

INDIVIDUAL PLACEMENT AND SUPPORT

In recognition of the benefits of IPS, the Productivity Commission's recently delivered *Report on Mental Health* proposed, as a priority reform, that all governments extend the IPS model to community mental health providers to ensure that job seekers of all ages can access IPS services.

This brief will summarise the most recent evidence for the IPS model and describe future opportunities to further enhance and augment the traditional model so that it best meets the needs of young people experiencing mental ill-health.

EVIDENCE

There is a direct relationship between a young person's mental health and employment. Attaining employment and/or education is a protective factor against future experiences of mental ill-health. However, experiencing mental ill-health can also limit a young person's ability to engage with education or employment.

The IPS model is effective in assisting people to obtain employment.

A number of studies have found that IPS is approximately two to three times as effective as traditional vocational rehabilitation in getting people with mental ill-health into competitive work.

This approach for individuals experience mental ill-health is economical in comparison to other employment support programs.

The trials of IPS in Australia have been premised upon traditional methods of service delivery, but there is the potential for further adaption and augmentation.

FUTURE DIRECTION

SUPPORT FOR IPS
Increase investment into the IPS model for young people experiencing mental ill-health in both primary and specialist mental health services.
SERVICE ENHANCEMENT - PEER WORK
Trial an adaptation of the base IPS model which includes peer support for young people.
SERVICE ENHANCEMENT - ONLINE TECHNOLOGY
Trial web-based supported employment technologies directed towards young people.

THE STATE OF YOUTH EMPLOYMENT IN AUSTRALIA

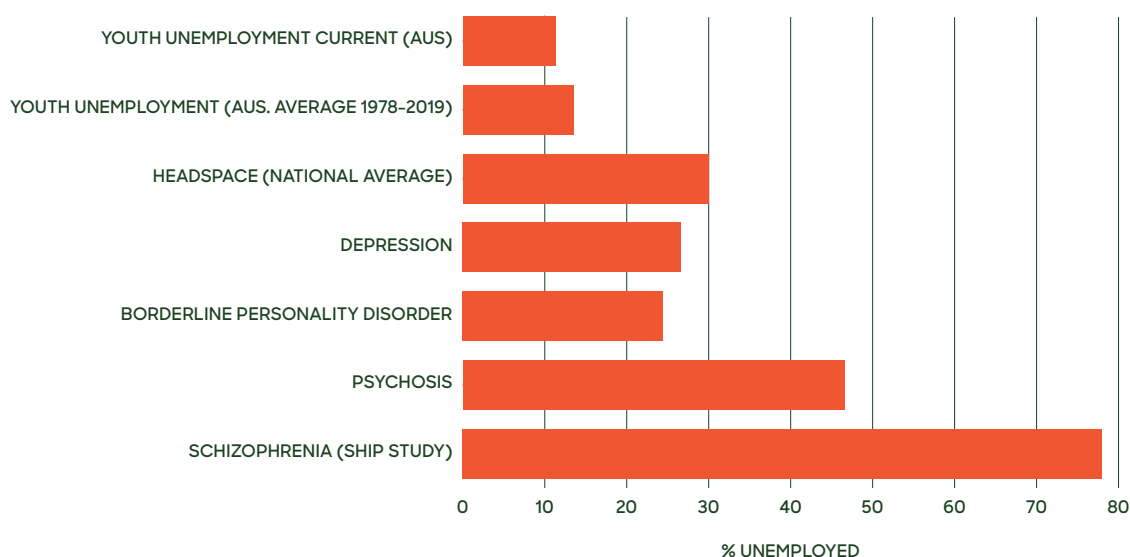
The transition into employment can be a difficult one for young people. In most developed economies, youth unemployment is two to three times the rate of general unemployment. This is also the case in Australia. At the end of 2019, the Australian Bureau of Statistics reported that the unemployment rate for young people aged 15–24 years in the labour force sat at 11.6 per cent, 6.6 percentage points higher than the national unemployment rate.¹

This transition is made more difficult when a young person is also experiencing mental ill-health. Figure 1 below outlines that young people experiencing various forms of mental ill-health have a heightened risk of being unemployed.

Young people are also disproportionately affected by high rates of underemployment. At the end of 2019, the Australian Bureau of Statistics reported that 19.4 per cent of employed young people wanting to work more hours.⁽¹⁾ On average, younger underemployed workers would prefer to work an additional 11 hours per week.⁽¹⁾

Young people in Australia are among the groups most impacted by employment losses resulting from the COVID-19 pandemic. This has occurred because young people are more likely to work in industries which have been hardest hit, such as hospitality and retail. The Grattan Institute has estimated that about 40 per cent of employed teenagers will lose work due to COVID-19 shutdowns, and people in their 20s are the next most likely to lose work.⁽²⁾

FIGURE 1: UNEMPLOYMENT IN YOUTH MENTAL HEALTH



1. <https://www.abs.gov.au/statistics/labour/employment-and-unemployment/labour-force-australia/dec-2019#data-download>

THE IMPORTANCE OF EMPLOYMENT

There is clear evidence that obtaining and maintaining employment is vital for a person's sense of wellbeing. Paid employment not only provides financial security for a young person; it can give daily structure, a sense of worth and regular supportive social engagement. (3) The mental health benefits of employment include a greater sense of autonomy, improved self-reported wellbeing, reduced depression and anxiety symptoms, increased access to resources to cope with demands, enhanced social status and unique opportunities for personal development and mental health promotion.(3)

While employment has a positive impact on mental health, unemployment has a negative impact. There is significant evidence suggesting that periods of unemployment have a strong negative effect on a young person's mental health and wellbeing, and can also limit their long-term employment prospects.(4)

In addition to the mental health benefits of employment, there are direct and indirect economic benefits to increasing youth employment. The direct economic benefits are to the person who is employed, which then lead to flow-on benefits to domains such as physical health and housing. The indirect benefits of employment tend to flow to the government and include higher taxation revenue, lower social security outlays and reduced expenditure related to the health system, housing and a range of other social programs.(5)

BARRIERS TO EMPLOYMENT FOR YOUNG PEOPLE

Young people who are endeavouring to achieve full-time employment face a number of barriers. In general, the move from school to work is an important life juncture, as young people move from the relatively known and predictable environment of education with its more clearly defined pathways, into a more open and less certain future with work.(6)

The entry-level job market for young people is increasingly trending away from full-time jobs to part-time and casual jobs.(7) While part-time or casual jobs can provide a stepping stone to more secure employment, prolonged casual work and underemployment can limit a young persons' long-term earning capacity. (8) A recent paper from the Productivity Commission found that the increase in part-time jobs has not been balanced by an increase in the likelihood of transitioning from part-time to full-time work.(9) It has also been noted that competition for graduate jobs remains fierce, meaning that university graduates and VET students are competing with other jobseekers for entry-level vacancies.(9, 10)

Whilst young people in general have heightened difficulties in obtaining gainful employment, these challenges are greater for young people who have experienced, or are experiencing, mental ill-health. There is evidence indicating that one-third to one-half of young people accessing youth mental health services in Australia are not participating in employment, education or training.(11, 12) Having any psychiatric disorder between the ages of 18–21 has been associated with negative employment and income outcomes. These include: a lower likelihood of engaging in any paid employment or being employed full-time and fewer hours worked each week which leads to increased rates of welfare dependence, decreased personal income, and lower likelihood of home ownership by age 30.(13)

When adjusted for age and education attainment, young men with mental and behavioural disorders were almost six times more likely to be out of the labour force than mentally healthy young men.(14) Young women with developmental or intellectual disorders have been found to be three times more likely to be out of the labour force than young women with no chronic health conditions.(14)

Adolescence and emerging adulthood are critical periods for vocational and social development. Non-participation in employment or education at this time of life can have serious ongoing consequences, and can lead to societal marginalisation as well as excluding the young person from their primary means of economic and social participation.(15)



WHAT IS INDIVIDUAL PLACEMENT AND SUPPORT?

Supported employment programs recognise the importance of work and help individuals with a recognised disability or mental ill-health attain employment as early as possible and not wait until the completion of treatment or pre-employment training programs.⁽¹⁶⁾ Of the various supported employment models, Individual Placement and Support (IPS) is considered the most effective and evidence-based for people with mental ill-health.⁽¹⁶⁾

The IPS model is centred on eight core principles:⁽¹⁷⁾

1. Focus on competitive employment.

Competitive employment refers to jobs for which any appropriately qualified person can apply (i.e. jobs which are not reserved for people with disabilities), that pays at least a competitive wage (which is greater than the minimum wage) and which are based in community settings.

2. Zero exclusion. Every person with mental ill-health who wants to work is eligible for IPS supported employment, regardless of circumstances or perceptions of work-readiness.

3. IPS Programs are integrated with mental health treatment teams.

IPS specialists are integrated within multidisciplinary teams which work collaboratively to facilitate symptomatic and functional recovery.

4. Attention to participants' preferences.

IPS program services are based on each job seeker's preferences and choices rather than the employment specialist's and supervisor's judgments.

5. Personalised benefits counselling.

Recognising that the loss of income support is a major reason that participants may not want to seek employment, IPS emphasises the provision of guidance regarding income support.

6. Rapid job search. IPS programs use a rapid job search approach to help job seekers obtain jobs rather than undertaking lengthy assessments, training and counseling.

7. Systematic job development. IPS providers focus upon building relationships with employers to learn about their business needs and hiring preferences and ensure jobs are based on the participant preferences.

8. Time-unlimited and individualised support.

Support is tailored to each participant and continued for as long as the participants wants and needs.

ORYGEN AND YOUTH IPS

Orygen has been undertaking research on implementing IPS within youth mental health care since 2005. In addition, our organisation:

- works closely with the education sector, employers and industry to improve employment, education and career opportunities for all young people;
- has extensive experience implementing IPS programs in headspace and specialist youth mental health services and is certified in providing Individual Placement and Support;
- has undertaken IPS leadership and supervision training and is experienced in conducting IPS fidelity reviews and delivering IPS workforce training and support; and
- has contributed to several IPS research projects, both in Australia and internationally.

From 2020, through a partnership with the RACV, Orygen will establish a Youth IPS Centre of Excellence. It will drive innovation and best practice through research; implementation and fidelity support; workforce training, conferences and scholarship opportunities; and advocacy to engage industry, education providers and government in youth-focused IPS.

IPS SPECIALIST SKILLS AND CAPABILITIES

IPS specialists require particular qualifications, experience and skill sets. These should include:

- A number of years' experience in employment services, vocational rehabilitation, career development or a related field.
- Bachelor degree in a relevant field.
- Experience developing business relationships.
- Knowledge of the employment services sector, social security and/or benefits available, and other state and national employment initiatives.

While not essential, it is desirable that IPS vocational specialists have had experience working with people experiencing mental health issues.⁽¹⁸⁾

IPS workers in youth mental health settings also have knowledge of issues that impact young people, including experiences of mental ill-health and challenges with educational/employment pathways.

The role of the youth IPS specialist includes but is not limited to: assessing the clients vocational functioning; conducting career development and education/employment search activities directed toward courses/positions that are individualised to the interests and career preferences of the young person; developing and delivering training workshops to clinical staff, community groups and other organisations that promote vocational recovery; and providing ongoing support once a young person has engaged in education/employment.(18)

ANALYSIS OF IPS PROGRAMS

There have been a wide range of reviews, trials and studies of the effectiveness of IPS approaches. This section provides a summary of this evidence.

TRIAL OF IPS FOR YOUNG PEOPLE IN AUSTRALIA

The implementation of IPS services in Australia stems from the 2014 *Tell them they're dreaming* report which highlighted the evidence and need for IPS for young people. This report recommended that there be funding for high fidelity IPS employment and education services for young people presenting to headspace centres.(19)

Following this report, the 2015-16 Australian Government Budget allocated funding to trial IPS at 14 headspace sites across Australia. In mid-2019, KPMG completed an evaluation of this trial for the Department of Social Services. In examining the effectiveness of the IPS model in headspace, the report looked at whether the trial had been effective in delivering education and employment outcomes for participating young people.

It was found that 43 per cent of participants were placed into employment or education. Of those placements, 50 per cent maintained employment for 26 weeks. This was a significant improvement compared to the results from Disability Employment Services' (DES) job seekers, of which only 20 per cent had achieved education/employment outcomes after 26 weeks. The results also suggested that the IPS trials were more effective in helping young people more quickly achieve outcomes. It was noted that young people who were also DES clients took an extra 24 days to achieve an employment outcome than young people who were only participating in the IPS trial. The young people also reported improved engagement with the IPS trial compared to DES programs. It was noted that IPS participants report that they felt like a person rather than a number, and felt supported to achieve their goals. The integration of clinical mental health services and vocational services was considered to improve young people's wellbeing as well as vocational outcomes.

In 2019, the trial was expanded beyond the initial 14 sites to a total of 24 sites funded until June 2021. A further report on the outcomes of this expanded trial is expected to be provided by October 2021.

In the 2020-21 Australian Government Budget, the IPS trials were further extended, with funding now committed to 30 June 2024 and expanded to an additional 26 sites. From 2021, a total of 50 headspace centres will be funded to deliver IPS.

EVIDENCE REVIEWS

In addition to the KPMG review, research evidence has found the benefits of IPS for young people. A 2016 study completed an analysis of four trials examining the effectiveness of IPS for young people under the age of 30. This review revealed the IPS model is effective in assisting young adults with severe mental ill-health enrolled in community mental health programs to attain competitive work. Compared to the non-IPS control group, they found that IPS led to more than triple the number of weeks worked, job tenure in longest job, and total hours worked.(20)

These results for young people have also been found across all age cohorts. A 2020 systematic review and meta-analysis examined the efficacy of IPS compared to traditional vocational rehabilitation and further examined whether the IPS model would be equally effective regardless of the employment and workplace policies that were in place. With regards to IPS' effectiveness, the review found that IPS is more than twice as effective as traditional vocational rehabilitation in getting people with mental ill-health into competitive work.(21) This review further found that IPS is a model that can be safely generalised between countries with different policies and systems. They noted that even though IPS may be slightly less effective where there are stricter employment regulations with regard to employee retention, IPS was still twice as effective as more traditional vocational measures.(21)

The results of a recent cost benefit analysis of the IPS trials by KPMG supported the continued and potentially expanded investment in IPS to enable more tailored employment support for young people with a mental illness. The analysis found the benefits resulting from the current implementation of IPS outweighed the additional investment made by Government (compared to another job support service, jobactive). It is important to note that the key benefits relating to improved outcomes for participants across other policy areas, such as education, health, justice and housing, were unable to be quantified, and therefore the cost benefits of IPS found through this report were likely to be conservative.(22)

This finding that IPS-based approaches are considerably more effective than traditional vocational measures has been established in a wide range of reviews. A 2019 meta-analysis of randomised controlled trials of IPS programs found that IPS produced better outcomes than treatment-as-usual alternatives across a variety of measures. For vocational outcomes, it was found that IPS programs led to higher rates of competitive employment, a reduced time to the first employed job, longer job tenure, increased work hours, and higher total income.⁽¹⁶⁾ In addition to the improved vocational outcomes, the 2019 meta-analysis also found that IPS improved participants quality of life and global functioning.⁽¹⁶⁾

A pair of Cochrane Systematic Reviews in 2017 and 2018 found that IPS was more effective in obtaining and maintaining competitive employment compared to prevocational training,

transitional employment or psychiatric care only, without increasing dropouts or hospital admissions.⁽²³⁾ It was noted that the use of IPS increased the chances of obtaining employment by three times when compared to psychiatric care alone.⁽²⁴⁾

A 2016 systematic review and meta-analysis compared IPS with traditional vocational services. This review also found that IPS is more than twice as likely to lead to competitive employment when compared with traditional vocational rehabilitation.⁽²⁵⁾

The collective evidence from these reviews, as summarised below in Table 1, makes clear that IPS is a well-established, evidence-based model.⁽¹⁷⁾ This evidence makes a strong case that IPS-based systems should be introduced as widely as possible across a range of cohorts.

TABLE 1: SUMMARY OF STUDIES EVALUATING IPS

AUTHORS (YEAR)	METHODOLOGY	KEY RESULTS
Brinchmann, B., et al. (2020)	Systematic review of 27 randomised controlled trials of IPS	Employment rates are more than doubled in IPS compared with standard vocational rehabilitation. The efficacy of IPS was not significantly impacted by national policy and IPS can therefore be generalised between countries.
Frederick, D., & VanderWeele, T. (2019)	Meta-analysis of 30 randomised controlled trials of IPS	IPS treatments were significantly better than alternative treatments on vocational outcomes such as rates of employment, time to employment, job tenure, and income. IPS may also improve quality of life and global functioning.
Suijkerbuijk, Y., et al. (2018)	Meta-analysis of randomised controlled trials evaluating various interventions regarding obtaining competitive employment for adults	Supported employment models, such as IPS, were found to be more effective for people with severe mental ill-health than psychiatric care only, transitional employment, prevocational training, and augmented supported employment.
Bond, G., Drake, R., & Campbell, K. (2016)	Secondary analysis of four randomised controlled trials of young adults examining the effectiveness of IPS.	IPS was almost twice as successful in assisting young adults obtain employment, and were able to maintain employment for four times as long.

DEVELOPING AND EXPANDING THE IPS MODEL

Whilst the results for IPS demonstrate its potential to deliver improved outcomes to alternative vocational programs, there is still scope to expand and develop the base IPS model in Australia to maximise its benefits for young people.

EXTENDING IPS SERVICES INTO ADDITIONAL PRIMARY AND SPECIALIST SERVICES

Outside of the IPS services currently delivered through a number of headspace sites nationally, there are few examples of IPS programs operating within Australia. According to the Productivity Commission's *Report on Mental Health*, almost 2,000 DES clients were served by IPS specialists. The Commission further noted that IPS could be extended to provide for a cohort of 40,000 participants.(26)

The majority of state and territory community mental health services do not include the provision of IPS supports. The Productivity Commission recommended that all governments should extend the IPS model to community ambulatory mental healthcare services. Orygen is supportive of this recommendation, however if it is to be enacted there is further scope to consider how such an approach would be funded and implemented.

The Commission further provided that any roll-out of this approach should be staged to allow due analysis and review of how IPS can be best tailored to particular demographic groups. Orygen agrees with this approach. There is value in prioritising service roll-outs for young people. Firstly, young people as a cohort are at key juncture of mental health and employment and supporting them into education/employment can help prevent disengagement with education/employment. Secondly, headspace already has significant experience in delivering IPS services for young people and provides a national platform of services through which IPS services can be expanded to young people across Australia.

With respect to funding, the Productivity Commission proposed block funding to help with the initial expansion of IPS services. As IPS services become more established, the Commission suggested moving to a fee for service funding model. The challenge with fee for service approaches is that they reward activity over outcomes.(27) To ensure that individual IPS programs are operating to a required standard, it is suggested that funding be tied to a fidelity rating methodology to allow IPS providers to assess their performance against standardised outcomes. A strong example of such a fidelity tool for IPS is the Individual Placement and Support Fidelity Scale.(28) This scale measures IPS providers on eight principles, which have been broken down into 25 assessable items.

The Scale has been noted to be a consistent and reliable measure of IPS providers.(29)

Available workforce will be a significant issue in the rollout of IPS. It can take a number of years in both education and employment experience to develop the necessary skillset to be considered a vocational specialist. To support this there is a need to consider the development of a workforce training and development package to support wider implementation of IPS across Australia. As also noted by the Productivity Commission, there are limited career paths for IPS specialists, so to minimise potential turnover there is value in considering potential career options for people working in IPS that can be transferred into other sectors, with other groups of job seekers and into more senior management roles.

A FOCUS ON EDUCATION

Education is important across the lifespan, especially in a changing employment marketplace, but it is critically important for young people. The onset of mental ill-health can often occur when young people are in their mid-to-late-secondary education or early post-secondary education or training, and can lead to significant disruption or derailment. (30) A significant proportion of young people who develop mental ill-health do not complete secondary education or its equivalent, and they have a much lower rate of post-secondary educational achievement.(31)

To ensure that young people with mental ill-health reach their full educational potential and, as a consequence, have a full range of employment opportunities, there is a need for IPS programs to adapt a career rather than purely employment focus. A recent study by Orygen evaluated the feasibility and effectiveness of adapting the IPS model to focus on education. They found that IPS was feasible for education, with 95 per cent of the participants successfully completing the intervention.(32) The trial of IPS in headspace centres funded by the Department of Social Services (DSS) also included both education and employment outcomes.

A 2020 literature review of the IPS trial undertaken by KPMG for DSS also concluded that a supported education model should be considered within the IPS service being delivered in headspace centres, ideally being delivered as a discrete component, by educational specialists, but in-line with the principles of the traditional IPS model.(33) In addition, the Productivity Commission into Mental Health recognised that focusing on education outcomes for young people was a potentially valuable addition to the IPS model.(34)

Educational support is particularly important for the long-term employment health of this age group. As such, Orygen believes it is important that any future youth IPS programs should have an equal focus on education and career development and adhere to the youth IPS fidelity scale.

EMPLOYMENT OF YOUTH VOCATIONAL PEER WORKERS

Orygen has trialled youth vocational peer workers in a Victorian-funded IPS employment support program for young people experiencing mental health issues who are engaged in Orygen's headspace services. The youth vocational peer workers work collaboratively with IPS workers and clinicians to provide emotional, social and practical support to young people experiencing challenges with employment or education.

Youth vocational peer workers can support young people experiencing mental ill-health to develop employability skills such as workplace communication, interpersonal and teamwork skills. They bring a unique understanding of challenges experienced by young people with mental ill-health looking for and engaging in work, such as how to navigate disclosure of mental ill-health to employers. In the education/employment context, this can include supports such as talking to participants about disclosing with employers or developing strategies with young people to manage their mental health when balancing life and work or study. They can also counter any stigma about work and mental ill-health that may have been internalised by the young person. Their role proves that people with lived experience of mental illness can and do work, and are valued members of their workplaces.

To date, there is limited research on the effectiveness of peer work in mental health services and settings, although there have been some promising results in certain trials. There is evidence that peer work can lead to an increased sense of hope (35-37), heightened empathy and acceptance (36) and improved service engagement (37). Systematic reviews and meta-analyses of peer services have found that it results in at least equivalent outcomes to services provided by non-peer staff.(38) So whilst peer work is not designed to replace the non-peer workforce, the benefits of a sustainable, recovery-focused mental health workforce with equivalent outcomes should not be understated.(39)

The early evidence base on the cost-effectiveness of peer work is also encouraging. Mental Health Australia and KPMG have estimated the return on investment in peer work to be approximately \$3.50 per dollar spent.(40) A social return on investment analysis of a peer-led service in Queensland found similar savings, with \$3.27 of social and economic value for every \$1 spent.(41)

The Orygen evaluation of the JVEN IPS plus vocational peer work model has achieved strong outcomes with 48 per cent of young people registered for the JVEN IPS program placed into work with 55 per cent of those placed achieving a 26 week outcome. While a recent

literature review of the DSS IPS trials stopped short of recommending specific enhancements to the model, it did cite evidence from research trials that supported the consideration of peer workers within the model. In particular, research which has found that peer workers assisted IPS clients to feel safe and understood and provided a positive influence in supporting their pathways through to further education and employment. (33, 42, 43)

ONLINE AUGMENTATION

The traditional delivery of IPS services tends to rely upon face-to-face interaction between the participant and the IPS worker. Yet, as young people tend to be early adopters of technological innovations, there is value in considering how the face-to-face IPS model can be integrated with online functionality.

Several IPS programs internationally have been trialling technology-based tools to augment the IPS service in particular to job planning and advice, virtual interview preparation and follow up support. The IPS trial literature review undertaken by KPMG found research to suggest that the use of technology could address some barriers to engagement with the IPS service and that it warranted further consideration within the IPS trials.(33)

Young people accessing headspace centres are provided with the Digital Work and Study Service (DWSS). The DWSS is delivered via phone, webchat or web conferencing and has provided an option for young people who don't have access to the IPS centre trial, are in regional areas or unable to access face-to-face support.

Between December 2017 and April 2019, Orygen also developed and trialled a Youth Online Training and Employment System (YOTES) to specifically augment the IPS program offering of the service. It featured moderated social interaction with other young people and targeted career support provided by online career specialists and peer workers in real-time.

Research on the outcomes of YOTES is still being finalised, however early anecdotal reports indicate that the platform was well-received by young people and could also provide an option for supports to those young people on waiting lists for appointments with IPS specialists. There is therefore an opportunity to explore how future youth IPS services, particularly those in state and territory specialist services, can be augmented with an online platform such as YOTES.

POLICY DIRECTION

The strength of the existing evidence base for IPS enables policy direction to be focused on expanding the model. Expansion will enable IPS services to be provided more widely and tailored to suit the needs of young people.

POLICY SOLUTION	EVIDENCE AND RATIONALE	OUTCOME	MECHANISM
DELIVER IPS SERVICES IN ALL YOUTH MENTAL HEALTH SERVICES			
Completion of a service need and funding review to determine the most appropriate approach and timeframes for implementing IPS in all headspace centres nationally.	A 2020 systematic review and meta-analysis found that IPS is more than twice as effective as traditional vocational rehabilitation in getting people with mental illness into competitive work. A review of the evidence indicates that IPS is a significant improvement on alternative vocational models and should be implemented as widely as possible.	Expansion of IPS services in headspace to achieve national coverage and to all state/territory mental health services working with young people.	Department of Social Services
Implementation of an inter-government working group to determine the funding model and approach to implement IPS in all state and territory specialist mental health services being delivered to young people.	The delivery of youth IPS in Australia is mostly limited to the headspace centre trials. However, there are opportunities to deliver IPS services amongst State and Territory specialist mental health services. There is a need to undertake scoping to determine how such an approach should be implemented and funded.	Development of inter-governmental guidelines which outline how IPS can be delivered among state and territory mental health services for young people.	Department of Health to lead with state and territory government engagement
BUILD THE AVAILABLE WORKFORCE TO ENABLE A NATIONAL SCALE-UP OF IPS IN YOUTH MENTAL HEALTH SERVICES (BOTH PRIMARY PLATFORMS OF CARE SUCH AS HEADSPACE AND IN SPECIALIST SERVICES)			
Develop a scholarship program for both emerging and current IPS workers that focuses on career development skills, mental health literacy, and career pathway planning knowledge to excel as IPS workers and beyond.	Critical to the success of a national rollout of IPS in youth mental health settings is a pipeline of workers with the skills to effectively deliver the IPS model for young people. However, at present there is a limited pool of workers with the skills required.	Provision of scholarships for 210 people to undertake the accredited training options each year over the next three years.	Department of Social Services and Orygen

POLICY SOLUTION	EVIDENCE AND RATIONALE	OUTCOME	MECHANISM
ENSURE IPS WORKERS ARE SKILLED IN DELIVERING A SERVICE THAT IS CAREER FOCUSED i.e. INCLUDING EDUCATIONAL PATHWAYS TO EMPLOYMENT OUTCOMES			
Trial a workforce development package for IPS workers in youth mental health services to build knowledge around career development. The package would be developed in consultation with the National Careers Institute and would be informed by evidence and delivered following consultation with young people.	Young people are often establishing themselves within the education system, and experiences of mental ill health can lead to the disruption of their education. A study by the Orygen evaluating the feasibility and effectiveness of adapting the IPS model to focus on education. They found that IPS was feasible for education, with 95 per cent of the participants successfully attaining their education goals.	Development of a skilled youth IPS workforce and ensure youth IPS services meet fidelity to a youth IPS model which includes education as well as employment outcomes.	Department of Education, Skills and Employment Department of Social Services National Careers Institute
TRIAL OF YOUTH VOCATIONAL PEER WORKERS FOR IPS			
Trial of an IPS service which includes youth vocational peer workers. Of the 50 headspace sites which are currently trialling an IPS model, it is recommended that 12 of those sites are selected by headspace to trial IPS enhanced by youth vocational peer workers. The trial should be supported by Orygen in collaboration with headspace National Office.	Orygen has developed training specifically for vocational peer workers in youth mental health services and has an experienced peer workforce available to deliver training and support implementation of vocational peer work.	Evidence base for a vocational peer work enhanced IPS program.	Department of Social Services
DEVELOPING AN EVIDENCE BASE TO SUPPORT ONLINE AUGMENTATION TO IPS MODEL			
Future implementation of youth IPS in youth mental health services, particularly state/territory specialist services should include trials which augment the service with an online platform for educational and employment support.	Online augmentations to the IPS model can provide augmented career support from online vocational specialists and peer motivators in real-time. Options include the YOTES program and the MOST program which have been trialled by Orygen.	Evidence base for an augmented IPS program.	State and territory governments

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