other resources as well as constraints due to existing contractual obligations. Problems with fidelity in this area also demonstrate the importance of having a dedicated team and a dedicated supervisor. More comprehensive supervision may have helped to improve fidelity in areas where performance was not optimal. It is important in future programs to ensure there is funding and staffing available for a dedicated supervisor, and, equally, to ensure that this supervisor has extensive training and a good working knowledge of all aspects of the model. Where this is not possible, opportunities for external supervision may present a good alternative.

**6B. Zero-exclusion criteria**

<i>All clients interested in working have access to services regardless of job readiness factors, substance abuse, symptoms, history of violent behaviour, cognition impairments, treatment non-adherence, and personal presentation. These apply during services, also. Employment specialists offer to help with another job when one has ended, regardless of the reason that the job ended or the number of jobs held. Clients are not screened out formally or informally.</i>	Fidelity rating 3
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The issue of ‘zero exclusion’ was one where performance was mixed, and difficult to assess fully, due to the subjective and complex nature of the concept. It was sometimes difficult to gauge whether staff members’ decision to disengage from service were based solely on a lack of client engagement, or whether value judgments regarding ‘work readiness’ were a factor. In general the

finding was that there were no formal structures that excluded clients from service and clients generally were not excluded informally from service due to job-readiness factors.

The program lost points because there were *some* situations where staff members' judgments about people's work-readiness may have affected access to service. Interviews with the employment specialist showed that staff felt that when clients disengaged or were unwell they should be 'sent back' to the case manager in order to 'get them ready' for work again. In other situations, however, staff seemed aware of the need to keep clients engaged with the employment specialist, regardless of non-employment barriers, and they showed some flexibility and inventiveness in doing so. Evidence was mixed as to whether or not the case manager encouraged clients to consider employment, with some observation of case notes and interviews with staff suggesting that they did, while interviews with clients show that some felt the opposite to be true. It was difficult to assess to what extent this represented a lack of engagement and satisfaction with the case manager's role more generally. Clients felt that the employment specialist encouraged them in job finding in spite of 'work-readiness'.

A high level of support was still offered to clients after they left work, despite some frustration expressed with clients' decisions to refuse job offers, or to leave jobs. An example of a client who had changed jobs several times was given in one of the interviews, and support continued to help find him work, despite expressions of frustration that he had 'burnt bridges' with employers, and questioning as to his reasons for refusing work.

### Recommendations

A key recommendation is to strengthen all aspects of the zero-exclusion policy. This would involve a number of changes to the structure and procedures of the program. Firstly, staff training should be increased to further emphasise this aspect of the model. This should be supported in practice by clear procedures that ensure that clients are not excluded from services. One such procedure may be to create a process whereby clients are given a greater opportunity to self-refer to the employment specialist without having to go through the case manager. This would require a greater level of information provision, advertising and client education regarding the program, to ensure that clients have the knowledge to self-refer and self-advocate for service. Once clients are working with the employment specialist, a mechanism in which disengagement or referral back to case management services is justified, in case notes or in a specific form, may help to clarify and review access to service.

Paradoxically, some aspects of the integration of case management and employment services and the mental health focus of case management may have helped to exclude some clients from services. Interviews with staff seem to show that in some situations where clients were reluctant, resistant or in chaotic circumstances the psychologist/case manager was used to 'get people ready' for work, using counselling techniques. This arguably runs counter to the spirit of the IPS model. Once again some of this can be attributed to a lack of training, supervision, and clear structures around this issue. However, more broadly it indicates some difficulty with the structure used to integrate employment and 'mental health' services in the program.

## 7B. Agency focus on competitive employment

<i>Agency promotes work through multiple strategies. Agency intake includes questions about interest in competitive employment. Agency displays written postings about employment and IPS services. Agency supports ways for clients to share work stories with other clients and staff. Agency measures rate of competitive employment and shares this information with agency leaders and staff.</i>	Fidelity rating 2
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Only two of these five strategies were evident in the program. Agency intake (through the case manager) included extensive questions about interest in employment, and the agency monitored the rate of competitive employment and fed this information back to management and staff.

### Recommendations

Fidelity could have been improved through a more active communication strategy within the organisation regarding IPS so that clients were given a clearer understanding of the program and what it could offer. The lack of such information was reflected in a general lack of client knowledge about the program. Structures could also be established for clients to share ‘work stories’, dependant on consultation with clients to ensure that it would be welcomed.

## 8B. Executive team support

<i>Agency executive team members (e.g. CEO/Executive Director, Chief Operating Officer, QA Director, Chief Financial Officer, Clinical Director, Medical Director, Human Resource Director) assist with IPS implementation and sustainability.</i>	Fidelity rating 5
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An interview with the CEO indicated that he had a clear understanding of the key aspects of the IPS model, and the way that it could contribute to services in his organisation. He felt IPS supported the mission of the agency and the way that services were approached within it. He showed a clear enthusiasm for the program and a willingness to support implementation. IPS fidelity reviews were planned to be undertaken regularly. The CEO also had active involvement with the IPS leadership team and regular meetings, in line with the model. Finally, the IPS ‘program leader’ (in this case the supervisor) met with the CEO and other members of management on a regular basis to discuss barriers and facilitators to implementation.

### Recommendations

No suggestions are made in this area.

## C. Services

### 1C. Work incentives (welfare entitlements) planning

<i>All clients are offered assistance in obtaining comprehensive, individualised work incentives planning before starting a new job, and assistance in accessing work incentives thereafter, when making decisions about changes in work hours and pay. Work incentives planning includes consideration of: Centrelink payments, medical benefits, medication subsidies, housing subsidies, material aid etc. Clients are provided information and assistance about reporting earnings to Centrelink, housing programs etc., depending on the person’s entitlements.</i>	Fidelity rating 3
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Formal work incentives planning with a dedicated staff member or external agency was not provided to clients. Clients and staff both reported that clients were offered fairly comprehensive



information on how starting work would affect Centrelink benefits, based on information available in-house and through Centrelink. This information did not address changes in ancillary benefits such as Health Care cards, and clients noted that the costs of losing these benefits were a major barrier to entering work.

### Recommendations

Discussion was held during the establishment phase of the program about options for in-depth 'benefits counselling' but without results. Recommendations for future programs include the provision of in-depth and ongoing training around benefits to staff, or creating direct links either with Centrelink or financial counselling services to provide benefits counselling for clients.

## 2C. Disclosure

<i>Employment specialists provide clients with accurate information and assist with evaluating their choices to make an informed decision regarding what is revealed to the employer about personal barriers to employment.</i>	Fidelity rating 2
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The program gained points in this area because it did not have a standing policy that compelled clients to disclose personal difficulties to employers, and clients said that they did not feel compelled to disclose such information to potential employers. Points were lost, however, because there was no evidence that staff had regular, in-depth discussions about disclosure with clients. Staff noted that it was sometimes more difficult to find work for clients who chose not to disclose, that this made their role less clear, and this was a source of frustration for staff.

### Recommendations

It should be noted, however, that data gathered showed that all clients were very reluctant to disclose, so the issue may have been a difficult one to broach. Additionally, this issue may have become more important as the program went on and more clients entered employment. Finally, this may have also been particularly difficult considering the numerous personal barriers that clients faced, and the complexity and diversity of these barriers.

In future, greater emphasis may be placed on this area of the program, both in training and in procedures. Training could be offered around the topic of disclosure for clients with multiple and complex barriers to employment. One suggestion may be to include information about disclosure in initial assessment documents, and to provide clients directly with comprehensive information about disclosure.

## 3C. Ongoing, work-based vocational assessment

<i>Initial vocational assessment occurs over two to three sessions and is updated with information from work experiences in competitive jobs. A vocational profile form that includes information about preferences, experiences, skills, current adjustment, strengths, personal contacts, etc. is updated with each new job experience. Aims at problem solving using environmental assessments and consideration of reasonable accommodations. Sources of information include client, treatment team, clinical records, and, with the client's permission, family members and previous employers.</i>	Fidelity rating 3
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Inspection of case files showed that most, but not all, of the clients entering the IPS program were given an initial assessment, based on a wide variety of information about their life circumstances and work preferences. Interviews with staff and observation at team meetings show that engagement with other staff members was used to garner information that would help in finding employment. Efforts were made to contact and include family members in work, although this was

not successful due to reluctance by clients and their family members. Interviews also demonstrated that staff members were mindful of ways that they could engage with clients and employers post-employment to solve difficulties at work. But, this was hampered by client reluctance to have staff involved in the workplace, and poor communication about concerns at work between clients and staff.

Points were deducted in this area because the assessment process was not ongoing based on changes in clients’ situations, preferences or experiences. This appears to reflect both a failure of program structure and planning (i.e. there were no policies or structures to tell staff to update assessments after intake), and also previous methods of working, which tended not to include ongoing and thorough assessment of clients preferences in a formal way.

**Recommendations**

The simplest way to improve performance in this area may have been to develop stricter procedures around assessment, to ensure that assessment documents were updated throughout work with clients. For example, a more comprehensive set of forms and a better system to store and retrieve them, as well as a greater emphasis in training and supervision on this area of work, is recommended. Additional training is needed to ensure that assessment was undertaken in a less formal and more expansive way with clients, whilst emphasising the need to collect and store this information.

Greater engagement with families and external support may have improved over time, and with a larger group of clients. Staff members reported making repeated attempts to engage with family members, and it is difficult to make suggestions in this area. It is difficult to assess the quality of post-placement work due to the very small number of clients that actually moved into work. Nonetheless, some of the difficulties experienced may highlight issues around client and employer communication strategies, and the approach regarding disclosure with clients.

**4C. Rapid search for competitive jobs**

<i>Initial employment assessment and first face-to-face employer contact by the client or the employment specialist about a competitive job occurs within 30 days after program entry.</i>	Fidelity rating 3
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All clients received some initial assessment and planning and generally this occurred well within 30 days of program entry. Data collected specifically by the employment specialist indicates that the first face-to-face contact with an employer was often over 30 days after entry, or did not occur at all. There was inconsistency in terms of the intensity and speed of job search for clients in the program, with some clients commencing very intensive job search almost immediately and others engaging in very little job search at all over the entire period they spent in the program. However, feedback from clients did not indicate a sense that they were held back from looking for work, or that support for job search and face-to-face employer contact was not available if desired.

Early in the program, the burden of non-employment responsibilities held by the employment specialist appears to have negatively affected the amount of time spent on job search. This is reflected in the great variation from week to week in the rate of in-person employer contact. Interviews with staff and clients indicate that varying levels of engagement with the program, and other life circumstances may have affected the ability for clients to engage in job search. Accordingly, difficulties in this area may reflect broader difficulties with client engagement and referral processes.

## Recommendations

Bearing in mind the difficulties discussed above, it is difficult to understand why clients did not receive more face-to-face contact with employers, in a timelier manner. The interviews with staff suggest that active job search was a major component of the service, and that staff were eager to have clients engage in these activities. Interviews with the IPS supervisor also suggested that much of the supervision offered was based around assessing the level and intensity of job search for clients, and assuring that service was offered equally to all clients. However, data collected from the program indicates a serious deficit in this area for many clients.

Improved skills in the engagement and motivation of clients may have helped to deal with some of the inconsistency between client experiences in the rapidity of job search. Equally, better data collection may have aided analysis. In particular, supervision should focus on the consistency of employer contact across weeks and between clients. Ensuring that staff members have adequate time and resources to undertake this task is important, but was not highlighted by staff as a major barrier to work. Overall, a stricter and clearer policy that ensures clients are given rapid job search, once entering the program may be the most effective way to improve fidelity in this area.

### 5C. Individualised job search

<p><i>Employment specialists make employer contacts aimed at making a good job match based on clients' preferences (relating to what each person enjoys and their personal goals) and needs (including experience, ability, health etc.) rather than the job market (i.e. those jobs that are readily available). An individualised job search plan is developed and updated with information from the vocational assessment/profile form and new job/educational experiences.</i></p>	<p>Fidelity rating 3</p>
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During the early stages of the program, in particular, staff demonstrated good skills in the area of individualised job search based on client preferences and strength. Interviews suggest that staff put effort into job search in specific areas of client interest. They also encouraged flexible thinking and problem solving with clients around related areas of work that could fit with interests and strengths, and training or study that could help clients meet their goals. However, frustration in finding employment for clients, especially by the later stages of the program, led staff to use more generic training/recruitment programs that were not based on clients' preferences. There was no evidence that a formal 'individualised job search plan' was developed with clients in the current program.

## Recommendations

Interviews with staff suggested that the concept of individualised job search was a novel and also difficult and frustrating concept, given the strongly 'results-based' culture of employment services in the past. Interviews also suggest that staff felt that clients were frustrated by a lack of success in job search which they associated with waning client motivation and engagement. At times individualised job search was seen as a barrier to 'getting results', because clients' preferences were seen as being unrealistic or too difficult to achieve. Another factor was the difficult situation that the job market presented throughout the program. This created a sense of frustration and a decreased sense of efficacy for staff, which at times made it difficult for them to remain committed to individualised job search.

Time and training for open and collaborative discussion about job prospects is important. Further, the opportunity to consider with clients decisions between the desire for work, in general, and aspirations for particular kinds of work is recommended. Presenting staff with an uncomplicated or seemingly simple idea of 'individualised job-search' may have downplayed the complexity of this

area of work and removed the opportunity for more open and effective discussion with clients. Exploring issues such as the tension between the focus on quickly obtaining work and individualised job search in training with staff and allowing a more flexible, more accountable approach with client is recommended.

**6C. Job development—frequent employer contact**

<p><i>Each employment specialist makes at least six face-to-face employer contacts per week on behalf of clients looking for work. An employer contact is counted even when an employment specialist meets the same employer more than one time in a week, and when the client is present or not present. Client-specific and generic contacts are included. Employment specialists use a weekly tracking form to document employer contacts.</i></p>	<p>Fidelity rating 3</p>
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Data from interviews with staff members and from case notes suggest that a reasonable amount of the employment specialist’s time was spent actively engaging with employers with or on behalf of clients. For many clients well over the minimum of six face-to-face contacts were made in a week. However, the intensity of job search appears to have fluctuated greatly between clients. While this is a weakness in terms of fidelity, it may have also represented clients’ preferences regarding level and intensity of support. The complexity of clients’ life circumstances at times seems to have necessitated changes in the pace of work, which is consonant with the IPS model. As such, varying the pace of job search during these periods might have been a desirable strategy in these circumstances, and ensured that clients maintained a leading role in decisions about the nature and intensity of service. Nonetheless, there were also a number of weeks (at least four) where almost no contact with employers took place at all, and, therefore, points had to be deducted, despite very intense job search in other weeks.

**Recommendations**

Having clearer policies around the employment specialist’s requirements to engage with a certain number employers each week, or a more comprehensive system of supervision to track and discuss these indicators, may have been helpful. Greater attention to the quality and consistency of data collection in this area would also have been of benefit. Having said this, some inconsistency in this area appears to have reflected a broader commitment to individualised job search, and client-driven service provision. Accordingly, losing some points in this area, if it contributes to the running of the program in other areas, should not be of great concern, in the reviewer’s opinion. The main focus for improvement in service would be the consistency of employer contact, that is to say, to ensure contact is taking place regularly every week and for/with all clients that are interested in finding work.

**7C. Job development—quality of employer contact**

<p><i>Employment specialists build relationships with employers through multiple visits in person. that are planned and learn the needs of the employer, convey what the SE program offers to the employer, describe clients’ strengths that are a good match for the employer.</i></p>	<p>Fidelity rating 3</p>
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Case notes and data collection shows that in some instances and for some clients the employment specialist made a strong effort to meet with employers and to discuss the IPS program and the client who was looking for work. However, points were deducted as there was no indication that an active attempt was made by the employment specialist to engage with employers on multiple occasions. Employer contacts appear to have centred on specific contact with employers regarding vacancies. Contact ceased if the employment specialist was informed that there were no vacancies. Much of the contact was also made over the phone. An interview conducted with one employer

showed that the brief contact they had had with the employment specialist had failed to have any impact on him, in terms of his knowledge of the program or what it could offer, or his relationship to the employment specialist and the organisation. It should be noted that the reviewer's data collection did not include observation of job development.

### Recommendations

As mentioned above, employer engagement appears to have been a specific area of difficulty for the employment specialist. Once again, training and support around these tasks may have been of benefit. In general, it is assumed that with a greater amount of time in the role, the employment specialist would have begun to build a stronger network of employers. Clearly, for the more experienced staff member at the organisation with a pre-existing network of employers, this was a much easier task, and this input was valuable to the effectiveness of the program. Allowing time and creating procedures that ensure that employment specialists have time for both client-specific contacts, and for general contact with employers would be helpful in future programs. Also, specific training, mentoring or supervision around skills of general contact and networking with employers, and perhaps a more comprehensive advertising or communication strategy with prospective employers, may have helped the employment specialist in this area of work.

### 8C. Diversity of job types

<i>Employment specialists assist clients in obtaining different types of jobs.</i>	Fidelity rating 4
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Overall, data and interviews suggest that a significant amount of work was put into finding clients different types of jobs that matched their interests and abilities, as discussed above. Clients often looked for particular types of work, for example, in hospitality, customer service or manual labour, based on their interests, skills and experience. A point was deducted in this area due to the use of a work trial/training program for some of the clients, based on the assumption that work could not be found in their areas of interest.

### Recommendations

Job trials and training/recruitment programs should be avoided, as should the practice of placing several clients into the same job recruitment program rather than finding work based on individualised job search. This is perhaps an area of the model that needed greater emphasis in training and supervision.

### 9C. Diversity of employers

<i>Employment specialists assist clients in obtaining jobs with different employers.</i>	Fidelity rating 5
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As mentioned job search tended to focus on a wide variety of different employers, while harnessing existing networks of employers in the local area, and was based on client preference. Although a generic recruitment program was used for some clients, staff indicated that this did not necessarily place clients with the same employer.

### Recommendations

No recommendations need to be made in this area.

**10C. Competitive jobs**

<i>Employment specialists provide competitive job options that have permanent status rather than temporary or time-limited status. Competitive jobs pay at least minimum wage, are jobs that anyone can apply for and are not set aside for people with barriers to employment. (Seasonal jobs and jobs from temporary agencies that other community members use are counted as competitive jobs.)</i>	Fidelity rating 5
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All job search was geared towards competitive employment and all jobs obtained for clients were competitive and permanent (i.e. not job trials or time-limited).

**Recommendations**

No recommendations need to be made in this area.

**11C. Individualised follow-along supports**

<i>Clients receive different types of support for working a job that are based on the job, client preferences, work history, needs, etc. Supports are provided by a variety of people, including case managers, family, friends, co-workers (i.e. natural supports), and employment specialist. Employment specialist also provides employer support (e.g. educational information, job accommodations) at client’s request. Employment specialist offers help with career development (i.e. assistance with education, a more desirable job, or more preferred job duties).</i>	Fidelity rating 5
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In the few cases where clients moved into work, ongoing support was offered that seemed to fit with the clients’ preferences. Even within this small sample of cases, however, clients were often averse to staff members engaging directly with employers, and so the level and type of follow-along support was limited. The employment specialist and case manager attempted to engage clients’ family and friends in providing support, but not all clients accepted this. The program showed a strong commitment to offering employers support where possible, including keeping in contact with employers and attempting to address difficulties at work. Nonetheless, client reluctance to communicate work difficulties or allow staff to engage with employers limited the efficacy of these interventions.

Supporting career development in the form of employment or training, and follow-along support whilst undertaking these activities, was a strength of the program. Interviews with staff showed that education and training was considered, researched and offered for clients, and a number of clients undertook training or study whilst in the program. Clients also mentioned that they felt staff members were proactive in offering education or training options that would help them reach specific employment goals.

**Recommendations**

It is difficult to make recommendations in this area due to the small number of clients that moved into work. Some difficulties in this area may highlight the importance of strategies to engage clients in discussing the issue of disclosure, or planning how support can best be offered before starting work if disclosure is not a preference. This is particularly important due to the finding that almost all clients were reluctant to disclose to employers.

**12C. Time unlimited follow-along supports**

<i>Employment specialists have regular face-to-face contact within one week before starting a job, within three days after starting a job, weekly for the first month, and at least monthly for a year or more, on average, after working steadily and as desired by clients. Clients are</i>	Fidelity rating 2
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<i>transitioned to step down job supports from a case manager following steady employment. Employment specialists contact clients within three days of learning about a job loss.</i>	
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The current program was not established in such a way that follow-along support could be ‘time-unlimited’, due in part to the structure and funding arrangements for employment services. Additionally, the very brief time that the project was scheduled to run meant that the program could not offer long-term support to clients. Consequently, the program could not be given a high score in this area. Within these restraints, however, the few clients that did obtain work were offered support consistent with the IPS model. When discussing clients that had moved into work, staff noted that at times because of work commitments and perhaps a change in focus for clients, engagement and appointment scheduling became more difficult. Nonetheless, staff clearly demonstrated a commitment to a great deal of flexibility and creativity in engaging clients after they began work or study.

### Recommendations

It is difficult to gauge how structural or operational changes could have addressed deficits in this area, within the constraints of federally funded employment services. Equally, the brevity of the project meant that it was difficult to assess whether the issue of providing follow-along supports was handled successfully. Accordingly, it is difficult to make recommendations in this area. One point that can be noted is that staff members were not made clear about the specific requirements for contact when clients began work. In future programs, having clear guidelines or targets regarding contact (i.e. one week before starting a job etc.) would help to improve fidelity in this area. As mentioned, however, contact seems to have occurred anyway, which reflects favourably on this aspect of the program.

### 13C. Community-based services

<i>Employment services such as engagement, job finding and follow-along supports are provided in natural community settings by all employment specialists.</i>	Fidelity rating 2
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The provision of service by outreach was one of the more profound changes to existing work practices and culture that was implemented as a part of the IPS program. In general, the program was not successful in offering service in a community setting, with significant resistance expressed from staff and some clients. This aspect of the program did improve over time and was more effective in some phases of work with clients than others. Overall, it appears that it was more difficult for staff to adapt the early stages of work with clients, such as initial assessment and planning for job search, to an outreach basis than it was to adapt later work, such as job searching. In interviews, staff stated that the resources needed for some aspects of work, such as fax machines and the internet, were easier to access in an office setting and that outreach was impractical at times. Staff also noted that some clients felt more comfortable coming into the office, and felt that it was a beneficial part of their regular routine. Nonetheless, interviews with clients suggest that the flexibility and level of engagement offered by outreach was seen as a positive aspect of the program. For the few clients who did move into work, outreach was used for most if not all post-placement support.

### Recommendations

A greater focus on the effective use of outreach by staff should have been encouraged, in particular during the early stages of the program. Assessment and early job search should have been have been offered in the community. Access to wireless internet and other resources may have enabled

greater outreach. In general, however, the project showed that staff and clients were somewhat reluctant to change from pre-existing and familiar ways of working. Simply giving staff time to adjust, and create procedures and policies to support and encourage the use of outreach may have improved this aspect of the service over time.

**14C. Assertive engagement and outreach by integrated treatment team**

<p><i>Service termination is not based on missed appointments or fixed time limits. Systematic documentation of outreach attempts. Engagement and outreach attempts made by integrated team members. Multiple home/community visits. Coordinated visits by employment specialist with integrated team member. Connect with family, when applicable. Once it is clear that the client no longer wants to work or continue IPS services, the team stops outreach.</i></p>	<p>Fidelity rating 4</p>
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Despite some notable reluctance and resistance to assertive engagement and outreach, staff demonstrated a strong commitment to engaging with clients who repeatedly missed appointments. In interviews, staff offered many examples of clients who were difficult to engage in the program for a variety of reasons. Several strategies, and clearly a great deal of effort and thought, were put into place in order to attempt to re-engage these clients. Strategies developed in team meetings included multiple home and community visits, and various attempts at contact and engagement. A point was deducted because it appeared that where clients had missed many meetings, this was used as justification for considering clients as ‘unready’ for work. These clients were then considered as being in need of further ‘motivation’ from the case manager before they could resume job search. However, it is difficult to say objectively what level of client disengagement constitutes a client ‘clearly no longer wanting to work’.

Thought needs to be given, however, to the difficulties of working with clients who refuse to engage with services in the fairly structured program environment of employment services, and the difficulties of adapting a purely voluntary service to the cultural and structural setting of these services. Interviews with staff and with the employment specialist, in particular, noted the challenges posed by the voluntary nature of the program and the lack of scope this gave for staff to disengage from clients who could not be contacted and did not attend appointments. This was one of the most difficult aspects of adapting existing services to the IPS model, and one that caused a great deal of frustration for staff.

**Recommendations**

Staff were generally effective in this area of work, and worked in a way that was in line with the IPS model. More discussion and training around issues of engagement, and the nature of voluntary service, or better structures to deal with client disengagement may have helped to decrease some of the ‘exclusion’-type methods that were used to deal with less reliable clients.



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