



Department of Social Services

Final Report for the Evaluation of the Individual Placement and Support Trial

FINAL
June 2019

Executive summary

The 2015-16 Federal Budget allocated funding to trial the Individual Placement and Support (IPS) model for young people experiencing mild to moderate mental health disorders. The IPS Trial (the Trial) is being conducted across 14 headspace sites across Australia and is being evaluated to assess the efficiency, appropriateness and effectiveness of the IPS model for young people delivered in the headspace setting.

This report is the Final Evaluation Report and presents the findings against the evaluation questions. It covers the Trial's activity from commencement (late 2016) to 28 February 2019. The data presented in this report includes data from only 13 of the 14 sites implementing the Trial unless otherwise stated.¹ As the Trial has been extended to June 2021, any reference to continuing aspects of the Trial have been written in present tense.

Overview of the IPS model

The IPS model is an evidence-based approach that integrates vocational assistance with traditional clinical mental health support. It provides individualised support to meet the needs of people with mental illness who are seeking to gain or remain in employment, with a focus on competitive employment that is guided and informed by the participant's goals. The model was initially developed to assist adults with moderate to severe mental illness. The IPS model focuses on eight core Practice Principles, as follows (Dartmouth Psychiatric Research Centre 2011):

- focus on competitive employment;
- eligibility based on participant's choices;
- integration of rehabilitation and mental health services;
- attention to participants' preferences;
- personalised benefits counselling;
- rapid job search;
- systematic job development; and
- time-unlimited and individualised support.

As the IPS model is evidence-based, it requires high fidelity to the model in order to achieve outcomes for participants and has been rigorously evaluated when implemented.

Overview of the Trial

The Trial commenced in late 2016, and was expected to be completed by 30 June 2019. It has since been extended and expanded to further sites until June 2021. The Trial is being implemented in 14 headspace sites across Australia (note that the evaluation only considers 13 sites). It aims to improve the vocational education and employment outcomes of young people (up to the age of 25 years) who require mental health support. The Trial also aims to test the suitability of the IPS model to support this cohort within the headspace setting.

¹ Data related to the Gosford Trial site has not been included due to lengthy delays in securing ethics approval for this site. Refer to section 3.4.1 for details.

The Trial is being managed by the Disability and Carer Policy Branch of the Department of Social Services (the Department), with responsibility for contract management being undertaken by the Delivery Network, with a Funding Arrangement Manager in each state/territory.

To support the Trial, the Department engaged the Western Australian Association for Mental Health (WAAMH) to undertake fidelity reviews throughout the Trial period.

Overview of this evaluation

The purpose of the Trial evaluation has been to assess the efficiency, appropriateness and effectiveness of implementation of the IPS model of supported employment assistance within the headspace setting. This will allow the Department to better understand whether the IPS model has achieved education and employment outcomes for young people experiencing mental health conditions. The evaluation has focused on the short and medium-term outcomes achieved by Trial participants; long-term outcomes have not been assessed as the expected timeframe for the achievement of the long-term outcomes falls outside the evaluation time period.

The evaluation consists of four domains of analysis:

- Implementation – understanding the effectiveness to which the Trial was implemented and the impact of this on the Trial’s achievements.
- Efficiency – focusing on how efficiently vocational and educational support has been provided throughout the Trial.
- Appropriateness – considering how well suited the IPS model is for the target participant group; whether the headspace setting is a suitable service environment; and whether the IPS model is suitable to support access to and engagement with education and training.
- Effectiveness – concerning the extent to which the Trial has achieved education and employment outcomes for participants.

The evaluation methods have included a document review; a literature review; analysis of program data; analysis of secondary data, including contextual information on sites, such as demographics and unemployment rates; stakeholder interviews, including with participants, Vocational Specialists, other headspace staff, and employers; and a case study analysis.

Findings

This section provides a summary of findings for each area of the evaluation.

Implementation

The evaluation included two questions on implementation, namely:

- To what extent did the design and implementation of the IPS Trial facilitate the intended outcomes?
- What contributed to or impeded the success of the IPS Trial at the:
 - national oversight level?
 - Delivery Network level?
 - service provider level?

The implementation findings showed that the Trial has been designed in line with the IPS Practice Principles and includes a fidelity review process to ensure that sites are implementing the Trial in line with the IPS model. It appears that sites have largely implemented the Trial effectively, with the fidelity

review indicating that all sites have implemented the IPS model with at least 'fair' fidelity. Sites outlined the benefit of fidelity to align practice to the evidence, however noted that the frequency of fidelity reviews would be more appropriate to be conducted annually given the time taken to prepare for the review.

While headspace sites have not faced significant challenges in the set-up or ongoing implementation of the Trial, some challenges have been experienced, such as the timing of training for some sites and confusion and inconsistent messaging in advice from Funding Arrangement Managers and the Fidelity Reviewer. The integration of the IPS model with headspace has been relatively simple, with all sites noting they could not imagine headspace without the IPS program.

Limited variation has been observed. Variations observed to date include:

- the headspace lead agency for each headspace site, which had influence over program governance and day-to-day management of the Trial;
- the background and experience of the Vocational Specialists;
- the headspace Youth Early Psychosis Program (hYEPP) being available at three Trial sites;
- the acceptance of external referrals; and
- differing policies of the lead agency leading to differences in funding and service delivery decisions (such as access to cars and petty cash).

Efficiency

The evaluation explored two questions in relation to efficiency:

- To what extent did vocational specialists maintain well-managed, sustainable caseloads?
- To what extent has the IPS Trial achieved value for money?

The efficiency findings show that Vocational Specialists maintained sustainable caseloads, however, found that there were difficulties in the management of the caseload, with many sites having a lower than the expected caseload. The average caseload per Vocational Specialist at 28 February 2019 was 19.8 participants per Vocational Specialist a reduction from 25.5 at 30 April 2018. The benchmark caseload for the IPS model is 20. The caseload varied across sites from 9.5 (in Mount Isa) to 29 (Inala) participants per Vocational Specialist.

Caseload variation has been influenced by three factors:

- the degree of support required by participants;
- site contextual factors – sites in regional and remote areas had lower case loads due to a smaller population of young people; and
- the number of FTE Vocational Specialists at each headspace site.

The extent to which the Trial has achieved value for money is difficult to assess, given significant underspends across the years of the Trial, however, sites were noted to have used the funding in line with the guidelines with most funding directed to Vocational Specialist salaries. The average spend per participant was \$4,899 for FY2017-18. Whether this represents value for money for the Department is challenging to assess without a benchmark figure with which to compare against.

Findings in relation to the use of funding are:

- The proportion of total funding used for Vocational Specialist salaries was 67 per cent in FY 2017-18. Removing the underspend, this proportion was 81 per cent.
- For 2016-2018 financial years, the fidelity reviews cost a total of \$550,000 overall or \$39,286 per site.

Appropriateness

The evaluation included three questions on appropriateness:

- To what extent does the IPS Trial effectively engage the target population?
- To what extent does the IPS Trial meet the needs of young people with mental illness up to the age of 25, who are at risk of disengaging from vocational education or employment?
- To what extent does the IPS Trial respond to current government policy and priorities?

The appropriateness findings show that the headspace setting was seen as highly appropriate for facilitating engagement with the target cohort with the environment being youth friendly and supportive, and the co-location facilitated the integration of Vocational Specialists with clinical teams. The inclusion of school aged young people, particularly those aged 12 to 15 years, was thought to be less appropriate to be included in the Trial. While this age group is part of the broader headspace client group, their rate of engagement with the Trial was very low, and the model and its objectives were seen as less appropriate for this age group. Vocational Specialists often referred this age group to other available supports and programs.

Young people felt that their experience of the Trial was guided by their own preferences, goals and interest which made their experience with the model positive and emphasised the time-unlimited nature and tailored supports as contributing factors to engagement and the achievement of positive outcomes.

While overall the Practice Principles of the IPS model were considered appropriate for this target group, Vocational Specialists felt that some of the principles (e.g. rapid job search, focus on competitive employment) had been designed for an adult cohort with an assumed level of job readiness and employment experience, and did not necessarily reflect some of the challenges young people experience in gaining employment. Specifically, the focus on competitive employment and the need to undertake rapid job searching was not considered appropriate for all Trial participants, particularly those with little to no work history. Other elements of the model, including restrictions on the number of participants placed with employers, created challenges for rural and remote areas, with limited employment opportunities. Further, the model does not have a focus on education. The Trial included a focus on education outcomes in addition to employment, unlike the traditional IPS model. The inclusion of education in the Trial was seen as important in creating career pathways for young people.

Importantly, severity of mental health disorders was not cited by Vocational Specialists as a barrier, with low job readiness seen as the primary barrier. Generally, Vocational Specialists were able to work through this by providing intensive support up front to build basic job readiness (i.e. resume development, interview techniques, soft introductions to employment settings, talking through workplace expectations). In some instances, non-competitive employment and volunteering opportunities was used as a way to build the young person's skills and confidence to then support entry into the competitive job market. Building a network of employers enabled Vocational Specialists to identify supportive employers, providing options to help young people sustain employment over time.

Effectiveness

The evaluation comprised of four questions in relation to effectiveness, namely:

- To what extent has the IPS Trial improved the vocational education and employment outcomes of young people with mental illness who are at risk of disengaging from education or employment?
- How do the outcomes achieved for participants in the IPS Trial compare with those achieved for participants in DES and jobactive?

- What is the cost of the program in terms of its delivery and outcomes compared to existing programs (i.e. Disability Employment Services or jobactive)?
- Were there any unintended consequences from the IPS Trial, positive or negative?

In relation to effectiveness the evaluation found that the Trial has enabled the following outcomes to date:

- In total, 676 participants (43 per cent) achieved an education and / or an employment outcome during the Trial.²
- Employment was achieved by 512 participants (33 per cent of participants). Nine per cent of participants (n=136) achieved an education outcome and three per cent (n=48) had both an education and employment outcome.
- Casual employment was the most common outcome for participants with an employment outcome (65 per cent of participants with an employment outcome).
- For participants with an education outcome, a Certificate course was the most common outcome.
- Outcomes achieved were broadly in line with participants' goals.
- On average, it took 111 days to achieve an employment outcome and 121 days to achieve an education outcome.
- Participants in the Trial reported improved confidence and capacity to seek education and / or employment opportunities.

The outcomes achieved to date have varied across sites, although at this stage, no significant statistical difference has been found to pinpoint specific influences on outcomes. Enablers and barriers to achieving outcomes have been identified through qualitative evidence. These include:

- the local employment conditions;
- attributes of the Vocational Specialists;
- access to transport;
- participants' motivation;
- age; and
- employment history.

In achieving the outcomes, Vocational Specialists have worked with a range of organisations, including DES and jobactive providers and employers. Critically, the integration of clinical mental health services and the vocational services provided through the Trial has enabled good outcomes, with clinicians noting the value of employment or education on a young person's wellbeing.

Opportunities

The evaluation has identified a number of opportunities for ongoing implementation and expansion of the Trial throughout Australia.

1. Creating purposeful forums to collaborate across sites to share learnings.

An opportunity exists to formalise the learning collaborative event as an ongoing part of IPS implementation, to enable the ongoing development of best practice across Trial sites. It is recognised that the Department has included further learning events in the Trial extension.

2. Implementing a centrally coordinated project management function across the Trial sites.

² Data was not available on the specific reasons why some participants did not achieve an outcome. Refer to sections 7.2.3 and 7.3 for a discussion of the factors that influenced the achievement of outcomes.

The Department has engaged the Fidelity Reviewer to deliver a project management function to ensure that information is being shared consistently across all Trial sites. Should the Trial be expanded further, a similar function may need to exist while sites are in the early phases of implementation, at a minimum.

3. Utilising the Department's role in implementing Disability Employment Services to develop relationships between employment providers and the Trial.

Trial sites have struggled to develop effective working relationships with employment providers. The implementation of a centralised project management role should include provision to develop overarching working relationships with employment providers, leveraging the Department's role in DES. This will work to increase understanding within these other job providers of the role of IPS, and the benefits of working together to achieve outcomes for this particular cohort.

4. Implementing a tiered support system for participants across Trial sites based on degree of support to increase throughput of clients receiving IPS support.

The intensity of support required by a participant varies throughout their participation in the Trial. A tiered support system will enable sites to balance their caseload based on the support required of current participants. Consequently, depending on the mix of participants, a greater number of participants could receive support at one time.

5. Varying funding based on population size, expected demand and location factors.

Consideration should be given to delivering funding based on need in each site, taking into consideration demand (and thus funded FTE), salary conditions, the broader service system and any other factors impacting on the provision of the Trial to more effectively utilise available funding.

6. Raising the eligible age limit to 15 years and older, recognising that the strength of IPS is around vocational education and employment.

The appropriateness of the Trial for participants under 15 years has been questioned throughout the Trial. There is an opportunity to raise the eligibility age given the low participation rate of younger participants and in recognising that the skills of the Vocational Specialists lie in furthering vocational education and employment (rather than in engagement with secondary school).

7. Implementing guidelines for length of participation in the Trial.

From a funding perspective, the greater the number of young people that participate in the Trial represents better value for the Department. The IPS model itself does not have guidelines on when to disengage a person from support and discourages rules on this. However, it may be worth considering implementing guidelines to support Vocational Specialists in disengaging participants when their contact is infrequent or they receive no response to attempts to engage in order to free space on their caseload for new participants.

8. Enabling time-bound work experience and volunteering opportunities to increase to employability of the IPS cohort.

While the IPS model makes some provision for the use of volunteering and work experience, there is an opportunity to strengthen Trial sites' understanding of the use of volunteering and work experience for this cohort, to enable Vocational Specialists to increase the job readiness of participants, while maintaining a focus on competitive employment.

9. Using the youth focused IPS model

The evaluation understands that a young adult focused IPS fidelity instrument has been recently developed, which includes a specific focus on education. Should the Trial continue in an ongoing manner, it would be beneficial for this scale to be considered for use to align with the age group of participants in the Trial.

10. Establishing a pool of brokerage funding per site to assist in the ability of participants to be job ready.

Sites were impacted by their access to brokerage funds to assist in the employability of participants including through the purchase of items required for certain roles as well as provision of support to gain qualifications/accreditations. There is an opportunity to provide sites with a sum of money, or utilise current underspends, to assist in the employability and job readiness of Trial participants, used as a last resort to enable employment and education outcomes.

11. Establishing structures to provide practical strategies to employers of IPS participants to assist in sustaining employment outcomes.

Employers consulted reported that disclosure of mental health conditions happened very rarely, however where it did occur, employers explained that it helped deliver outcomes. A discussion with Trial sites around the parameters of confidentiality, including providing practical strategies to employers without disclosing participant information, as well as focusing sites on the discussion and disclosure of mental health conditions with participants, may lead to employers providing more proactive support to Trial participants.

12. Providing support for Trial sites to report accurate data using DSS Data Exchange (DEX) to increase access to accurate data.

Trial sites reported that data collection was a burden due to the use of a program reporting tool, the Department's DEX database and headspace clinical systems and quality of data was an ongoing issue in the Trial. There is an opportunity to support sites to collect quality data and leverage the expected upgrades to the DEX system to enable the collection of outcomes data through DEX to streamline the process.

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Disclaimer

Inherent limitations

This Final Evaluation Report is given subject to the written terms of KPMG's engagement. This Final Evaluation Report has been prepared as outlined in the Evaluation Overview chapter. The services provided in connection with this engagement comprise an advisory engagement which is not subject to Australian Auditing Standards or Australian Standards on Review or Assurance Engagements, and consequently no opinions or conclusions intended to convey assurance have been expressed.

No warranty of completeness, accuracy or reliability is given in relation to the statements and representations made by, and the information and documentation provided by, the Department of Social Services' management and personnel consulted as part of the process.

KPMG has indicated within the Evaluation Report the sources of the information provided. We have not sought to independently verify those sources unless otherwise noted within the Report.

Third party reliance

This Final Evaluation Report is solely for the purpose set out in KPMG's contract and for the Department of Social Services' information.

This Final Evaluation Report has been prepared at the request of the Department of Social Services in accordance with the terms of KPMG's engagement contract dated 19 May 2017 and subsequent variations dated 15 December 2017 and 5 December 2018. Other than our responsibility to the Department of Social Services, neither KPMG nor any member or employee of KPMG undertakes responsibility arising in any way from reliance placed by a third party on this Evaluation Framework. Any reliance placed is that party's sole responsibility.

Accessibility

To comply with the Commonwealth Government's accessibility requirements, two versions of this Report are available: a KPMG-branded PDF version and an unbranded Microsoft Word version. The KPMG-branded PDF version of this Report remains the definitive version of this Report

Glossary

CALD	Culturally and Linguistically Diverse
DES	Disability Employment Services
DEX	DSS Data Exchange
DSS	Department of Social Services
hYEPP	headspace Youth Early Psychosis Program
IPS	Individual Placement and Support
LGBTIQ+	Lesbian, Gay, Bisexual, Trans, Intersex and Queer
NSLHD	Northern Sydney Local Health District
PRT	Program Reporting Tool
RCTs	randomised controlled trials
RTOs	Registered Training Organisations
SEIFA	socio-economic indexes for areas
WAAMH	Western Australian Association for Mental Health

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1 Introduction

The 2015-16 Federal Budget saw the Commonwealth Government commit \$330 million to implement the 'Youth Employment Strategy' to tackle youth unemployment. In this Strategy, \$106 million was targeted at vulnerable job seekers, with \$16.75 million³ allocated to trialling the Individual Placement Support (IPS) model (Commonwealth Government Budget 2017). The Trial sought to respond to the growing cost of mental illness, and to offer young people with mental illness support to access employment. The Trial has subsequently been extended and expanded to conclude in June 2021.

KPMG were engaged to evaluate the implementation, efficiency, appropriateness and effectiveness of the Trial by the Department of Social Services (the Department). The findings will assist the Department and the Commonwealth Government to enhance their understanding of what IPS model elements contribute to achieving successful vocational education and employment outcomes for young people experiencing mental illness in a headspace setting and to enable them to make decisions about the future of the model. The objective of the evaluation has been to externally evaluate the impact of the Trial through testing how well the IPS model services young people when delivered within the headspace setting.

This is the Final Evaluation Report, and presents findings against the evaluation questions. It covers Trial activity from the commencement of the Trial in late 2016 to 28 February 2019. The data presented in this report includes data from only 13 of the 14 sites implementing the Trial unless otherwise stated.⁴ As the Trial has been extended to June 2021, any reference to continuing aspects of the Trial have been written in present tense.

1.1 headspace and the Trial

The IPS model integrates employment and vocational support with traditional clinical mental health support, providing individualised assistance for people with mental illness who are interested in maintaining or gaining education and/or employment. Typically, the IPS model has been designed to target older cohorts dealing with moderate to severe mental illness. The Trial will test the appropriateness of the model for a younger cohort of people who are seeking support to engage or remain engaged with vocational education or employment and who are clients of headspace. headspace is the 'National Youth Mental Health Foundation providing 12 to 25 year olds with targeted and holistic support through early intervention mental health services, including assistance in promoting young people's wellbeing. headspace is supported by four core pillars: mental health, physical health, work and study support and alcohol and other drug services' (headspace 2018).

Reader's Note: Mental illness and mental health

The IPS model has historically targeted adults with moderate to severe mental illness. When referring to the IPS model in general, this report will use the term 'mental illness'.

³ Later reduced to \$13.6 million

⁴ Data related to Gosford has not been included due to lengthy delays in securing ethics approval for this site. Refer to section 3.4.1 for details.

Within a headspace setting, the IPS model is applied to young people requiring mental health support, including young people experiencing mental health disorders. A formal diagnosis of mental illness is not a requirement to receive mental health services within headspace sites.

To reflect the language and terminology used by headspace sites in relation to young people’s mental health and wellbeing, this report will use the term ‘mental health’, ‘mental health conditions’ or ‘mental health disorders’ when referring to the Trial, and the application of the IPS model to young people within a headspace setting.

For accuracy, the term ‘mental illness’ will be used when reporting on contracting arrangements where this is the terminology contained within the contract or where relevant research specifically relates to mental illness.

1.2 Context

Research shows that the onset of mental health conditions can occur in adolescence, with Kaesler (2015) estimating that 75 per cent of mental illnesses are developed by the age of 24. Additionally, young people with mental illness are at risk of long-term social disadvantage (McGorry 2016), driving the push for increased government investment in the mental health of young people.

Young people with mental health conditions can experience difficulty in education attainment and transitioning to the workforce, potentially leading to poor long-term employment outcomes. In Australia, people experiencing mental illness are three times more likely to be unemployed than those who have no mental illness (OECD 2015). This has a specific impact on their participation in the social support system, as they can often become dependent on allowances, such as Newstart or the Disability Support Pension.

1.3 Structure of this report

This Report is structured as outlined in Table 1 below.

Table 1: Overview of Evaluation Report structure

Section		Description
2	The Trial	Provides an overview of the Trial including an outline of the IPS model.
3	Evaluation overview	Provides an overview of the evaluation approach including the methods and information sources that have been used to inform this report.
4	Implementation	Provides an understanding of how effectively the Trial was implemented, and the impact of this on the Trial’s achievements. It details both the initial implementation and the ongoing implementation of the Trial.

Section		Description
5	Efficiency	Details how efficiently vocational education and employment support is provided throughout the Trial. In particular, it provides commentary on the caseload of the Vocational Specialists.
6	Appropriateness	Provides commentary on the appropriateness of the IPS model. Specifically, it considers the appropriateness of the IPS model within a headspace setting in engaging the target group, the appropriateness of the IPS model within a headspace setting in engaging sub-groups, whether the model responds appropriately to the needs of the target group, and whether the model responds appropriately to government policy priorities.
7	Effectiveness	Explores the extent to which the Trial has achieved education and employment outcomes for participating young people and what the enablers and barriers have been to the achievement of outcomes.
8	Summary and opportunities	Provides a summary of the evaluation findings and presents a series of opportunities for consideration by the Department.
Appendices		Provides details on the Trial sites, the program logic, and references.

Source: KPMG

2 The IPS Trial

This chapter provides an overview of the Trial including an outline of the IPS model.

2.1 The IPS model

The aim of the IPS model is to integrate employment and vocational assistance with traditional mental health support to focus on the individual needs of people with a mental illness to assist them to gain or maintain employment. Rigorous evaluation, continuous research, empirical scrutiny and refinement has led to a significant evidence base for the IPS model. Given this, high levels of fidelity are required to achieve outcomes for participants.

The IPS model was originally developed in the United States during the early 1990s, as a form of supported employment that contrasts with traditional vocational programs. In the model, participants rapidly seek employment and gain paid work in a normal setting, with access to ongoing vocational support through Vocational Specialists and mental health services during their employment (Bond et al 2012). This distinguishes the IPS model from other programs which typically cease support once the participant has gained employment.

2.1.1 IPS Core Practice Principles

The IPS model centres on eight Core Practice Principles that underpin the delivery of support to participants by Vocational Specialists, as outlined overleaf.

Figure 1: IPS model Core Practice Principles

Focus on competitive employment

Vocational Specialists help participants obtain competitive jobs. Competitive employment is defined as gaining employment that: pays at least the minimum wage and the same wage that others receive for performing the same work; is based in community settings alongside others without disabilities; and is not reserved for people with disabilities.

Eligibility based on participants' choices

The core philosophy of the IPS model is that all people with mental illness can work at competitive jobs in the community without prior training, and that no one should be excluded from this opportunity. Every person with mental illness who wants to work is eligible for IPS supported employment, regardless of characteristics such as psychiatric diagnosis, symptoms, work history, substance abuse and cognitive impairment.

Integration of rehabilitation and mental health services

The IPS model is closely integrated with mental health treatment. Vocational Specialists are members of multidisciplinary teams that meet regularly to review participant progress. Discussions include clinical and rehabilitation information that is relevant to work, such as medication side effects, persistent symptoms, cognitive difficulties, or other rehabilitation needs. They share information and develop ideas to help participants improve their functional recovery.

Attention to participants' preferences

Services are based on participants' preferences and choices, rather than providers' judgments about what employment they would be suitable for. Participant preferences help determine the type of job that is sought, the nature of support provided by the Vocational Specialist and team, and whether to disclose details of a participant's mental illness to an employer.

Personalised benefits counselling

Vocational Specialists help participants to access ongoing guidance regarding income support. Fear of losing income support is a major reason that participants may not want to seek employment, which means that it is vital that participants obtain accurate information to inform and guide the plan for starting work and, over time, for making decisions about changes in wages and work hours.

Rapid job search

Vocational Specialists help participants seek jobs directly, rather than providing extensive pre-employment assessment and training, or intermediate work experiences. Beginning the job search process early (i.e. within 30 days) demonstrates to participants that their desire to work is taken seriously, and conveys optimism that there are multiple opportunities available in the community for participants to achieve their goals.

Systematic job development

Vocational Specialists develop relationships with employers, based upon participants' work preferences, by meeting face-to-face with employers over multiple visits. Vocational Specialists learn about the work environment and the employers' work needs in order to find out about jobs that they may not be aware of at employment sites. They gather information about the nature of job opportunities and assess whether they may be a good job fit.

Time-unlimited and individualised support

Support provided to participants is individualised and continued for as long as the participant wants and needs it. Vocational Specialists and other members of the treatment team provide employment support, and also seek natural supports for the participant (e.g. family member, co-worker) that would be available over time. The goal is to help the participant become as independent as possible in employment, while providing support and assistance as needed. Once a participant has worked steadily (e.g. one year), they discuss transitioning from IPS.

Source: Adapted from Dartmouth Psychiatric Research Centre, 2011

The IPS model has been implemented in varying respects across the globe, including in Australia, and has been evaluated in multiple, randomised controlled trials (RCTs). In all of the RCTs, the IPS model was successful in out-performing the available comparable employment support systems (Killackey 2014). Young people accessing IPS in the early stages of their illness has demonstrated successful vocational outcomes, with success rates reported at approximately 85 per cent (Killackey 2008).

2.1.2 The Theory of Change

The Theory of Change describes how and why a desired change is expected to happen in a certain context. The Theory of Change for the IPS Trial allowed all stakeholders to have a shared understanding of how the IPS Trial is intended to work to reach its proposed objective.

Through early intervention, the IPS Trial aims to assist young people with mental illness, aged up to 25 years, to achieve and maintain sustainable participation in vocational education and competitive employment.

Why is it important for the IPS Trial to achieve its intended objective?

It is important for the IPS Trial to achieve its intended objectives for the following reasons.

Mental illness and unemployment

Generally, those with mental illness are more likely to experience unemployment (Department of Health 2013). People with mental illness experience individual and structural barriers to gaining and maintaining employment, these barriers can include low motivation and confidence, stigma, discrimination and reluctance from employers in hiring an individual with mental illness (Rinaldi & Perkins 2004). Lack of educational attainment as a result of mental illness may also result in poor employment outcomes.

The deficiency of meaningful vocational roles may impact mental illness recovery through the accompanying impacts of social exclusion, welfare dependency, unstable housing and long-term poverty (Rinaldi & Perkins 2004).

The IPS model's supported employment aims to address the complex interplay of these issues.

Impact of long-term unemployment on long-term outcomes

Long-term unemployment can be connected to a variety of negative long-term outcomes. Evidence suggests that long-term unemployment is linked to poor physical and mental health, social isolation, financial disadvantage and poverty (Saunders 2006). Through supporting young people with mental illness gain employment it will assist them avoid the associated unemployment long-term outcomes.

How is the IPS Trial designed to achieve its intended objective?

This section provides a summary of evidence on the effectiveness of the IPS model.

The effectiveness of the IPS model

Research and evaluation surrounding the IPS model has established that it is an effective model of providing employment and vocational support to people with mental illness (Dartmouth Psychiatric Research Center 2014).

The IPS model's eight core Practice Principles contribute to the IPS model's effectiveness. An overview of the evidence for the effectiveness of each core Practice Principle is outlined below.

Focus on competitive employment

Focusing on competitive employment is effective due to three related principles (Bond 2004).

- Specific targeted efforts toward competitive employment are more effective than indirect strategies.
- Supporting people with mental illness to obtain non-competitive employment does not effectively support people to ultimately gain competitive employment.
- The outcomes of competitive employment are more desired and more recovery-oriented than other forms of paid employment (Bond 2004).

If the IPS Trial maintains a competitive employment focus, the IPS Trial participants are more likely to gain and maintain competitive employment than other supported employment approaches. This will also support participants to attain a range of non-vocational outcomes such as self-confidence.

Eligibility based on participants' choices

The IPS model supports the underlying philosophy that anyone, irrespective of their characteristics, is capable of working competitively in the community with the right employment, environment and support provided. Thus, the aim of IPS is to find a natural match between the individual's strengths and experiences and a job in the community (Rinaldi et al 2008).

If eligibility is open to all young people with mental illness (who are connected with headspace) and participation in the IPS Trial is voluntary, then the IPS Trial will maximise potential exposure to young people who may benefit from the Trial and gain and maintain employment.

Integration of rehabilitation and mental health services

The integration of clinical and vocational services supports the IPS Trial to achieve its objectives through:

- more effective engagement and retention of IPS Trial participants as they do not need to coordinate multiple services;
- better communication between Vocational Specialists and mental health clinicians to ensure appropriate and individualised support;
- supporting clinicians to understand the benefits of vocational education and employment support for participants' treatment; and
- incorporating clinical information into vocational plans (Drake et al 2003).

If there is support to integrate services, then IPS Trial participants are more likely to engage with the Trial, and obtain more holistic and integrated services from their clinician and Vocational Specialist.

Attention to participants' preferences

Attention to participants' preferences assists in determining the best job to seek for the participant. It also influences the nature of support provided by the Vocational Specialist and team, and whether to disclose details of a participant's mental illness to the employer. An assortment of research has established that supporting clients to find jobs that match their preferences is closely linked to increased job tenure and job satisfaction (Mueser et al 2001).

If participants' preferences are incorporated into the IPS Trial, it will support them gain employment they enjoy, therefore encouraging them to maintain employment.

Personalised benefits counselling

The fear of losing a welfare payment is a major impediment to finding competitive employment (McDonald-Wilson 2003). Benefits counselling helps participants to understand the implications of moving from welfare to work, and educates them on techniques to reduce welfare-related disincentives to work (Waghorn et al 2007).

If a focus on personalised benefits counselling is included in the IPS Trial, then it will alleviate the risk that individuals will choose not to engage in the Trial due to fear that they will be adversely affected by losing access to income support.

Rapid job search

Rapid job search seeks to encourage IPS Trial participant motivation. They are supported to be placed in competitive employment as soon as possible, rather than needing to do preparatory work or training.

If the IPS Trial maintains a focus on rapid job search it suggests that participants are less likely to experience demotivation throughout their engagement with the IPS Trial, therefore being less likely to disengage from the Trial.

Systematic job development

Systematic job development aims to promote networking and word of mouth employment (Dartmouth Psychiatric Research Center 2014).

If vocational specialists have a good understanding of their site's employment economy and understand employers' requirements, they are more likely to be knowledgeable to local job opportunities, and suggest the right participant for the job. This will allow participants to apply for jobs they are well suited to and increase their chance of gaining and maintaining employment.

Time-unlimited and individualised support

Through the IPS Trial providing time-unlimited and individualised support for young people it recognises that each individual has their own strengths and needs, as well as acknowledging that recovery from mental illness is different for each individual (McDonald-Wilson 2003).

If the time-unlimited and individualised support is offered to IPS Trial participants, the Trial is more likely to respond to individual participant needs and support them in employment longer than if the service is time-limited.

Overall, the evidence for the IPS model and the core Practice Principles suggests that if the IPS Trial is implemented with fidelity to the IPS model, then the IPS Trial is likely to support young people with mental illness to achieve and maintain sustainable participation in vocational education and competitive employment.

2.2 The Trial

The primary aim of the Trial is to improve the vocational education and employment outcomes of young people requiring mental health support up to the age of 25 years, who are at risk of disengaging from education or employment and who are at risk of long-term welfare dependency (Department of Social Services 2016). The Trial commenced in 2016, originally intending to conclude in June 2019. The Trial has since been extended until 2021 with 10 additional sites being added nationally.

The objective of the Trial is to provide additional vocational education and employment support to participants. The Trial is not intended to:

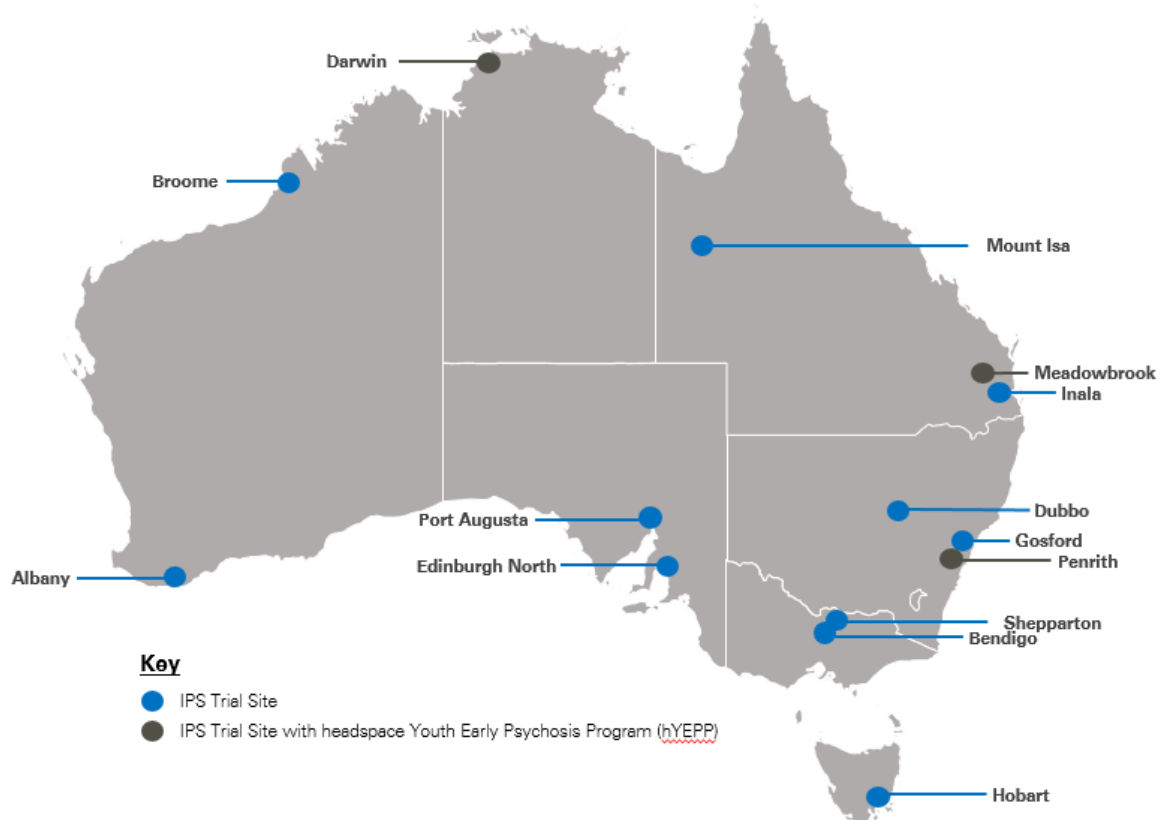
- replace existing programs or other vocational education assistance provided at each Trial site through other funding arrangements; and/or
- replace or make participants ineligible to receive support from Disability Employment Services (DES) or jobactive providers.

The Trial is currently being undertaken in 14 headspace sites across Australia, with the aim of integrating the Trial's employment and vocational support with clinical mental health services and other non-vocational support within headspace.

Traditionally, the IPS model is applied to people with moderate to severe mental illness, however at headspace, the primary focus is on young people experiencing mild to moderate mental health disorders. As such, the Trial target group is designed to reflect the client group of the headspace sites delivering the Trial. Three of the headspace Trial sites (Penrith, Meadowbrook and Darwin) include the headspace Youth Early Psychosis Program (hYEPP). hYEPP is an early intervention service for young people aged 12 to 25 years who are experiencing their first episode of psychosis or who are at ultra-high risk of experiencing psychosis. Those in hYEPP are also eligible to participate in the Trial.

The figure below provides the locations of the headspace sites participating in the Trial.

Figure 2: Overview of headspace sites participating in the Trial



Source: KPMG

2.2.1 Management of the Trial by the Department

The Disability and Carer Policy Branch of the Department is the policy area:

- that is responsible for the Trial;
- that undertook the initial design of the Trial; and
- has carriage of the ongoing management of the Trial.

Responsibility for management of the contracts with the sites is undertaken by the Delivery Network, with Funding Arrangement Managers in each state/territory.

2.2.2 Trial funding and activities

Each headspace centre is managed by a different lead agency (due to the headspace delivery model) and, as such, these lead agencies are responsible for the delivery of the Trial. As such, the contracts sit with those lead agencies for each of the 14 Trial sites.

Sites receive a total funding amount of \$780,000 (exclusive of GST), consisting of \$130,000 (exclusive of GST) payments every six months, over the original implementation period of the Trial (November 2016 to June 2019).

As stated in the Grant Agreement with the Department, headspace sites are required to (Department of Social Services, 2015):

- Deliver individually tailored and specialist vocational and employment support to young people, up to the age of 25 years, with mental illness who wish to gain or remain engaged in education or employment. This must be done in tandem with existing clinical mental health supports and other non-vocational assistance.
- Employ two suitably qualified Vocational Specialists to deliver IPS services in accordance with the IPS Practice Principles.
- Deliver Trial Activity services in line with the IPS model of vocational assistance employment support and the eight Core Practice Principles
- Identify, invite and accept participants for the Trial Activity in consultation with participants' clinical supports and mental health specialists.
- Work collaboratively with an independent Fidelity Reviewer engaged by DSS, to monitor and assess the fidelity of the IPS model being delivered by the Trial sites throughout the Trial.
- Participate in IPS Training conducted by the Fidelity Reviewer as required.
- Participate in a Trial Evaluation and work with an Evaluation Consultant engaged by DSS (this Evaluation).
- Form partnerships and establish formal links with a range of local networks including employers, employment services and other stakeholders.
- Deliver the Trial Activity in addition to any existing assistance already being provided at that site through funding arrangements with other Commonwealth agencies and state or territory governments.

2.2.3 Fidelity review process

To measure each site's quality and adherence to the model, fidelity reviews have been a core component of the Trial. Evidence shows that service providers with higher fidelity scores produce better outcomes. A good fidelity score shows that the core principles are being adhered to and that the delivery of the model is best practice.

To ensure consistency across the Trial sites, the Western Australian Association for Mental Health (WAAMH) were engaged by the Department for the Trial period to undertake periodic fidelity reviews throughout the Trial, the aim being to assist in measuring how well and to what extent each site has implemented and adhered to the IPS model.

Fidelity reviews were undertaken in accordance with the Supported Employment Fidelity Scale, Australia and New Zealand Version 2.0 (Waghorn & Lintott 2011), which is an adaptation of the Dartmouth Supported Employment Fidelity Scale (Becker et.al 2008). Sites were scored on a five-point scale across 25 items, with the overall score incorporating quality measurements for staffing, organisation and services (Waghorn & Lintott 2011).

3 Evaluation overview

This chapter provides an overview of the evaluation approach including the methods and information sources that have been used to inform this report.

3.1 Purpose and scope

The purpose of the Trial evaluation has been to assess the implementation, efficiency, appropriateness and effectiveness of the IPS model of supported employment assistance within the headspace setting.

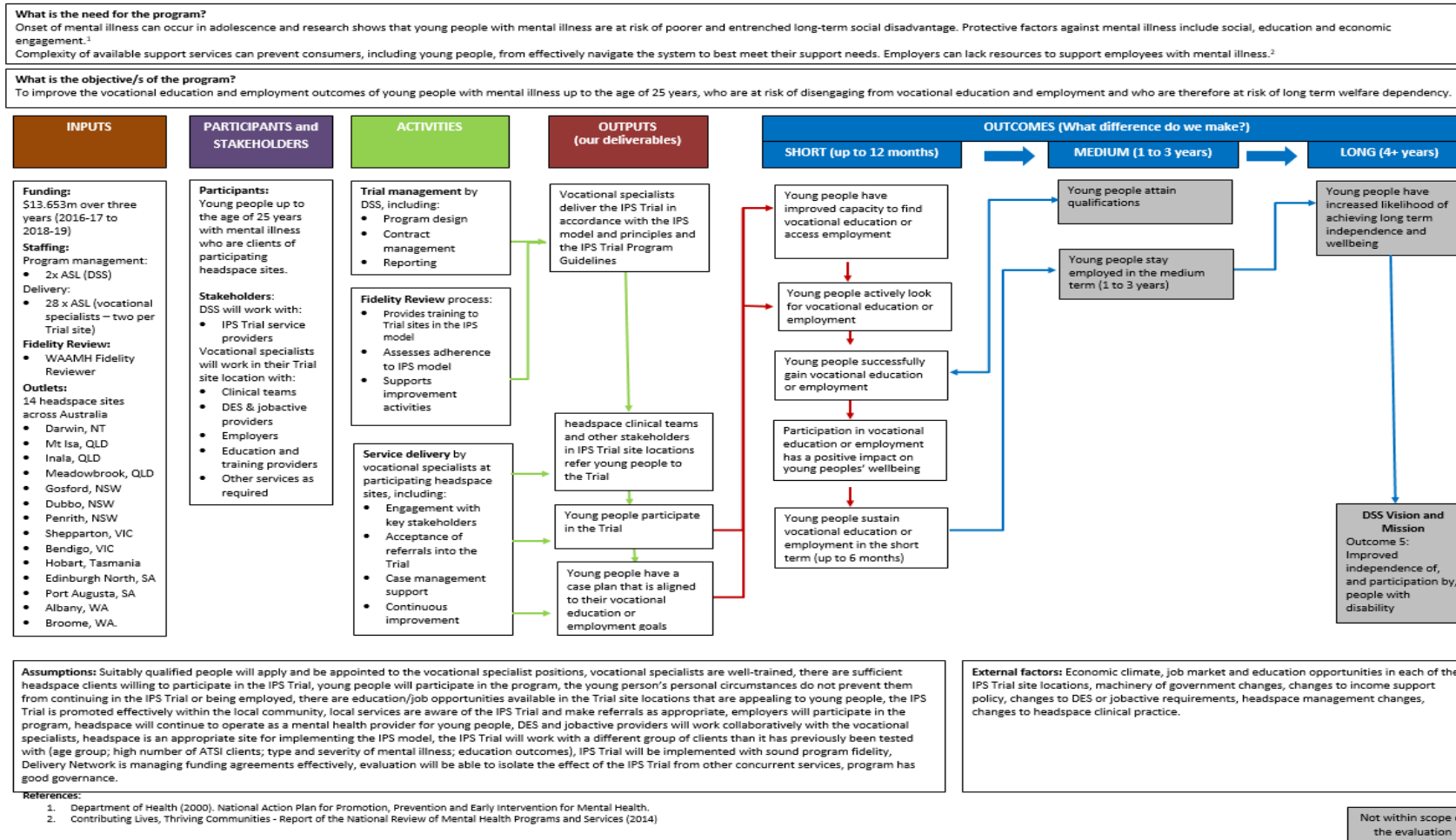
The scope of the evaluation has included a focus on the impact of the Trial on education and employment outcomes for Trial participants, specifically:

- short-term (i.e. up to 12 months) outcomes:
 - Trial participants have improved capacity to find vocational education or access employment;
 - Trial participants actively look for vocational education or employment;
 - Trial participants successfully gain vocational education or employment; and
 - Trial participants sustain vocational education or employment in the short-term (up to six months)
- medium-term (i.e. one to three years) outcomes:
 - Trial participants attain qualifications; and
 - Trial participants stay employed in the medium-term (1-3 years).

Longer-term outcomes have not been assessed in the evaluation as the expected timeframe for the achievement of long-term outcomes falls outside the evaluation time period. An overview of outcomes is provided in the Program Logic overleaf.

This is the Final Evaluation report and presents the findings from the Trial commencement to 28 February 2019.

Figure 3: IPS Trial Program Logic



Source: KPMG using a modified version of the DSS Program Logic template

3.2 Evaluation questions

The evaluation has focused on four domains of analysis:

- **Implementation:** concerned with understanding the effectiveness to which the Trial was implemented and the impact of this on the Trial's achievements.
- **Efficiency:** focused on how efficiently vocational and educational support has been provided throughout the Trial.
- **Appropriateness:** centred on understanding how well suited the IPS model is for the target participant group (young people up to 25 years of age who are headspace clients and have education and/or employment goals); whether the headspace setting is a suitable service environment; and whether the IPS model is suitable to support access to and engagement with education and training.
- **Effectiveness:** concerned with the extent to which the Trial has achieved education and employment outcomes for participants.

The 11 evaluation questions align to these four domains. The evaluation questions also include a series of aspects to consider. Table 2 provides the evaluation questions and aspects for consideration.

Table 2: Core evaluation questions and aspects to consider

Core evaluation question	Aspects to consider
Implementation	
To what extent did the design and implementation of the Trial facilitate the intended outcomes?	<ul style="list-style-type: none"> ● Was the Trial implemented as intended? ● What variations exist in the ways different headspace sites implemented the Trial?
What contributed to or impeded the success of the Trial at the: <ul style="list-style-type: none"> ● National oversight level? ● Delivery Network level? ● Service provider level? 	<ul style="list-style-type: none"> ● What similarities and differences exist in the headspace sites participating in the Trial (consider governance and management, organisation size, nature of other services/programs delivered, relationships with other local services etc.)? ● In what ways did the fidelity review process influence the implementation of the Trial and the way support was delivered to Trial participants? ● What was the role of DSS national office in implementing the Trial and how did this influence implementation? ● What was the role of the Funding Arrangement Managers in managing the grant agreements and how did this influence implementation?
Efficiency	
To what extent has the Trial achieved value for money?	<ul style="list-style-type: none"> ● What was the average cost per client at each Trial site and across the entire Trial? ● What proportion of funding was used for Vocational Specialist salaries at the Trial site level and the whole of the Trial? ● What variation exists in the salaries, skills and expertise of Vocational Specialists across the Trial sites? ● What was the cost of the fidelity reviews per Trial site (based on level of support provided to each Trial site) and for the whole program?
To what extent did Vocational Specialists maintain well-managed, sustainable caseloads?	<ul style="list-style-type: none"> ● What is the average caseload for a Vocational Specialist? ● How do caseload sizes vary over time? ● What variations can be observed in the nature and size of caseloads across Trial sites and between Vocational Specialists of different skill sets/professional backgrounds? ● What has influenced variation in caseload sizes?

Core evaluation question	Aspects to consider
Appropriateness	
<p>To what extent does the Trial respond to current government policy and priorities?</p>	<ul style="list-style-type: none"> • What was the Commonwealth Government’s policy agenda with regard to young people’s mental health and education and employment at the commencement of the Trial? • What changes in Commonwealth Government policy with regard to young people’s mental health and education and employment occurred during the Trial? • Did any changes to Commonwealth Government policy observed during the Trial influence how the Trial was implemented? • Is the Trial equally appropriate for different sub-groups in the Trial (e.g. younger [under 18 years] vs older [18 to 25 years] clients, Aboriginal and Torres Strait Islander people, CALD)?
<p>To what extent does the Trial meet the needs of young people with mental illness up to the age of 25, who are at risk of disengaging from vocational education or employment?</p>	<ul style="list-style-type: none"> • Did young people participate in the Trial? • What were the characteristics of young people who participated in the Trial (consider age, gender, Indigenous status, CALD background, previous/current engagement in vocational education or employment, nature/severity of mental health disorder)? • Were the young people who participated in the Trial those who were expected to participate/meet the eligibility criteria? • What influenced young people’s decisions to participate in the Trial? • What are participants’ perspectives on their experience of the Trial? Did it meet their needs? Did it help them in the way they expected? To what extent were their choices reflected in their experience? • What are the headspace clinical teams’ perspectives on the appropriateness of the Trial to meet the needs of the Trial participants?
<p>To what extent does the Trial effectively engage the target population?</p>	<ul style="list-style-type: none"> • How were young people connected with the Trial? • How long did young people remain engaged with the Trial? Did they remain engaged until they achieved a vocational education or employment outcome? • What are participants’ perspectives about the appropriateness of how the Vocational Specialists worked with them?

Core evaluation question	Aspects to consider
Effectiveness	
<p>To what extent has the Trial improved the vocational education and employment outcomes of young people experiencing mental health disorders who are at risk of disengaging from education or employment?</p>	<ul style="list-style-type: none"> • How have Vocational Specialists worked with DES and jobactive providers to achieve outcomes for participants? • How have Vocational Specialists worked with clinical teams to achieve outcomes for participants? • How have Vocational Specialists worked with other services to achieve outcomes for participants? • How have Vocational Specialists worked with employers to achieve outcomes for participants? • How has the Trial improved young people’s capacity to seek vocational education and employment opportunities? • What vocational education and employment outcomes were achieved for young people who participated in the Trial? • How long did it take for young people participating in the Trial to achieve vocational education and employment outcomes? • To what extent were the outcomes that were achieved aligned to young people’s pathway goals? • What differences exist (if any) in the nature of outcomes achieved for participants with different characteristics (consider age, gender, Indigenous status, previous/current engagement in vocational education or employment, nature/severity of mental health disorder)? • What factors influenced the achievement (or otherwise) of vocational education or employment outcomes for participants (consider client, Trial site and locational characteristics e.g. SEIFA, remoteness, job market and local economics)?
<p>How do the outcomes achieved for participants in the Trial compare with those achieved for participants in DES and jobactive?</p>	<ul style="list-style-type: none"> • What vocational education and employment outcomes have been achieved for comparable participant cohorts (young people experiencing mental health disorders) in DES and jobactive programs? • How long, on average, does it take for vocational education and employment outcomes to be achieved for participants in DES and jobactive programs? • What are the key differences and similarities in the program approaches between the Trial and DES and jobactive and how have these influenced the outcomes achieved?

Core evaluation question	Aspects to consider
What is the cost of the program in terms of its delivery and outcomes compared to existing programs (i.e. Disability Employment Services or jobactive)? ⁵	<ul style="list-style-type: none"> • What is the cost per outcome achieved in the Trial? • What variations exist in the cost per outcome achieved (consider variations relating to the Trial site characteristics, client characteristics, nature of outcomes)? • What is the cost per outcome achieved for DES and jobactive services?
Were there any unintended consequences from the Trial, positive or negative?	<ul style="list-style-type: none"> • Where were the observed unexpected consequences (e.g. site specific or across multiple sites)? • What influenced the occurrence of identified unintended consequences? • What were the impacts of unintended consequences and who did they affect? • If unintended consequences are negative, how could they be better addressed by future policy and program development? • If unintended consequences are positive, how could they be capitalised?

Source: KPMG

⁵ This question has not been addressed due to limitations in the data (refer to Limitations section)

3.3 Methods

This section describes the methods that have been used to develop this evaluation report.

3.3.1 Document review

The following documents have been reviewed to inform the content of this Report.

Table 3: List of documents reviewed

Document	Source
Example communique sent to Trial Sites by WAAMH	Western Australian Association for Mental Health 2017
IPS Trial Activity Work plan example	Department of Social Services (no date)
IPS Trial Operational Guidelines	Department of Social Services 2016
IPS Trial Streamlined Grant Agreement	Department of Social Services 2015
National Disability Strategy 2010-2020	Council of Australian Governments 2011
National Disability Strategy Second Implementation Plan 2015-2018	Council of Australian Governments (no date)
Supported Employment Fidelity Review Manual	Becker et al 2008, Dartmouth Supported Employment Center
Supported employment fidelity scale. Australian and New Zealand Version 2.0	Waghorn G & Lintott M 2011

Source: KPMG

3.3.2 Literature review

A literature review was conducted to inform the design of the evaluation and to provide a synthesis of the existing evidence. Relevant findings from the literature review are included throughout the report. Details of the research strategy that underpinned the literature review and the associated findings are contained in a separate Literature Review report that was provided to the Department in October 2017.

3.3.3 Analysis of program data

Program Reporting Tool

A Program Reporting Tool (PRT) was used to enable Vocational Specialists to capture data on the progress of Trial participants as part of case management practice. The measurement tool collected de-identified unit record data on:

- education and employment characteristics at entry to the Trial;
- education and employment characteristics achieved while engaged in the Trial; and
- notification that the participant exited the Trial.

The Program Reporting Tool also captured participant demographics. Information on mental health was not collected given that young people do not require a formal diagnosis to access headspace services and was considered out of scope of the evaluation.

Data from the Program Reporting Tool was analysed to understand the extent to which Trial participants obtained vocational educational or employment outcomes and any differences between groups of participants.

DSS Data Exchange

DSS Data Exchange (DEX) program data was also examined to provide any context and description on the Trial sites.

Analysis of program financial data

DSS supplied funding, underspend and vocational specialist salary information for each of the Trial sites for 2016-17, 2017-18 and 2018-19. This was analysed to provide insights into the use of funding and the cost of the Trial.

3.3.4 Analysis of secondary data

Data was obtained from publically available sources to provide an understanding of the local contexts of each of the Trial sites. This data includes:

- remoteness;
- population;
- demographics;
- unemployment rate;
- level of education attainment; and
- socio-economic indexes for areas (SEIFA) rating.

Most of the above data was sourced from the Australian Bureau of Statistics (ABS). The specific data sources for each data item and a profile of each site is contained in Appendix A.

Analysis of DES outcomes data

DSS supplied aggregate Disability Employment Services (DES) data to KPMG for the evaluation. This data was to be used to compare, at a high level, outcomes for DES jobseekers and Trial participants.

3.3.5 Stakeholder interviews

Two waves of stakeholder interviews were conducted. The first wave (March 2017 – April 2017) consisted of face-to-face interviews at seven Trial sites over a two-day site visit. The remaining sites were conducted by telephone. The second wave (November 2018 – March 2019) was conducted in a similar fashion, with the sites reversed. Departmental interviews and the Fidelity Reviewer interviews were also conducted by telephone. The table below outlines the type and number of interviews conducted and stakeholders consulted.

Table 4: Stakeholder interviews conducted in Wave 1 and 2 Data Collection

Stakeholder type	Wave 1		Wave 2	
	Number of interviews	Number of stakeholders	Number of interviews	Number of stakeholders
Trial participants (young people)	28	28	48	48
Trial Vocational Specialists	13	26	13	26
Other headspace staff	16	17	29	29
Service providers	13	13	11	11
Employers	13	13	18	18
Western Australian Association for Mental Health	1	1	1	2
Department of Social Services	2	2	2	3
Total	86	100	122	137

Source: KPMG

3.3.6 Case study analysis

Four case studies were provided by each of the Trial sites at two time points (April 2018 and February 2019) to reflect:

- typical outcomes (two per site);
- an exceptional outcome (one per site); and
- a poor outcome (one per site).

The case studies were analysed to draw out key themes related to trends and variations in the way the Trial was implemented and the nature of outcomes achieved for participants. A selection of case studies have been provided in this report to demonstrate key themes discussed in the report. Names have been changed to protect the identity of the young people.

3.4 Limitations

There are a number of limitations that need to be taken into account when interpreting the findings of this report.

3.4.1 Ethics approvals

Ethics approval was required in order to conduct the evaluation activities. Ethics approval was received by Bellberry Limited on 9 January 2018, which covered 13 of the 14 Trial sites. The Gosford headspace site required ethics approval by the Northern Sydney Local Health District (NSLHD) Human Research Ethics Committee as the lead agency for the Gosford site is a local health district. Significant delays were experienced in obtaining approval from the NSLHD committee such that approval could not be obtained in time to conduct data collection activities for Gosford. As a result, a decision was agreed between the Department and KPMG to exclude Gosford from the evaluation. This report, therefore, does not include any qualitative or quantitative data from Gosford headspace.

3.4.2 Data

There are some limitations to the data available for the Evaluation Report. These limitations relate primarily to the data quality domains of timeliness, coherence, accuracy and interpretability⁶. In relation to timeliness, the main issue is that the available data mainly covers a two year period (January 2017 to February 2019) despite the trial 'running' for the period 1 July 2016 to 30 June 2019. In relation to coherence, there were issues in relation to the client counts in DEX and those in the PRT i.e. that the counts of clients were different. Throughout this report, the PRT is the primary data source for understanding client counts. In relation to accuracy, the main issue is that all 13 sites provided data for the PRT. However, there were differing levels of response error (i.e. not completing fields, incorrectly completing fields), which limited some analysis. In relation to interpretability, the main issue related to the Trial financial data. The supplied data lacked information available to enable correct interpretation of the supplied figures.

Limitations specific to each of these data sources is outlined below. PRT, Participant Surveys, DEX, Trial financial data and the DES jobseeker outcome data.

Trial Program Reporting Tool

There were a number of missing and erroneous data points in the Program Reporting Tool completed by Trial sites. In most instances, the missing data related to information regarding the characteristics of the participant (e.g. Aboriginal and Torres Strait Islander status), information on entry to the Trial (e.g. missing entry dates or employment commenced dates) and information on exit (e.g. exit status).

Throughout the evaluation a revised PRT was sent to sites and support provided to improve reported data quality. This revised PRT did result in data of substantially higher quality than what was available for the interim report. However there were some remaining data quality issues with dates and missing data fields.

Prior to analysing this data, a process of data cleansing was conducted to improve the quality of the data and maximise the sample size available for data analysis. For example, this included fixing dates such as 1/02/2107 to 1/02/2017. Where considered appropriate and reasonable, assumptions were made to correct erroneous data or draw a conclusion on missing data.⁷ As a result, throughout the findings section, the relevant sample size included in analyses will vary based on the sample size available.

Trial participant surveys

Online surveys were designed with the intention of being sent to Trial participants at four time points. The aim of the online surveys was to understand participant views on education and job readiness, including employment outcomes. Sites were responsible for seeking consent and distributing the surveys to participants.

For time point one, 41 responses were received from nine sites. For time point two, 19 responses were received from six sites. Analysis was undertaken on the data however due to the high level of non-response from sites this data has not been included in the report. Throughout the survey life cycle a number of reminders were sent to sites to distribute the online surveys to participants.

Trial financial data

In relation to data quality, interpretability was the main issue related to the Trial financial data. The supplied data lacked information available to enable correct interpretation of the supplied figures. For

⁶ <http://www.abs.gov.au/websitedbs/D3310114.nsf/home/Quality:+The+ABS+Data+Quality+Framework>, accessed April 2019.

⁷ For example, a date year of '2107' was corrected to '2017'; for blank data on Trial exit date, it was assumed the participant was still engaged in the Trial.

example, many sites had an underspend, but it was not clear why this underspend existed for 2017-18, the only full financial year when all sites were operating. Furthermore, the Vocational Specialist salary figures did not provide any detail on the number of FTE this employed, i.e. did the salary figure employ one or two FTE for the full financial year?

DES jobactive outcomes and financial data

The DES jobactive outcomes data was used to compare employment outcomes at 13 and 26 weeks with Trial participant employment outcomes at 13 and 26 weeks. However, there are a number of issues related to timeliness and coherence that limited this analysis. Namely, that the DES jobactive outcomes covered the period 1 April 2016 to 10 February 2019 (i.e. longer time period than the PRT data), it covers jobseekers who have a psychiatric condition and the jobseeker location was based on the postcodes that made up the Trial sites. These issues limited the validity of the comparison between Trial participant outcomes and DES jobactive jobseeker outcomes. A number of discussions were had with the DES data team around gaining access to more detailed data. However this was not possible. As such it was agreed between both KPMG and the DES data team to use aggregate count.

Financial analysis to calculate the cost per outcome for DES data could not be undertaken. This is because DES providers are funded through a series of service and outcome payments, which are graded to reflect the difficulty of achieving outcomes. Consequently, the concept of a cost per outcome does not exist. As a result, the evaluation question that seeks to compare cost of outcome for the Trial compared to other programs cannot be answered.

DSS DEX data

There was a discrepancy in the number of trial participants per site between the PRT and the DEX data. This may be due to reporting time period variations or sites maintaining the PRT over reporting in DEX. PRT data has been the key source of information related to participant characteristics and their outcomes throughout the Trial. The DEX was used to provide insights into the number of sessions per client.

4 Implementation

This chapter discusses the effectiveness of the implementation of the Trial and the impact of this on the Trial’s achievements.

4.1 Summary of findings

The design and implementation of the Trial has centred on the evidence-based IPS model. Given this, it is expected that if the Trial has been implemented as intended then participant outcomes should be achieved. The evaluation has found that the Trial has been broadly implemented as intended, with fidelity reviews providing evidence that sites have implemented IPS in line with the model.

Some challenges have been experienced in implementation of the Trial, however, they do not appear to have a great impact on the achievement or otherwise of outcomes.

The table below presents a summary of findings against each of the implementation evaluation questions.

Table 5: Summary of implementation findings

Evaluation question	Summary of findings
To what extent did the design and implementation of the Trial facilitate the intended outcomes?	
Was the Trial implemented as intended?	<ul style="list-style-type: none"> The design of the Trial is based on the IPS model Practice Principles, which are reflected in the IPS Trial Operational Guidelines and the Grant Agreements with headspace sites. Sites have used the materials developed by the Department, the fidelity instrument and materials developed by the Fidelity Reviewer in implementing the Trial. Sites have received training and ongoing support from the Fidelity Reviewer to help them implement the Trial at their site. The integration of mental health services and the Trial has been a key focus at the site level with the colocation of the Trial with clinical staff being an enabler of successful integration. Vocational Specialists work with participants in an individualised way taking into account their goals. Common assistance includes undertaking job searches, preparing a resume, interview techniques, meeting employers and providing transport to and from job interviews for first day of work or study. Challenges in implementation include inconsistency and confusion in communication and project management. The Department has put in place measures to address these issues. Program participants preferred to meet Vocational Specialists in the headspace offices, reducing the amount of time that the specialists could time spent in the community.

Evaluation question	Summary of findings
	<ul style="list-style-type: none"> Fidelity reviews are being used to ensure that headspace sites implement the IPS model. Three rounds of fidelity reviews have been undertaken, with the majority of sites receiving improved scores since the baseline review.
What variations exist in the ways different headspace sites implemented the Trial?	<ul style="list-style-type: none"> Vocational Specialists have varied backgrounds including employment services, clinical mental health and business backgrounds. External referrals were received at six sites, with most sites requiring participants to be existing headspace client. Once a participant's clinical service is no longer required some sites allow participants to continue to engage with the Vocational Specialist only, while other sites require participants to still see a clinician for the duration of their participation in the Trial.
What contributed to or impeded the success of the Trial at the: <ul style="list-style-type: none"> national oversight level? Delivery Network level? service provider level? 	
What similarities and differences exist in the headspace sites participating in the Trial (consider governance and management, organisation size, nature of other services / programs delivered, relationships with other local services etc.)?	<ul style="list-style-type: none"> The sites in the Trial comprise a variety of lead agencies ranging from state government health entities, community health organisations, large not-for-profit providers to Aboriginal health services. Different headspace lead agencies has meant different oversight arrangements of the Trial at each site, which has impacted decisions for the use of transport and access to petty cash. Three Trial sites include the hYEPP program. At these sites, this cohort makes up a significant portion of Trial participants.
In what ways did the fidelity review process influence the implementation of the Trial and the way support was delivered to Trial participants?	<ul style="list-style-type: none"> Sites used the fidelity instrument in implementing the Trial in order to ensure they were applying the model in the way that it was intended to be and to identify areas of improvement. Sites felt that the preparation required for the fidelity reviews was time consuming, however, acknowledged the importance of the need for fidelity reviews to ensure the model is being implemented correctly. There was support from sites for fidelity reviews to be undertaken on an annual basis.
What was the role of DSS national office in implementing the Trial and how did this influence implementation?	<ul style="list-style-type: none"> The Disability and Carer Policy Branch of DSS was responsible for the overall design and implementation of the Trial including the development of documentation, selection of locations for the Trial, the development of the Grant Agreements with headspace sites, and the contracting of the Fidelity Reviewer and Evaluator. DSS spent a considerable amount of time in the project management of the Trial, more than was expected. The Fidelity Reviewer has been appointed to manage the Trial for the extension.

Evaluation question	Summary of findings
What was the role of the Funding Arrangement Managers in managing the grant agreements and how did this influence implementation?	<p>Multiple Funding Arrangement Managers are responsible for administering the Grant Agreements with headspace sites, which contributed to inconsistency of messaging to headspace sites around use of funding.</p> <p>A Delivery Lead role was created to coordinate advice across the Delivery Network. This role was seen as helpful in streamlining communication processes in the Trial.</p>

Source: KPMG analysis

4.2 Establishment and initial implementation

This section presents a summary of the establishment and initial implementation activities of the Trial. Refer to the Interim Evaluation (August 2018) for a full description.

4.2.1 Establishment of the Trial by the Department

The national DSS office, specifically, the Disability and Carer Policy Branch, is responsible for the overall design, implementation and oversight of the Trial. Key implementation activities undertaken by DSS included the development of the Trial documentation, selection of locations for the Trial, the development of the Grant Agreements with headspace sites, and contracting of the Fidelity Reviewer and Evaluator. The eight Practice Principles of the IPS model were incorporated into and guided the IPS Trial Operational Guidelines (Department of Social Services 2016) and were also included in the Grant Agreements between DSS and the Trial sites.

4.2.2 Initial implementation and set-up by sites

The Trial was planned to commence in late 2016, but was delayed until between February and May 2017, with sites getting up and running at various points during this time. While most sites had their Grant Agreement in place by the end of November 2016, difficulty in recruiting Vocational Specialists meant that commencement at the site level was delayed.

Implementation of the Trial by headspace sites was based on the IPS Trial Operational Guidelines, the Grant Agreement and the fidelity instrument. All headspace sites stated that they used and relied upon these documents in both the initial set-up of the Trial and in the ongoing implementation. A range of activities were undertaken by sites in setting up the Trial, such as the development of policies and procedures, recruitment of Vocational Specialists, established referral pathways, development of marketing materials and commenced relationship building with employers and providers.

Training was provided to sites by the Fidelity Reviewer with a total of five training sessions conducted across Australia. Following the training, sites were visited by the Fidelity Reviewer to help them apply the IPS model to their local context and who made available a range of resources (e.g. position descriptions and templates).

Sites did not report any significant challenges in setting up the Trial; however, the timing of the staff training was raised as an issue by some sites, who believed that the training was too late. As training was conducted in a cluster of sites, the training was provided when all sites in that area had commenced, which meant that some sites had been operating for a period of time before they were able to undertake the training. Departmental stakeholders acknowledged that the staggered start times of sites of the Trial and late engagement of the Fidelity Reviewer was not the optimal arrangement for

the headspace sites in establishing the Trial. However, these issues did not materially impact on the delivery of the Trial.

4.3 The Vocational Specialists

The Vocational Specialists are critical to the success of the Trial. The IPS Trial Operational Guidelines describe the role and experience required of the Vocational Specialists and outline the services that Vocational Specialists must deliver in adherence with the Practice Principles. The key activities of the Vocational Specialists are:

- job coaching and assistance to participants;
- liaising and working with the headspace clinical staff; and
- building networks with employers and education / training providers.

4.3.1 Background and experience of the Vocational Specialists

Research on the IPS model has shown that the competence and attitudes of employment specialists are a factor in the variance in employment outcomes that may be achieved (Corbière et al 2014). Therefore, in the Trial, the background and experience of the Vocational Specialists is a key enabling factor in the effectiveness of the Trial.

The majority of Vocational Specialists have previously worked in employment services (either DES, jobactive or both), and a small portion of Vocational Specialists have a mental health or disability background or a business background. Vocational Specialists from employment or business backgrounds have been able to draw on their previous experience to effectively network with employers and service providers, often leveraging pre-existing relationships that were used to facilitate this aspect of the role. A small number of headspace sites noted that, where Vocational Specialists came from a clinical background, they struggled at times to delineate the role of Vocational Specialist from a clinical role and could fall back into providing clinical support, which according to the IPS model design, should be provided by a headspace clinician and not the Vocational Specialist.

Sites where Vocational Specialists have varied experiences or strengths have worked in ways that leverage this. For example, one site allocates participants to the Vocational Specialists based on whether they are interested in employment or education and training to match the strengths of each Vocational Specialist. Other sites stated that one Vocational Specialist has responsibility for data as this was their strong suit.

There has been turnover of the Vocational Specialists at most sites during the Trial. Sites reported that the biggest impact this has is on the ability of the remaining Vocational Specialist to adequately support all participants given that their caseload effectively doubles until a replacement Vocational Specialist is recruited. Sites felt that new Vocational Specialists were able to get up to speed fairly quickly given that there are considerable resources for the IPS model and have support from the experienced Vocational Specialist and the Fidelity Reviewer.

4.3.2 Working with young people

The core of the IPS model involves the Vocational Specialists working with participants in an individualised manner to support their goals. Participants and Vocational Specialists reported that this is done through: help to identify suitable jobs or study options, assistance with resumes, cover letters and job applications, interview practice, meeting with employers, handing out resumes to employers, help with navigating public transport, assistance with Centrelink and employment services, and providing transport to and from interviews and work or study. Vocational Specialists also noted that in

some cases, they help participants with obtaining a driver's licence, setting up a bank account and buying work suitable clothes.

Vocational Specialists also focus on identifying the interests, strengths and goals of participants in order to find education or employment that suits the participants. Vocational Specialists reported that they would generally try to elicit the young person's interests through a conversation where they explore their likes, dislikes and hobbies – this may happen over a number of sessions. Thereafter, Vocational Specialists work with participants to find jobs or courses that align to their short term goals and outline a path that could help the participant to achieve their longer term career goals.

A focus on individual needs and preferences was evident at each site, with Vocational Specialists expressing that there was not just one way that they went about working with young people but that it is completely variable based on the participant's needs, wants and where they were at in life. This extends to not only the activities undertaken with participants but also the intensity of support provided by the Vocational Specialist, the length of time participants spent in the Trial, and the methods and locations in which Vocational Specialists communicated with participants (e.g. meeting at headspace or elsewhere, or communication via telephone or email). These were cited by Vocational Specialists and other headspace stakeholders as being of importance for young people with mental health issues. It was observed as a point of difference from regular employment services where engagement was dictated by compliance requirements, which was perceived, in some cases, to pose a risk to young people's mental health.

Participants reported that there was a definite focus on them as an individual, and they commented that this made them feel validated and listened to, and that they could achieve anything they set out to. Few participants reported any issues with the way in which the Vocational Specialist worked with them and felt it was suitable for their needs. Where participants did raise an issue, it was usually around a personality mismatch between them and the Vocational Specialist.

'I love that they ask you what you want to do. First meeting we went through the introductions and stuff. Second meeting we met at a cupcake place, which was great. We worked through a list of things and jobs that I was interested in. I wouldn't have a job or have left home without [name of Vocational Specialist].'

– Trial participant

4.3.3 Working with employers

Vocational Specialists spent considerable time working to build networks with employers in their regions. Vocational Specialists used events within their area, including those run by the Chamber of Commerce and other employment fairs, as opportunities to network and develop the profile of the Trial within the community. The development of relationships between the Vocational Specialists and employers created an environment where employers were willing to give young people a chance.

Sites used different techniques to engage employers. For example, one site held a regular coffee corner which allowed young people to network with employers, and employers to get to know young people. Vocational Specialists spoke about consistently checking in with employers, and maintaining a relationship. Over time, the Vocational Specialists noted that employers would call them with positions as they became available, and discuss current Trial participants and whether their opportunity was appropriate.

Usually, when a participant identifies an interest in a particular field of work, Vocational Specialists leverage the relationships they have established with employers. In general, they either know if an employer is looking for someone or are able make contact with an employer and establish whether the employer is looking for an employee at that time. Many sites also maintain a list of vacancies from their network of employers that they refer to in assisting young people find work.

Some sites noted that there is limited value in building a network of employer relationships, particularly in locations where there is a large number of employers making targeting specific employers difficult. Two main reasons were identified by Vocational Specialists in the limitations in developing an employer network.

- To meet fidelity requirements only two participants should be placed with the same employer, so the value of an employer relationship in that regard is limited. A number of sites stated that they did not follow this requirement if a participant wanted to work for the same employer in line with working to the participant's preferences.
- Since the Trial is based on participant interests, the relationships are only useful if there are participants who want to work in that industry or with that employer. For example, one employer consulted stated that they had established a great relationship with the Vocational Specialists and were keen to hire participants, however, as yet no participants were interested in working there. Instead, Vocational Specialists preferred to focus their efforts on specific employers to match a participant's expressed interest.

4.3.4 Working with education providers

In order to assist young people with their education goals, Vocational Specialists have developed relationships with education providers. Trial sites recognised the importance of developing links that would enable outcomes in Trial participants, including those providers offering courses with funding attached, and/or incorporating a work experience element into their offering, as these are often pathways to employment.

A number of Trial sites developed relationships with TAFEs and universities, particularly focused on supporting participants to navigate enrolment and admission processes, and to identify appropriate supports within the educational institution when a young person faced some challenges. For example, one young person spoke about the difficulty they had had engaging in TAFE, and prior to entering the Trial had failed a number of subjects and was about to 'drop out'. The Vocational Specialist worked with the young person to navigate the TAFE system, and find the most appropriate person to implement extra support for this young person. Through this support, the young person passed their subjects and felt much more confident in engaging in education. In another example, the Vocational Specialist engaged a disability advisor at a university, providing a point of contact within the university for the participant to ensure they were getting the support to which they were entitled, with the disability advisor noting that 'attendance has been improved through the additional advocacy.'

4.3.5 Working with other service providers

It is expected that Trial sites form partnerships and links with a range of services, including housing support, drug and alcohol rehabilitation, financial services, independent living skills courses and other allied health services, to achieve the best outcomes for participants (Department of Social Services 2016). Trial sites spoke about the development of relationships across the service system, which enabled outcomes for young people. This was particularly the case in smaller rural and regional sites, where the service system offered limited options and so relied on relationships with other providers to ensure participants could access services they needed. Other service providers consulted spoke about the importance of linking resources to meet outcomes for young people. A number of sites spoke about examples of the Trial working with accommodation providers to secure young people their first stable accommodation, an important factor in enabling sustainable employment.

Other service providers spoke about the impact that the networking of the Vocational Specialists has had on their understanding of headspace, and what it can offer their clients. Providers noted that through working with headspace and the Trial, they have been able to provide their young people a more holistic service, and use the expertise offered in the Trial to assist young people in finding employment, and engaging in education.

4.4 Integration with clinical mental health services

A distinguishing feature of the IPS model is the need for integration between clinical mental health services and vocational supports. As a youth mental health service provider, headspace sites have a number of clinical mental health professionals available to support young people. The use of headspace in the Trial made integration between clinical staff and the Trial relatively simple. In particular, privacy and consent processes and the use of the same software between clinical and IPS programs has meant that information sharing has been streamlined and has negated the need for young people to have to tell their story multiple times.

The co-location of services was seen by headspace stakeholders as a facilitator to integration. Apart from assisting with formal integration activities, it facilitated relationship building between clinical staff and Vocational Specialists. This was because it enabled ad-hoc meetings to occur more frequently (for example, Vocational Specialists and clinicians reported regularly having 'corridor conversations' as they passed each other), and also as clinicians were able to see the work that Vocational Specialists were doing, which led them to build trust in them and IPS.

Sites reported that joint meetings (intake and assessment and case conferencing meetings) were a feature of the integrated nature of the Trial. headspace stakeholders noted that they found these meetings valuable and had contributed to seeing the Vocational Specialists as part of all one headspace team.

Integration was a key influencer on referrals to the Trial. For the majority of sites, young people can only access the Trial through a referral from a headspace clinical team member or an intake worker (refer to section 4.6.1 for a discussion on referrals). This is to ensure that young people received the integrated services that the IPS model requires.

Vocational Specialists, Centre Managers and clinicians noted that as the Trial progressed, clinicians built trust in the Trial and were more willing to refer young people. Clinicians stated that when they referred young people to the Trial, their main consideration was the young person's desire to obtain a job / education or if they required support to sustain engagement in their current employment / education. There did, however, appear to be some instances of clinicians not referring young people if they felt they were not ready for education or employment, with a small number of clinicians consulted commenting that they would not refer a young person if they felt their mental health situation meant that they would not be able to cope with work or study, which is not in line with the IPS Practice Principles.

headspace clinical services are generally time-limited. This is in contrast to the time-unlimited nature of the Trial. For sites, this presented a challenge in ensuring holistic support for Trial participants following the cessation of clinical services. Vocational Specialists described two ways in which this was managed. Some sites required participants to remain engaged with a clinician in some capacity until they exited the Trial. Other sites permitted participants to only engage with a Vocational Specialist if their clinical services had ended. At these sites, headspace stakeholders were comfortable with this approach noting that Vocational Specialists could access advice and support from clinicians when required and could refer the participant back to a clinician at any time if there was a decline in the participant's mental health.

4.5 Fidelity reviews and role of the Fidelity Reviewer

This section describes the role of the Fidelity Reviewer and the impact of the fidelity reviews on the Trial.

As described in Section 2.2.3, fidelity reviews were used to monitor how well sites were implementing the IPS model. Sites were assessed by the Fidelity Reviewer according to the Supported Employment Fidelity Scale, Australia and New Zealand Version 2.0 (Waghorn & Lintott 2011), which consists of 25 items, for which each item is scored on a five-point scale.

4.5.1 Role of the Fidelity Reviewer

As mentioned in section 2.2.3, WAAMH were appointed as the Fidelity Reviewers for the Trial. Their role has incorporated a number of aspects. In addition to undertaking regular fidelity reviews of each site, the Fidelity Reviewer undertook initial training for the sites and provided a range of resources for sites to use in implementation.

It was intended that a fidelity review should occur every four to six months for each site. However, given that all sites were achieving fidelity (i.e. achieving a score that indicates at least 'fair fidelity' on the fidelity scale, that is, a score of at least 74 out of 125) early in the Trial, the Fidelity Reviewer suggested to DSS that the frequency of reviews be reduced to about once per year, in line with the accepted practice of IPS fidelity reviews where fidelity has been achieved. As a result, one round of fidelity reviews was substituted for a learning collaborative event. In total, three fidelity reviews were conducted for each site.

The learning collaborative event was held during October 2018 for all sites. This provided an opportunity for sites to get together and share their learnings. Sites found this experience to be valuable, and a number of Vocational Specialists provided examples of learnings they had taken away and applied to their own site. In recognition of this value, the Department has included further events of this nature in the Trial extension.

'We would like to meet up with all the Vocational Specialists and see what is working for some and not for others. There needs to be an annual event for us all; some sites are doing really good things that we want to implement here.'

– Vocational Specialist

Opportunity 1: Creating purposeful forums to collaborate across sites to share learnings.

An opportunity exists to formalise the learning collaborative as an ongoing part of IPS implementation, to enable the ongoing development of best practice across Trial sites.

Trial sites have also been able to access ongoing support from WAAMH as required. The Fidelity Reviewer noted that the nature of this support depended on the site, with some sites having regular catch-ups with their reviewer to discuss progress and issues, while other sites access support on an as-needed basis. Vocational Specialists and the Fidelity Reviewer considered this access to ongoing support was valuable to the success of the Trial and the ability of sites to adhere to the IPS model, as it allowed sites to sort out any issues as they arose rather than waiting until a fidelity review.

4.5.2 Fidelity reviews

Sites reported that preparing for fidelity reviews was burdensome as they needed to prepare the evidence required for the review such as checking over file notes and gathering records for review, data entry and confirming accuracy of calendar entries. However, sites understood the need for the fidelity reviews given they are implementing an evidence based model within a Trial. Less sites noted this to be an issue in the last round of fidelity reviews. Vocational Specialists stated that the initial schedule to have a review every four to six months was too often given the time taken to prepare for the reviews, however, it was generally viewed by sites that every 12 months was appropriate. The intention for the Trial extension is to have annual fidelity reviews.

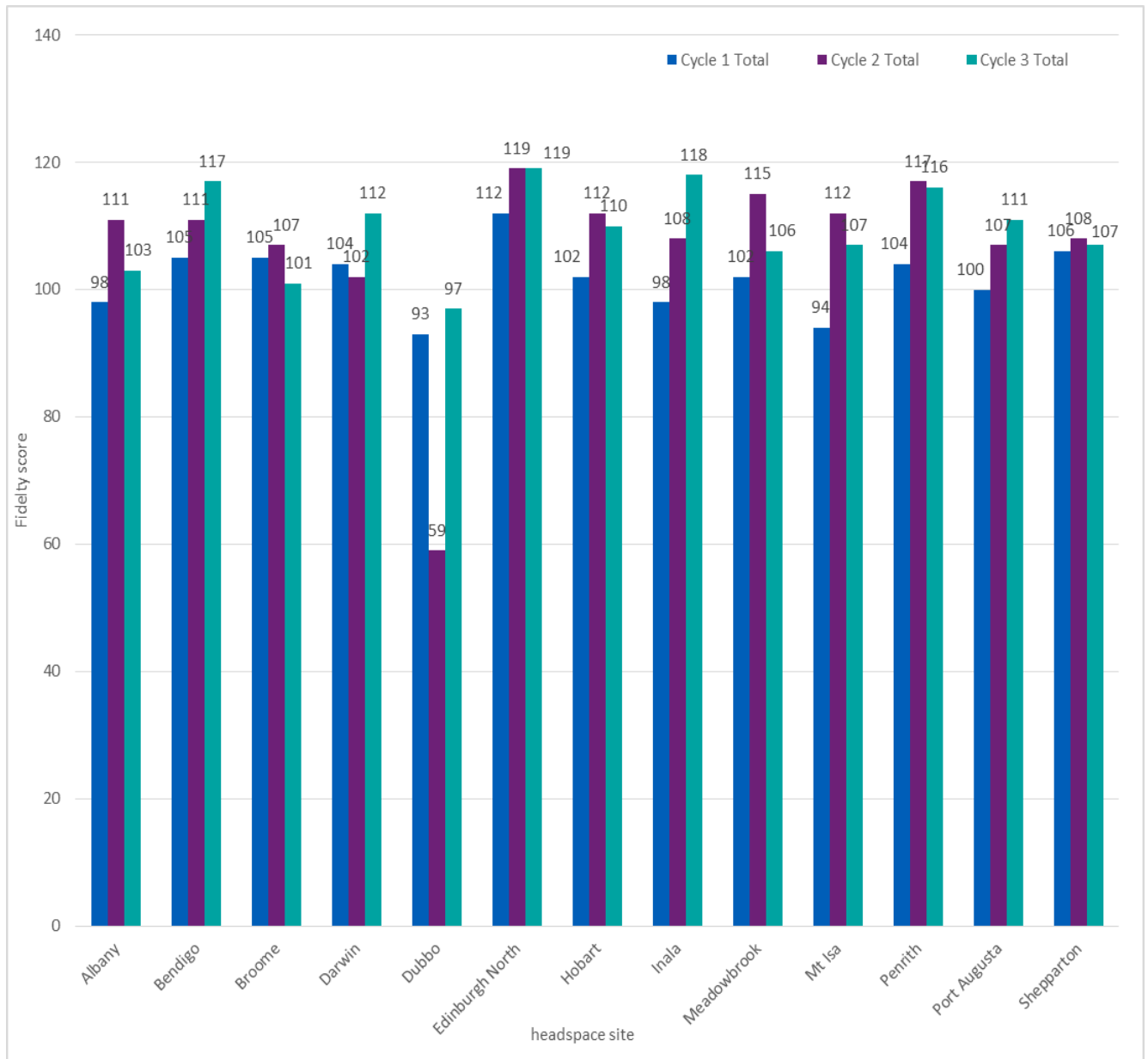
All Vocational Specialists and their line managers stated that they used the fidelity instrument and reviews to ensure they were implementing the Trial according to the model. The baseline review was thought to be important in understanding if they were correctly implementing the model. Vocational Specialists explained that they used the results of each fidelity review to continuously improve the service they provided to young people, focusing on the areas where they scored lower.

'Fidelity reviews have helped the implementation process, as it helps us to deliver the model and identify what we need to improve on to have a more successful program and so help us to achieve the outcomes for young people.'

– Vocational Specialist

Sites are rated across 25 items, where the maximum score for each item is five and therefore, the maximum score is 125 (refer to Appendix B for the items). The results of the fidelity reviews show that sites improved their adherence to the model from the baseline review. Figure 4 shows that all sites except two scored higher in the second review compared to the baseline review. A number of sites have achieved exemplary fidelity (scores of 115 and above) in the second and third review. All sites achieved and maintained at least fair fidelity (scores of 74 and above) across all reviews with the exception of Dubbo, which had issues with the performance of one of its Vocational Specialists who was subsequently let go from the position. In their most recent review, Dubbo improved significantly to achieve fair fidelity.

Figure 4: Fidelity review scores by site



See Appendix B for the list of fidelity items
 Source: KPMG analysis of fidelity review results

From the most recent review, a number of areas were identified that could be strengthened across the sites, including:

- ongoing, work-based vocational assessments;
- frequent employer contact; and
- community based services.

The latter two items have been the lowest scored items on average in each round of fidelity reviews.

4.6 Variations in implementation

Given that the Trial has been designed in line with the IPS model, few variations in implementation would be expected across sites. However, the Trial allowed for some flexibility to suit the local context and, as such, a number of variations were observed as discussed in this section.

4.6.1 Referral sources

With the eligibility criteria for participation to be a headspace client, the majority of sites only accepted young people into the Trial if they were an existing client of headspace. The referral data (Table 6) shows that 81 per cent (n=1,262) of participants were already a headspace client prior to entering the Trial and 11 per cent (n=167) were referred through other sources. Other sources mostly includes education providers such as primary and secondary schools.

Table 6: Referral sources

Referral source	Number of participants	Percentage
Already a headspace client	1,262	81 %
Disability Employment Services	0	0 %
jobactive	6	<1 %
Other	167	11 %
Unknown	123	8 %
Total	1,558	100%

Source: KPMG analysis of Program Reporting Tool

Six sites recorded referrals from outside of headspace. For all but one of these sites, the external referrals represent a small proportion of participants. Penrith is the only site to have accepted a substantial number of external referrals (n=146) with most of the referrals coming from primary or secondary schools.

For sites that receive an external referral, the young person is usually required to engage with the headspace intake team, and it is expected that they will receive clinical mental health services to meet the integrated principle of the IPS model. There were some instances where the only requirement for a young person to be accepted into the Trial is any engagement with headspace, for example, they could be engaged with a General Practitioner or in an education program.

4.6.2 headspace lead agency

The headspace model involves the delivery of headspace services through a variety of organisations across Australia. As a result, the Trial sites comprise a variety of lead agencies including government health entities, community health organisations, medical services, large not-for-profit providers and Aboriginal health services. This has meant that overarching organisational governance across the sites has varied.

The main influence on the Trial of different lead agencies is around the management of the Trial on a day-to-day basis. At most sites, the Trial is managed at the headspace level with approvals and reporting done on this basis. Other sites are managed locally but are required to go through organisational approvals. Vocational Specialists at some of these sites noted that this could cause a blockage as it delayed approvals and that requests were often denied. The biggest issues with respect to this related to the use of transport and access to petty cash. Access to transport varied across the sites – with some sites having their own dedicated cars, others sharing pool cars and some sites having no access to cars. Sites that had no access or limited access described this as a significant barrier, as this limited

their ability to spend enough time out in the community as required. For example, at one site, the lead agency did not provide access to work cars and they were not allowed to use alternate transport such as their own cars. This was seen to have an impact on the support that could be provided to participants as they were not able to transport participants to interviews or their first day of work, which was seen as important in supporting young people with mental health conditions.

Vocational Specialists at some sites also noted that it was difficult to access petty cash to pay for things like parking, or a lunch or coffee for a participant. Access to money to pay for these items is important given that Vocational Specialists are expected to spend significant time in the community meeting with participants and employers. This was attributed to a lack of understanding by management as to what Vocational Specialists need in order to effectively perform their role.

The nature of the lead agency also influenced how the Trial was implemented at each site. The Fidelity Reviewer noted this was the greatest influence from their perspective on implementation of IPS. For example, health organisations tended to view IPS through a medical model lens compared to community or youth organisations that took a more holistic view of IPS. This also impacted on the connections that these organisations have to other supports for young people. For instance, community and youth organisations already have an understanding of and links to the types of organisations that young people needed for support, such as homelessness agencies, Centrelink, schools etc.

4.6.3 headspace Youth Early Psychosis Program

The headspace Youth Early Psychosis Program (hYEPP) (described in section 2.2) is provided at three of the Trial sites. The addition of hYEPP clients has not had an impact on how these sites have implemented the Trial to any great extent. Sites with hYEPP agreed that the Trial integrated very well with this program, and that hYEPP participants particularly benefited from the addition of the Trial, in that it complemented their clinical therapy with more functional recovery supports, which is not surprising given the origins of the IPS model in supporting people with moderate to severe mental illness.

4.6.4 Other variations

Two other variations were noted that demonstrate some differences in implementation across sites.

- One site employed a part-time administration assistant using Trial funding to assist specifically with Trial administrative requirements. Where there is capacity within the site to undertake some administrative requirements of the Trial, this supports Vocational Specialists to dedicate more time to working directly with young people, and working out in the community.
- headspace sites broadly provide similar services and programs including non-clinical services such as education assistance and other youth focused programs (e.g. social inclusion programs). There was a lack of clarity for some sites as to whether participation in one of these programs constituted engagement as a headspace client for the purposes of the Trial. One site noted that for Aboriginal and Torres Strait Islander young people in their community, non-clinical programs were often a critical point of engagement.

4.7 Implementation challenges

A number of issues were identified as causing some challenges in implementing the Trial, including:

- confusion around communication channels;
- project management of the Trial;
- development of relationships with employment services providers; and
- meeting the benchmark for time spent in the community

These issues are discussed in the following sections.

4.7.1 Governance, contract management and communication

The Trial is a different type of program than usual DSS-funded programs in that it is a new program and a trial rather than an already established program that DSS typically funds organisations to deliver. Departmental stakeholders reflected that they rolled out the Trial in the way they usually do with programs, however, this approach has not suited the nature of the Trial.

Management of the contracts with the sites is undertaken by Funding Arrangement Managers in the Delivery Network. These arrangements have meant that each Funding Arrangement Manager is responsible for a small number of sites. Departmental stakeholders and Vocational Specialists thought that this had contributed to inconsistent decision making regarding contractual arrangements, for example for approvals for use of funds.

Sites also reported confusion in where to go with a query about the Trial, specifically whether they were meant to go to their Funding Agreement Manager or to the Fidelity Reviewer. This also contributed to inconsistencies in messaging to sites by all parties.

In 2018, in response to challenges and inconsistencies with contract management and communication, the Department created a Delivery Lead role to coordinate advice across the Delivery Network. The Delivery Lead sits between the Funding Agreement Managers and the policy team, acting as a single point of contact. Departmental staff reflected that this has worked well, in that communication has been streamlined and has helped with messaging, particularly as there has been turnover in the Funding Arrangement Manager role.

4.7.2 Project management of the Trial

In addition to communication issues identified above, challenges were also acknowledged in the project management of the Trial. For example, Departmental stakeholders commented that they undertook significantly more project management than expected and that there was no real mechanism for Trial sites or the Department to address issues, such as under performance.

A new program with sites across the country requires strong project management to ensure it is implemented as successfully as possible. The Department representatives reflected that they had hoped that the fidelity reviews would be a mechanism for this, but since realised that this was not the true purpose of fidelity reviews, which measure adherence to the model. In recognition of this issue, the Fidelity Reviewer has been re-appointed for the Trial extension in an expanded role and will provide a project management role as part of the extension in addition to conducting fidelity reviews. It is expected that this will increase the day-to-day oversight of the Trial and further streamline communications.

Opportunity 2: Implementing a centrally coordinated project management function across the Trial sites.

The Department has engaged the Fidelity Reviewer to deliver a project management function to ensure that information is being shared consistently across all Trial sites. Should the Trial be expanded further, a similar function may need to exist while sites are in the early phases of implementation, at a minimum.

4.7.3 Development of relationships with employment services

It is an expectation of the Trial that headspace sites work with Disability Employment Services (DES) and jobactive providers where they have participants who are receiving assistance from these providers. Vocational Specialists reported that they worked with DES and jobactive providers in a number of ways.

Collaboration with job providers, such as DES and jobactive, was initially difficult at the majority of sites. The business model of these providers, including key performance indicators (KPIs) and the way they are funded has made the provider's hesitant to work with another agency providing employment support.

'We went and introduced ourselves, and originally they weren't too happy thinking we would take some business, but we explained that we could work together to get outcomes, and we would do all the work and they would get the reward.'

– Vocational Specialist

In initial Trial implementation, Vocational Specialists spoke about building relationships with providers to enable outcomes. These meetings targeted both regional management and local sites with the aim of explaining the Trial, and to develop ways of working to achieve better outcomes for young people in the Trial, while meeting the performance indicators of the providers. The high turnover rate of staff at employment providers was noted as a challenge as relationships were difficult to maintain, and required Vocational Specialists to invest time into ongoing relationship building to enable outcomes. Despite initial hesitation, most sites were able to establish working relationships with other employment providers.

'At the beginning of the program, they (job services) were very reluctant. Recently with changes - they are far happier to work with us. They were a huge stumbling block at first.'

– Vocational Specialist

The Department recognised the difficulty some sites were having engaging DES and jobactive. It was noted that although unsure of the impact this has had on outcomes, 'potentially a bit has been lost with not working together well (Department stakeholder). The Department noted that they could have provided more assistance through leveraging relationships within the Department, stating that initially there was an expectation that the relationship would develop organically, but this did not eventuate. Moving forward, ensuring a clear understanding of the Trial within the Department and jobactive providers, and facilitating engagement and collaboration at the strategic level between DES management and the Trial through the government, could increase the effectiveness of the Trial.

Opportunity 3: Utilising the Department's joint role in implementing DES to develop relationships between employment providers and the Trial.

Given that Trial sites have struggled to develop effective working relationships with employment providers, the implementation of a centralised project management role should include provision to develop overarching working relationships with employment providers leveraging the Department's role in DES. This should work to increase understanding within these other job providers of the role of IPS, and the benefits of working together to achieve outcomes for this particular cohort.

4.7.4 Time spent in the community

The IPS model requires Vocational Specialists to spend at least 65 per cent of their time working in the community. The ability of Vocational Specialists to meet this benchmark has been a consistent issue in the Trial. In each of the three fidelity reviews, this item has had the lowest average score across the sites, with no site yet to score the maximum of five. In the third fidelity review, five sites scored four, while eight sites scored only one or two.

Vocational Specialists identified two main reasons for this, specifically, participant preference to meet at headspace and administrative requirements. Vocational Specialists reported that often participants wanted to meet at headspace rather than out in the community as it was more convenient (for example, they may have back-to-back appointments at headspace for convenience) and it was an environment in which they felt safe. Sites in small communities also noted that some participants did not want to be seen in public with headspace staff, which would result in them being identified as having a mental health condition as everyone knows everyone in these communities. Vocational Specialists also commented that there were some activities that were impractical or inappropriate to be conducted in a public setting (e.g. practicing interview techniques, undertaking computer based activities).

Vocational Specialists reported that they were still actively trying to increase their time in the community and were encouraging participants to meet in other locations. However, they also noted that their focus was on supporting the participants in the way that suited them in line with the individualised nature of the Trial and, as such, continue to meet where the participant feels most comfortable even if that means spending the majority of time at headspace.

5 Efficiency

This chapter details how efficiently vocational education and employment support is provided through the Trial, in particular it provides commentary on the caseload of the Vocational Specialists and the use of Trial funding.

5.1 Summary of findings

Vocational Specialists maintained sustainable caseloads. Difficulties were observed in the management of the caseload, with many sites having a lower than expected caseload.

The extent to which the Trial has achieved value for money is difficult to assess, given significant underspends at some sites across the years of the Trial, however, sites were noted to have used the funding in line with the guidelines with most funding directed to Vocational Specialist salaries. The average spend per participant was \$4,899 for FY2017-18. It is challenging to know whether this represents value for money for the Department, without a benchmark figure with which to compare against.

The table below provides a summary of findings against the efficiency evaluation questions.

Table 7: Summary of findings for efficiency evaluation questions

Evaluation Question	Findings
To what extent did Vocational Specialists maintain well-managed, sustainable caseloads?	
What is the average caseload for a Vocational Specialist?	<ul style="list-style-type: none"> The average caseload per Vocational Specialist is 19.8 at 28 February 2019.
How do caseload sizes vary over time?	<ul style="list-style-type: none"> Caseload size has decreased from the previous reporting period. This is likely attributable to the downward trend in participants towards late 2018 and early 2019.
What variations can be observed in the nature and size of caseloads across Trial sites and between Vocational Specialists of different skill sets / professional backgrounds?	<ul style="list-style-type: none"> No relationship between variance in caseload and Vocational Specialist skill / background was observed. Sites located in major cities areas have a larger caseload (average of 23) compared to sites in remote and very remote locations (average 11.8).

Evaluation Question	Findings
What has influenced variation in caseload sizes?	<p>The variation observed in caseload may have been contributed to by three factors.</p> <ul style="list-style-type: none"> • The degree of support required by participants – that is, according to Vocational Specialists, participants require a continuum of support at various stages while in the Trial. • Site contextual factors – sites in regional and remote areas had more difficulty in engaging young people in the Trial due to a lower population from which to draw participants and the stigma associated with mental health services. • The variation in FTE Vocational Specialists at each of the headspace sites across the Trial due to staff turnover.
To what extent has the Trial achieved value for money?	
What was the average cost per client at each Trial site and across the entire Trial?	<ul style="list-style-type: none"> • The average spend per participant across all headspace sites was \$4,899 for FY2017-18.
What proportion of funding was used for Vocational Specialist salaries at the Trial site level and whole of Trial?	<ul style="list-style-type: none"> • The proportion of total funding used for Vocational Specialist salaries was 67 per cent in FY 2017-18. Removing underspend, this proportion was 81 per cent.
What variation exists in the salaries, skills and expertise of Vocational Specialists across the Trial sites	<ul style="list-style-type: none"> • The evaluation was not able to draw a definitive conclusion on the variation of salaries based on the available data. • The skills and expertise of Vocational Specialists was similar across the sites.
What was the cost of the fidelity reviews per Trial site (based on level of support provided to each Trial site) and for the whole program?	<ul style="list-style-type: none"> • For 2016-2018 financial years, the fidelity reviews cost a total of \$550,000 or \$39,286 per site. • The sites received support through the form of three Fidelity reviews and one learning workshop. The learning workshop included all sites and was intended to be the equivalent of one fidelity review.

Source: KPMG analysis

5.2 Caseload

Research has demonstrated a sustainable, well-managed caseload is important as Vocational Specialists with large caseloads have difficulty making regular contact with participants and meeting other fidelity standards (Becker et al 2008). A small caseload is required to ensure individualised, high-quality services to meet the intent of the IPS model (Department of Social Services 2016). Further, to achieve the maximum rating for the caseload item in the fidelity instrument, a maximum caseload of 20 participants is required.

The initial caseload set by the Department was 20 participants per Vocational Specialist in line with the fidelity instrument. Subsequently, the required caseload was increased to 30 from October 2017. Departmental stakeholders stated that the increased caseload would allow a greater number of young people to participate in the Trial.

5.2.1 Average caseload

The average caseload per Vocational Specialist was 19.8 participants per Vocational Specialist at 28 February 2019, a decrease in average caseload from the previous reporting period of 25.5 participants. The average is below the caseload set by the Department. The benchmark caseload figure for the IPS model is 20. Vocational Specialists reported that their caseload is relatively stable over time, with fluctuations due to the timing of participants exiting the Trial and new participants subsequently joining the Trial.

5.2.2 Variation in caseload size

There were six sites that had an average caseload of 20 or less in line with fidelity and all sites had an average caseload of below 30, meaning no sites were meeting the Department's target of 30 participants per Vocational Specialist at February 2019.

Table 8 presents the average caseload in 2018 and 2019. Table 8 also demonstrates that for the majority of the sites (8 of 13), there has been a reduction in their caseload from the previous reporting period. This may be due to turnover of Vocational Specialists along with the funding uncertainty that existed for sites in late 2018 and early 2019, i.e. Vocational Specialists identified that they were hesitant to take on new cases towards late 2018 and early 2019.

Table 8: Average caseload by site, at 30 April 2018 and at 28 February 2019

headspace Site	No. of participants (Apr 2018)	Average caseload* (Apr 2018)	No. of participants (Feb 2019)	Average caseload* (Feb 2019)	Average caseload change (Feb 2019 – Apr 2018)
Albany	25	12.5	35	17.5	5.0
Bendigo	34	17	49	24.5	7.5
Broome	33	16.5	28	14	-2.5
Darwin	35	17.5	45	22.5	5.0
Dubbo	72	36	27	13.5	-22.5
Edinburgh North	58	29	44	22	-7.0
Hobart	64	32	47	23.5	-8.5
Inala	70	35	58	29	-6.0
Meadowbrook	53	26.5	37	18.5	-8.0
Mount Isa	21	10.5	19	9.5	-1.0
Penrith	43	21.5	50	25	3.5
Port Augusta	38	19	29	14.5	-4.5
Shepparton	40	20	48	24	4.0

**On the basis of 2 FTE Vocational Specialist
Source: KPMG analysis of Program Reporting Tool*

The caseload of sites may also be impacted by seasonal changes in the local economy. For example, during the tourist seasons, sites may see a decrease in their caseloads with many young people working, and an increase in participants when this seasonal employment ends.

The FTE status of Vocational Specialists at the site level impacted the capacity to take on and work with participants. Sites are contracted by the Department to employ two FTE Vocational Specialists. There was turnover in Vocational Specialists at many sites throughout the Trial. This impacted on the overall number of participants at the site at that time as in many cases the remaining Vocational Specialist took over the other's case load. Subsequently there was no room to take on additional participants until a new Vocational Specialist started.

There is no evidence to show that there is a relationship between caseload size and the skill set / professional backgrounds of the Vocational Specialists. Rather, variation across sites may be influenced by other factors, specifically, the degree of support required by participants and contextual factors of the headspace site.

Contextual factors

The location of the headspace site affects the population available to headspace, and hence the number of young people in the Trial. Trial sites have reflected the difference in population size due to remoteness has impacted on their ability to recruit participants to the Trial, i.e. sites in remote areas have a smaller caseload than those in major cities and inner regional areas (Table 9).

Table 9. Participants and average case load by remoteness, from 1 July 2018 to 28 February 2019

Location	No. of participants	Number of sites	Number of Vocational Specialists	Average case load
Major City	189	4	8	23.6
Inner regional	171	4	8	21.4
Outer regional	109	3	6	18.2
Remote	47	2	4	11.8
Total	516	13	26	19.8

Source: KPMG analysis of Program Reporting Tool

Vocational Specialists in regional and remote locations reported that they were actively trying to increase their caseload. These sites identified that a barrier to increasing their caseload was the stigma attached to mental health and that, as a result, young people in these locations are less likely to engage with headspace. However, sites have noticed an improvement surrounding the stigma of mental health, especially within a work place setting.

Degree of support required by participants

The frequency of contact required to support participants is the 'degree of support'. Vocational Specialists noted that the degree of support varies over the young person's participation in the Trial to suit their needs, with frequent contact initially and early in education / employment and then often decreasing following the participant entering employment or education prior to eventually disengaging from the Trial. As a result, depending on the mix of participants in the caseload, Vocational Specialists may have a reduced caseload if they have many participants requiring frequent support compared to if they have many participants requiring less support.

Opportunity 4: Implementing a tiered support system for participants across Trial sites based on degree of support to increase throughput of clients receiving IPS support.

The intensity of support required by a participant varies throughout their participation in the Trial. A tiered support system will enable sites to balance their caseload based on the support required. Consequently, depending on the mix of participants, a greater number of participants could receive support at one time.

5.2.3 Impact of caseload size

Generally, Vocational Specialists reported that the fidelity caseload requirement of 20 was manageable and enabled them to provide the required level of service quality. Sites identified there is a high level of administrative burden, especially in the lead up to fidelity review, possibly impacting their ability to take on more participants.

Following the Department's increase in caseload requirements to 30 participants, Vocational Specialists expressed concern. They believed they would not be able to deliver the model as intended, having less time to spend with each participant, diminishing service quality. Vocational Specialists reported that with 20 participants, the administrative burden was manageable, however they considered that with 30 participants, the burden would be increased, meaning significantly less time in a week available for participant engagement and also other required activities such as networking with employers and service providers.

All participants reported that they were satisfied with the quality of service they received from their Vocational Specialists with the current caseload sizes and that the frequency of appointments with their Vocational Specialists was appropriate.

Sites have not yet reached a caseload of 30 participants, questioning if there is the demand to do so. Sites with a caseload below 20 participants reported that they had difficulty recruiting and maintaining the number of participants required by DSS for a range of reasons, including smaller population size, seasonal / lack of employment opportunities and access to transport.

5.2.4 Wait lists

Due to mental health practitioners being less likely to refer to programs where immediate intake is not possible and the potential for those on a wait list to lose interest in the program, the IPS model does not encourage sites to use wait lists (Becker et al 2008). Under the fidelity requirements, sites with a wait list are unable to score higher than a four in the relevant item.

According to the third round of fidelity reviews, Edinburgh North and Hobart are the only two sites that have a wait list. However, given the population size and characteristics of these sites⁸, it is not unexpected that these sites would have high demand for the Trial.

5.3 Use of funding

Each site receives \$260,000 in funding per year for the Trial. Funding can be used for activities such as:

- staff salaries and on-costs;
- employee training (including of Committee and Board members);
- engaging people or organisations to deliver relevant services; and
- operating and administration expenses.

Funding may not be used for ineligible activities such as:

- purchasing of land;
- costs not directly related to Trial provision;
- purchase of goods and services for participants;
- major construction / capital works;
- funding to cover retrospective costs;
- costs incurred in the preparation of a funding application or related documents;
- overseas travel; and
- activities that other government bodies have primary responsibility over (Department of Social Services 2016).

This section presents findings related to the use of funds on the Trial.

5.3.1 Vocational Specialist Salaries

The average salary for a Vocational Specialist across all Trial sites for FY2017-18 was \$86,768 based on two FTE at each site on the assumption that both Vocational Specialists are paid the same.

While, the Department provided funding for two full time equivalent Vocational Specialists for all Trial sites, at many Trial sites there has been Vocational Specialist turnover, resulting in periods of time with less than two FTE Vocational Specialists. Information was not available on the average FTE over the year at the sites, and so data presented on the salary of Vocational Specialists should be considered in

⁸ Refer to Appendix A for Trial site characteristics

that light, whereby in some cases (sites where there has been a vacancy) the data is an underestimate of the actual full year salary of the Vocational Specialists.

The skills and expertise of the Vocational Specialists has not varied greatly across the Trial sites. There was no evidence as to how the skills and expertise of Vocational Specialists impacted their remuneration.

Proportion of funding to Vocational Specialist Salaries

The IPS Guidelines do not provide any estimate or range of the Vocational Specialist salary; it is up to each site to determine the salary. Therefore, it is expected that there are differences in the proportion of funding spent at each site on Vocational Specialist salaries.

In 2017-18, 66.7 per cent of the total available \$3.38 million of funding across the 13 sites was assigned to Vocational Specialist salaries. However, taking into account the underspend of \$597,000 then Vocational Specialist salaries made up 81.1 per cent of the expended funding. In 2018-19, 62.8 per cent of the total available \$3.38 million funding is anticipated to be assigned to Vocational Specialists. It is difficult to compare data at site levels due to on-the-ground issues such as Vocational Specialist turnover. In addition, site level commentary in the data suggested that the salary figures from some sites 'Includes a Program Manager'.

5.3.2 Underspend

All sites did not spend their allocated funding in the first year of the Trial. This is not surprising given that the first participant entered the trial in January 2017. In other words, the first six months of FY2016-17 did not have any participants. In FY2017-18, there were underspends at 10 sites, and three sites used all of their \$260,000 in funding (see Table 10). Broome has the largest underspend over the Trial period at \$172,951. While they spent the least in the first year, they were one of the largest spenders in the FY2017-18 period, spending their full budget, as did Edinburgh North and Darwin.

The reasons for the underspend include:

- late start to the Trial and differences in start dates across sites for the FY2016-17;
- differences in Vocational Specialist salaries and vacancies; and
- the cost of delivery based on remoteness.

Table 10: Underspend by headspace site for FY2017-18 and FY2016-17

headspace site	Allocated yearly funding	FY2016-17 underspend	FY2017-18 underspend
Albany	\$260,000	\$149,244	\$106,462
Bendigo	\$260,000	\$51,901	\$119,043
Broome	\$260,000	\$172,951	No underspend
Darwin	\$260,000	\$36,092	No underspend
Dubbo	\$260,000	\$71,665	\$21,712
Edinburgh North	\$260,000	\$57,279	No underspend
Hobart	\$260,000	\$86,147	\$26,694
Inala	\$260,000	\$108,637	\$20,241
Meadowbrook	\$260,000	\$155,253	\$90,375
Mount Isa	\$260,000	\$155,000	\$88,880
Penrith	\$260,000	\$100,113	\$63,660
Port Augusta	\$260,000	\$141,053	\$43,324
Shepparton	\$260,000	\$71,493	\$16,260
Total	\$3,380,000	\$596,651	\$596,651

Source: KPMG analysis of IPS Trial – Underspends and salaries

The delayed Trial start dates for each site created a large underspend in FY2016-17. As previously mentioned (section 4.2), the sites varied in start date from February to May 2017, meaning that the value of the underspend in the first year also varied substantially.

Vocational Specialist salaries could impact underspend across sites. Vocational Specialist salaries account for a large proportion of the Department grant funding allocation across all sites, with most sites spending over 60 per cent of their funding on Vocational Specialist salaries in FY2017-18. Additionally, given turnover in the role at sites, periods of vacancy also would have contributed to an underspend.

5.3.3 Cost per participant

To calculate the cost of the Trial per participant data for 2017-18 was used. This involved using the total 2017-18 spend figures per site and the total 2017-18 participant entries per site. Data for 2017-18 was selected as it is the only complete financial year in the Trial at the time of reporting. There were some participants already in the Trial prior to the 2017-18 financial year, which is likely to be balanced out by those who remained in the Trial beyond the 2017-18 financial year. In total, there were 570 participants who entered the Trial in FY2017-18. The FY2017-18 total spend was determined by subtracting the FY2017-18 total underspend from the allocated funding amount; and the FY2017-18 funding and spend per participant was calculated based on total funding or spend divided by the number of participants.

The average funding per participant across all evaluated sites was \$4,899 for the 2017-18 financial year, as shown in Table 11. The average spend per participant, which takes into account the \$597,000 underspend in FY2017-18 was lower at \$4,034 per participant. The spend per participant varied from \$2,134 in Penrith to \$5,909 in Broome. As would be expected, sites with a greater number of participants had a lower cost per participant than sites with fewer participants.

Table 11: Average cost of service per participant for FY2017-18 by site

headspace site	2017-18 Funding	FY2017-18 Spend	FY2017-18 Participants	FY2017-18 Funding per participant	FY2017-18 Spend per participant
Albany	\$260,000	\$153,538	34	\$7,647	\$4,516
Bendigo	\$260,000	\$140,957	44	\$5,909	\$3,204
Broome	\$260,000	\$260,000	44	\$5,909	\$5,909
Darwin	\$260,000	\$260,000	55	\$4,727	\$4,727
Dubbo	\$260,000	\$238,288	54	\$4,815	\$4,413
Edinburgh North	\$260,000	\$260,000	66	\$3,939	\$3,939
Hobart	\$260,000	\$233,306	44	\$5,909	\$5,302
Inala	\$260,000	\$239,759	55	\$4,727	\$4,359
Meadowbrook	\$260,000	\$169,625	60	\$4,333	\$2,827
Mount Isa	\$260,000	\$171,120	42	\$6,190	\$4,074
Penrith	\$260,000	\$196,340	92	\$2,826	\$2,134
Port Augusta	\$260,000	\$216,676	55	\$4,727	\$3,940
Shepparton	\$260,000	\$243,740	45	\$5,778	\$5,416
Total	\$3,380,000	\$2,783,349	690	\$4,899	\$4,034

Source: KPMG analysis of IPS Trial – Underspends and salaries and the Program Reporting Tool

Opportunity 5: Vary funding based on population size, expected demand and location factors.

Consideration should be given to delivering funding based on need in each site, taking into consideration demand (and thus funded FTE), salary conditions, the broader service system and any other factors impacting on the provision of the Trial to more effectively utilise available funding. It would be expected that at least two Vocational Specialists would still be employed at each site to prevent professional isolation, however, employment arrangements should be constructed in such a way to meet the funded FTE (i.e. does not have to be two full time employees).

5.3.4 Cost of fidelity reviews

The Department funds the Fidelity Reviewer at \$550,000 to the end of FY2017-18. The cost of this is therefore \$39,286⁹ per site. This includes three cycles of fidelity reviews and one learning collaborative event, intended to be the equivalent of one fidelity review and implementation support (as described in section 4.5).

⁹ This value is \$550,000 split across the 14 sites, as headspace Gosford was included in the costing for services.

6 Appropriateness

This chapter provides commentary on the appropriateness of the IPS model. Specifically, it considers:

- the appropriateness of the IPS model within a headspace setting in engaging the target group (i.e. young people experiencing mild to moderate mental health disorders);
- the appropriateness of the IPS model within a headspace setting in engaging sub-groups, including Aboriginal and Torres Strait Islander young people and young people from CALD backgrounds;
- whether the model responds appropriately to the needs of the target group, including the applicability of the IPS model Practice Principles to this cohort; and
- whether the model responds appropriately to government policy priorities.

6.1 Summary of findings

Broadly, the IPS model was thought to be appropriate for the target group, with the Trial able to effectively engage this cohort. For younger participants (aged 12 to 15 years), the Trial was thought to be less appropriate as those participants are, or should be, engaged in secondary education.

All stakeholders were positive about the ability of the Trial to meet the needs of young people, in particular that the self-directed and individualised nature of the IPS model was beneficial in engaging young people.

While the IPS model was considered appropriate for the target group, Vocational Specialists noted that some of the principles had been designed for an adult cohort with an assumed level of employment experience, which did not take into account some of the challenges young people experience in gaining employment. The focus on competitive employment and rapid job searching was not considered appropriate for all Trial participants, particularly those with little to no work history. A greater focus on education was also noted as a need for this target group.

The table below presents a summary of findings against each of the implementation evaluation questions.

Table 12: Summary of appropriateness findings

Evaluation question	Summary of findings
To what extent does the Trial effectively engage the target population?	
How were young people connected with the Trial?	<ul style="list-style-type: none"> • Young people were primarily connected via internal referral processes. • Key enablers were utilising headspace and the successful integration of clinical services and the Trial. • The need for young people to identify employment or vocational education goals was seen by Vocational Specialists as a critical success factor, impacting the level and duration of engagement of the young person with the Trial.

Evaluation question	Summary of findings
How long did young people remain engaged with the Trial? Did they remain engaged until they achieved a vocational education or employment outcome?	<ul style="list-style-type: none"> Of all participants who exited the Trial, the average length of time in the Trial was 272 days. For those participants still in the Trial, the average length of time in the Trial is 285 days. For participants who have exited the Trial, 41 per cent achieved an education or employment outcome.
What are participants' perspectives about the appropriateness of how the Vocational Specialists worked with them?	<ul style="list-style-type: none"> Participants reflected that the ways in which Vocational Specialists worked with them were appropriate. They felt that the supports they received were tailored to their needs and interests. Young people commented that they were able to access support at the level that suited them and that the nature of support changed over time to reflect their circumstances.
To what extent does the Trial meet the needs of young people with mental illness up to the age of 25, who are at risk of disengaging from vocational education or employment?	
Did young people participate in the Trial?	<ul style="list-style-type: none"> 1,558 young people aged 12 to 26 years participated in the Trial. The age group with the greatest representation in the Trial was young people aged 17 to 20 years.
What were the characteristics of young people who participated in the Trial (consider, age, gender, Indigenous status, CALD background, previous / current engagement in vocational education or employment, nature / severity of mental illness)?	<ul style="list-style-type: none"> 17 to 25 year olds comprised 76 per cent of participants. Less than 3 per cent of participants were aged 14 years and under. More females participated in the Trial than males. There were 851 females, 676 males and 31 indeterminate. 15 per cent of Trial participants identified as Aboriginal or Torres Strait Islander. The representation of Aboriginal and Torres Strait Islander young people across sites varied as did their ability to engage this cohort. 9 per cent of Trial participants identified as CALD, with substantial variation across the Trial sites. Data on the mental health status of young people participating in the Trial was not collected. It is assumed that participants broadly reflect the cohort headspace with depression and anxiety as the two most common presenting reasons.
Were the young people who participated in the Trial those who were expected to participate / meet the eligibility criteria?	<ul style="list-style-type: none"> Those who participated in the Trial aligned with the eligibility criteria as expected, although there were two participants aged 26 years in the Trial (i.e. older than the 12 to 25 years criteria). In comparison to the broader headspace clientele, the Trial engaged: <ul style="list-style-type: none"> substantially less young people aged 12 to 14 years; a greater proportion of Aboriginal and Torres Strait Islander young people; and a similar proportion of CALD young people.

Evaluation question	Summary of findings
What influenced young people's decisions to participate in the Trial?	<ul style="list-style-type: none"> • Young people identified that they participated in the Trial because they wanted to find work or engage in study, and required support to do so. • Barriers to engagement varied and were usually related to the young person's circumstances including inability or lack of knowledge to navigate the job market, social isolation, a lack of understanding of the requirements of work and no previous work history. • Some participants identified that they required support to understand how to manage education and / or employment in the context of their mental health condition.
What are participants' perspectives on their experience of the Trial? Did it meet their needs? Did it help them in the way they expected it to? To what extent were their choices reflected in their experience?	<ul style="list-style-type: none"> • All young people interviewed felt that the Trial had met, or was meeting, their needs. Young people were overwhelmingly positive about their experience in the Trial and stated that the Trial had met their expectations. • All participants interviewed stated that the support they received was guided by their goals, strengths and interests. Participants reflected that they had felt listened to and empowered by their experience.
What are the headspace clinical teams' perspectives on the appropriateness of the Trial to meet the needs of the Trial participants?	<ul style="list-style-type: none"> • headspace clinical teams generally thought the Trial was appropriate to meet the needs of young people. They reflected on the positive impact that education and employment had on the participants' wellbeing. • For sites with hYEPP, clinicians thought the Trial was an important aspect of young people's functional recovery.
To what extent does the Trial respond to current government policy and priorities?	
What was the Commonwealth Government's policy agenda with regard to young people's mental health and education and employment at the commencement of the Trial?	<ul style="list-style-type: none"> • At the commencement of the Trial, the government's policy agenda included a focus on programs and supports for vulnerable job seekers, including young people experiencing mental health disorders. • The primary mechanism for supporting employment outcomes within Australia has been active labour market programs such as jobactive and DES.
What are the changes in Commonwealth Government policy with regard to young people's mental health and education and employment occurred during the Trial?	<ul style="list-style-type: none"> • No changes to government policy were noted during the evaluation period. There has, however, been an increased focus on mental health, particularly for young people.
Did any changes to Commonwealth Government Policy observed during the Trial influence how the Trial was implemented?	<ul style="list-style-type: none"> • Given that there were no changes to policy, there have been no influences on the implementation of the Trial. • The continued policy focus on vulnerable job seekers is evident through the extension and expansion of the Trial.

Evaluation question	Summary of findings
<p>Is the Trial equally appropriate for different sub-groups in the Trial (e.g. younger (under 18 years) vs older (18 to 25 years) clients, Aboriginal and Torres Strait Islander people, CALD)?</p>	<ul style="list-style-type: none"> • headspace sites reported that the Trial is most appropriate for older sub-groups (aged 18 to 25 years, i.e. those older than school leaving age). • The Trial was seen as less appropriate for the younger age group (those aged 12 to 15 years) as they are or should be engaged in secondary education. Younger participants represent a small proportion of participants and were generally supported to remain engaged in high school. • Vocational Specialists reported difficulty in engaging CALD young people. • Sites had varied success in engaging Aboriginal and Torres Strait Islander young people, although the representation of this cohort is relatively higher compared to their engagement at headspace broadly. It was noted that engagement was facilitated through having a local Aboriginal and Torres Strait Islander Vocational Specialist and through establishing community connections.

Source: KPMG analysis

6.2 Engaging young people in the Trial

To be eligible to participate in the Trial, participants must:

- be a young person with mental illness aged up to 25 (noting that a formal diagnosis not required);
- be an eligible client of headspace in the participating Trial site;
- have employment, education or training goals and be facing barriers to achieving these goals; and
- be willing to participate in the service and able to make an informed decision to participate (DSS 2016).

This section considers whether the Trial is appropriate to engage the target group, including how young people have connected with the Trial, the characteristics of participants and their alignment with the target group, and whether the headspace setting has supported engagement.

6.2.1 Young people’s participation in the Trial

A total of 1,558 young people participated in the Trial between January 2017 and February 2019.¹⁰ The average time in the Trial could be calculated for those 1,428 participants who had valid entry and / or exit dates. The overall average length of time in the Trial is nine months (or 268 days). The average length of time in Trial was also calculated separately for those who had exited and those who are still in the Trial:

- for participants who had exited the Trial, the average length of time in the Trial was 271 days (min= 8 days, max = 745 days); and
- for participants still in the Trial, the average length of time in the Trial is 263 days (min=2 days, max = 737 days).

¹⁰ The Department reported that a further 93 young people participated at the Gosford Trial site to 9 October 2018.

Not all participants remained engaged in the Trial until they achieved an outcome. Of participants who have exited the Trial, 41 per cent (n=431) achieved an education or employment outcome. No data was available on the specific reasons why some young people did not achieve an outcome. A discussion of the influences on outcomes is contained in sections 7.2.3 and 7.3.

As outlined in the table below as the time in trial increased the more likely a participant was to have an education or employment outcome. For example, for those that exited within approximately three months only 17 of the 190 participants achieved an education or employment outcome.

Table 13: Participants that have exited by days in trial and whether they had an education or employment outcome¹¹

Education or employment outcome	90 days or less in trial (~3 months or less)*	91 days to 182 days (~3 to 6 months)	183 days to 365 days (~6 to 12 months)	366 days or more (~ 12 months or more)
Number of participants with an education or employment outcome	17	63	120	223
Number of participants without and education or employment outcome	173	168	127	48
Total	190	231	247	271

**There was only a small number of participants who were in the trial for 30 days or less*

Source: KPMG analysis of Program Reporting Tool

6.2.2 Connecting young people to the Trial

The majority of young people connected to the Trial through internal referral processes at the headspace sites in the Trial. This is consistent with the eligibility criteria in which a young person needs to be an eligible client of headspace to participate. Sites employed various mechanisms through which these referrals were made. The three main ways were:

- intake and assessment meetings or case conferencing meetings, which were attended by clinical staff and the Vocational Specialists;
- referral by a clinician through an established formal referral process, such as the use of a referral form or through the clinical records systems; and
- informal referral, as a result from co-location whereby a clinical staff member may mention to a Vocational Specialist they have a client looking for work.

The majority of sites noted that as standard practice they asked all new clients about their employment and education goals, which often led to a person being referred to the Trial during intake.

A number of sites also used warm referrals, where one or both of the Vocational Specialists would meet with the young person at the time of referral. These sites commented that this helped gain trust with the young person and so they were more likely to turn up to their first appointment.

Vocational Specialists reported that these processes worked well, enabled by the trust built with clinical staff through educating them about the Trial, the target group and that the Trial was based on the client’s desire to find education or employment. Vocational specialists and clinicians commented that as the Trial progressed and positive impacts on clients were observed, clinicians increasingly referred more young people to the Trial.

In addition, most sites promoted awareness of the Trial to existing headspace clients through use of posters, job boards and success stories on display in their waiting room. Some sites noted that some

¹¹ Note: this table does not include participants with invalid entry or exit dates.

young people heard about the Trial through word of mouth. In these instances, young people were assessed for eligibility to headspace before participating in the Trial.

Utilising headspace for the Trial appears to have had a significant impact on the way in which young people connected to the Trial. By their nature, headspace sites have access to a large pool of young people with mental health disorders, meaning that sites have been successful at engaging young people to the Trial. Further, headspace sites are designed with input from young people, in easy to access locations and are seen as a safe place for those who access services, meaning that young people are willing to participate in the Trial within the headspace setting.

'headspace is a supportive environment.'

– Trial participant

'It is good having this in headspace, it is a down to earth and a safe environment.'

– Trial participant

Several headspace staff stated that the Trial was an important 'soft entry' point to engage young people in headspace services who had not previously engaged for various reasons. Examples were provided by sites where young people who had heard about the Trial (usually from a friend who had been involved) presented to headspace to participate in IPS. These young people subsequently started to participate in the Trial and often also accessed other headspace services. It was viewed that the addition of employment services encouraged young people to attend headspace and utilise services that they otherwise may not have accessed.

The limitation of using headspace is that young people who may benefit from IPS cannot access the Trial if they are not currently accessing services from headspace, which may include young people on the headspace waiting list, former headspace clients and young people not connected to headspace in any capacity. Appropriate processes and mechanisms would need to be in place (such as around privacy and consent) for young people accessing mental health services at other organisations to access the Trial at headspace. Should IPS become an ongoing funded service of headspace, consideration may need to be given to mechanisms that allow non-headspace clients to access the IPS service.

6.2.3 Characteristics of Trial participants

Of the 1,558 participants, 851 participants (55 per cent) identified as female and 676 identified as male (43 per cent). This is broadly in line with the headspace cohort (where 60 per cent of clients are female) and reflective of headspace's research on young males not seeking support from mental health professionals (headspace 2019).

The remainder of this section considers the characteristics of participants with respect to the eligibility criteria (age and mental health status) and sub-groups of interest within this cohort, including Aboriginal and Torres Strait Islander young people, CALD young people, and LGBTIQ+ young people.

Age of participants at entry

Age at entry data was not available for all participants. This is because no entry dates were recorded for 119 of the 1,558 participants. However, the dates of birth of these participants generally reflected the age distribution discussed below.

The data shows (Table 14) the target age of young people who participated in the Trial, indicating that the model and headspace setting are appropriate for engaging young people aged up to 25 years.

Table 14: Number of participants by age on entry to the Trial, from the Trial commencement to 28 February 2019

Age	Number of participants
14 and under	37
15	81
16	129
17	182
18	208
19	186
20	182
21	126
22	108
23	86
24	76
25	36
26	2
Unknown	119
Total	1,558

Source: KPMG analysis of Program Reporting Tool

The majority of participants were aged 16 years or over (n=1,321, 84.7 per cent), with the greatest participation from young people aged 17 to 20 years (n=758, 48.7 per cent). This aligns with the school leaving age and therefore is not surprising that there is strong engagement from this age group.

The engagement at the lower end of the target group has been limited, with 37 (2.4 per cent) of participants aged between 12 and 14 years. When compared to the broader headspace group, 28 per cent of headspace clients are aged 12 to 14 years, substantially more than in the Trial.

The Trial was not thought to be as appropriate for younger headspace clients, as these clients were in secondary school and not of working age. Vocational Specialists stated that younger clients in the Trial were supported to stay engaged in school and were often referred to other available supports and programs, including school-based supports. It is worth noting that this younger age group were not specifically intended to participate in the Trial but were included to reflect the age eligibility criteria of headspace services. In comparison, headspace’s online Digital Work and Study Service is offered to young people aged 15 to 25 years.

Opportunity 6: Raising the eligible age limit to 15 years and older, recognising that the strength of IPS is around vocational education and employment.

There is an opportunity to raise the eligibility age given the low participation rate of younger participants and in recognising that the skills of the Vocational Specialists lie in furthering vocational education and employment (rather than in engagement with secondary school).

Mental health status of participants

Data is not collected on the mental health of Trial participants (as described in section 3.3), with a formal diagnosis not required for participation. Vocational Specialists and clinicians noted that the mental health conditions of participants varied from depression and anxiety to young people with selective muteness, or with personality disorders and included young people who had or were experiencing early psychosis at sites with hYEPP. Sites in locations with limited other mental health services, particularly regional

and remote sites, reported that they had a higher incidence of young people with more severe and complex mental health conditions. This was attributed to these young people accessing headspace services due to there not being any other appropriate services for them.

headspace data shows that 29 per cent of headspace clients present with depression, closely followed by anxiety with 27 per cent. A further 13 per cent present with situational issues (e.g. bullying, conflict, relationships) and 10 per cent with other mental health and behavioural conditions (headspace, 2018). It would be expected that Trial participants would broadly reflect the headspace client group as a whole.

Employment, education or training goals and barriers to achieving these

All young people interviewed stated that they had engaged in the Trial due to a desire to engage with employment, education or training, and that they were experiencing barriers to achieving these goals. Some young people were already in education or employment and needed help to access further study or to change employment, while other participants reported that they were neither studying or in employment and wanted to do so.

'I only had one job in my work history, and knew it would be hard to find another job. I was already on Centrelink and I just needed more support to find another job.'

– Trial participant

Vocational Specialists stated that goals of employment, education or training were a prerequisite for participation in the Trial, and that this requirement was communicated to clinical headspace staff to ensure that young people being referred to the program aligned to eligibility requirements.

Table 15 shows the focus of the support plan for participants. Around half (790 participants) had an employment focus and 365 participants (23 per cent) had both education and employment goals. Only a small proportion of participants (n=45, 3 per cent) had only an education focus.

Table 15: Participant support plan focus, from the Trial commencement to 28 February 2019

Plan Focus	Number of participants	Percentage
Education	45	3%
Education and employment	358	23%
Employment	790	51%
Unknown	365	23%
Total	1,558	100%

Source: KPMG analysis of Program Reporting Tool

Overall, Vocational Specialists reported that from the perspective of this eligibility criteria, the vast majority of participants met the criteria. Where a young person did not readily self-identify education or employment goals (e.g. they joined the Trial at the request of their parents), they tended to disengage early from the Trial due to lack of motivation.

Vocational Specialists, headspace staff and participants identified a range of barriers for young people. They included reasons such as uncertainty in knowing what they wanted to do, inability or lack of knowledge to navigate the job market, little understanding of how to write a resume or cover letter, social isolation issues, a lack of understanding of the requirements of work and no previous work history. Vocational Specialists noted that for young people who had experienced intergenerational unemployment, barriers were high in that they had no role models at home to demonstrate the expectations of working or how to go about finding a job. Some participants also required support to understand how to manage education and / or employment in the context of their mental health condition or disability.

'They [the Vocational Specialists] helped me be honest about my disability with my employer, and also helped me to discuss with them what I could bring to their organisation.'

– Trial participant

A smaller number of participants had more complex barriers, such as drug and alcohol issues, financial distress and / or housing instability / homelessness. These participants were supported to connect to other supporting services as well accessing the Trial. It was thought that employment could also contribute to participants addressing these issues.

Aboriginal and Torres Strait Islander young people

There was substantial variance across the sites in their engagement of Aboriginal and Torres Strait Islander young people. Some Vocational Specialists reported that they struggled to engage with this group, while other sites had strong engagement. Sites with a high proportion of Aboriginal or Torres Strait Islander participants included Broome (56.5 per cent), Mount Isa (48.1) and Dubbo (34.8 per cent). The three sites with the lowest proportion, all less than five per cent, were Edinburgh North, Inala and Albany (refer to Table 16).

The representation of Aboriginal and Torres Strait Islander young people at nearly all sites is higher than the proportional population of Aboriginal and Torres Strait Islander people in the Trial locations. It is also greater than their representation at headspace more broadly. The overall representation of Aboriginal and Torres Strait Islander young people at headspace comprised eight per cent of headspace clients for 2017-18 (headspace 2018).

Table 16: Participant Aboriginal and / or Torres Strait Islander status by site, from the Trial commencement to 28 February 2019

Site	No. of Aboriginal and/or Torres Strait Islander participants	Proportion Aboriginal and/or Torres Strait Islander participants	Neither Aboriginal or Torres Strait Islander origin	Proportion neither Aboriginal or Torres Strait Islander origin	Unknown	Proportion unknown	Proportion of population that identify as Aboriginal and Torres Strait Islander*
Albany	<5	5%	75	91%	<5	4%	3%
Bendigo	6	6%	97	93%	<5	1%	2%
Broome	39	57%	30	43%	-	0%	28%
Darwin	26	19%	109	78%	<5	3%	7%
Dubbo	39	35%	60	54%	13	12%	15%
Edinburgh North	<5	<3%	121	97%	-	0%	4%
Hobart	7	7%	60	59%	35	34%	1%
Inala	<5	<3%	108	94%	<5	3%	2%
Meadowbrook	12	8%	135	88%	6	4%	3%
Mt Isa	39	48%	42	52%	-	0%	17%
Penrith	18	7%	140	56%	93	37%	4%
Port Augusta	25	24%	80	76%	-	0%	18%
Shepparton	11	9%	106	88%	<5	3%	3%
Total	234	15%	1,163	75%	161	10%	N/A

*Data provided at LGA level

Source: KPMG analysis of Program Reporting Tool

Sites that struggled with engagement of this cohort reflected that engagement at their site was low, which was attributed to a large number of other services specifically designed for Aboriginal and Torres Strait Islander people in the area or stigma associated with accessing mental health services. These sites thought that more flexible criteria (such as engagement in non-clinical programs) might help them better engage with Aboriginal and Torres Strait Islander young people.

For sites that had stronger engagement, they often had at least one Vocational Specialist who was Aboriginal and Torres Strait Islander or who had strong links to the community or other services. Sites also noted that engagement had built up over time as trust in the Trial was built.

'We've seen a significant increase in Aboriginal young people signing up to the program. It has helped being out in the community and connecting with other agencies, including with elders.'

– Vocational Specialist

Culturally and Linguistically Diverse young people

Overall, 141 of the 1,558 participants identified as CALD. This equates to 9.1 per cent. Table 17 provides data by site.

Table 17: CALD young people by site, from the Trial commencement to 28 February 2019

Site	No. of participants from CALD background	Proportion of CALD participants	No. of participants not from CALD background	Proportion of participants not from CALD background	Unknown	Proportion unknown
Albany	-	0%	82	100%	0	0%
Bendigo	-	0%	100	96%	4	4%
Broome	6	9%	59	86%	4	6%
Darwin	29	21%	41	29%	69	50%
Dubbo	3	3%	106	95%	3	3%
Edinburgh North	12	10%	113	90%	0	0%
Hobart	4	4%	98	96%	0	0%
Inala	25	22%	87	76%	3	3%
Meadowbrook	23	15%	124	81%	6	4%
Mt Isa	3	4%	78	96%	0	0%
Penrith	31	12%	129	51%	91	36%
Port Augusta	-	0%	105	100%	0	0%
Shepparton	5	4%	115	96%	0	0%
Total	141	9%	1237	79%	180	12%

Source: KPMG analysis of Program Reporting Tool

Sites that self-reported as being located in areas with significant representation of CALD communities noted that they have had difficulties in engaging young people from these communities. Lack of engagement from CALD young people in the Trial was not attributed to specific barriers, although it was noted that the lower representation of this sub-group is reflected at headspace more generally (10 per cent of total headspace clients) (headspace 2018).

'We have a high Vietnamese population around here but we only have a couple in our case load. I think because of cultural reasons we struggle to engage with them. But this reflects the engagement at our headspace site overall.'

– Vocational Specialist

Lesbian, Gay, Bisexual, Trans, Intersex and Queer (LGBTIQ+) young people

Several sites noted that they had quite a number of LGBTIQ+ young people in the Trial. Vocational Specialists reported that the Trial is an important program for LGBTIQ+ young people in supporting them to find suitable employment, particularly where they may be transitioning. Vocational Specialists also noted that they worked with participants to understand and manage the disclosure process with their employer in relation to sexual preference and / or gender identity.

Data is not available on the representation of LGBTIQ+ young people within the Trial, however, this sub-group represents 22 per cent of headspace clients nationally (headspace 2018).

Summary

Collectively, to date, the Trial sites engaged 1,558 participants. These participants met the eligibility criteria (i.e. be aged up to 25 years and have a mental illness¹², be an eligible client of headspace and have employment, education or training goals and barriers to achieving these).

Broadly, the IPS model was thought to be appropriate for the target group. For younger participants (aged 12 to 15 years), the Trial was thought to be less appropriate as those participants are, or should be, engaged in secondary education.

Some sites noted barriers to engaging Aboriginal and Torres Strait Islander young people and young people from CALD backgrounds due to cultural issues. However, the Trial was thought to be appropriate for these groups with sites working to increase engagement from these cohorts.

6.3 Addressing the needs of young people

This section discusses the appropriateness of the IPS model with respect to meeting the needs of young people.

6.3.1 Attention to participants' preferences

All young people reported that their experience in the Trial was guided by their own preferences, goals and interests. Feedback from participants was positive in that they felt that the Vocational Specialists listened to them and understood their needs. Participants also stated that Vocational Specialists worked with them to identify their interests, strengths and to set goals and then provided guidance and advice on how they could achieve their goals. This often involved researching courses to study, calling and meeting with employers in the field of interest or taking participants to relevant work places to get a feel for the type of work they were interested in.

'When you go into IPS the first thing you do is you speak about your goals. I enjoyed the process of goal setting and we always looked at the goals to make sure they were still relevant.'

– Trial participant

Vocational Specialists and other headspace stakeholders felt that the focus on participants' preferences was highly beneficial for the target group, in that it helped their motivation to find work, was

¹² Formal diagnosis is not required.

empowering and was more likely to produce sustainable employment outcomes. Participants and Vocational Specialists noted this to be a key difference from jobactive or DES services, where they felt that often young people were given any job whether or not it suited them and so they then struggled to keep this job in the long term, which also could potentially impact on their mental health.

'IPS is good because it is about what you want to do. This helps with motivation.'

– Trial participant

6.3.2 Time-unlimited and individualised support

According to stakeholders, the supports provided to participants were based on the individual needs of the young person. This included the frequency of appointments, location of meetings, job readiness activities undertaken (e.g. interview practice, cover letters, etc.) and other practical supports that participants needed to be able to obtain employment (e.g. help with getting their birth certificate, setting up a bank account, obtaining a Tax File Number, etc.).

The level of support provided during job searching appeared to be varied based on the capabilities and confidence of the participant. Some young people interviewed were able to search for jobs relatively independently, and were primarily supported through prompting, helping with refining their resume or cover letter and helping them to identify jobs of interest. For other participants, Vocational Specialists provided a greater level of support. For example, by taking them out in the community where they may have been hesitant to do so, into businesses to hand in their resume, and using their appointment time to complete job applications with support from the Vocational Specialist. An example of this was provided where a young person with learning challenges was given help to practice handling and counting money and that this participant would come in to headspace regularly to practice. Overall, young people interviewed felt that the level of support they received was suited to their needs.

Vocational Specialists stated that the individualised approach was appropriate for the target group as they could focus on the needs of the young people and it provided them the flexibility to scale back support or increase support as needed. Vocational Specialists provided examples of where they had worked with a young person quite intensely upfront and then scaled back support while undertaking regular job searching activities and then increased support again during the early stages of employment, which would then decrease to less frequent contact as the young person continued in their employment.

The method of communication (e.g. face-to-face, text messaging) and meeting places was also flexible and tailored to the individual. Participants and Vocational Specialists commented that participants liked meeting at headspace as it was a 'safe environment' but also enjoyed meeting elsewhere out in the community when suitable. Vocational Specialists reported that taking the participants to a less formal environment, such as a café, helped to build rapport. Clinicians believed that the ability to take young people out in the community was appropriate. Clinicians at sites with hYEPP saw this aspect of the IPS model as being a key component of the young person's recovery and worked with Vocational Specialists to tailor how they approached activities outside of the headspace environment so that it was suited to the individual at that time.

'When I first started we would meet up one, two, three times a week, but is now once a fortnight or as I need. I like that we don't always meet at headspace, and when I had to leave my previous job the Vocational Specialist sat in the car and waited out the front for me and then dropped me off after.'

– Trial participant

Vocational Specialists reflected that the time-unlimited nature of the support was appropriate for young people in the Trial as it empowered participants to be in control of how long they were supported. They noted that most participants stayed in the Trial until they had secured a job or started studying, at which time they usually had far less frequent contact.

Data from DEX shows that participants had an average of 12.1 sessions with a Vocational Specialist per participant. This varied substantially between sites, with Dubbo having 4.1 sessions per participant and Edinburgh North having 24.0 sessions per participant.

Table 18: Number of IPS sessions Vocational Specialists had with participants by site, from the Trial commencement to 28 February 2019

Site	DEX count of IPS participants	Sessions	Sessions per participant
Albany	95	1,111	11.7
Bendigo	97	902	9.3
Broome	52	556	10.7
Darwin	122	1,376	11.3
Dubbo	39	158	4.1
Edinburgh North	125	2,994	24
Hobart	106	1,884	17.8
Inala	112	2,507	22.4
Meadowbrook	127	1,143	9
Mt Isa	80	657	8.2
Penrith	160	1,025	6.4
Port Augusta	108	754	7
Shepparton	122	1,239	10.2
Total	1,345	16,306	12.1

Source: KPMG analysis of DEX data

The time-unlimited nature of the Trial meant that it was challenging for Vocational Specialists to know when to 'exit' a client from their caseload, particularly when contact is infrequent. For example, many Vocational Specialists stated that often when a participant got a job after a short time, the contact reduced substantially whereby they may send or receive a text message every few months. There was confusion as to whether or not this person should be considered as still on the active caseload.

Opportunity 7: Implementing guidelines for length of participation in the Trial.

From a funding perspective, the ability to get more young people to participate represents better value for the Department. Based on current data, it is difficult to determine how long an appropriate service period would be, based on the varying complexity of the young people entering the Trial, and the individualised, time-unlimited nature of the model. While the IPS model itself does not have guidelines on when to disengage a person from support and discourages rules on this, it may be worth considering implementing guidelines (based on research through the Trial) to support Vocational Specialists in disengaging participants when their contact is infrequent or they receive no response at attempts to engage in order to free space on their caseload for new participants.

6.3.3 Focus on competitive employment and rapid job search

All sites had a focus on competitive employment and rapid job search, however, some Vocational Specialists noted that many participants lacked work experience and job skills making it difficult for young people to secure work, particularly where job markets were highly competitive. They felt that, therefore, such an approach was not necessarily appropriate in all cases. This was generally considered to be more of an issue for younger participants who were more likely to have no work experience than slightly older participants who often had worked or were currently working. Vocational Specialists noted that the model was developed for adults with mental illness, who are more likely than young people to

have some level of work experience; they felt that some flexibility around competitive employment and when to commence job search activities would be beneficial for participants who had not previously worked.

Vocational Specialists reported that they used work experience and volunteer work to build the skills of participants, which made them more employable as a result, even though this type of work is not considered competitive employment. They considered that these types of placements were helpful for participants who had not worked previously as they often did not know the expectations of employers and this helped them to learn such things as appropriate workplace language and conduct, the need to be on time, etc. Vocational Specialists identified that these type of placements often led to employment either with that organisation or another organisation. Employers stated that they had hired a participant, who they likely would not have hired otherwise, following a work experience period based on their initial meeting.

'Sometimes these experiences are essential and often gets them into paid employment. It's not that it's being used as easy, free labour; we put a lot of thought into where participants go and support them. For example, we had a girl volunteering at a child care centre and now they are going to hire her. She has found her niche and she's great at it, but she couldn't get that across at an interview and she had no experience in the industry.'

– Vocational Specialist

Opportunity 8: Enabling time-bound work experience and volunteering opportunities to increase to employability of the IPS cohort.

While the IPS model makes some provision for the use of volunteering and work experience, there is an opportunity to strengthen Trial sites' understanding of the use of volunteering and work experience for this cohort, to enable Vocational Specialists to increase the job readiness of participants, while maintaining a focus on competitive employment.

Rapid job searching was seen as broadly appropriate for the target group, although it was more challenging for participants who lacked basic job readiness. Vocational Specialists reported that they often were required to help participants to gain basic job readiness skills, including, developing resumes, communication techniques, showing them how to search and apply for jobs and how to dress for work / interviews. As a result, the 30 day job search criteria was not always able to be met.

One site reported that many of their participants had many barriers to employment and they needed to spend considerable time early on working with them to prepare them for employment. This included helping participants to get identification, set up bank accounts and obtain a Tax File Number, and other similar supports.

'The Trial doesn't have enough emphasis on barriers. You are meant to try to get them straight into employment not thinking about that some young people don't even have phones to get calls from potential employers on.'

– Vocational Specialist

The focus on competitive employment and rapid job search can also mean that less focus is placed on educational opportunities, such as university, TAFE or short courses. Vocational Specialists commented that there needed to be greater focus on education in the model, given that the Trial was also meant to support young people engage in education and that many young people either identified education as a goal upfront or did so subsequently once they identified a career path they wanted to take.

'It would be worthwhile having a more focus on education, even short courses, as these do help get young people work.'

– Vocational Specialist

6.3.4 Systematic job development

Systematic job development refers to the relationships that Vocational Specialists are expected to develop with employers. This activity was viewed as appropriate by Vocational Specialists and headspace centre management. They considered that, given the wide variety of experiences and interests of young people, this was a good mechanism for Vocational Specialists, and subsequently participants, to learn about different workplaces and industries. It also opened up access to a wider variety of jobs and to jobs that were not advertised but sourced through the relationships built with employers.

Systematic job development was also important for Vocational Specialists in helping them to identify supportive employers. This was seen as central to helping young people sustain their employment and to ensure that it would not have a negative impact on their mental health. Vocational Specialists commented that they spent time with employers educating them about mental health and how to create a supportive workplace, which they saw as a critical to that employer being able to provide a suitable environment for participants.

'We spend time educating employers around mental health as there is still stigma and employers don't know what to do if an employee has anxiety or depression.'

– Vocational Specialist

6.3.5 Integration with headspace services

Integration was seen by Vocational Specialists and headspace stakeholders as a key enabler in the Trial's ability to address young people's needs and was highly appropriate. Vocational Specialists were able to utilise the co-location of headspace services to immediately refer young people into clinical and other services if required, and young people were sometimes able to access services in one visit (depending on availability of staff within the required service). headspace consent forms, privacy processes and data systems mean that Vocational Specialists and clinical staff are able to share information about a participant, enabling them to work in a coordinated manner to address the young person's needs. Integration with other headspace services is described in further detail in section 4.4 of this report.

6.3.6 Summary

All stakeholders, in particular participants, were positive about the ability of the Trial to meet the needs of young people. Participants felt strongly that their experience was self-directed and had met or exceeded their expectations.

The IPS model is broadly appropriate for the target group, however, some adaptations to reflect the age, experience and focus of young people would be of use, such as a greater focus on education and recognition of the value of work experience. The Trial included a focus on education outcomes in addition to employment, unlike the traditional IPS model. The inclusion of education in the Trial was seen as important in creating career pathways for young people.

Opportunity 9: Use the youth focused IPS model

The evaluation understands that a young adult focused IPS fidelity instrument has been recently developed, which includes a specific focus on education.¹³ Should the Trial continue in an ongoing manner, it would be beneficial for this scale to be considered for use instead.

¹³ IPS Works has developed the IPS Fidelity Scale for Young Adults (Version 3-27-19) Scale, which is recommended for IPS teams serving clients aged 15-26. An updated manual is under development to support implementation. See <https://ipsworks.org/wp-content/uploads/2019/03/IPS-fidelity-scale-for-young-adults-3-27-19.pdf>

6.4 Responding to government policy priorities

This section addresses how well the Trial responds to government policy priorities.

6.4.1 Youth unemployment policy in Australia

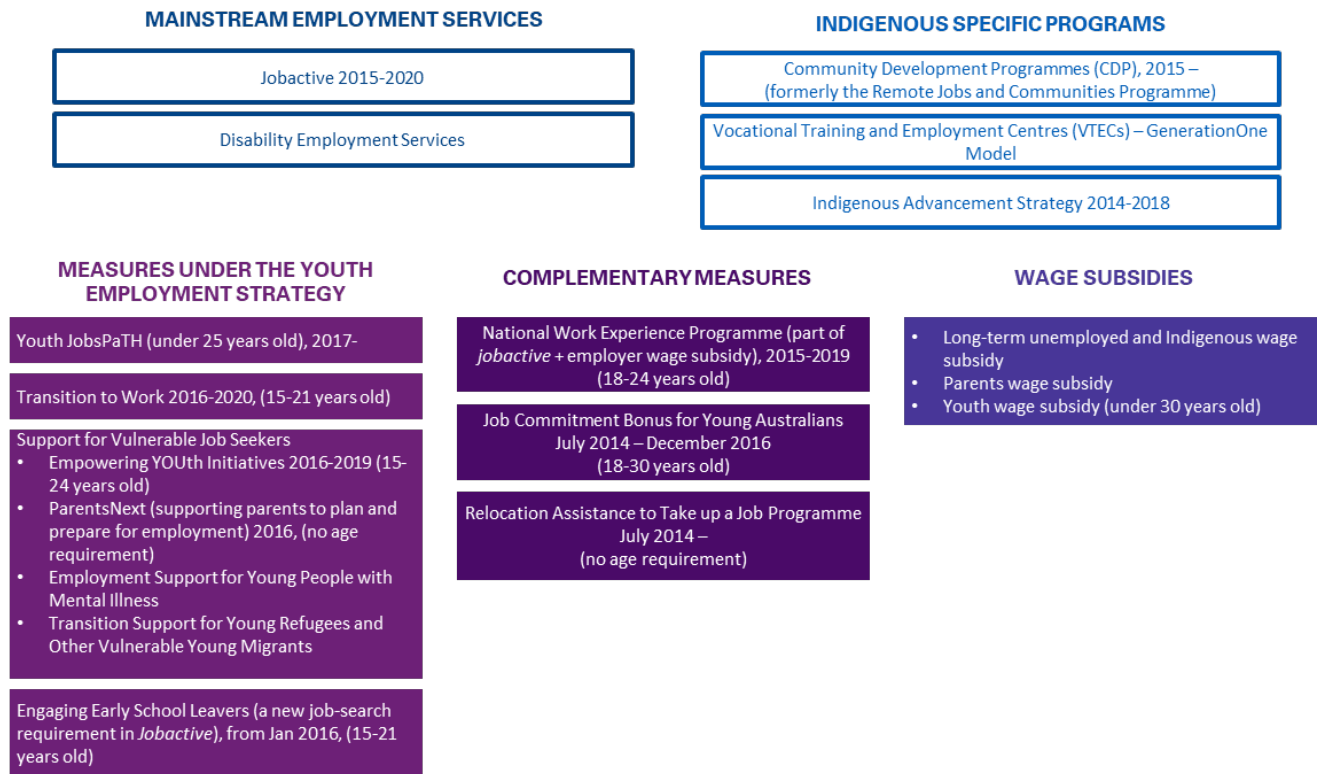
The Commonwealth Government's youth unemployment policy is focused on getting young people into work. This is primarily done through the provision of employment services (such as jobactive and DES), which seek to increase the employment participation of people at risk of becoming unemployed, or those who are receiving income support from the government. While evidence suggests that these types of programs are effective, systematic evaluations have found that young people and disadvantaged job-seekers tend to benefit less from these programs compared with adults and those who are job-ready (Thomas and Vandenbroek n.d.).

In the 2015-16 Federal Budget, \$330 million was committed to implement the Youth Employment Strategy aimed at tackling youth unemployment. Of this, \$106 million was directed at vulnerable job seekers, including \$16.75 million (later reduced to \$13.6 million) for trialling the IPS model (Australian Government Budget 2017).

In the 2016-17 budget, the Youth Employment Package introduced the Youth JobsPaTH program, which aimed to increase the employability of young people through training to build basic job readiness skills; increased availability of internship placements to provide young people with hands-on experience; and a youth wage subsidy for employers. PaTH recognises and seeks to address some of the specific barriers to employment which affect young people by building job readiness (Australian Government 2016).

An overview of youth unemployment initiatives is shown in the diagram overleaf.

Figure 5: Overview of Australian Government youth unemployment initiatives



Source: Adapted from Department of Employment 2016

6.4.2 Appropriateness of the Trial in addressing policy priorities

The Trial is consistent with government policy priorities in that it aims to support vulnerable young people to gain and maintain employment. Interviews with DSS representatives indicated that there have not been any significant policy changes in relation to youth unemployment since the commencement of the Trial. Further, the extension and expansion of the Trial for a further two years and to 10 more sites would indicate that the Trial is still consistent with government priorities.

Inclusion of school aged young people in the target group

State and territory governments have policies on the minimum school leaving age (16 or 17 years varying by state). The inclusion of school aged young people (particularly those aged 12 to 15 years) in the Trial is arguably not consistent with state government policies, which are in line with the evidence of the impact that finishing secondary school has on a person’s whole-of-life outcomes. For example, early school leavers earn less during the course of their working life than someone who completes Year 12 (Australian Institute of Health and Welfare 2017) and may experience higher rates of drug and alcohol use, greater levels of depression and social isolation (Clarke 2015).

Consideration of the appropriateness of the Trial for young people aged 12 to 14 or 15 years may be required. In light of the low participation of this age group in the Trial (2.4 per cent aged 14 and under) and the availability of school-based supports, the removal of this group from the eligibility criteria would allow Vocational Specialists to focus more time with other young people. Alternatively, if this cohort continues participating then a greater focus on engaging and completing secondary schooling should be considered.

7 Effectiveness

The aim of this chapter is to understand how effective the Trial has been in delivering education and employment outcomes for participating young people. The chapter explores the enablers and barriers to the achievement of outcomes, as well as the unintended consequences which have emerged as a result of the Trial.

7.1 Summary of findings

The Trial has improved the vocational education and employment outcomes for Trial participants, with around 43 per cent of all participants achieving an education or employment outcome. In addition, Trial participants and other stakeholders reported increased confidence and the ability to seek education or employment opportunities as a result of participating in the Trial.

Vocational Specialists leverage their employer networks in finding employment opportunities to suit participants. In particular, there is evidence to suggest that when Vocational Specialists provide practical strategies to employers, for participants they have employed, the participant is more likely to sustain their employment as the employer is able to put in place supports for the participant.

Factors identified that influenced the achievement of outcomes include:

- local employment conditions;
- individual influencers, including intrinsic motivation, age, previous job experience and family support;
- the ability of the Vocational Specialists to build trust with participants meaning that they are able to effectively work with participants and align their support to suit;
- access to brokerage funding was often cited as a barrier to outcomes; and
- the relationships developed with a range of providers to promote outcomes for participants, specifically, employment services providers, education providers and other providers including Centrelink.

It is difficult to assess outcomes achieved in the Trial compared to DES given the limitations outlined in section 3.4.2 and in this chapter. However, the evaluation found that overall Trial participants were more likely to sustain employment compared to DES jobseekers. Differences were noted between the engagement of participants in the Trial compared with employment providers, where the individualised nature of the Trial was preferred to the DES/jobactive model of engagement.

The Trial has resulted in a number of unintended outcomes. These include a greater awareness of headspace; reduced stigma associated with mental health; increased young people in headspace sites and increased engagement with Aboriginal and Torres Strait Islander young people.

The table overleaf provides a summary of findings as they relate to the effectiveness evaluation questions.

Table 19: Summary of effectiveness by evaluation question

Evaluation question	Summary of findings
To what extent has the Trial improved the vocational education and employment outcomes of young people with mental illness who are at risk of disengaging from education or employment?	
How have Vocational Specialists worked with DES and jobactive providers to achieve outcomes for participants?	<ul style="list-style-type: none"> • During the initial set-up of the Trial, Vocational Specialists met with DES and jobactive providers to establish working relationships. • Sites reported initial hesitation from DES and jobactive providers to engage with Vocational Specialists, however this has changed over the course of implementation. • Some sites have a formal working relationship with DES / jobactive providers, with examples of the DES / jobactive providers being present at some sites' Steering Committee meetings. • Relationships between Vocational Specialists and DES / jobactive providers is impacted by the high turnover of staff in DES / jobactive providers. • A number of sites have informal arrangements in place where the driver of communication and the holding of joint meetings is driven by individual participant preferences and circumstances. • Outcomes have been enabled through the access that DES / jobactive providers have to brokerage for joint clients. • Participants reported that outcomes were achieved for joint clients due to the ability of the Trial to offer individualised support based on participant strengths.
How have Vocational Specialists worked with clinical teams to achieve outcomes for participants?	<ul style="list-style-type: none"> • Information sharing between clinical staff and Vocational Specialists has enabled holistic support without the young person needing to tell their story multiple times. • Clinicians appreciate that the Trial is time unlimited so that if and when the clinical services end, the participant still has support from a Vocational Specialist. • Issues of participant disclosure appears to be managed collaboratively, with Vocational Specialists and clinicians working together to ensure the young person speaks to the most appropriate staff member. • The Trial has enabled headspace to use aspects of functional recovery, with Trial participants able to implement clinical strategies in the community with the support of the Vocational Specialist. • The value of gaining employment or education to a young participant has had a marked effect on their mental health, with all sites reporting examples of participants no longer requiring clinical services. • Vocational Specialists attending clinical meetings in headspace provided an opportunity to align clinical and vocational support to enable participant outcomes.
How have Vocational Specialists worked with other services to achieve outcomes for participants?	<ul style="list-style-type: none"> • Two sites reported that they have developed a steering committee which includes government and non-government organisations across the service system that can impact effective outcomes for Trial participants, including Centrelink, jobactive and DES providers, youth organisations, such as PCYC and education providers.

Evaluation question	Summary of findings
	<ul style="list-style-type: none"> • Relationships with other services are generally focused on supporting a specific young person in their needs and goals. • In a broad sense, Vocational Specialists work with education and training providers to help achieve education outcomes for participants by being able to quickly and easily find courses that match the interests of participants. • A number of Vocational Specialists have developed relationships with alternate education providers in their location for the younger Trial participants who have disengaged from education • Education / training providers consulted valued the additional support participants received from the Vocational Specialists providing examples of participants who had sustained their engagement in education due to the support of the Vocational Specialist. • Some sites have established a relationship with the local Centrelink office to assist participants to access income support payments. • Vocational Specialists have leveraged and expanded existing relationships between organisations and headspace to provide support to young people in the Trial, for example headspace sites that have Centrelink support regularly on site.
<p>How have Vocational Specialists worked with employers to achieve outcomes for participants?</p>	<ul style="list-style-type: none"> • Employer relationships are enabling Vocational Specialists to utilise the employers directly in helping participants further their job preparation and employment goals. • There is anecdotal evidence to suggest that when Vocational Specialists provide practical strategies to employers for participants they have employed, there is benefit to the participant, the employer and the broader team. • There was variation in how Vocational Specialists worked with employers post-placement depending on the request and needs of the participant, or if the participant is struggling. In these instances, examples have been provided to show how this cooperative effort has led to sustained engagement by participants at-risk of disengaging from employment.
<p>How has the Trial improved young people’s capacity to seek vocational education and employment opportunities?</p>	<ul style="list-style-type: none"> • Vocational Specialists spend a considerable amount of time working with participants to improve their knowledge, skills and confidence to seek education and employment opportunities. • Vocational Specialists work to develop participants’ job searching, presentation and broader life skills to enable them to seek employment. This includes assistance with resumes and job applications, interview techniques and personal presentation skills. • All stakeholders reported that young people in the Trial had increased capacity to seek education or employment opportunities as a result of being in the Trial. • Participants consistently reported increased confidence as a result of the Trial. Participants reported that they had increased skills to be able to apply for jobs independently. • Participants also noted increased self-esteem and resilience as a result of participating in the Trial.

Evaluation question	Summary of findings
	<ul style="list-style-type: none"> The Trial has had a positive influence on the capacity of young people to seek education and employment opportunities.
What vocational education and employment outcomes were achieved for young people who participated in the Trial?	<ul style="list-style-type: none"> For those participants who have exited the Trial, 41 per cent achieved an education and / or an employment outcome during the Trial. Of those still in the Trial, 48 per cent have achieved an outcome. An employment outcome was achieved by 512 participants (33 per cent of participants). Nine per cent of participants (n=136) achieved an education outcome and three per cent (n=48) had both an education and employment outcome. For participants with an employment outcome, 65 per cent (n=334) achieved casual employment, which was the most common employment type. For participants with an education outcome, a Certificate I to IV course was the most common outcome (n=89).
How long did it take for young people participating in the Trial to achieve vocational education and employment outcomes?	<ul style="list-style-type: none"> For employment outcomes, it took on average 111 days to achieve an outcome. Education outcomes took on average 121 days from commencement in the Trial. There is variation across the sites as to the length of time it takes to achieve an outcome.
To what extent were the outcomes achieved aligned to young people's pathway goals?	<ul style="list-style-type: none"> It is challenging to clearly articulate the alignment between goals and outcomes due to limitations with data collection, however qualitative evidence outlined a link between what young people wanted and the outcome they achieved. Of the 1,148 participants in the Trial who had an employment focus to their vocational support plan, 512 had a recorded first employment outcome. Of the 403 participants in the Trial who had an education focus to their vocational support plan, 136 recorded an education outcome.
What differences exist (if any) in the nature of outcomes achieved for participants with different characteristics (consider age, gender, Indigenous status, previous / current engagement in vocational education or employment, nature / severity of mental illness)?	<ul style="list-style-type: none"> Employment history and motivation appear to have the greatest impact on the achievement of outcomes. Other factors, such as level and nature of mental illness, appear to have some effect on the achievement of outcomes. Less males participated in the Trial, however they achieved employment outcomes at a higher rate. 24 year olds had the highest proportion of employment outcomes. Average days between entry and first employment was greatest for participants in major cities. A lower proportion of Indigenous participants than non-Indigenous participants had either an education or employment outcome. A lower proportion of younger participants than older participants achieved an education outcome.
What factors influenced the achievement (or otherwise) of	<ul style="list-style-type: none"> Site location was found to influence outcomes. For example:

Evaluation question	Summary of findings
vocational education or employment outcomes for participants (consider client, Trial site and locational characteristics e.g. SEIFA, remoteness, job market and local economics)?	<ul style="list-style-type: none"> • Local employment conditions have affected the availability of work for young people in the Trial. • Major cities had the highest proportion of participants achieving an educational outcome due to greater availability of education opportunities. • Transport was identified as a barrier for many participants, meaning that any education / employment opportunities have needed to factor in the availability of public transport to the location. • There was no evidence of a ‘tourist season’ effect, meaning there was no variation in the time to first employment based on the season. • Individual influencers, including intrinsic motivation, age, previous job experience and family support, appears to impact outcomes. • The ability of the Vocational Specialists to build trust with participants means that they have been able to effectively work with participants and align their support to suit. •
How do the outcomes achieved for participants in the Trial compare with those achieved for participants in DES and jobactive?	
What vocational education and employment outcomes have been achieved for comparable participant cohorts (young people with mental illness) in DES and jobactive programs?	<ul style="list-style-type: none"> • It is difficult to assess outcomes achieved in the Trial compared to DES given the limitations outlined in section 3.4.2. • Data from DES jobseekers with a psychiatric condition shows on average 21.7 per cent have a 13 week outcome and 15.7 per cent have a 26 week outcome. In comparison, 20.3 per cent of exited participants in the Trial had a 26 week outcome.
How long, on average, does it take for vocational education and employment outcomes to be achieved for participants in DES and jobactive programs?	<ul style="list-style-type: none"> • Data was not available on length of time to an outcome for the DES program. However, for participants in the Trial: <ul style="list-style-type: none"> - It takes participants who are also DES clients 135 days to achieve an employment outcome. - For participants who are also jobactive clients, it takes 112 days to achieve an employment outcome. - Shared clients with DES took the greatest amount of days to achieve a first employment outcome.
What are the key differences and similarities in the program approaches between the Trial and DES and jobactive programs and how have these influenced the outcomes achieved?	<ul style="list-style-type: none"> • Participants who had been engaged with DES / jobactive providers prior to the Trial consistently reported that engagement with the Trial was based on their interests and goals, and they felt supported to achieve their goals. • Participants also reported that they felt like a person and not a number when they were supported by the Trial compared to DES / jobactive. This was attributed to a much lower caseload in the Trial compared to DES/jobactive, with participants reflecting that they spent more time engaging with their Vocational Specialist than they did with their DES/jobactive case worker. Stakeholders consistently reported that the Vocational Specialists increased the capacity and capability of participants to actively pursue competitive employment opportunities.

Evaluation question	Summary of findings
	in comparison to DES/jobactive given the individualised nature of the Trial and the ability to engage more meaningfully with participants.
What is the cost of the program in terms of its delivery and outcomes compared to existing programs (i.e. Disability Employment Services or jobactive)?	
What is the cost per outcome achieved in the Trial?	<ul style="list-style-type: none"> The average spend per participant for the Trial was \$4,899 for FY2017-18. As multiple outcomes may be achieved for a participant, and given the limitations in data, an accurate cost per outcome cannot be calculated. Due to the complexity of funding for other employment support programs, an accurate cost per outcome for DES cannot be provided. Refer to the limitations section (section 3.4) for details.
What variations exist in the cost per outcome achieved (consider variations relating to the Trial site characteristics, client characteristics, nature of outcomes)?	
What is the cost per outcome achieved for DES and jobactive services?	
Were there any unintended consequences from the Trial, positive or negative?	
Where were the unexpected consequences observed (e.g. site specific or across multiple sites)?	<ul style="list-style-type: none"> No unintended site-specific consequences of the Trial have been observed. Across most sites, the same unintended outcomes have been observed. These are: <ul style="list-style-type: none"> - greater awareness of headspace in the community and the broad range of services offered; - reduction in the stigma associated with mental health and headspace; - increased numbers of young people in headspace sites; and - increasing the engagement of Indigenous people with headspace.
What influenced the occurrence of identified unintended consequences?	<ul style="list-style-type: none"> The role of the Vocational Specialists in community, especially in meeting employers and providers, has educated the community about the broad range of services provided by headspace. Vocational Specialists talking to broad sections of the community about mental health is working to break down the stigma attached to mental health. The provision of ongoing support for participants increases the numbers of young people with ongoing access to headspace. Word of mouth on the success of the Trial in some locations has impacted community engagement.
What were the impacts of unintended consequences and who did they affect?	<ul style="list-style-type: none"> headspace sites have used the networks and new relationships established through the Trial to support other youth-focused programs and services they offer. Greater awareness of headspace in the community and a reduction in stigma may lead to more people accessing mental health services.

Evaluation question	Summary of findings
	<ul style="list-style-type: none"> Young people have engaged with a broader suite of headspace services.
<p>If unintended consequences are negative, how could they be better addressed by future policy and program development?</p>	<ul style="list-style-type: none"> No negative unintended consequences have been observed.
<p>If unintended consequences are positive, how could they be capitalised?</p>	<ul style="list-style-type: none"> The consideration of headspace to deliver more targeted programs which capitalises on the increased awareness of headspace services and embed them as structured options for young people.

7.2 Participant outcomes

As a result of participation in the Trial, it is expected that participants will achieve a number of outcomes. The outcomes that will be explored in this section are:

- Young people have improved capacity and capability to find education or access employment; and
- Young people successfully gain and sustain vocational education and / or employment.

7.2.1 Improved skills to find vocational education or access employment

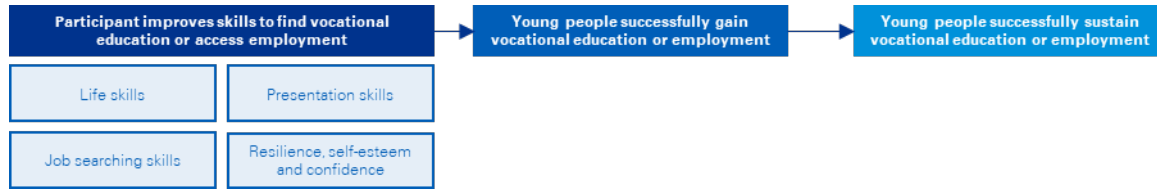
There are a number of factors that impact on a young person’s capacity and capability to be able to seek education and employment. Capability to seek employment and education is required for young people to achieve outcomes in the Trial. Capability is dependent on a young person’s knowledge and skills around the process to seek employment and education, as well as the capacity to do this, which is linked to confidence in their ability to apply the knowledge and skills.

Through the Trial, Vocational Specialists have spent considerable time working alongside young people to build their knowledge, skills and confidence by using a scaffolded approach, utilising the individualised nature of the Trial to work with the young person at their own pace to enable outcomes. All stakeholders reported that young people in the Trial not only improved their capacity and capability to seek employment and education, but also increased outcomes related to transferable skills that will impact on their life trajectory. These skills can be grouped into:

- job searching skills;
- presentation skills;
- life skills; and
- resilience, self-esteem and confidence.

The diagram below shows the link between these outcomes and the Trial outcomes.

Figure 6: Outcomes of the Trial



Source: KPMG

Job searching skills

Skills in seeking and applying for employment and education are paramount in gaining outcomes within the Trial. Vocational Specialists spoke about the job searching skills required to gain employment, including writing customised cover letters and resume writing and interview techniques. Young people consistently reported that they had experienced an increase in the number of telephone calls they received from potential employers after working with the Vocational Specialists on their cover letter and resume. The increase in job searching skills had a flow-on effect to increase the young person’s belief and confidence in themselves, as they were able to see the tangible results of their effort.

‘Before I went to IPS I was trying to get a job and had nothing. Since starting in IPS I had a phone call from an employer, and I am more confident in myself, knowing that I can get a job.’

– Trial participant

Alongside learning about the initial aspects of the job application process, young people reported skill development through mock interviews. Mock interview panels were convened by IPS staff to help young people experience the pressures of job interviews, enabling the Vocational Specialists to work with them in a realistic but supportive environment to improve their interviewing technique. Participants stated this learning process led to outcomes, as it enabled them to practice and feel prepared for real interviews. It was consistently reported by young people that the development of interview skills was an outcome of the Trial, and more broadly impacts the employability of participants into the future.

‘IPS helped me get the job as I had a number of interviews before I went into the job I finally got, and they helped me improve.’

– Trial participant

‘Best thing they did were the mock interviews, because I don't feel confident doing interviews.’

– Trial participant

The effectiveness of the Trial in the development of job searching skills can be linked to the way in which Vocational Specialists work with participants. Vocational Specialists described many participants as initially hesitant and outlined the transformation of Trial participants through having the support and guidance to develop their job searching skills. Outcomes in relation to job searching skills were showcased through the development of participants’ independence over the course of engagement in the Trial, initially requiring a considerable amount of support in the application process, to where the young person had developed the confidence to tailor their own CVs and market themselves to employers. Those engaged in the Trial, both participants and others, noted that the Trial developed skills in participants that would enable them to compete in the employment market over the long term.

‘I can now go out on my own to do marketing without [insert name of Vocational Specialist].’

– Trial participant

Case study

Ethan* is a 16 year old male referred to the Trial by his headspace clinician. He had disengaged from school, and wanted to look for employment. Initially, joint appointments with the clinician and Vocational Specialist were held to ensure he was comfortable, and that all parties were on the same page. Ethan's grandmother supported him, and continues to be an ongoing support. At referral, he was not engaged in education or employment, and upon his initial meeting with Vocational Specialists, there was a considerable amount of employment preparation work to be done. Ethan presented with challenges around mental health and substance use, as well as complex family issues.

Initially, the Trial explored whether Ethan could be re-engaged with school. After discussions with him and the team leader at his secondary school, the environment was not considered appropriate. He expressed an interest in employment in either the retail or hospitality sectors. While job searching, Ethan was engaged in an alternate education setting to complete an employability course to increase his skills and therefore his chances of employment. Although initially hesitant, he engaged as it was in line with his goals.

Throughout Ethan's engagement in the employability course, he required a lot of support, with the Vocational Specialist providing transport and encouragement to maintain his motivation. Ongoing communication was coordinated between the Vocational Specialist, the clinician, Ethan's family and the educator to ensure he was receiving the required support. He completed Steps for Success and a Certificate I in Vocational Pathways. These courses provided him with more hands on and practical skills to enable him to be successful in his job search.

During these classes Ethan worked on his resume, interview techniques and developed skills to engage in job searching. While undertaking study, his Vocational Specialist supported him to approach organisations to seek out opportunities and hand in resumes. Ethan was successful in obtaining a trial at a local hotel as a kitchen hand and has been employed as a casual worker ever since. Ethan has been working in this position for over six months and ongoing support was provided. His case has been closed from the Trial as he no longer requires support. Employment was a significant change in his life, which has had an impact on his whole family. A letter was received by headspace from his grandmother (please note names have been changed due to privacy).

'I would like to acknowledge, with gratitude, the exemplary guidance & assistance, provided by Headspace for my 17 year old grandson Ethan, over the past 12 months. Initial consultations with Phil. Then Austin; whose months of ongoing forward planning & perseverance, resulted in Ethan obtaining employment at a busy local hotel. What a positive transformation, compared to 12 months ago. Ethan has embraced his employment. Busy busy busy. No two days the same. Management & fellow staff, encouraging. Ethan has never missed a shift & willingly works extra hours rostered. Ethan's older brothers are also employed in the local Hotel Industry. Naturally they encourage Ethan & offer advice. Family are proud & delighted. And relieved. Especially knowing that Headspace is a Backstop. THANKYOU THANKYOU THANKYOU.'

Presentation skills

Presentation skills are a vital component in the ability of a young person to find education or access employment as they are foundational to the process of engaging in education and employment (Ruetzler et al 2012). This includes skills such as presentation at job interviews, including how to dress and speak, voicemail recording and general hygiene. Vocational Specialists highlighted the importance of these foundational skills in achieving outcomes, and noted that these were often a tangible and visual element of success early in the participant's journey.

'They taught me to start small, dressing and pronouncing yourself.'

– Trial participant

'They helped me with how to talk to employers.'

– Trial participant

Other assistance provided by the Vocational Specialists to increase a young person's presentation skills included setting up a voicemail, developing telephone etiquette and skills to have difficult conversations. The individualised support the Trial is able to offer allows support to be tailored based on the needs of the young person and to develop confidence and techniques that they need to achieve education and employment outcomes. A number of participants entering the Trial did not have a phone or access to voicemail, or were reported to not have phone credit to respond to inquiries from employers. The support and development provided to Trial participants highlighted the importance of communication and engagement to achieve outcomes, which meant that young people improved their responsiveness to employers, and therefore their employability.

Life skills

A number of outcomes resulting from the Trial are related to the development of life skills, including goal development, budgeting and resilience. As an outcome of the Trial, these skills are not only a critical aspect in the improvement of capability and capacity to seek education and employment opportunities, but also to retain education and employment into the future. These skills are important over the long term for young people to sustain employment, and build a career path.

Participants spoke positively about the initial exploration of goals, noting that this experience made them feel listened to and heard, and provided motivation and support to reach their goals. The development of both short and long term goals and the process of regularly reviewing these goals was reported to provide participants with purpose. A sense of purpose was noted by a number of headspace clinicians and the Vocational Specialists as a key outcome of the Trial for young people, with research showing a clear link between purpose and overall wellbeing (Hill et al 2015).

'When you go into IPS the first thing you do is you speak about your short term and long term goals. My long term goal was to do game design, and my short term goal was to find a job that would not be a stress in terms of uni. I enjoyed the process of goal setting and we always look at the goals and make sure they are still relevant.'

– Trial participant

The Vocational Specialists spoke about the development of skills to break down the barriers to young people achieving outcomes in the Trial. This included skills around balance, which is understanding aspects of self-care, balancing employment with other goals and interests, and the ability to stay motivated in the face of set-backs. Participants spoke about the impact that having the Vocational Specialists support them continuously had on their ability to continue to engage in the Trial. This was noted to be particularly important after not being successful in an interview, or resume drop, and noted that being supported to develop another process or plan was helpful and motivating.

Budgeting is another important life skill which was noted as an outcome of the Trial and which will ensure young people can sustain their employment through being able to pay for travel to and from their employment, as well as purchase the required items for employment, including uniforms.

'I am more confident, it has given me a sense of maturity as a young adult, it helped me financially. [name of Vocational Specialist] has helped me with financial planning to work towards goals with my partner.'

– Trial participant

The Trial also supported participants to develop skills to navigate the service system, which is the ability to understand the systems and supports provided within a community to maintain an overall quality of life. The service system includes anything from government supports, financial supports, to navigating the Medicare and hospital system. There are numerous examples of the Trial working to support participants to obtain vital documents and employment enablers, such as a bank account, a tax file

number or even proof of identity documents. This tangible outcome from the Trial will benefit participants over the long term. Through this support, young people were able to more effectively communicate with the broader service system, such as Centrelink and their jobactive providers.

Resilience, self-esteem and confidence

The capability and skill building described above had the outcome of increasing the participant's resilience, self-esteem and overall confidence. Confidence has an impact on the ability of participants to remain engaged and achieve outcomes, as confidence is vital in the ability to apply knowledge and skills that have been developed, particularly in new environments. These factors are reinforced through participant's being employed, with this continually building the confidence of the young people in the Trial through the achievement of an outcome.

'I got the exact job I wanted! The best thing from the Trial is my confidence in myself. At the beginning I thought it would be helpful, but not this helpful! headspace is great, but it is easier for me to connect with someone that isn't talking about my issues, it's about helping me get better at job hunting and everything else is irrelevant.'

– Trial participant

The inclusion of the Vocational Specialists within headspace provided a fail safe environment for young people to get out of their comfort zone as participants were already comfortable in the headspace setting. Further, participants pointed to the ongoing support provided by the Vocational Specialists as important. Vocational Specialists spoke about the development of resilience through the growing confidence in Trial participants, with many surprised at the speed at which the young person would evolve with the individualised support offered.

'I have noticed that sometimes I worry a young person would get demotivated when not successful, but I have seen the opposite, as they can see things are actively happening (getting support after a failed job interview), and they (participant) are still reporting an improvement in mood and builds resilience and once in employment, it's fantastic as well.'

– headspace clinician

'I have so much more job confidence. At my old job at [organisation name] I was quiet and didn't want to approach my bosses, I just went along with things. I have become more educated about people's roles and what is ok as a manager. IPS has really helped me with my customer service. IPS is more personalised and they have time, it is a great support system, especially for young people like me from low socio-economic areas.'

– Trial participant

Overall, the development of resilience, self-esteem and confidence enables not only increased capacity and capability to seek education and employment, but also provides resilience, self-esteem and confidence in all aspects of life. It is well evidenced that positive self-esteem and goals actively contribute to 'well-being' (Mann et al 2004). The outcomes as a result of the activities being undertaken by the Trial not only increased the capability and capacity of participants to seek education and employment, but was reported to increase resilience, self-esteem and confidence and the way participants see themselves. Clinical staff within headspace noted that the Trial has helped develop life skills for the young people and their future. One provider who ran a homeless shelter for young people gave an example of a young man who was engaged with headspace and the Trial and has a job delivering water. The provider explained the outcome for this young person stating 'A young person with no confidence, no joy in life, started working with the Trial and now wants to go and work in a camp overseas. The Trial is helping him achieve this goal.'

'Getting them back involved in society, removing them from being isolated, improves your mental health.'

– headspace clinician

‘Social skills and confidence are a huge thing and opens up pathways young people haven’t previously considered. Having someone who believes in them means they then believe in themselves.’

– headspace clinician

7.2.2 Young people successfully gain and sustain vocational education or employment

The main objective of the Trial is for participants to access education and / or employment. It is noted that the evaluation has not been able to include a counterfactual.¹⁴ Due to this, it cannot be determined what would have occurred in the absence of the Trial and therefore the extent to which the Trial can be attributed to the outcomes cannot be determined.

Of the 1,558 participants who have been in the Trial, 43 per cent have achieved an education and / or employment outcome. Of the 516 participants still in the Trial, 48 per cent have achieved an outcome.

The table below provides a summary of the number of participants and whether they achieved an employment or education outcome. Either of these outcomes was ‘achieved’ if a valid date was provided (for example if a participant had a Trial entry date of 4 January 2019 and first employment date of 29 March 2019 they would be included in the analysis).

Table 20: Summary of the number of participants and the achievement of an outcome, from the Trial commencement to 28 February 2019

Participant status	Total number of participants	No. of participants who achieved an education / employment outcome	Proportion of participants who achieved an education / employment outcome	No. of participants not achieving an outcome	Proportion of participants not achieving an outcome
Exited Trial	1,042	431	41%	611	59%
In Trial	516	245	48%	271	53%
Total	1,558	676	43%	882	57%

Source: KPMG analysis of Program Reporting Tool

Employment outcomes

Of the 1,148 participants in the Trial who had an employment focus to their vocational support plan, 45 per cent (n=512) had a recorded first employment outcome date (and valid entry date) to enable calculation of time to first employment. Table 21 outlines the average number of days to first employment by site, which varied substantially. Two of the sites with low average days to employment – Albany and Broome – have seasonal variation in their workforce, i.e. Albany has a summer tourist season and Broome has a winter tourist season. As such, analysis was undertaken to understand whether there was variation in the month of first employment by site. However, there was no evidence of a ‘tourist season’ effect. Broome and Albany did have a lower number of participants, which is indicative of improved outcomes for some sites with lower caseloads.

¹⁴ That is, a comparison of outcomes that would have been achieved anyway, in the absence of the Trial.

Table 21: Average number of days to participant's first employment outcome, from the Trial commencement to 28 February 2019

Site name	Number of participants	Average days to first employment	Minimum days to first employment	Maximum days to first employment
Albany	27	53	3	171
Bendigo	29	153	21	609
Broome	30	75	8	315
Darwin	41	151	9	567
Dubbo	22	56	7	154
Edinburgh North	71	120	4	387
Hobart	32	124	4	579
Inala	50	149	10	575
Meadowbrook	56	117	4	455
Mt Isa	25	82	5	417
Penrith	44	108	2	399
Port Augusta	43	94	6	298
Shepparton	42	90	6	323
Total	512	111	2*	609*

*These numbers represent the overall minimum or maximum

Source: KPMG analysis of Program Reporting Tool

Table 22 below provides data on the type of employment participants achieved. Of the 512 participants who recorded a first employment outcome¹⁵, the majority obtained casual employment (334 or 65 per cent). This was followed by full time employment (116 or 23 per cent) and part time employment (55 or 11 per cent).

Table 22: Type of employment outcomes achieved, from the Trial commencement to 28 February 2019

Type of employment outcome	Number of participants	Percentage
Casual	334	65%
Full time	116	23%
Part time	55	11%
Unknown	7	1%
Total	512	100%

Source: KPMG analysis of Program Reporting Tool

As explored below, this cohort of participants had a number of factors influencing their employment outcomes, including the lack of employment history, which may be a factor in the high rate of casual work. The high rate of casual employment among Trial participants is in line with employment trends across Australia more broadly, with 76 per cent of employees aged 15 to 19 years and 41 per cent of employees aged 20 to 24 years in casual employment in 2016 (Gilfillan 2018). On a career trajectory, casual work represents the initial step for a young person to enter the workforce, and gain some employment experience. In addition, 143 of the 334 (42.8 per cent) participants in the Trial were also enrolled in education at the time of entry, therefore casual work may be the most appropriate work arrangement for these participants while they continue their studies.

For this cohort of 512 participants four, 13 and 26 week outcomes are recorded. As support provided by the Trial is time-unlimited, participants are able to stay in the Trial for as long as they wish once they

¹⁵ Note that there were a total of 561 participants with an employment outcome. However 49 of these participants did not have an employment focus to the vocational support plan. These 49 participants have not been included in this section.

commence employment. As such, sites are able to collect data on participants' sustained engagement in employment. The outcomes across these timeframes are outlined in Table 23 below. At the four week outcome mark, 450 of the 512, or 88.1 per cent, were still in employment. At the 26 week outcome mark, 50 per cent had sustained their employment.

Table 23: The 4, 13 and 26 week outcomes for the first instance of employment, from the Trial commencement to 28 February 2019

Outcome	Number still in employment	Number of participants*	Percentage of participants who remained in employment for period
4 weeks	450	512	88%
13 weeks	309	450	69%
26 weeks	152	309	50%

**Number of participants for whom this is relevant for (e.g. those that have employment start date at least four weeks prior).*

Source: KPMG analysis of Program Reporting Tool

Table 24 shows outcomes by Trial site over four, 13 and 26 weeks. There was variation across Trial sites in the proportion of participants who remained employed at each milestone date. For example, 7 per cent of participants were still in employment at 26 weeks in Darwin while 50 per cent of participants were still employed in Broome. These numbers could have been impacted by a number of factors, including the age of the participants and the high proportion in casual employment.

Table 24: Number and proportion of participants with four and 13 and 26 week outcomes, from the Trial commencement to 28 February 2019

Site name	Number of participants	In employment at 4 weeks	In employment at 13 weeks	In employment at 26 weeks	Percentage employed at 4 weeks	Percentage employed at 13 weeks	Percentage employed at 26 weeks
Albany	27	22	17	12	82%	63%	44%
Bendigo	29	28	20	8	97%	69%	28%
Broome	30	28	23	15	93%	77%	50%
Darwin	41	38	17	3	93%	42%	7%
Dubbo	22	20	16	6	91%	73%	27%
Edinburgh North	71	62	42	16	87%	59%	23%
Hobart	32	28	18	13	88%	56%	41%
Inala	50	46	38	20	92%	76%	40%
Meadowbrook	56	52	37	18	93%	66%	32%
Mt Isa	25	22	11	5	88%	44%	20%
Penrith	44	34	25	13	77%	57%	30%
Port Augusta	43	34	20	14	79%	47%	33%
Shepparton	42	37	25	9	88%	60%	21%
Total	512	451	309	152	88%	60%	30%

Source: KPMG analysis of Program Reporting Tool

Employment outcomes by characteristics

The employment outcomes for those with an employment vocational support plan focus was investigated by the breakdowns of age, gender, Aboriginal and Torres Strait Islander status and income support type on entry.

Table 25 shows employment outcomes by gender. This shows that although there are less male participants across the Trial sites, they are experiencing a higher percentage of employment outcomes. Although being employed proportionately more than females, the data shows that the time between first entry and employment for males is five days longer than for females.

Table 25: Employment outcome by gender, from the Trial commencement to 28 February 2019

Gender	Number of participants	Number with employment outcome	Percentage	Days between first entry and employment
Female	627	259	41%	108
Male	500	249	50%	113
Unknown/Inter determinate	21	4	19%	193
Total	1148	512	45%	111

Source: KPMG analysis of Program Reporting Tool

Table 26 shows employment outcomes by age. Vocational Specialist noted that age had an impact on the job readiness of participants, as well as the types of employment that could be obtained. Overall, 46 per cent of those aged 17 to 25 years with employment goals achieved an employment outcome. The age cohort with the highest proportion of employment outcomes based on support plan focus was 24 year olds, with 53 per cent of participants at this age gaining an employment outcome. The older age groups on average also had less time between first entry and employment. These numbers are probably impacted by the greater likelihood of 24 year olds having some previous work experience, being more job ready and maturity, which comes with older age.

This data shows that there were 29 participants under the age of 14 years who had an employment support plan focus, with 35 per cent achieving an employment outcome, the lowest proportion to achieve outcomes. This supports information provided throughout this chapter on the challenges faced by the younger age cohort in gaining and sustaining employment. The low time between first entry and employment for this age group, 77 days, is an anomaly given that there were only 10 participants with an employment outcome, and three of these gained employment in a very short timeframe, which pulled the average down.

Table 26: Employment outcomes by age, from the Trial commencement to 28 February 2019

Age	Number of participants	Number with employment outcome	Percentage of participants who were employed	Days between entry and employment
Unknown	4	0	n/a	n/a
14 and under	29	10	35%	77
15	64	25	39%	135
16	97	39	40%	102
17	135	65	48%	123
18	167	75	45%	114
19	154	75	49%	116
20	151	68	45%	109
21	99	43	43%	105
22	84	35	42%	125
23	68	31	46%	122
24	61	32	53%	84
25	33	14	42%	40
26	2	0	n/a	n/a
Total	1148	512	45%	111

Source: KPMG analysis of Program Reporting Tool

Table 27 shows employment outcomes based on remoteness of Trial site. The table shows that the average days between entry and first employment was highest for participants in major cities. The average days between entry and first employment decreased with increasing remoteness. This may be related to the ability of the Trial to build better relationships with employers in smaller communities as there are limited options, and meant that jobs were presented to Vocational Specialists prior to being advertised. It may also relate to possibly less competition for jobs in those locations, particularly for more qualified individuals compared to metropolitan areas where they may be competing against not only more people, but people with more experience.

Table 27: Employment outcomes by remoteness, from the Trial commencement to 28 February 2019

Remoteness	Number of participants	Number with employment outcome	Percentage	Days between entry and employment
Major City	461	221	48%	123
Inner regional	308	125	41%	107
Outer regional	262	111	42%	105
Remote	117	55	47%	79
Total	1148	512	45%	111

Source: KPMG analysis of Program Reporting Tool

Table 28 presents the employment outcomes for participants who identify as Aboriginal or Torres Strait Islander. The data shows that 28 per cent of Aboriginal or Torres Strait Islander participants with an employment support plan focus achieved an employment outcome, compared to 48 per cent who did not identify as either Aboriginal or Torres Strait Islander. The time between first entry and employment for Aboriginal and Torres Strait Islander participants for the Trial was 32 days longer than for those participants who were neither Aboriginal or Torres Strait Islander. Vocational Specialists stated that young people of Aboriginal or Torres Strait Islander background tended to require more support upfront to be job ready, and also generally experienced more barriers to employment.

Table 28: Employment outcomes by Indigenous status, from the Trial commencement to 28 February 2019

Indigenous status	Number of participants	Number with employment outcome	Percentage	Days between first entry and employment
Aboriginal or Torres Strait Islander origin	162	46	28%	139
Neither Aboriginal or Torres Strait Islander origin	935	451	48%	107
Unknown	51	15	29%	138
Total	1,148	512	45%	111

Source: KPMG analysis of Program Reporting Tool

Table 29 shows employment outcomes for participants who were on income support at entry to the Trial. This data shows that participants who entered the program on NewStart allowance had the highest proportion of employment outcomes, over 10 percentage points over those who were not receiving income support at entry. This may be related to the young person engaging with job readiness activities through mandatory obligation requirements including the development of a job plan and engagement with employment service providers, as well as the minimum age for NewStart being 22 years. The data shows that the Trial is also achieving employment outcomes for those participants who entered on a Disability Support Pension, Parenting payment and Youth Allowance.

Table 29: Employment outcomes by income support on entry, from the Trial commencement to 28 February 2019

Income support type	Number of participants	Number with employment outcome	Percentage	Days between entry and employment
Carer allowance	<5	0	<1%	N/A
Disability Support Pension	44	14	32%	114
NewStart	101	59	58%	103
Youth Allowance	215	93	43%	118
Parenting Payment	13	5	39%	59
Not receiving an income support	593	286	48%	112
Unknown/Missing	149	44	30%	102
Other	32	11	34%	117
Total	1,148	512	45%	111

Source: KPMG analysis of Program Reporting Tool

Table 30 shows the number of Trial participants who were connected to job providers, and the proportion who achieved an employment outcome. Those engaged with DES and not in another employment service had a similar proportion of participants who achieved an employment outcome. Those in jobactive had the highest proportion of employment outcomes. There was no direct evidence as to why those participants also in jobactive achieved outcomes at a higher rate, however, it may be due to these clients having mutual obligations, receiving support to gain employment assistance from two services and have access to funding to purchase items to further their employment prospects. Those participants not in another employment service and jobactive had a similar number of days to first employment, 114 and 112 respectively, compared to DES providers who required 135 days to first employment. This longer time for DES participants to find work may be due to their being a more challenging cohort to find employment compared to other IPS participants.

Table 30: Number of participants involved with other job providers on entry with employment outcome, from the Trial commencement to 28 February 2019

Job provider	Participants	Number of participants with employment focus	Number with employment outcome	Percentage of participants with employment focus with employment outcomes	Days between entry and employment
DES	72	64	29	45%	135
Jobactive	313	261	130	50%	112
Not in other employment service	908	713	317	45%	114
Unknown	265	110	36	33%	60
Total	1,558	1,148	512	45%	111

Source: KPMG analysis of Program Reporting Tool

Comparison of Trial outcomes with DES outcomes

It is recognised that a proportion of Trial participants were also involved with DES providers. Outcomes data from DES providers is outlined below in Table 31. This data is not related to Trial participants, but can be used to understand the outcomes for young people involved with DES providers, and make a comparison to the outcomes being achieved through the Trial. This data covers the period from 1 April 2016 to 10 February 2019, and covers jobseekers who have a psychiatric condition. Jobseeker location was based on the postcodes that make up the Trial sites, and the age of the jobseeker is defined at the outcome date. Analysis focussed on the less than 21 years age group and the 21 to 24 year age group. Overall, for the 13 sites, just over one in five (22 per cent) of DES job seekers had a 13 week employment outcome, while just under one in six (16 per cent) had a 26 week employment outcome.

Table 31: Count of DES jobseekers, with a psychiatric condition, per trial site location and percentage of 13 and 26 week outcomes, from 1 April 2016 to 10 February 2019

Site	Jobseekers	13 week outcome	26 week outcome
Albany	93	14%	7%
Bendigo	424	23%	20%
Broome	30	7%	7%
Darwin	129	23%	12%
Dubbo	93	30%	17%
Edinburgh North	994	24%	15%
Hobart	388	20%	16%
Inala	956	20%	14%
Meadowbrook	1,025	20%	14%
Mt Isa	35	29%	26%
Penrith	815	25%	19%
Port Augusta	47	30%	21%
Shepparton	168	20%	20%
Total for DES	5,197	22%	16%
Total for Trial	747	42%	20%

Source: KPMG analysis of DES Outcomes Data

There are a number of caveats to consider when comparing the DES jobseeker outcomes to the IPS participant outcomes. This includes caveats such as that the cohorts aren't an exact match, differences in timeframes, some IPS trial participants are still seeking employment (i.e. no 13/26 outcomes as yet) and that there may be more than one instance of employment for these individuals. As at February 2019 of the 747 participants with an employment focus that have exited, 42 per cent (309/747) had a 13 week employment outcome and 20 per cent (152/747) had a 26 week employment outcome. These 13 week percentage being higher than DES and the 26 week outcome being similar to DES.

This data shows that based on Trial site locations, the Trial performs better than DES across all sites at the 13 week outcomes, and performs better for 11 of the 13 sites at the 26 week outcomes. Vocational Specialists, employers and participants insights into why this may be the case included the IPS model being individualised and time-unlimited, allowing young people to get ongoing support.

Education outcomes

Of the 403 participants in the Trial who had an education focus to their vocational support plan, 136 had a recorded first education outcome date (and valid entry date). The characteristics of those with an education outcome was investigated further, although it should be noted that there were only 136 participants with an education outcome. Findings were that:

- A lower proportion of younger participants (e.g. 24 per cent for 15 and under) than older participants (40 per cent for 20 and over) had an education outcome.
- A similar proportion of males (32 per cent) than females (34 per cent) achieved an educational outcome.
- A lower proportion of Aboriginal and Torres Strait Islander participants than non-Aboriginal and Torres Strait Islander participants had an educational outcome (mirroring employment outcomes).

- Major cities (39 per cent) had the highest proportion achieving an educational outcome and inner regional areas the lowest (27 per cent), likely reflecting the greater availability of educational opportunities in major cities.

Time to commencing education was able to be calculated, with the average number of days to first education outcome by site as presented in Table 32.

Table 32: Average number of days to participant's first education outcome, from the Trial commencement to 28 February 2019

Site	Number of participants	Average days to first education outcome	Minimum days to first education outcome	Maximum days to first education outcome
Albany	11	146	28	439
Bendigo	8	156	12	483
Broome	4	275	42	636
Darwin	9	181	87	667
Dubbo	3	88	19	177
Edinburgh North	6	90	20	263
Hobart	13	111	18	278
Inala	24	126	6	505
Meadowbrook	25	82	6	293
Mt Isa	4	176	30	385
Penrith	10	130	1	283
Port Augusta	6	130	10	383
Shepparton	13	59	9	187
Total	136	121	1	667

Source: KPMG analysis of Program Reporting Tool

Time to average first education outcome varied considerably across sites, but on average took 121 days. The majority of participants (89 of 136, or 65.4 per cent) who had an educational focus to their support plan and achieved an educational outcome were completing a Certificate I to IV. This was followed by a Bachelor degree. For all education levels commenced, the majority of participants (90 of 136, 66 per cent) completed semester one. This is outlined in Table 33.

Table 33: Education level commenced and whether semester one was completed, from the Trial commencement to 28 February 2019

Education level	Not completed/missing	Completed semester one	Per cent completed semester one	Total
Bachelor degree	6	13	68%	19
Diploma / advanced diploma	4	8	67%	12
Certificate I to IV	28	61	69%	89
Secondary school	6	8	57%	14
Unknown	2	-	0%	2
Total	46	90	66%	136

Source: KPMG analysis of Program Reporting Tool

7.2.3 Participant factors influencing outcomes

Qualitative evidence pointed to a number of participant characteristics that influenced outcomes. Although no causal link can be determined, the evidence points to the following factors influencing outcomes for the participant cohort:

- intrinsic motivation;
- employment history;
- age;
- nature / severity of mental illness; and
- disclosure of mental health conditions to employers.

Intrinsic motivation

The intrinsic motivation of Trial participants to engage in education or find employment was identified across the board as a factor influencing the achievement of outcomes. Pointing to the voluntary nature of the Trial, Vocational Specialists and clinicians noted that all young people had made a choice to enter the Trial, however ongoing motivation was a determining factor as to whether a young person continues to engage over time, and therefore achieve outcomes. The motivation to attend regular appointments, engage and follow through on information and advice and complete 'homework' tasks, including the development of short and long term goals and practicing cover letters, has supported young people in achieving outcomes.

Elements of the Trial harness the intrinsic motivation of participants, including focusing on participant goals and empowering the young person to feel confident in their aspirations through the development of a supportive environment. The development of short and long term goals provided 'quick wins' for Vocational Specialists, and allowed young people to experience success, which was reported to enable participants to feel more motivated to engage over the medium to longer term. It was observed that the ability of the Trial to foster a participant's motivation in a supportive environment led to greater resilience, and meant that a participant did not disengage from the process when they experienced a setback.

'IPS is motivational, it keeps you going, gives you career advice. I don't think I would have a job in the first place if I didn't have IPS. It is good because it is about what you want to do. This help brings you motivation.'

– Trial participant

The intrinsic motivation of Trial participants to achieve outcomes was observed to be a protective factor which interacted with, and could mitigate, other factors influencing outcomes explored below.

Case study

James* was a long term client of headspace, and was 22 when referred to the Trial. He had experienced a number of employment setbacks, including being let go from a plumbing apprenticeship due to reduced performance at work, and a failed nursing certificate. He was challenged by anxiety, low mood and motivation, low self-esteem and poor social supports. He had previously made a number of suicide attempts.

The Vocational Specialists worked with James to identify and understand issues that led to past jobs not continuing and to identify both short and long term career goals through discussions around the benefits and challenges associated with various industries, reflecting on James' strengths and limitations.

As an initial step, James enrolled in a course, and was supported through his study. Once the course was completed, the Vocational Specialist worked with him to identify potential employers, write his resume and cover letter, and work to integrate coping strategies developed with his headspace psychologist into conversations. He prepared for interviews through practice with the Vocational Specialists, and was eventually employed.

Throughout his employment, James was supported through unexpected issues and concerns as they arose, with the long term goal of developing independent coping strategies.

James continues to seek feedback and support from the Trial in relation to both his current employment and study moving forward to the next stage of his career. He has benefited from having a mentor to bounce ideas and concerns off and gain confidence in his own decision making. The program has helped to normalise typical work issues he will face, helping him to maintain good mental health and long term employment.

Through the Trial, James has been able to develop a range of coping strategies, time management, stress management and resilience. He is now confident to independently apply for jobs, present confidently at interviews and maintain employment. James' coping abilities have improved significantly over the past 12 months, and he is now able to comfortably work between two casual jobs and study at TAFE simultaneously. He also developed strong routines outside work, enjoying the gym and building his social network.

Case study

Jessica* is a 23 year old female who was referred to the Trial from a headspace clinician. At referral, she was working casually at a pizza store and wanted support with further work and study opportunities.

Jessica enrolled in a course at TAFE independently. Once it was recognised that she needed support, the Vocational Specialist presented to TAFE after seeking the necessary consent from Jessica, and realised she was behind in assessments and struggling with class content. A meeting was organised with student support and Jessica, however just prior to the meeting, Jessica dropped out of her study to concentrate on obtaining suitable employment. She changed her aims and focus at each session, and went through two jobs quickly, not providing consent for the Vocational Specialist to contact the employers. It became known that Jessica was involved with a job active provider, and the Vocational Specialists continually discussed with that provider the benefits of working together to secure her employment.

The Vocational Specialist openly discussed the difficulty in gaining employment if there is not pre-planning to successfully achieve goals, however Jessica did not receive this well. After some time, Jessica returned to the Trial and advised that she had thought about where she is now and where she wants to be and would like support to achieve her goals.

Jessica is now on track for a better outcome, and is being supported to re-engage with TAFE with the appropriate supports.

Through a difficult beginning, she has built confidence and has a better insight into why it is important to have goals and a plan, and to seek support early and often to develop coping strategies to enable outcomes. Jessica has secured accommodation and is enjoying work and looking forward to study with the support that will assist her completing the course successfully. Jessica has also developed insight into the support counselling provides her, and will continue to engage with counselling at this stage.

Employment history

Having limited or no employment history makes it challenging to secure employment, particularly in a competitive job market. One site noted that between 70 to 80 per cent of the participants in the Trial had never worked before, or had one short term job, which reduced the likelihood that the young person was job ready.

'70-80% haven't really worked before, had no support, haven't worked or have had one small job in the past. They have very little experience and so we are trying to get entry level jobs and try and move forward that way.'

– Vocational Specialist

Table 34 outlines employment on entry to the Trial across all Trial sites. Although this data does not show prior employment history completely for participants as it is point in time data, it does outline the high proportion of participants that are not employed on entry to the Trial.

Table 34: Employment on entry to the Trial, from the Trial commencement to 28 February 2019

Employment on entry	Count	Percentage
Full time	38	2%
Part time	39	3%
Casual	200	13%
Not in employment	1,153	74%
Unknown	128	8%
Total	1,558	100%

Source: KPMG analysis of Program Reporting Tool

Research shows that employment history is a vital component to young people achieving employment outcomes, even within the IPS model (Noel et al 2016). Due to the cohort engaged in the Trial, employment history has played a role in the achievement of outcomes. There has been a high rate of casual employment outcomes achieved, which could be related to the limited employment history of the cohort. This has meant that Vocational Specialists have needed to be innovative in the development of skills and experience required to achieve employment outcomes, and develop foundational skills such as the fundamentals of working.

Vocational Specialists described the limited experience Trial participants had in performing the skills required to be competitive in the job market. This includes job searching skills prior to entering employment, for example resume writing and interview skills, as well as skills and the discipline required to succeed in paid work, including presentation and life skills, for example being reliable and on time, not using their telephone at work, money handling skills and social etiquette and appropriateness in the workplace. To mitigate these factors, Vocational Specialists used a variety of techniques as explored in section 4.3.

Young people with no employment history do not have employer references to apply for work, although it is recognised they could use a school principal or teacher. This factor, along with the development of required skills to engage in the competitive job market, led some Trial sites to use volunteering, work

experience, or working in another supportive environment as an opportunity to develop skills as a stepping stone to competitive employment. Although recognised to not be in line with competitive employment as understood within the IPS model, access to development of opportunities such as those mentioned above were noted as an important influencing factor for this cohort to achieve employment outcomes. These opportunities were stressed as interim measures. Vocational Specialists clearly noted that development opportunities should not be discounted, as they played a part in the development of the skills required for this cohort to achieve paid employment outcomes. Although volunteering and work experience positions were used in some sites, other sites noted that, although offered similar opportunities, they did not proceed due to the requirements of the IPS model.

About 30-40% are nowhere near ready to work. I had a couple people get a job and fail because mentally they were not ready. The expectations from the employer is that they need to work at a certain rate. We have tried some different things, for example work experience to help them practice how to act in a work environment. We try to find different avenues to help them develop skills.

– Vocational Specialist

The limited employment history of the cohort required front-end investment of time, education and support by Vocational Specialists to support participants with their job readiness and employability. Vocational Specialists noted a correlation between this front end investment, and outcomes around confidence, resilience, and eventually employment.

Ongoing support to young people entering the job market for the first time was reported as an influencing factor for achievement and sustainment of outcomes. Some Vocational Specialists stated that young people entering the workforce for the first time would discuss with them what were perceived as negative experiences. Vocational Specialists stated that these ‘negative experiences’ were predominately normal work experiences, and the ability to support the participant through this by developing their understanding and providing support and guidance had an impact on the sustainability of the employment beyond those initial weeks. The ability to offer this ongoing support up front for young people was observed to increase the stability of employment in this cohort.

Case study

Emma* is a 19 year old female who engaged with headspace in a remote location after moving there with her parents. Emma has moved around for the majority of her life and has only ever resided in caravan parks. She engaged with headspace to get a health check with the general practitioner. In her initial appointment, Emma was told of the broader programs offered by headspace, and this resulted in her referral to the Trial and counselling support.

Emma had not completed high school, and reported struggling with school for much of her life. She believed that her transient lifestyle and lack of interest, and therefore attendance at school, were factors that contributed to her not graduating. Emma had no prior employment, and had no qualifications or experience. She expressed a large amount of motivation towards finding employment.

At the time of referral, the headspace site was subject to a counselling waitlist and because of this, Emma was connected to the Trial prior to receiving counselling support. She maintained ongoing contact with headspace doctors for mental health, and attended sessions and physical health check-ups. After Emma had been allocated to a clinician, the Vocational Specialist was able to support a warm introduction, after which Emma began actively working with the counsellor.

At the initial appointment, Emma’s mother attended with her, and was able to contribute to the vocational support plan and give some insight into Emma’s education history. The Vocational Specialist used ice breakers to learn more about her, and started to create a connection. This led to a discussion about Emma’s interests and goals, and enabled her to visualise how her interests could be connected to her employment. This appointment also identified Emma’s other barriers and enablers in reaching her employment goals, including not having her driver’s licence and access to stable accommodation.

Upon completing Emma's Vocational Support Plan, Emma and her Vocational Specialist began identifying sectors in which she would like to work. From this, Emma moved into the job development phase of the Trial, using reverse marketing strategies. The Vocational Specialist also linked Emma into other organisations for support with driving lessons, to obtain her driver's licence.

Through targeted job development, Emma was offered work experience with a wildlife foundation, where she got the opportunity to care for injured native wildlife, something she was very passionate about. Although this was a great opportunity for Emma and in line with her interests and goals, she acknowledged that there were little paid opportunities within the sector for unqualified young people and wanted to find paid employment.

After many job search activities and submitting applications, she was introduced to a prospective employer at a local retail store. Emma believed the opportunity was a good fit (as did the employer) and she was successful in gaining part time employment. The peak season had started, which increased her chances of employment at the time. Emma had been in the job for approximately seven months and was able to gain the skills and experience required to be successful for another position with a gaming retail store, which she describes as her 'dream job'.

Having only ever lived in a caravan, Emma outlined that living in a residential home with her own bedroom was a goal. She was supported in submitting multiple applications for housing (both private and community housing) and is now currently renting her own home and looking at pathways for home ownership.

Emma is still engaged with the Trial after nine months, and is actively connected to counselling and the GP within headspace. She is still being provided with follow up support which includes goal setting, career advancement, further education, Centrelink navigation support and in-work support.

She has achieved most of the goals set in her original vocational support plan and will soon obtain her driver's licence. Emma has developed skills in time management, prioritisation, customer service and engagement, and leadership and also gained confidence, resilience, independence and a sense of pride. The holistic support provided by headspace has enabled her to set and reach a number of health and fitness goals, including managing and giving up alcohol and other drugs, and participating in community activities such as yoga. Importantly, Emma is now completely independent of Centrelink. The outcomes for Emma were enabled by a number of influencing factors including support from her family to engage, her motivation and commitment to her goals, and the holistic support she has received.

Age

Literature shows that the IPS model is more effective for young adults, defined as those aged 18 years and older, than for other employment programs. The evidence suggests that although more effective than other programs, there is space to incorporate additions into the traditional IPS model as a result of the different characteristics of this younger cohort (including lower educational attainment and limited work experience) to assist in the achievement of outcomes (Bond et al 2014). It is noted that there is less evidence on the impact of the IPS model on participants younger than 18 years.

Table 26 (page 81) shows that the length of time between entry and first employment was longest for 15 year olds, at 135 days. Further, only 39.1 per cent of participants who were 15 years of age recorded an employment outcome, lower than the average of 44.6 per cent across all age groups. This compares to 44.9 per cent for 18 year olds. This information suggests a link between age, experience and educational attainment impacting the achievement of outcomes. In addition, this also likely reflects that often appropriate employment opportunities are limited for younger people given they are likely to still be at school.

Nature / severity of mental illness

headspace works with young people with mild to moderate mental health conditions. As mentioned previously, it should be noted that the evaluation scope has not included the collection of data regarding

the nature and severity of participants' mental illness, and so no quantitative data is available to support the observations of the headspace sites. Information presented in this section is as a result of qualitative consultations with headspace staff, Vocational Specialists and young people.

The Trial has engaged a diverse range of participants, and overall consultations outlined that the nature and severity of mental health conditions in participants was not a dominant factor in achieving outcomes. In some instances, it was suggested that mental health conditions could play a role depending on individual circumstances, with the recognition that the nature / severity of mental illness did not operate in isolation from other influencing factors. Across the Trial sites, Vocational Specialists and clinicians observed that young people with anxiety and depression were a dominant client group. The 2017-2018 headspace annual report noted that anxiety and depression were the presenting issue of 29 and 27 per cent of clients respectively. Anecdotally, consultations pointed to similar numbers within the Trial participant group. Some Vocational Specialists observed that participants with depression and anxiety could be more difficult to engage, particularly around meeting in the community, or engaging with employers. This was supported by some clinicians who noted that some young people's anxiety impacted on their ability to engage with employers, and spoke about the development of strategies that were put in place in conjunction with the Vocational Specialists to assist in the achievement of outcomes for these participants.

Vocational Specialists and clinicians both observed participants with more severe mental health conditions who were hYEPP participants, were significantly benefitting from the Trial and experiencing positive outcomes. One headspace clinician suggested that this is because this sub-group had struggled to manage their mental health and were committed to 'moving past' their mental illness. At one site, one-third of Trial participants were also hYEPP clients, suggesting that engagement from this group is high. Although within this sub-group significant deterioration in the mental health could result in disengagement, re-engagement once mental health stabilised was commonly observed.

Case study

Emily*, a 22 year old female, presented to headspace with social anxiety. At an initial session with a clinician, she was referred to the Trial. Having completed her Certificate III in Children's Services three years prior, she had not been able to move to paid work due to her anxiety. At the time of engagement with the Trial, Emily was unemployed and was not engaged in any training. Her anxiety often prevented her from leaving the house and initially required support from her mother to attend appointments.

The Trial worked collaboratively with Emily over a number of sessions to develop a vocational plan and assist in the development of a resume and cover letter. The Vocational Specialist worked with her to cold call a number of child care providers in the area, build skills around job searching on the internet, and supported her in obtaining the required checks to work with children. Alongside this, Emily was supported to enrol in a Child Care First Aid Certificate, and a dress for success session to obtain interview clothing. This process enabled Emily to increase her confidence and reduce her anxiety to the point where she was comfortable to approach employers and attend interviews. She successfully gained casual employment in a childcare centre near her house.

Emily was motivated and engaged while working with the Trial, was punctual, reliable and responsive and willing to engage in training and development opportunities. Having maintained her casual employment, she is now working with the Trial to seek more permanent employment.

Through the Trial, Emily built her confidence to engage in the job seeking process, including developing her resume and cover letter and approaching employers. This confidence was developed through the development of both job searching skills and also obtaining appropriate clothing. Through the Trial, Emily has improved her relationship with her family, as financial pressures and her inability to gain work was placing stress on the family unit. She is now more confident and motivated to look for more permanent work.

Case study

Liam* is a 20 year old male who self-referred to headspace seeking support for anxiety and situational stress. He was allocated a clinician and engaged with the non-clinical mental health services to assist with housing concerns, where he expressed an interest in receiving vocational assistance to obtain employment, and was referred to the Trial. Liam was unemployed, but studying gaming development when he engaged with the trial.

Initially having difficulty maintaining sessions with his clinician and the Trial, Liam frequently cancelled appointments due to situational complications with his housemates. The Vocational Specialists tried to provide variety in appointments, including on and off site, and introduced Liam to the other Vocational Specialists for extra support following a report that he was at risk of homelessness. During the initial sessions, he outlined that his goal was to obtain employment to gain financial independence, with the long term goal of securing employment in game development.

Liam experienced ongoing difficulty maintaining his studies throughout the Trial. He was supported by the Trial to link in with support services at his college, but continued to decline in his performance, resulting in withdrawal from the course.

The Trial worked with him to obtain opportunities and interviews, however was unsuccessful in obtaining employment. On one occasion, Liam had a video-interview terminated early due to getting into a verbal altercation with a roommate during the interview. This was reviewed in session with his Vocational Specialist who provided feedback on how to avoid this in future. Liam was offered interviews at a number of other employers which he did not attend, or failed to check his emails in time for details.

During his engagement with the Trial, Liam was able to develop his resume and interviewing skills, complete vocational profiling to identify his career goals, and engage in educational supports.

Liam's mental health remained consistent throughout his time in the Trial and he remained engaged with a clinician. Liam stated that he was unable to successfully engage in employment due to the overwhelming external factors he was experiencing throughout his participation at headspace. Liam requested to exit the Trial as he felt he could not look for work while needing to find independent accommodation. He was offered support services to arrange this, however he declined.

Throughout his time with the Trial, Liam experienced ongoing difficulty in engagement due to housing and accommodation issues. As a result of this, and his declining mental health, he was unable to complete his educational course, and disengaged from his studies. Liam was assisted with a number of opportunities for employment, but was unsuccessful at interviews, declined job offers, and was unable to successfully engage in employment.

Upon exiting the Trial, he was not engaged with education, training or employment.

Disclosure of mental health condition to employers

The ability of employers to support their employees appropriately is reliant on their understanding of that young person and their needs. Being able to support an employee in their employment was linked to the sustainability of outcomes. Employers clearly articulated the importance of understanding the most appropriate ways to support young people in employment, including strategies to address challenges as they arise. Employers noted that they understood that having full knowledge of a young person's mental health condition was not necessary, but understanding how this mental health condition may impact the way a young person perceives or receives information or experiences would be helpful in enabling employers to put in place appropriate supports.

The IPS model encourages the development of an understanding of the benefits to participants of disclosing their mental health to their employer and then looks to develop the skills to enable them to disclose. The model has disclosure included as an item under the fidelity review. The most recent fidelity review scores across Trial sites showed an average score of 3.2 (out of five) for the disclosure item, with eight sites scoring three or under. There is an opportunity to increase the focus on this item

for participants moving forward, with stakeholders noting the benefits of disclosure for participants sustaining employment outcomes. An example of disclosure was outlined by a participant, where they recounted working with their Vocational Specialist to understand the pros and cons of disclosing their mental health condition with their employer, with the discussion resulting in the employer putting in place practical supports which enabled the young person to thrive in employment. This young person spoke very positively about their experience in framing their disability and enabling them to outline clearly the limitations that their disability placed on them, but also what they could offer an organisation.

Case studies from sites highlighted this point. Examples where Vocational Specialists worked with young people to disclose their mental health condition to employers and what this meant noted a correlation with successful employment due to a supportive workplace. A thematic analysis of exceptional outcomes reported by sites showed positive results following disclosure, with employers able to provide the appropriate supports and environment for employees. Although this was highlighted, it should be noted that Vocational Specialists were clear that their preference was to work with employers who were able to provide a supportive environment to Trial participants.

7.3 Enablers and Barriers to achieving outcomes

A number of enablers and barriers were identified which impacted the effectiveness of the Trial, and therefore the outcomes achieved. This section will explore these and how they have positively or negatively impacted participant outcomes.

7.3.1 Site Contextual factors

A number of site level contextual factors have influenced the achievement or otherwise of outcomes by participants, including:

- employment and education conditions in the location;
- access to transport; and
- attributes of Vocational Specialists.

Employment and education conditions

The IPS model pre-supposes availability of work that participants should be able to access with support. In some locations, with smaller numbers of local employers, or other elements impacting supply and demand of the workforce, employment opportunities for young people are limited. This is also true for access to education pathways, with a number of the Trial site stakeholders noting that young people had to move away to pursue higher education goals. This is particularly the case in rural and remote areas.

A number of Trial sites noted the impact of a seasonal job market, which is a barrier for stable employment. Seasonal job markets increase the transience of the population and the availability of work year round, and Vocational Specialists explored this as a factor affecting long term employment outcomes for some Trial participants. This resulted in Vocational Specialists having to engage participants in both short and long term employment opportunities concurrently, recognising the limitations placed on the ability to gain long term employment.

The limited number of local employers were described as both a help and a hindrance for the Trial by Vocational Specialists. A more limited employment market enabled Vocational Specialists to develop relationships with employers in the community, which resulted in participants being interviewed for jobs prior to the position being advertised more broadly. However, restrictions within the model requiring no more than two participants being placed with the same employer created difficulty for smaller communities, or communities that had large employers such as mines or solar farms, which

was reported to impact outcomes for participants of the Trial. This was also discussed in metropolitan areas, particularly for gateway employers such as fast food restaurants and supermarkets that a number of younger participants of the Trial wanted to gain employment with, and who offer employment to young people with limited experience.

Due to the limited employment and education opportunities in some areas, the ability of Vocational Specialists to link Trial participants with roles that align to their goals and interests was difficult in some circumstances. The Vocational Specialists had the challenge of balancing the goals of the participants with types of employment and education which were seen as plentiful, being primary industry and seasonal work in the rural and remote areas. Vocational Specialists balanced this in two ways. The first was developing creative and innovative responses to the local job market, including working with local employers that they had built relationships with to enable young people to have aspects of roles which meet their goals. For example, the creation of a part-time social media and marketing role for a young person who wanted to work in marketing. Although providing opportunity to develop in an area of choice, it is recognised that this strategy provides limited sustainability as an ongoing source of employment for the young person. Other examples were provided by both Vocational Specialists and participants where young people were supported to move out of an area to pursue their education goals. The support of the Vocational Specialists enabled a number of young people to look into further education and training which was offered in major cities.

Other Vocational Specialists used the elements in the model around networking and employer engagement to mitigate the impact of local conditions on outcomes. Vocational Specialists spoke about using creative and innovative ways to develop employment opportunities, and therefore outcomes, for participants through networking and making connections within the community.

'I don't think local conditions have impacted - unemployment is quite high. We have been creative in our thinking so we haven't noticed economic constraints, we've been able to fit kids into the roles they want by being out in the community and seeing what we can conjure up.'

– Vocational Specialist

Access to transport

'Every employer wants everyone to drive, and that's hard.'

– Vocational Specialist

Transport was raised as a barrier to participants achieving education and employment outcomes by Vocational Specialists and Trial participants at a number of sites. As outlined by Noel et al (2016), access to transport is a vital element in participants achieving education and employment outcomes. Sites consistently reported that a driver's licence and access to a car were often requirements for obtaining a job in a number of professions and areas. Due to the cohort of young people engaged in the Trial, a large proportion did not have a driver's licence or access to a car to get to work or study commitments. Transport requirements limited the ability of Trial participants to gain employment in some areas. Access to transport options is vital to the effectiveness of the Trial in both the initial stages of job searching and over the long term. Transport options are required for young people to get to interviews and appointments to meet employers, and over the longer term are required to sustain employment, and therefore employment outcomes.

'Transport is a big barrier - young people who do not have their licence, can't build up driving hours due to their home situation.'

– Vocational Specialist

Exacerbating this, a number of Trial sites did not have sufficient public transport options, which restricted/limited employment and education opportunities to those that were accessible by public transport. In outer metropolitan regions, this meant a concentration of job opportunities in central business districts where transport to these locations is more frequent and accessible. With rural and

remote areas, a lack of public transport options significantly affected appropriate opportunities for young people, which in turn affected their ability over the long term to maintain employment or continue education.

Access to cars within headspace sites was also outlined as a barrier to outcomes for Trial participants. Different headspace sites had different access arrangements to cars, and this has been noted as an enabler or barrier to outcomes, as discussed in section 4.6.2. Those sites which had dedicated cars available for Vocational Specialists were able to coordinate their work day to assist in the transportation of young people to interviews and other job related appointments, including travelling to meet and network with employers. It has been noted that the ability to meet and network with employers has an impact on employment outcomes for young people. Some Vocational Specialists, due to organisational requirements, were not able to transport young people, which created further barriers. Where dedicated vehicles were not available for Vocational Specialists, difficulties arose in providing support to participants.

'A few times we have had to say no to young people because of cars - at the start we speak about being able to support with transport and at times we can't.'

– Vocational specialist

Attributes of Vocational Specialists

Evidence clearly shows that the role of the Vocational Specialists enables outcomes. That is, the ability of the Vocational Specialists to engage participants, and build trust and rapport are a critical aspect to the effectiveness of the program.

The importance of the relationship with the Vocational Specialists as a critical element of success was identified by Trial participants. One participant explained that they had experienced two Vocational Specialists through their engagement with the Trial, as one had resigned. This participant highlighted the difference in their experience between the two Vocational Specialists, stating the first one did not 'seem interested or engaged.' The participant noted that since they have engaged with the new Vocational Specialist, they have experienced a number of outcomes, including the ability to discuss their mental health condition with employers, which had resulted in employment. Another site provided an example of outcomes for a young person not being achieved until they moved to the alternate Vocational Specialist, stating that this provided a better personality fit, and led to increased motivation and engagement from the participant. Sites articulated a preference for having both a male and female Vocational Specialist, with one site stating 'there are male clients who benefit from a female Vocational Specialist and have learnt basic skills of how to work with the opposite sex'.

A number of sites use a process where the initial meeting for young people into the Trial is attended by both Vocational Specialists to reduce the impact of sick leave, annual leave, and if one Vocational Specialist leaves the position so that a relationship is built with both Vocational Specialists. This can influence outcomes, as stakeholders noted the importance that young people place in relationships.

Knowledge of career paths and access to information that will assist participants to meet their goals while in the Trial is another important aspect to the effectiveness of the program. As outlined in Section 1, the majority of Vocational Specialists employed in the Trial had previous experience in employment services. Although an advantage, other Vocational Specialists who were not from this background succeeded when they had the skills to find answers, work within their communities and research pathways and options for young people. It was noted by a number of Vocational Specialists that the younger cohort in the Trial, and a focus on education as well as employment, meant they needed to work to develop an understanding around education pathways. Having knowledge of both career and education pathways enables Vocational Specialists to suggest a number of different paths and jobs which provides greater opportunities for the participants in the Trial to achieve outcomes in line with their goals. This is explored in section 4.

7.3.2 Individual contextual issues

Individual participant situations could act as both an enabler and barrier for particular young people. The model emphasises rapid job searching. A number of the Vocational Specialists and professionals involved in the Trial noted the extensive barriers that some young people face at referral which impacts their ability to engage in rapid job searching. Vocational Specialists explored some of the individual barriers, including access to identification documents, bank accounts, tax file numbers and mobile phones. All of these factors are important in gaining employment and can take considerable time to access. These factors were then linked to the lack of brokerage money¹⁶, which meant that the Vocational Specialist could not assist young people to gain these things, which impacted on the rapid job search. This meant that the young person's access to financial support from family or other sources impacted on Trial outcomes.

'The program doesn't have enough emphasis on barriers, it is straight into employment not thinking about the fact that some young people don't even have phones.'

– Vocational Specialist

Other individual factors were noted to have an impact on outcomes for Trial participants, including access to family and community support and stability. Where a young person was supported, it was noted that their ability to engage in the Trial was more immediate. For example, a young person who was encouraged by their mother to attend headspace and was supported in attending appointments had limited barriers compared to a young person with no fixed address who was residing in a refuge. Another young person spoke about an incentive their mother provided to finish their enrolled education, which assisted them to remain focused. This family support is noted to impact the effectiveness of the Trial for some participants.

'It is stressful applying for jobs, my mum steps in, and tries to help.'

– Trial participant

In contrast, a Vocational Specialist spoke about a young person who had moved through a number of women's shelters, with limited stability or support. This young person was extremely quiet and anxious, but noted she wanted to gain employment. This young person had numerous individual barriers which impacted on their ability to gain education and employment outcomes, and therefore rapid job searching is not entirely appropriate at this stage.

7.3.3 Access to brokerage

Participants' access to funds from sources other than from the Trial impacted on the ability to gain accreditations, such as Responsible Service of Alcohol certificate or Barista courses, to increase participant employability. Due to the cohort age, and minimal (or no) experience of many of the Trial participants, being able to gain accreditations to assist in their employment search was seen as a vital factor.

'Finance has been a limitation, as completing courses and getting a drivers licence is expensive.'

– Vocational Specialist

Access to brokerage for items required for employment, such as appropriate clothing, uniforms and footwear, impacted on outcomes for some Trial participants. It was noted that participants who are also engaged with jobactive or DES providers could gain brokerage through alternate channels, however those who are not accessing those services have limited access to finance. For those with the information recorded, 24.7 per cent of Trial participants were also engaged with jobactive or DES,

¹⁶ Brokerage money is generally a flexible pool of money available for use to purchase goods and services that may be required by participants in a program in order to further achievement of program outcomes.

meaning that a low proportion of participants have access to other brokerage sources. In some cases, it was reported that this impacted on employment options for young people.

One Trial site had applied and received a grant of \$10,000 from a philanthropic organisation which has assisted them to provide brokerage to participants for courses and clothing. The site noted that this allowed them to achieve small goals early in their engagement with young people, and start giving them a sense of achievement, particularly through the outcome of training courses. This site noted the limitations that not having access to brokerage money would have on the effectiveness of their program.

'The grant is the major reason why our program has been so successful.'

– Vocational Specialist

Opportunity 10: Establishing a pool of brokerage funding per site to assist in the ability of participants to be job ready.

Sites were impacted by their access to brokerage funds to assist in the employability of participants including through the purchase of items required for certain roles as well as provision of support to gain qualifications/accreditations. There is an opportunity to provide sites with a sum of money, potentially utilising current underspends, to assist Trial participants in accessing necessary items required for employment or education to further enable outcomes.

7.3.4 Integration of clinical and IPS support

Employers also noted the benefit of the integration of vocational education and employment support with clinical support. Not only did this provide confidence to employers to hire young people, it was noted that the ability to concurrently support a young person clinically, and with vocational education and employment support, resulted in positive outcomes for young people.

'The psychological approach headspace took was potentially the reason for the participant's success, and without that support the participant may have failed to achieve getting a job or maintaining the job.'

– Employer

In areas with a limited service system, notably rural and remote areas, the ability of the IPS model to work with participants to address the barriers to education and employment outcomes through flexibility and holistic support has been vital in its success. In rural and remote sites, the benefit of co-locating the Trial with headspace enabled more work to be done with young people to address the barriers that are impacting their mental health, due to the proactive nature of the Trial, and the ability to combine clinical support and practicing clinical strategies in the community with support. Co-location enabled Vocational Specialists to understand the participant's mental health conditions and the impact of the condition on the young person's ability to obtain and sustain employment, factoring this understanding into their work to enable outcomes. Prior to the introduction of the Trial, headspace was predominately a service that was accessed on site, and clinicians highlighted the ability of the Trial to work with participants in the community, which enables clinical interventions to be reinforced, as a factor leading to program outcomes.

'(IPS) created a more outreach model for headspace which really works for Indigenous communities.'

– headspace clinician

7.3.5 Employers

Spending time opening up a dialogue with employers created working, trusting relationships that supported young people to gain outcomes. Employers noted that having this support for the young person provided the environment for employers to feel comfortable to hire a participant.

'Positives are that the Vocational Specialist and employer have developed a great working relationship and seen the young person grow and become more independent.'

– Employer

Employers noted the benefit of having the support of the Vocational Specialists when employing young people from the Trial. Employers reported that Vocational Specialists would check in at regular intervals, dependent on the individual context, to provide support for both the employer and employee to be successful.

'jobactive providers typically don't have the required support (due to high case load and part time workers with a slower response), whereas headspace are very responsive.'

– Employer

Having knowledge of the strategies to best support young people in their employment was noted by employers as a key enabler as it helped employers support their employees and sustain employment outcomes. One employer spoke about a paid trial that was offered to an employee through the Trial as the potential employee presented well in the interview and was very keen to progress a career in the industry. The employer spoke about the professional and supportive nature of the Vocational Specialist. The employer stated that although supportive, to increase their ability to holistically support the young person in their employment, it would have been helpful to have more background on the employee, to prepare other employees and better support the young person with employment.

'It made things difficult not knowing when we had to deal with a few different situations, and we felt we didn't have the strategies to have these discussions (with the employee).'

– Employer

The employer spoke about the ability to work through these concerns with the Vocational Specialist, who as a result has started weekly mentoring and coaching sessions with the young person to work through the issues that were highlighted in the workplace. This flexibility with employers to support young people in partnership with the Vocational Specialists has impacted on the outcomes within the Trial, through providing relevant and targeted support based on real world opportunities and challenges presented in the employment of the young person. The ability of Vocational Specialists to maintain confidentiality while providing insight and practical strategies to employers to support young people in employment was noted as an important element to delivering outcomes within the workplace.

Opportunity 11: Establishing structures to provide practical strategies to employers of IPS participants to assist in sustaining employment outcomes.

A discussion with Trial sites around the parameters of confidentiality, including providing practical strategies to employers without disclosing participant information, as well as focusing sites on the discussion and disclosure of mental health conditions with participants, may lead to employers providing more proactive support to Trial participants.

Employers consistently spoke about the confidence that the Trial gave them in the young people they employed. Employers stated that the young people who were engaged from the Trial exhibited greater job readiness skills than other job providers, and this gave them confidence in working with young people from the Trial.

'I know I am going to get a person that will be ready to work, whereas jobactive they tend to have issues.'

– Employer

Employers also noted the holistic support that the Trial provided through the young person's access to clinical support. Employers noted that the holistic approach that the Trial takes, was an enabler of outcomes, particularly in comparison with other job providers.

'The difference with the programs is that the disability provider targeted work readiness that's required so they don't fail, and headspace do the same thing, but headspace also has the clinical support that doesn't exist in the disability provider. The headspace program goes it bit further, which shows in the employment outcomes.'

– Employer

7.3.6 Partnerships

The development of partnerships within the community has been a part of the ability of the Trial to achieve employment and education outcomes for participants. Over time, the Trial has become more effective in engaging different elements of the broader service system through networking and relationship development to create an environment which works to achieve outcomes.

Employment services

Of the trial participants approximately 31 per cent were receiving an income support of some kind. The most common income support was Youth Allowance (17 per cent), followed by NewStart (7 per cent) and DSP (3 per cent). This was a total of 481 participants.

Table 35: Number and proportion of participants receiving income support payment, from the Trial commencement to 28 February 2019

Income support type	Income support at entry	Income support at entry %
Not receiving an income support	747	48%
Carer allowance	<5	<1%
Disability Support Pension	51	3%
NewStart	110	7%
Parenting Payment	15	1%
Youth Allowance	269	17%
Other	36	2%
Unknown	291	19%
Missing	38	2%
Total	1,558	100%

Source: KPMG analysis of Program Reporting Tool

As outlined in Table 36, approximately one in four (25 per cent) Trial participants were also engaged with a jobactive or DES provider. As described in section 4.7.3, Vocational Specialists were expected to work with providers where they had common clients.

Table 36: Number and proportion of participants who are clients of jobactive or a DES provider, from the Trial commencement to 28 February 2019

Client of jobactive or DES provider	No. of participants	Proportion of participants
DES	72	5%
Jobactive	313	20%
Unknown	908	58%
Missing	265	17%
Total	1,558	100%

Source: KPMG analysis of Program Reporting Tool

Vocational Specialists stated that where a solid working relationship between DES / jobactive and the Trial was established, the focus was on the achievement of outcomes for joint clients. The ability of the Trial to spend time understanding the goals of a young person and using their networks to link the

young person with employment, alongside access to the DES / jobactive brokerage funding, enabled outcomes to be achieved by working with the strengths of each party.

Two sites noted they were not able to work with participants who are a part of the Transition to Work program (as per Department guidance). Vocational Specialists stated that the Transition to Work program was able to work with young people for up to one year, and a number of clients were transitioned into the Trial if they were not able to achieve outcomes in the allocated 12 months. This was reported as beneficial for the IPS model, as due to the intensive supports that young people received in Transition to Work, they were ready to engage immediately in rapid job searching activities.

Education providers

Vocational Specialists developed relationships with education providers to support education outcomes for young people (as described in section 4.3.4). Vocational Specialists outlined the importance of developing an understanding of the educational pathways available within their areas. Due to the majority of Vocational Specialists coming from an employment background, the development of relationships to expand their knowledge of the educational opportunities was important in meeting the educational outcomes for young people in the Trial. The more knowledge and information the Vocational Specialist had on education pathways this enabled more educational options to be provided to a participant, for example, identifying multiple university courses appropriate to the participant's goals. In addition, a number of Vocational Specialists spoke about building relationships with alternate schools in their area. These schools are able to provide an alternate setting for young people in the Trial, enabling participants to achieve outcomes about re-engaging in education. Vocational Specialists spoke about the importance of a supportive environment in education for the cohort within the Trial, with examples of young people re-engaging with school some time after they had disengaged.

Education/training providers consulted valued the extra support provided by the Vocational Specialists, and the impact this had on sustaining engagement in education. A number of providers spoke about the pathways that were being offered to Trial participants, with Vocational Specialists clearly working towards the young person's goals. One provider consulted from the Department of Education noted the effect that the Trial has on outcomes for this cohort, stating they are seeing 'high levels of disengagement as a result of mental illness' and the support offered by the Trial is providing an element of support for this vulnerable group of young people. This provider went on to say that mental health therapy is one aspect, but the Trial enables young people to work on work wellness.

Centrelink

Five sites outlined the importance of an ongoing relationship with Centrelink, particularly for the cohort of young people at headspace. On entry to the Trial, 47.9 per cent of participants were not receiving any income support. Numerous sites have an ongoing relationship with Centrelink which sees a representative come into the headspace office on a regular basis to work with headspace clients. A number of sites outlined tension between the aims of the Trial (i.e. to support a young person to enter sustainable employment) and the need to secure welfare payments to address a young person's immediate needs. For some young people in the Trial, having access to Centrelink was a critical interim measure to enable them to secure employment, particularly when a young person did not have access to basic resources that required money to access. The relationships built between the Trial and the local Centrelink office, often through a single point of contact, enabled greater system navigation which acted as a stepping stone to sustainable employment outcomes.

Steering Committee

Two sites discussed the development of a local steering committee which provided a forum for the service system to come together to discuss the Trial in different locations. Across the Trial sites, this ran in different ways, but predominately gave the Trial an opportunity to outline linkages across the service system to better achieve outcomes for young people. Both Vocational Specialists and other

providers spoke about the positive impact this had had on streamlining service delivery, enabling outcomes for young people through ensuring visibility of the young people in the Trial. Providers also noted that a number of sites finished these meetings with positive stories, enabling a personal approach to meetings, and outlining the success of the Trial in achieving outcomes.

The steering committee provides an opportunity across the location of the Trial to discuss the complexities of youth unemployment. Noting that the Trial is being run in areas of high unemployment, the steering committee built on the effectiveness of the Trial through aligning service delivery to a common outcome and goal of sustaining youth employment in the site location. It also provides an opportunity for young people involved in the Trial to influence the implementation of the Trial, with the aim of meeting the needs of the cohort, and in turn, leading to outcomes.

7.4 Unintended outcomes

Throughout the evaluation, a number of unintended consequences have been observed. The unintended consequences of the trial have impacted at the individual, family and community level. This section will explore these unintended consequences, and the impact they have had.

7.4.1 Awareness of headspace and reduced stigma of mental health in the community

The Trial has had a positive impact of the awareness of headspace in the community. This was the result of the work of the Vocational Specialists within the community, in particular meeting employers and attendance at community events. By meeting people within the community, the Vocational Specialists were able to raise the profile of headspace, including the types of services provided.

'The Trial has increased awareness around what headspace does and the services available.'

– Vocational Specialist

The Vocational Specialists spoke about the effectiveness of their role in educating people in the community on their role and the Trial, and therefore mental health awareness more generally. Greater awareness of headspace in the community ultimately means that there is a greater awareness of mental health more generally in the community. This will add to the broader push nationally to increase mental health awareness and access to mental health support. This outcome was supported by employers and the broader service system, who noted that the element of the Vocational Specialist role; which educates the community has had positive outcomes on the community.

The ability of the Trial to open up conversations within communities around mental health was noted to be a powerful impact of the Trial. Employers reported not previously knowing about headspace, and the process of community engagement enabled through the IPS model opened their understanding, and had started a conversation in communities.

'It has opened the conversation in the general community around mental illness, and assisted to remove the stigma. [The Vocational Specialists] Have done presentations at the chamber of commerce, and done seminars about dealing with mental health and to increase understand around what to do to support someone with a mental illness.'

– headspace clinician

Having staff in the community speaking about mental health generally, and targeting employers and having more direct conversations, has had the effect of reducing stigma in the community. Additionally, it has enabled greater conversations about the benefits of mental health services, and headspace in particular. Employers spoke about the flow on effects for their broader workforce of their increased

understanding of mental illness in the workplace, and stated that the ongoing support of the Vocational Specialists enabled them to offer more support more generally.

'The IPS Trial has started to open discussions and conversations around adults (with mental illness) in the workforce.'

– headspace clinician manager

'Engaging with employers has helped in bringing young people in through educating them on what to do, and how to help young people with mental illness in the workplace, as well as educating on mental illness in the workplace.'

– headspace clinician

7.4.2 Impact on foot traffic in headspace sites

A number of headspace staff interviewed spoke about the effect that the Trial had on foot traffic within headspace sites. Staff stated that the Trial had the effect of bringing headspace clients to the office more often and for longer periods of time to engage in activities such as job searching on headspace computers, or working on skill development with Vocational Specialists. Clinical staff outlined this as a testament to the relationships and supportive environment that the Vocational Specialist created with participants of the Trial.

'Since IPS, I come into headspace more. My confidence levels are going up, I have found a job, they are helping me go out and get my certificate, and I have people around who support me and who I can ask questions.'

– Trial participant

'There has been a big change in the engagement of the young people, who are now ringing, and dropping in to see the IPS staff. Good relationships are being built.'

– headspace clinician

The Trial has also provided a purpose for young people who have completed their clinical sessions with headspace to maintain an ongoing connection with the service. Participant feedback showed that this was an important element of the Trial, which enabled young people to continue to feel supported in their journey. The Trial has encouraged young people to engage with headspace who may not have otherwise, and they are now receiving clinical support, which is an outcome broadly in terms of wellbeing.

'As a clinician I would like to say therapy works but the Vocational Specialists doing behavioural therapy with Trial participants is having a bigger impact than talk therapy. Getting them into meaningful employment or study gives them a sense of purpose, and assists their recovery big time.'

– headspace clinician

7.4.3 Increasing the engagement of Aboriginal and Torres Strait Islander people with headspace

In some locations, the Trial had the unintended consequence of increasing the engagement of Aboriginal and Torres Strait Islander people at headspace sites. Approximately 15 per cent of Trial participants identified as Aboriginal or Torres Strait Islander, in comparison to eight per cent of the total headspace clients identifying as Aboriginal or Torres Strait Islander in the 2017-2018 annual report (refer to section 6.2.3 for further information). In one site, the Trial case load was made up of approximately 60-70 per cent Aboriginal and Torres Strait Islander clients, with the headspace centre as a whole having 40 per cent Indigenous clients. The increased proportion of Aboriginal and Torres Strait Islander clients to headspace has the flow on effect of raising the profile of headspace in Aboriginal and Torres Strait

Islander communities. It is suggested that due to the 'soft entry' of the Trial providing education and employment support, it has had the outcome of reaching a broader client group who may be deterred from using the headspace service due to cultural stigma around mental health support.

8 Opportunities

This section provides a summary of the opportunities for ongoing implementation and expansion of the IPS model throughout Australia. Due to implementation of IPS being a Trial, the Department has been responsive to suggestions for ongoing improvements to ensure streamlined implementation, and to enable the IPS model to achieve outcomes for the target cohort. The opportunities presented below relate to the implementation, efficiency, appropriateness and effectiveness of the IPS model for the cohort, recognising the expansion of the Trial to 14 more sites from 2019.

Opportunity 1: Create purposeful forums to collaborate across sites to share learnings.

In October 2018, the Fidelity Reviewer held a learning collaborative to provide an opportunity for sites to share their learnings. This experience was valuable to Trial sites that reported in the summative evaluation consultations that they have applied a number of learnings from this event to their own sites.

An opportunity exists to formalise the learning collaborative as an ongoing part of IPS implementation, to enable the ongoing development of best practice across Trial sites. It is recognised that the Department has included further learning events in the Trial extension.

Opportunity 2: The implementation of a centrally coordinated project management function across the Trial sites.

Trial sites initially reported confusion over who within the governance structure was able to provide support in relation to the implementation of the IPS model and answer contractual questions, and noted inconsistent communication due to the devolved regional Delivery Network structure. The Department recognised the unique nature of the Trial in relation to the other services they deliver, and that the use of Funding Arrangement Managers as the conduit of information between the Department and Trial sites was not the most effective for streamlined communication. As such, the Department has engaged the Fidelity Reviewer to deliver a project management function to ensure that information is being shared consistently across all Trial sites. Should the Trial be expanded further, a similar function may need to exist while sites are in the early phases of implementation, at a minimum.

Opportunity 3: Utilise the Department's joint role in implementing DES to develop relationships between employment providers and the Trial.

Although it is inconclusive whether the inconsistent relationship between the Trial and DES / jobactive providers has impacted on outcomes, it is suggested that a lack of effective working relationships may result in a duplication of effort. Due to the funding model of employment providers, there may be a belief that the Trial provides competition for them to achieve outcomes and has affected the development of working relationships to achieve outcomes. The implementation of a centralised project management role should include provision to develop overarching working relationships with employment providers, which will work to increase understanding within these other job providers of the role of IPS, and the benefits of working together to achieve outcomes for this particular cohort.

Opportunity 4: Implement a tiered support system for participants across Trial sites based on degree of support to increase throughput of clients receiving IPS support.

There is an opportunity to consider the implementation of a tiered support system across Trial sites based on the degree of support required by participants. For example, a young person who has gained employment and requires only one support phone call every fortnight or less, would be tiered lower than a new Trial participant who is developing their vocational support plan or someone newly employed. This system would also allow Vocational Specialists to allocate the young person to a tier of higher support, if this is what is necessary. This will enable sites to balance their caseload based on the support required. Consequently, depending on the mix of participants, a greater number of participants could receive support at one time.

Opportunity 5: Vary funding based on population size, expected demand and location factors.

Variable population numbers exist across current and future Trial sites, with demand for the service, and broader service system supports, impacting on the number of participants in each site. Consideration should be given to delivering funding based on need in each Trial site, taking into consideration demand (and thus funded FTE), salary conditions, the broader service system and any other factors impacting on the provision of the Trial. It would be expected that at least two Vocational Specialists would still be employed at each site to prevent professional isolation, however, employment arrangements should be constructed in such a way to meet the funded FTE (i.e. does not have to be two full time employees).

Opportunity 6: Raise the eligible age limit to 15 years and older, recognising the strength of IPS is around vocational education and employment.

The appropriateness of the Trial for participants under 15 years has been questioned throughout the Trial. There is an opportunity to raise the eligibility age given the low participation rate of younger participants and to align the eligible IPS cohort to headspace's online Digital Work and Study Service which includes 15-25 year olds. The IPS model was not initially designed for a younger cohort, and limited research exists on its effectiveness for young people under 18 years of age. Further, the inclusion of those aged 12 to 14 years in the Trial was based on headspace eligibility rather than by purposeful design. The skills of the Vocational Specialists also aligns to furthering vocational education and employment. It is also acknowledged that the IPS model is not the most effective or appropriate service within the service system to provide support to young people under 15 years of age, particularly noting the age of compulsory education in Australia being 15 years across most states and territories and the availability of other supports for this group.

Opportunity 7: Implement guidelines on length of participation

The number of participants who entered the Trial in the second year reduced, with caseload figures lower at the Summative Evaluation compared to the Interim Evaluation. Based on current data, it is difficult to determine how long an appropriate service period would be, based on the varying complexity of the young people entering the Trial, and the individualised, time-unlimited nature of the model. However, from a funding perspective, the ability to get more young people to participate represents better value for the Department. The ability to continue to engage in live research on this cohort will enable ongoing modifications to be made to the model to ensure young people are receiving the support they need, but also enabling throughput. While the IPS model itself does not have guidelines on when to disengage a person from support and discourages rules around the number of unsuccessful contacts etc., it may be worth considering implementing guidelines to support Vocational Specialists in

disengaging participants when their contact is infrequent or they receive no response at attempts to engage in order to free space on their caseload for new participants.

Opportunity 8: Enable time-bound work experience and volunteering opportunities to increase the employability of the IPS cohort.

There were differences in whether sites used work experience and volunteering opportunities to increase the job prospects of Trial participants, including gaining appropriate employment references. The ongoing focus for outcomes needs to remain with competitive employment, to ensure that actively seeking employment is the focus of the support. While the IPS model makes some provision for the use of volunteering and work experience, there is an opportunity to strengthen Trial sites' understanding of the use of volunteering and work experience for this cohort, to enable Vocational Specialists to increase the job readiness of participants, while maintaining a focus on competitive employment.

Opportunity 9: Using the youth focused IPS model

Sites reported that they felt that there needs to be a greater emphasis and recognition of education within the IPS model given the focus on the Trial on young people and supporting engagement with education.

The evaluation understands that a young adult focused IPS fidelity instrument has been recently developed. This scale includes a specific focus on education. Should the Trial continue in an ongoing manner, it would be beneficial for this scale to be considered for use to align with the age group of participants in the Trial.

Opportunity 10: Establish a pool of brokerage funding per site to assist in the ability of participants to be job ready.

Sites were impacted by their access to brokerage funds to assist in the employability of participants including through the purchase of items required for certain roles, such as uniforms and appropriate footwear, as well as provision of support to gain qualifications, such as a barista certificate or licence to service alcohol. Where sites had access to brokerage, including through joint clients with DES / jobactive providers, or through a philanthropic grant, sites clearly outlined this as an enabler of outcomes.

There is an opportunity to provide sites with a sum of money, or utilise current underspends, to assist in the employability and job readiness of Trial participants, used as a last resort to enable employment and education outcomes. Clear guidelines should be developed which take into consideration access to other funding supports, and recognise the requirement of participants to be able to access funds in a timely and efficient manner.

Opportunity 11: Establish structures to provide practical strategies to employers of IPS participants to assist in sustaining employment outcomes.

Due to the link between effective disclosure and the ability of employers to support the employment of Trial participants, disclosure is an item assessed in the fidelity review. It recognises the positive impact of providing the tools for young people to speak about their mental health condition with employers. Employers consulted outlined that disclosure happened very rarely, however where it did occur, employers explained that it helped deliver outcomes. A number of employers highlighted that the lack of information provided by Trial participants and/or Vocational Specialists limited their ability to

support young people effectively in the workplace, leading to some difficulties which had to be dealt with after an incident. This meant that employers were providing reactive, instead of proactive, supports.

A discussion with Trial sites around the parameters of confidentiality, including providing practical strategies to employers without disclosing participant information, as well as focusing sites on the discussion and disclosure of mental health conditions with participants, may lead to employers feeling more confident in the provision of support to Trial participants.

Opportunity 12: Provide support for Trial sites to report accurate data using DEX to increase access to accurate data.

The collection and subsequent provision of accurate data has impacted on quantitative insights throughout the evaluation. The use of both a manual data collection tool for the Trial, agency data collection requirements and the Department's DEX database has created a burden on sites.

There is an opportunity to further support sites in data collection to improve quality of data. In addition, it is noted that the DEX system is being further developed to enable the collection of outcomes data which would streamline this process of the two systems. The exploration of the integration of DEX into organisations' systems would be beneficial across DSS funded programs.

9 Conclusion

The evaluation considered four domains of analysis: implementation, efficiency, appropriateness and effectiveness. A summary of evaluation findings across these domains is provided below.

- The evaluation has found that the Trial has been broadly implemented as intended with the design and implementation of the Trial guided by the evidence-based IPS model. The fidelity reviews have provided evidence that sites have implemented IPS in line with the model.
- In general, the governance arrangements of the Trial have worked as intended. Given the number of levels of implementation of the Trial challenges were observed in communication channels, consistency in messaging and project management. Some changes were made during implementation, such as the introduction of the Delivery Lead, to fix communication issues.
- Vocational Specialists maintained sustainable caseloads, however, difficulties were observed in the management of the caseload, with many sites having a lower than expected caseload. The average caseload per Vocational Specialist was 19.8 at 28 February 2019 compared to the IPS model of 20 participants and the Department requirement of 30 participants.
- The extent to which the Trial has achieved value for money is difficult to assess, given significant underspends at some sites across the years of the Trial, however, sites were noted to have used the funding in line with the guidelines with most funding directed to Vocational Specialist salaries. The average spend per participant was \$4,899 for FY2017-18.
- Collectively, to date, the Trial has engaged 1,558 participants. Utilising headspace for the Trial appears to have had a significant impact on the way in which young people connected to the Trial with access to a large pool of young people with mental health disorders, meaning that sites have been successful at engaging young people to the Trial.
- The evaluation found that all stakeholders were positive about the ability of the Trial to meet the needs of the target cohort. In particular the self-directed and individualised nature of the IPS model was seen as beneficial in engaging young people. A focus on participant goals and interests was highlighted as a strength of model, and more likely to lead to lasting outcomes.
- The IPS model itself was found to be broadly appropriate for the target group, however, some adaptations to reflect the age, experience and focus of young people would be of use, such as a greater focus on education and recognition of the value of work experience.
- The Trial fits directly within current government priorities of mental health (particularly with respect to young people) and improving the education and/or employment of young people.
- The Trial has improved the vocational education and employment outcomes for Trial participants, with around 43 per cent of all participants achieving an education or employment outcome. In addition, Trial participants and other stakeholders reported increased confidence, self-esteem and resilience in young people as well as an improved ability to seek education or employment opportunities as a result of participating in the Trial.
- It is difficult to assess outcomes achieved in the Trial compared to DES given the limitations outlined. However, the evaluation found that overall Trial participants were more likely to sustain employment compared to DES jobseekers.
- The Trial has resulted in a number of unintended outcomes. These include a greater awareness of headspace; reduced stigma associated with mental health; increased young people in headspace sites and increased engagement with Aboriginal and Torres Strait Islander young people.

Appendix A: IPS Trial sites

This appendix provides contextual data for each of the Trial sites.

The table below provides an overview of the data provided and the relevant sources. Data is provided at the local government area level for each site.

Table 37: Guide to site tables

Site name	
Context	LGA: Name of Local Government Area Remoteness: As per the Australian Standard Geographical Classification
Population	Population: Sourced from ABS 2016 Census headspace Age group: population aged between 10 and 24 sourced from ABS 2016 Census (note this age group is provided as it aligns with Census reporting) Indigenous: Sourced from ABS 2016 Census
Unemployment rate	Smoothed unemployment rate as at September 2018 sourced from Department of Jobs and Small Business
Economy	SEIFA: Socio-economic Index for Areas sourced from ABS 2016 data

Source: KPMG

A.1 Albany

Table 38: Albany contextual data

Albany	
Context	LGA: City of Albany Remoteness: Outer Regional
Population	Population: 37,538 headspace Age group: 6,675 Indigenous: 3.3%
Unemployment rate	Unemployment: 3.6%
Economy	SEIFA: 968

Source: Various sources as outlined in Table 37

A.2 Bendigo

Table 39: Bendigo contextual data

Bendigo	
Context	LGA: Greater Bendigo Remoteness: Inner Regional
Population	Population: 113,617 headspace Age group: 21,456 Indigenous: 1.7%
Unemployment rate	Unemployment: 6.4%
Economy	SEIFA: 961

Source: Various sources as outlined in Table 37

A.3 Broome

Table 40: Broome contextual data

Broome	
Context	LGA: Broome Remoteness: Remote
Population	Population: 16,222 headspace Age group: 2,934 Indigenous: 28.2%
Unemployment rate	Unemployment: 8.3%
Economy	SEIFA: 979

Source: Various sources as outlined in Table 37

A.4 Darwin

Table 41: Darwin contextual data

Darwin	
Context	LGA: Darwin Remoteness: Outer Regional
Population	Population: 78,804 headspace Age group: 13,829 Indigenous: 7.4%
Unemployment rate	Unemployment: 3.7%
Economy	SEIFA: 1057

Source: Various sources as outlined in Table 37

A.5 Dubbo

Table 42: Dubbo contextual data

Dubbo	
Context	LGA: Dubbo Regional Remoteness: Inner Regional
Population	Population: 38,934 headspace Age group: 7,442 Indigenous: 14.6%
Unemployment rate	Unemployment: 2.3%
Economy	SEIFA: 977 ¹⁷

Source: Various sources as outlined in Table 37

A.6 Edinburgh North

Table 43: Edinburgh North contextual data

Edinburgh North	
Context	LGA: City of Playford Remoteness: Major City
Population	Population: 89,372 headspace Age group: 18,769 Indigenous: 3.5%
Unemployment rate	Unemployment: 13.1%
Economy	SEIFA: 853

Source: Various sources as outlined in Table 37

¹⁷ 2016 figure not available, 2011 figure supplied

A.7 Hobart

Table 44: Hobart contextual data

Hobart	
Context	LGA: Hobart Remoteness: Inner Regional
Population	Population: 50,439 headspace Age group: 10,015 Indigenous: 1.4%
Unemployment rate	Unemployment: 3.8%
Economy	SEIFA: 1054

Source: Various sources as outlined in Table 37

A.8 Inala

Table 45: Inala contextual data

Inala	
Context	LGA: City of Brisbane Remoteness: Major City
Population	Population: 1,131,155 headspace Age group: 231,407 Indigenous: 1.5%
Unemployment rate	Unemployment: 5.3%
Economy	SEIFA: 1060

Source: Various sources as outlined in Table 37

A.9 Meadowbrook

Table 46: Meadowbrook contextual data

Meadowbrook	
Context	LGA: Logan City Remoteness: Major City
Population	Population: 303,383 headspace Age group: 64,150 Indigenous: 3.2%
Unemployment rate	Unemployment: 6.6%
Economy	SEIFA: 946

Source: Various sources as outlined in Table 37

A.10 Mount Isa

Table 47: Mount Isa contextual data

Mount Isa	
Context	LGA: Mount Isa Remoteness: Remote
Population	Population: 18,671 headspace Age group: 3,893 Indigenous: 16.9%
Unemployment rate	Unemployment: 8.1%
Economy	SEIFA: 972

Source: Various sources as outlined in Table 37

A.11 Penrith

Table 48: Penrith contextual data

Penrith	
Context	LGA: Penrith City Remoteness: Major City
Population	Population: 196,066 headspace Age group: 39,850 Indigenous: 3.9%
Unemployment rate	Unemployment: 3.6%
Economy	SEIFA: 988

Source: Various sources as outlined in Table 37

A.12 Port Augusta

Table 49: Port Augusta contextual data

Port Augusta	
Context	LGA: Port Augusta Remoteness: Outer Regional
Population	Population: 13,808 headspace Age group: 2,478 Indigenous: 18.3%
Unemployment rate	Unemployment: 7.1%
Economy	SEIFA: 879

Source: Various sources as outlined in Table 37

A.13 Shepparton

Table 50: Shepparton contextual data

Shepparton	
Context	LGA: City of Greater Shepparton Remoteness: Inner Regional
Population	Population: 63,837 headspace Age group: 12,010 Indigenous: 3.4%
Unemployment rate	Unemployment: 6.5%
Economy	SEIFA 937

Source: Various sources as outlined in Table 37

Appendix B: Fidelity instrument items

This appendix provides the items contained in the fidelity instrument

STAFFING

- 1 Caseload Size
- 2 Employment Services Staff
- 3 Vocational Generalists

ORGANISATION

- 4 Intergration of rehabilitation with mental health through team assignment
- 5 Integration of rehabilitation with mental health through frequent team member contact
- 6 Collaboration between vocational specialists and key staff members in Government income support and labour market programs
- 7 Vocational unit
- 8 Role of employment supervisor
- 9 Zero exclusion criteria
- 10 The Mental Health Agency Focus on competitive employment
- 11 Executive team support for SE

SERVICES

- 12 Work incentives planning
- 13 Disclosure
- 14 Ongoing, work-based vocational assessment
- 15 Rapid job search for competitive job
- 16 Individualised job search
- 17 Job development - Frequent employer contact
- 18 Job development - Quality of employer contact
- 19 Diversity of job types
- 20 Diversity of employers
- 21 Competitive jobs
- 22 Individualised follow-along supports
- 23 Time-unlimited follow-along supports
- 24 Community-based services
- 25 Assertive engagement and outreach by integrated treatment team

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