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Western Australian Association for Mental Health

Acknowledgement of Country and people with lived experience

The Western Australian Association for Mental Health (WAAMH) acknowledges the traditional custodians of country on which this submission was developed, the Whadjuk people of the Noongar Nation. We acknowledge their continuing and unbroken connection to land, sea and community. We pay our respect to their culture and their Elders, past and present and emerging and acknowledge their ongoing contribution to WA society and the community.

WAAMH also acknowledges the individual and collective expertise of people with a living or lived experience of mental health, alcohol and other drug issues, and the families and carers who provide support and have a lived/living experience.

About WAAMH

The Western Australian Association for Mental Health (WAAMH) is the peak body for the community managed (non-government) mental health sector in Western Australia, with more than 80 organisational and over 100 individual members across metropolitan and regional WA. WAAMH has been engaged in the mental health sector for more than 50 years.

WAAMH's membership comprises community managed organisations providing mental health services, programs or supports, as well as individuals and families with lived experience of mental health issues and suicide, with whom WAAMH engages in genuine partnership. Community-managed organisations provide a critical network of services that support people affected by mental ill-health and their families and help them live valued lives in their community.

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1. Overview

The Western Australian Association for Mental Health (WAAMH) welcomes the opportunity to provide feedback and comment on the Department of Social Services (DSS) Options Paper: Establishing a Disability Employment Centre of Excellence. In its response, WAAMH will make reference to the Individual Placement and Support Model (IPS).

The IPS model is internationally recognised as an evidence-based model of employment support. demonstrating effectiveness in fostering employment and educational outcomes for individuals facing challenges in open competitive employment or navigating education pathways.

WAAMH draws attention to IPS WORKS, an existing program which operates as an informal centre for excellence in the implementation of the Individual Placement and Support model. WAAMH contends that IPS WORKS already engages in many core functions integral to the development and implementation of the Disability Employment Centre of Excellence. By leveraging its expertise and experience, WAAMH asserts its readiness to contribute significantly to the success of the proposed centre and provide responses to the key questions outlined in the Options Paper.

2. Background: Individual Placement and Support and IPS **WORKS**

For over a decade, WAAMH has been instrumental in establishing the Individual Placement and Support model in Australia. The Individual Placement and Support (IPS) is an evidence-based, supported employment model providing a means for individuals living with severe and persistent mental health conditions to seek and obtain competitive employment.

The IPS model has consistently been identified in international literature as the most effective intervention to improve employment outcomes for people experiencing mental ill-health and people with psychosocial disabilities.¹ IPS was originally developed and implemented in mental health, however it is a model that is being actively used across several diverse cohorts of people that would otherwise be disadvantaged from open competitive employment or navigating education streams.

WAAMH has a specialist unit - IPS WORKS- which is devoted to the implementation of the IPS model. The unit's role is to build the capacity and capability of employment support providers nationally to ensure that the IPS model is being implemented in line with best practice and fidelity standards.

IPS WORKS offers practical support and training to organisations that are implementing or want to implement an IPS program within their services. The IPS model is premised on a set of principles which ensure people have individualised job plans with the right job match and appropriate in-work support to gain and maintain competitive employment. A key feature of the IPS model is the priority it accords to direct in-depth work to build relationships with employers to secure employment opportunities and to support the employer.

IPS WORKS offers a range of technical support and specialist consultancy services to support the translation of the IPS evidence base into practice. The program also offers customised development of IPS tools and templates, training, and evaluation to support practitioners.



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¹ Drake, RE., & Bond, GR., (2023) Individual placement and support: History, current status and future directions, Psychiatry and Clinical Neurosciences Reports, 2023; 2:e122

The IPS WORKS team provides fidelity support to 50 headspace sites across Australia that deliver the IPS program. This involves the provision of mentoring and support to headspace sites to adhere to the practice principles and conducting fidelity reviews.

The team have also supported the implementation of IPS in metropolitan and regional community mental health services in South Australia, Head to Health sites in the Northern Territory (Neami National) and Western Australia (St. John of God) and a community managed mental health service, Ruah and Youth Focus in WA.

WAAMH's IPS WORKS staff maintain strong international links and connections with IPS practitioners and researchers in Australia, New Zealand, the United States, the United Kingdom and Europe with international affiliations also growing in the Asia Pacific region.

Research has demonstrated that the IPS model is the most effective approach of assisting people with disabilities to engage in competitive employment. The model has been evaluated in 28 randomised controlled studies in various international settings.² In each controlled trial both in Australia and internationally, all showed results that more than doubled the employment outcomes for people with disability compared to other vocational programs. ³

High quality studies from Australia and across the globe have consistently shown that the IPS model achieves better employment outcomes than those achieved by Disability Employment Services.⁴ A range of studies show that IPS has competitive employment success rates of 60%, compared to other vocational programs which achieve around 25%.5

IPS is based on the idea, that with the right job match and appropriate in-work support everybody can gain and maintain competitive employment. IPS is one of the most structured and well-defined forms of employment support. It is set apart from vocational rehabilitation by eight core principles and a scientifically validated fidelity scale.

Other cohorts where IPS has been successful include people with autism spectrum disorder, intellectual and developmental disabilities, people with criminal history, transition age youth individuals experiencing post-traumatic stress disorder, veterans, people who are experiencing homelessness, older adults, people with spinal cord injuries, and young adults with first episode psychosis.6

The 2020 Productivity Commission Report recommended for the IPS model of employment support to be extended beyond its current limited application in Australia through a staged rollout to all State and Territory Government community mental health services, involving co-location of IPS employment support services.7

² Bond, G. R., Drake, R. E., & Becker, D. R. (2020). An update on Individual Placement and Support. World Psychiatry, 19, 390-391; Bond, G. (2020, May 29). Evidence for the Effectiveness of Individual Placement and Support Model of Supported Employment [PowerPoint presentation]. Retrieved from https://ipsworks.org/index.php/evidence-for-ips

³ Brinchmann, B., Widding-Havneraas, T., Modini, M., Rinaldi, M., Moe, C., & McDaid, D. et al. (2019). A meta-regression of the impact of policy on the efficacy of individual placement and support. Acta Psychiatrica Scandinavica, 141(3), 206-220.

⁴ Bond, G.R., Drake, R & Becker, D., (2019). Expanding the Individual Placement and Support to populations with conditions and disorders other than serious mental illness, 2019, 70(6): 488-498; Bond, G.R., Drake, R & Becker, D (2012). Generalisability of the Individual Placement and Support (IPS) model of supported employment outside the US, World Psychiatry, 2012, 11(1); Waghorn, G, et al., (2020) Evidence based supported employment for people with psychiatric disabilities in Australia: Progress in the past 15 years, Psychiatric Rehabilitation Journal, 2020 4391) p 8

⁵ Waghorn, G., Killackey, E., Dickson, P., Brock, L., & Skate., C. (2020). Evidence-based supported employment for people with psychiatric disabilities in Australia: Progress in the past 15 years. Psychiatric Rehabilitation Journal, 43(1), 32-39

⁶ Bond, G. R., Drake, R. E., & Becker, D. R. (2020). An update on Individual Placement and Support. World Psychiatry, 19, 390-391; Bond, G. (2020, May 29). Evidence for the Effectiveness of Individual Placement and Support Model of Supported Employment [PowerPoint presentation]. Retrieved from https://ipsworks.org/index.php/evidence-for-ips

⁷ Productivity Commission., (2020). Mental Health Productivity Commission Inquiry Report, Chapter 9: Employment, June 2020, Government of Australia.

The Productivity Commission found that the IPS model would achieve net savings to government and increase participants' income and quality of life. The Commission reported that providing IPS employment supports to 40,000 people for a year would:

- cost between \$108-286 million.
- result in healthcare savings of \$137-575 million.
- resulting in savings to DES of about \$49 million.
- increase participants' income by \$42-90 million.
- increased participants' quality-adjusted life years.

We note that the recent Report by the House of Representatives Select Committee on Workforce Australia Employment Services Rebuilding Employment Services: Final Report on Workforce Employment Service highlights the value of the Individual Placement and Support model.⁸

3. Responses to questions in the Options Paper

The need for a Centre of Excellence and its core functions

WAAMH supports the establishment of a Centre of Excellence, as well as the core functions described on pages 3-4 of the Options Paper.

WAAMH and IPS WORKS has a proven track record of working with Government and the NGO sector and university researchers to deliver the goals specified for the Centre of Excellence in the options paper, namely, to increase employment of people with disabilities and build capacity and capability of employment providers.

WAAMH and its IPS WORKS team have developed capabilities, expertise and experience that align with the core functions of the proposed Centre for Excellence, as described in the table below.

Core activities of the proposed Centre for Excellence	WAAMH's capacity, capabilities and expertise
One stop shop	We support sites from pre-implementation to service evaluation. https://ipsworks.waamh.org.au/our-services
Build evidence-based practice	We have an established relationship with the IPS employment centre in the United States and work closely with our New Zealand counterparts to build evidence-based practice.
Build the capacity of employment service providers	The IPS partnership program work closely with the Disability Employment Service provider to build the capacity of the employment specialist to align their practice with the evidence-based model of IPS.
Have a key quality control function	IPS Fidelity reviews are used to measure the quality of IPS services provided. It has been shown that organisations with higher fidelity scores produce better outcomes in terms of competitive employment. Application of Fidelity Review process + self-assessment process
Consolidate data	We have experience in collating and monitoring data and comprehensive reporting back to organisations who are involved in implementing IPS. For IPS partnerships between DES and AMH, data collection and monitoring are a feature of our technical support services – we have monthly reports template, and an Evaluation Database to assist with this.

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⁸ House of Representatives Select Committee on Workforce Employment Services, (2023) Rebuilding Employment Services: Final Report on Workforce Australia Employment Services, Parliament of Australia, Canberra, November 2023.

	We have tools and templates and work with services to develop promotional materials, update their existing forms/templates to align with IPS model
competition	We have previously coordinated community practice learning events. We are part of the steering committee to establish an Asia - Pacific learning community. We have attended and presented at the annual International IPS learning community since 2018.

Who could the Centre assist?

WAAMH supports the target groups for the Centre identified in the Options Paper.

WAAMH highlights that its IPS WORKS team and the IPS model already engage with and work actively with the target groups identified on pages 6-7 of the Options Paper.

In relation to people with disabilities, the Individual Placement and Support model has been consistently identified in international literature as the most effective intervention to improve employment outcomes for people experiencing mental ill-health and people with psychosocial disabilities.9

The IPS demonstrates that employment outcomes are possible for people with disabilities who large sections of the community believe are not employable in open competitive employment. The model ensures that people with disabilities have informed choice and control, real options for employment and a range of support to meet their employment goals. Employment support services are most effective when they are person-centred and strengths-based, when participants can make decisions about their own lives, when employment opportunities are carefully matched to their skills, needs and preferences, and move beyond one-off or short-term placements towards active support of employers and participants to secure meaningful and ongoing work opportunities and career development.¹⁰

We support the strong focus on employers. A key feature of the IPS model is the priority it accords to direct in-depth work to build relationships with employers to secure employment opportunities and to support the employer.

Systematic job development, which includes establishing and building strong employer contacts and relationships is a key element of the IPS model. The IPS Vocational Specialist develops contacts and builds relationships with employers by making repeat or multiple visits to the employer over time. This approach aims to build a professional relationship with employers, identify jobs and employment opportunities, build trust and demonstrate commitment and reliability.

The IPS approach requires at least three visits to employers before asking about a vacancy or discussing a prospective candidate. This may include working directly with employers to educate them on reasonable adjustments to the workplace for people with psychosocial and other disabilities.

Human service workers should also be a target group. The important role that human service workers and service providers play as part of the employment support ecosystem is recognised in the recent Report by the House of Representatives Select Committee on Workforce Australia Employment Services Rebuilding Employment Services: Final Report on Workforce Employment Service.¹¹

⁹ Drake, RE., & Bond, GR., (2023) Individual placement and support: History, current status and future directions, Psychiatry and Clinical Neurosciences Reports, 2023; 2:e122

¹⁰ Mental Health Australia., (2022). Employment and Mental Health, October 2022.

¹¹ House of Representatives Select Committee on Workforce Employment Services, (2023) Rebuilding Employment Services: Final Report on Workforce Australia Employment Services, Parliament of Australia, Canberra, November 2023.

Although IPS was originally developed and traditionally implemented in mental health, it is a model that is being applied to several groups of people with disabilities that would otherwise be disadvantaged from open competitive employment or navigating education streams, including people with autism and people with intellectual disabilities.

As indicated earlier, other areas IPS has been implemented amongst a broad range of cohorts including people with spinal cord injuries, people with autism spectrum disorder and intellectual and developmental disabilities individuals experiencing post-traumatic stress disorder, veterans, people who are experiencing homelessness, older adults, spinal cord injuries, people with autism spectrum disorder, intellectual and developmental disabilities, people with criminal history, transition age youth and young adults with first episode psychosis. 12

WAAMH has recently worked with the WA Justice Association (WAJA) to develop a model for adopting the IPS model in the criminal justice system. The report An Individual Placement and Support Model for the Criminal Justice System was released in late 2022 and provides a practical model and recommendations for the design and implementation of a specialised IPS pilot program within the criminal justice system for individuals with lived experience of the WA criminal justice system.13

WAAMH is currently in discussions with a provider of justice services to pilot an IPS model with clients in the justice system.

WAAMH has also worked with a community housing provider in Western Australia to design an IPS approach that would integrate IPS into a community housing service to increase people's confidence about gaining and sustaining employment and entering the private housing market.¹⁴

One example of IPS's adaptability is the IPS Youth Program which is currently being delivered through 50 headspace sites across Australia. The Department of Social Services (DSS) is currently funding this roll out. The IPS Program originally commenced as a trial in 14 sites which was expanded and extended to 10 additional sites in 2019 before being transitioned into Program in 2021 and extended to 26 additional sites to make up the total of 50 headspace sites ("Individual Placement and Support Program (IPS) Program | Department of Social Services, Australian Government, 2021).

The mid trial evaluation completed by KPMG in 2019 found that 43% of the individuals accessing IPS Program had achieved an employment and/or education outcomes. In addition to the improved outcomes, increase in confidence, self-esteem, and resilience along with an improved ability to seek employment or education opportunities were also noted as a direct result of having been in the IPS program.¹⁵

Comments on the proposed Centre

WAAMH believes the Centre of Excellence should be independent of government.

The Centre of Excellence needs strong leadership and involvement from the NGO sector and from NGO peak bodies with expertise and capabilities in areas of policy, training and advocacy relating to the employment of people with disabilities. This will be the most

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¹² Bond, G. R., Drake, R. E., & Becker, D. R. (2020). An update on Individual Placement and Support. World Psychiatry, 19, 390-391; Bond, G. (2020, May 29). Evidence for the Effectiveness of Individual Placement and Support Model of Supported Employment [PowerPoint presentation]. Retrieved from https://ipsworks.org/index.php/evidence-for-ips

¹³ WA Justice Association., & WA Association for Mental Health., (2022). An Individual Placement and Support Model for the Criminal Justice Systems: Consultation Discussion Report, 2022, WA Justice Association & WAAMH, Perth.

¹⁴ The proposal was not able to attract funding.

¹⁵ KPMG Consulting., (2019). Final Report for the Evaluation of the Individual Placement and Support Trial. Canberra: Department of Social Services. Retrieved from https://www.dss.gov.au/sites/default/files/documents/08_2019/individualplacement-and-support-trialevaluation-report-june-2019.pdf

effective way of facilitating translation of the evidence into practice, which can be the missing link in Centres of Excellence, which often become more about the research and less about the practical application and utilisation of knowledge and experience in real world settings.

The application of knowledge and development of best- practice in NGOs and employment providers must be a core focus of the Centre. We believe this can be best achieved with the leadership and active participation of NGO partners, as practical application of the evidence base is best done by practitioners with knowledge and experience in front line delivery, working in partnership with academic researchers and a university.

With already established specialist expertise in disability employment, as well as experience in training and capacity building of employment providers and NGOs, WAAMH is well placed to play a leadership role in the proposed Centre of Excellence. WAAMH already has strong connections with agencies and groups who represent people with lived experience of disabilities and their carers and families. WAAMH has established partnerships with several tertiary research and teaching centres, including one that operates as a national centre made up of satellite centres in tertiary institutions in multiple states.

We believe the best model would be a partnership between an NGO or collaboration of NGOs and a tertiary education provider.

Where could the Centre be placed?

We believe the Centre could be in Western Australia (WA) or at least include a major satellite centre in WA. This would demonstrate a truly national approach in a place which has significant challenges in regional and remote areas. The Centre should have strong links to the disability and human services system and supported employment system with links to rural and remote areas.

IPS Works has demonstrated its capacity to operate a centre of excellence from WA with outreach satellites in other states.

Implementation of a Centre of Excellence

As IPS Works already has a national footprint and believes the IPS model should form a key component of the Disability Centre of Excellence. As our current centre of excellence is focused on IPS as an existing evidence-based model, we have the adaptability to broaden and expand the focus as new evidence emerges to support the efficacy of other models.

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