Evaluation of IPS implementation manager role

Interim report

August 2016

Te Pou
o Te Whakaaro Nui

Published in August 2016 by Te Pou o Te Whakaaro Nui
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PO Box 108-244, Symonds Street, Auckland, New Zealand.

ISBN 978-0-908322-67-1

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Acknowledgements

The evaluator would like to thank the DHB and Workwise staff who generously shared their experiences, thoughts and information for this report.

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Executive summary

Background

In May 2015 Workwise, Auckland and Counties Manukau District Health Boards (DHBs) began piloting a one year Individual Placement and Support (IPS) implementation manager role. The role is based on the U.S. state trainer and UK regional trainer roles. The purpose of the role is to provide dedicated on-site technical assistance to help the DHBs and Workwise improve implementation fidelity of the existing IPS services. Initial funding for the pilot was through an educational grant from Janssen Cilag for one year.

Evaluation goals and objectives

> *"We had to examine the thought that we were becoming barriers to people starting to work, rather than helpful, because we were determining when we felt they were ready to go to work--as if that was something we had ownership over."* CMHC manager

The goal of this process evaluation is to examine the establishment and function of the IPS implementation manager (IIM) role in New Zealand. The objectives explored in this interim report include:

- Outlining the characteristics and activities of the IIM.
- Identifying any changes in health professionals' perceptions, knowledge and behaviour regarding employment for people using mental health services during the pilot.
- Identifying barriers and facilitators experienced by the IIM and other key stakeholders in the IPS improvement process.

An additional outcome evaluation report, anticipated in November 2016, will measure any changes to health professionals' perceptions of employment, explore the changes to teams' fidelity scores, teams' (enrolled clients') employment outcomes in relation to fidelity, and determine how the actions of the IIM influenced these outcomes. See Appendix A for the list of evaluation goals, objectives and questions.

Methods

This process evaluation utilised qualitative data and a review of key programme documents. Key stakeholders from Workwise and the DHBs were interviewed to understand the type and extent of activities the IPS implementation manager conducted, the nature of the IIM's engagement, and whether or not there had been any changes as a result of the IIMs' activity. Key programme documents, including Scorecards, fidelity review reports, and partnership improvement plans, were reviewed to identify and understand some of the activities undertaken by the IIM.

Key findings

The primary finding of this evaluation was that the IPS implementation manager undertook a change management approach to support the Community Mental Health Centres (CMHCs) and Workwise to address the fidelity review recommendations. The IIM provided tailored and responsive technical assistance at strategic and operational levels across all three organisations. Technical assistance included training for health professionals, coaching and mentoring for employment consultants, and offering practical solutions to strengthen IPS fidelity. Additionally, stakeholders believed the IIM had helped raise the importance of the role of employment in people's wellbeing.

Programme Background

In line with *Rising to the Challenge* and *Blueprint II*, the role of employment in developing and sustaining wellbeing is receiving increasing attention in the New Zealand mental health and addictions sector. The new Health Strategy also identifies the need to make evidence-based vocational rehabilitation programmes available to help people with long-term conditions keep and return to employment (Ministry of Health, 2016). There is rigorous national and international evidence on the positive relationship between employment and health, particularly mental health, and conversely the harmful effects of unemployment (Waddell & Burton, 2006). Many people with mental health issues want to work and view employment as a core part of a life worth living (Mental Health Commission, 1999). Contrary to many widely held beliefs, returning to employment does not generally have a negative impact wellbeing (Burns et al., 2007).

For people in contact with mental health and addiction services, IPS is an evidence-based practice which can successfully support people to gain and maintain competitive jobs. A key feature of IPS is co-location and integration with public mental health services (Porteous & Waghorn, 2007). Currently in New Zealand Workwise is the primary provider of IPS services, though a number of other NGOs provide a strengths-based supported employment service.

Implementing IPS

Implementing IPS successfully requires organisational commitment at strategic and operational levels (Drake et al., 2012). The conceptual model shown in Figure 1 outlines key factors that influence the implementation of IPS. The figure acknowledges the importance of organisational and "state-level" (DHB/health system) factors to implementation. Implementing IPS with good fidelity to the principles of IPS has been shown to improve individual's employment outcomes and programme sustainability (Bond, Becker, & Drake, 2011).

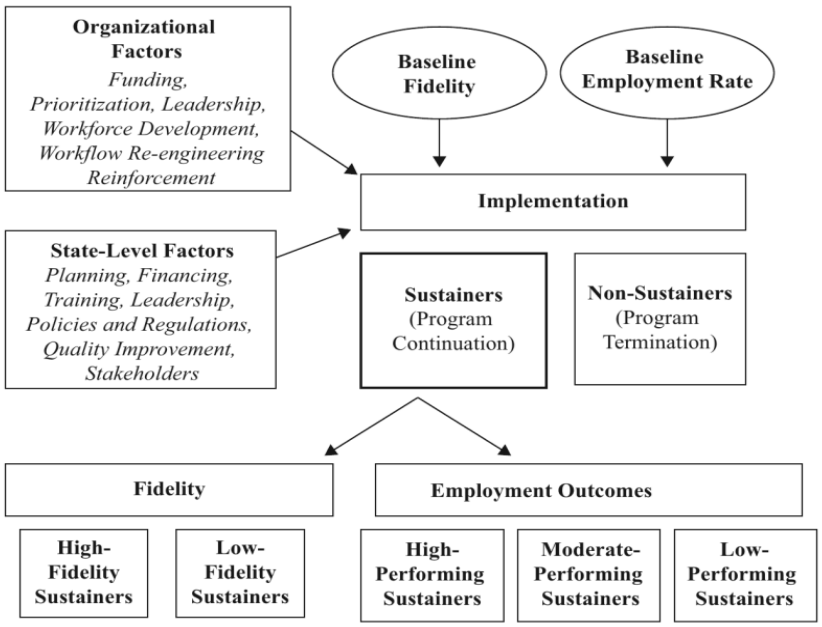

Figure 1: Factors influencing successful IPS implementation

Source: Drake, Bond, and Becker (2012), p. 112

IPS fidelity can be measured through the use of the fidelity scale and measures the key principles of IPS at the programme level. There are two IPS fidelity scales, the 15 and the 25 item scale. Both have been shown to have good inter-rater reliability and predictive validity (Lockett, Waghorn, Kydd, & Chant, in press). The fidelity scale is a quality improvement tool that reviews a number of structural elements of IPS programme implementation. These include: key skills, competencies and the overall culture of the team composed of employment consultants, administrative and clinical staff (Becker, Smith, Tanzman, Drake, & Tremblay, 2001). The purpose of the scale is to help teams identify strengths and areas for improvement in service delivery. The degree of co-location and integration between employment staff and clinical staff are also assessed. Regular assessment against the IPS fidelity scale improves programme performance.

Fidelity reviews can be conducted through a self-assessment process and/or by independent assessors who then support teams to use the information to improve. To assist rapid implementation and to quickly address identified barriers six-monthly reviews are recommended to assist programmes during the implementation phase and yearly reviews thereafter (Bond, McHugo, Becker, Rapp, & Whitley, 2008). In the United States a permanent "state trainer" role has been incorporated into the IPS model. The role supports IPS implementation on-site, conducts regular, independent fidelity reviews and offers regular feedback programme performance data (Becker, 2011). The state trainer roles have has operating in the U.S. for about 15 years and a similar "regional trainer" role was piloted in the UK in 2011. During the UK pilot, awareness of employment issues increased at both operational and strategic levels. Employment consultants' confidence in their ability to conduct systematic job development also increased. A total of 284 employment outcomes were achieved, exceeding the target by more than 40% (Priest, Lockett, & Grove, 2012).

Workwise provide services in line with Individual and Placement Support principles at eight partially or fully integrated DHB, primary care and Department of Correction services in New Zealand. However, despite the availability of a tested fidelity scale for Australia and New Zealand (Waghorn & Lintott, 2011), services are unable to conduct regular fidelity testing due to a lack of funds. To address this Workwise, Auckland and Counties Manukau District Health Boards (DHBs) are piloting the IPS implementation manager (IIM) role based on the U.S. state trainer role.

Evaluation approach and method

The goal of this process evaluation is to examine the establishment of the role of the IPS implementation manager in New Zealand in order to more fully understand its function. The objectives include:

- Outlining the characteristics and activities of the IPS implementation manager.
- Identifying any changes in health professionals' perceptions, knowledge and behaviour regarding employment for people using mental health services during the pilot.
- Identifying barriers and facilitators experienced by the IPS implementation manager and other key stakeholders in the IPS improvement process.

These objectives were developed by the Te Pou evaluator. Workwise had the opportunity to review and provide feedback on the proposed objectives before they were finalised.

This process evaluation, including data analysis and reporting, has been informed by a scan of the peer-reviewed IPS literature and grey documents published by Dartmouth, U.S. and the UK's Centre of Mental Health. The evaluator's ongoing contact with the programme and engagement with key staff and other stakeholders has also provided background information. This evaluation was underpinned by utilisation and programme theory-driven methodologies, which are outlined in more detail in Appendix B.

Data collection methods

The data collection methods included a literature scan, interviews with key stakeholders, and a review of programme documents, including monthly Scorecards which are a summary of the IIM's monthly activity and informs internal feedback to the project group and the fidelity review reports. A baseline survey of health professional attitudes to employment was conducted in June/July 2015 using the Health Professionals Perceptions of Employment Scale (HPPES) validated in Australia (Gladman, Wishart, Waghorn, & Dias, 2015). A repeat survey will be conducted in August 2016 and the final evaluation report will examine any changes in health professionals' perceptions about employment.

Literature scan

A scan of IPS literature and related documents was conducted to inform our understanding of the nature of the IPS implementation manager role overseas. These findings and general knowledge of implementation literature, informed the interview schedule.

Stakeholder interviews

A total of fifteen key stakeholders were interviewed by phone during June and July 2016. Interview participants included the mental health service (MHS) managers from both DHBs, each Community Mental Health Centre (CMHC) manager, and Workwise staff and team leaders. One CMHC manager chose not to be interviewed and one was not interviewed as they were new to the role in May 2016.

The evaluator took a semi-structured approach to the interviews, working from a list of topics (see Appendix D) and probing as needed. Questions were guided by the evaluation goal, implementation literature, the literature about similar roles overseas and project documents. Topics included: the interviewees' initial hopes for the IPS implementation manager project, the IIM's engagement and activities, any changes, any value of the role, what they hoped to accomplish over the next few months, and any challenges (see Appendix C). Interviews ranged from 15 minutes to over an hour, with an average of 30 minutes.

Document review

Key project documents, including the monthly Scorecards, were reviewed to provide further information on the project activities. The information in the Scorecards provided further guidance for interview topics.

Training session observation notes

The evaluator attended a training workshop at one of the CMHCs as a non-participant (naturalistic) observer. Unstructured notes taken from this session add to the depth of understanding around the IIM's characteristics and activities.

Data analysis

Interviews were audio recorded and the evaluator did partial notes transcription. Deductive analysis utilising the evaluation questions was undertaken, with some additional inductive analysis (see Appendix B). The Te Pou evaluator adhered to the usual standards of professional conduct and research ethics procedures. All interviewees were provided with an information sheet detailing the nature of the evaluation and signed a consent form agreeing to participate.

Limitations

The evaluation findings presented have been derived primarily from a limited number of key stakeholder interviews and the document review. Where possible, the data was triangulated through additional document review or through checking with additional stakeholders to improve the internal validity of the findings reported. The small sample (n=15) may limit the generalisability of the findings. The views of the manager who chose not to be interviewed were not captured.

Results

Stakeholders' thoughts on the project and the role of the IIM are outlined in this section. Topics included project establishment, the IIM's characteristics, engagement and activities, the differences between the IIM and the Workwise team leader role. Facilitators and barriers, including organisational contexts, staff turnover and the role of the steering group are identified. Stakeholders reflected on any changes after one year, any ongoing need for the "implementation manager" role and anticipated hopes and challenges for the remainder of the project.

Project establishment

Workwise has had contracts to provide IPS services in ADHB for seven years and CMDHB for 10 years. As a learning organisation, Workwise wanted to further evolve their services and deepen their partnership with the DHBs. They believed having an independent person in an equivalent role to the U.S. state trainer would assist this process and the two DHBs agreed to participate. Lack of technical assistance has also recently be identified as a barrier to implementing IPS programmes in Australasia. The Workwise stakeholders stated the IIM would fill organisational gaps by having the ability to support employment consultant (EC) development through direct shadowing and coaching and mentoring. They would also have the ability to work more closely with the clinical stakeholders in the DHB. Although Workwise has a high level theoretical and experiential IPS knowledge, no one in New Zealand had experience providing IPS technical assistance. Therefore, an IIM from the UK was recruited and began in May 2016.

The DHBs' decision to participate was made at director level but most of the project work occurred at the operational levels of the mental health services. Interview respondents were positive about participating and were impressed with Workwise's commitment in bringing over an expert from the UK. One DHB senior manager commented that they believed the project would improve the CMHCs' focus on employment and Workwise's profile.

> *[IPS] had gone "underground" and [the IIM project] was a way to have a refreshed look at it and how we could raise the profile. So we could figure out what we were doing was working and look at areas that had fallen off.* (DHB senior manager B)

Most CMHC managers remembered being told about the project, though they initially did not fully understand what the fidelity review involved. They had some concerns it would result in the removal of the employment consultant. Several CMHC managers felt more written information at the beginning of the project would have been useful. Despite these underlying concerns, the managers all met with the IIM and all CMHCs participated in the initial fidelity reviews and spoke positively about that process.

> *The way the review was done with different recommendations linked to different areas, helped people understand the rationale. The methodology and the way the information was shared back was really useful. The way in which the IIM and Workwise engaged with managers and the team meant a lot of buy-in and enthusiasm for the review.* (DHB senior manager B)

IPS implementation manager

Characteristics and engagement

All respondents were positive about the IPS implementation manager, enjoyed their presence and saw them as an expert in employment support services (ESS). They appreciated the IIM's professionalism, their enthusiasm for the work, their wide clinical experience as an occupational therapist (OT) and intuitive understanding of mental health services contexts. Respondents liked that the IIM took time to engage with them, explaining the planned fidelity review and the hoped-for outcomes. CMHC managers felt their opinions were heard when considering how to maximise interactions with CMHC staff and the people who use the mental health service. They stated they found this engagement "*respectful, positive, thoughtful and collegial*". One CMHC manager characterised the IIM as having a "*quiet but strong determination to shift in a positive way the depth of staff understanding and adherence to the [IPS] model.*"

The IIM demonstrated their responsiveness and deliberately undertook all of the fidelity review preparation activities during the weeks prior to the fidelity review. These included meetings with the MHS managers, observing CMHC team meetings and EC employer approaches. Utilising this approach reduced the time required from each manager and the need to coordinate multiple demanding schedules. This approach also allowed the IIM to conduct on-site review portions at each CMHC over one day, rather the block 1.5-2 days typically required for the whole fidelity review.

After the initial fidelity review respondents generally felt the IIM engaged with them throughout the project to the extent they wanted. Some CMHC managers requested more time than others, which was accommodated. They liked that the IIM could "*answer the hard questions*". At the time of the interviews, the IIM manager was organising repeat fidelity reviews with each CMHC.

Activities

The IIM conducted a baseline fidelity review for each CMHC and presented the results in individual reports. They also developed action summaries, referred to as partnership improvement plans (PIPs), for each DHB. The

fidelity reviews and the HPPES provided focus for and drove many of the IIM's activities, outlined in Table 1 below.

Table 1: IPS Implementation Manager's activities

Activity	Description	Purpose	Stakeholder views
"Let's Talk about Work" training workshops	In service training delivered by the IIM at each CMHC. All CMHCs received initial training in late 2015 or early 2016. Some CMHCs had a second in-service training in mid-2016.	To begin to address Health professionals' knowledge gap about the potential positive impact of employment and occupation regardless of a person's current or past mental health experiences and diagnoses	*It usefully challenged the perception about when [employment] information should be offered to people. It queried our role as gatekeepers. Staff felt it was useful and people were impressed that there was an evidence base to what the IIM was saying. I think people left with a greater sense of understanding about the potential recovery impact meaningful work can have for people. Certainly people have been more thoughtful about that since the training was delivered.* (CHMC Manager A)
E-mail and telephone support and meetings with CMHC managers throughout project	The IIM offered support to the centre managers and meet with them regularly. Managers' uptake of the support varied in frequency, meeting topic and duration.	The IIM manager offered to support progress for the CMHCs to improve their fidelity scores and implementation of the PIP.	*I spent quite a lot of time with a CMHC manager to get information about how I could sell that story [employment as part of their role] with people. …There was a lot of conversation the first three to four months after the in service [training]. We meet weekly here and just chatted about it—sowing the seed.* (CMHC manager C)
Encouraging CMHCs to promote employment support services through displays	The CMHCs increased their promotion of the value of employment and Workwise support services through various displays in their reception areas. Some CMHCs have added posters or TV ads in reception, others have worked with consumer art groups to develop more local displays, like an interactive pohutukawa tree and a waka.	To let people using the service know that ESS were available. The two CMHC with art displays also wanted to convey the importance of employment in people's journeys.	*[The IIM] is supporting us with how we can develop our [Pohutakawa] employment tree to promote employment for people when they come into our building. [We want] employment to be identified as a "normal" thing that people do. Anyone can get a job.* (CMHC manager) *We have a TV in our waiting area and we want to get some advertisements to loop on the TV so people can see that Workwise is here on site.* (CMHC Manager E)

Activity	Description	Purpose	Stakeholder views
Developing Centre employment champions at CMDHB	In March 2016 the IIM began working with CMHCs to identify employment champions. At each centre an OT has agreed to be the identified champion. In April the IIM and Workwise senior management held a launch training session developed by Workwise and the IIM about the importance and role of OTs as clinical champions for employment. The group agreed to hold ongoing bi-monthly meetings.	Team champions were identified to help ensure the CMHCs maintain and develop the employment culture, and provide in-house support of the EC. Regular meetings were scheduled to help keep the group focussed and share learnings.	*[The launch event] with occupational therapists was to look at "what does a clinical champion look like?" …How to take the draft [information] and make it their own, "if I'm the champion for employment—what I need to know and how I need to be."* (Workwise senior manager) *We (the IIM and CMHC manager) decided to work with group of OTs. They had a special session about how they could keep that philosophy alive and how they could keep driving it. They became the people who are championing occupation and employment. …Anyone who starts would have a session with the OT to talk about why employment is important for clients.* (CMHC manager C)
Engaging with CMHC teams	As a registered OT the IIM supported some CMHC teams with clinical work such as client visits.	To give the IIM an opportunity to "be seen" by the CMHC managers, demonstrate in an action-based way and facilitate discussions about the role of employment. It also increased the IIM's knowledge New Zealand MHS.	*I participated with teams clinically as an OT at times, doing visits to clients to have a presence. It helped that the Workwise/ADHB relationship was already there, so I had guidance and support about how to reach CMHC managers based on those experiences.* (IPS implementation manager)
IIM integrated herself into both Central (ADHB) and South	The IIM was physically based with the Workwise South Auckland team. Early in the project the IIM scheduled regular times to be at the Workwise Central Auckland office.	The IIM made the effort to get to know the Workwise staff in each office. Having the IIM on-site regularly made it easier for them to develop relationships with the	*Having the IIM on site, particularly in the same office, is valuable. If I or any of the ECs have any questions about EBSE, or if I had general questions about the project that they've been doing with the CMHCs, they're right there. They've generally been very easy to reach.* (Workwise team leader A)

Activity	Description	Purpose	Stakeholder views
(CMDHB) Workwise teams		teams. The ECs utilised the time the IIM was in the office to ask questions and problem-solve challenges they were experiencing.	
Systems changes as agreed through the Steering group	The CMDHB Steering Group agreed to consider how Workwise EC could enter information directly into the electronic notes system (HCC), rather than relying on paper-based information, e-mails or discussions.	To improve information sharing and communication between EC and CMHC health professionals in a practical, simple way.	*We progressed work that was underway how we could get access for Workwise ECs to write in electronic clinical notes system. It's a practical way of improving information sharing and communication. Otherwise clinicians and Workwise EC don't always know what was happening with each other.* (DHB senior manager 1)
Training, coaching and mentoring to ECs	The IIM provided training, coaching and mentoring to individual ECs, team leaders and the teams as a whole. Trainings for ECs included a workshop on "how to help people manage personal information" with follow up discussions to "*keep it top of mind*".	To support EC skill development and understanding of the IPS model based on the needs identified in the fidelity review, the IIM's observations, and in response to individual or team leaders' requests. The IIM chose to model skills to EC in the field to be able to offer immediate support and learning opportunities.	*Coaching and mentoring was provided through working alongside EC and team leaders. They modelled strategies or observed the EC's activity, then gave feedback.* (Workwise team leader A) *[The IIM provided] modelling around cold calling. They sat in on client meetings and also adopted the approach of overseeing and giving advice or opinion of what went well, relating it back to EBSE/IPS at the end. I think they have an adaptable approach depending on how ECs would like to learn and receive feedback.* (Workwise team leader B)

Activity	Description	Purpose	Stakeholder views
Initiated a Workwise "Bookclub" for ECs and other Workwise staff	Members of the "Book club" study Dartmouth's *IPS… Practical Guide* and meet regularly to discuss how the information can apply to their role and their understanding of the model. Staff share examples how they applied their learnings.	To increase Workwise staff understanding of the IPS model and provide them the opportunity to ask questions and engage in critical reflection and learning in a supported space.	*Using IPS practice guide keeps our attention on fidelity and IPS. It's important because it's easy to get distracted and go off on tangents. We can check our knowledge base and practice from the leadership down to ECs.* (Workwise senior manager 1) *With the book club they'll talk about specific issues around fidelity or working with people. There's networking and sharing experience, getting people to talk about their experience and what doesn't work, [which is] particularly positive for new staff members.* (Workwise Team Leader A)

Difference between the IIM and Workwise Team Leader roles

Workwise stakeholders were asked about the differences between the IIM and Workwise Team Leader roles. Stakeholders clarified that some crossovers existed, but the IIM's role was primarily about providing technical support to deepen all stakeholder's understanding of IPS fidelity and each person's role in the IPS model. The team leader's job was broader, involving contract and staff management, in addition to some technical support.

> *The IIM's focus is on fidelity to the model. My job is to manage the team via resourcing and everything for the team. There's a conflict sometimes and it's also a resource issue. I can't always go out and do things with my team whereas [The IIM] can, to do fidelity.* (Workwise Team Leader B)

> *The team leader need to supervise up to 10 EC in a team, has a broader role case review and giving ideas with regards to challenges. They need to do some coaching and shadowing… [and] the IPS implementation manager is helping the leaders think about it more so they can do that. The team leader's role to manage multiple contracts—all of the relationships, requirements, and support the team and also go to quarterly meetings, etc. with clinical teams.* (Workwise senior manager 2)

*Implementation manager's role has been to build the understanding of clinical team, who to refer, how to work with the EC, the evidence base, supporting the leaders to change their focus and do more **with** people. Do the journey with EC and to think about different ways to job carve for clients who are the furthest removed from the job market.* (Workwise senior manager 2)

Facilitators and barriers

Key stakeholders identified and discussed aspects of the project that they felt went well or not, including the Partnership steering group, organisational context and staff turnover.

Partnership steering group

Each DHB had an initial Partnership steering group meeting with the CMHC managers and the MHS manager, Workwise team leaders and the area service development manager in July/August 2015. The fidelity review outcomes were discussed and resulting action points were identified and delegated. At ADHB the initial meeting was short with a second catch-up meeting occurring in December 2015. The IIM and other key stakeholders each developed a DHB Partnership Improvement Plan and planned quarterly meetings. Subsequent meetings provided the opportunity for CMHC managers to discuss progress on these action points with the IIM and other key stakeholders, as well as plan next steps, such as the process of addressing information system needs.

The stakeholders reported they valued these meetings, making time to attend them as scheduled. A Workwise senior manager commented the IIM's presence helped to restart the partnership meetings, providing a new purpose for the meetings, *"the conversations have moved from 'it's going ok, it's not creating a problem… to a realisation that employment is still a priority to enhance and offer more and better service to people'."* Generally stakeholders felt they were important to help maintain the spotlight on employment and progress implementation of the PIP. One CMHC manager noted that, *"the steering group is very useful to keep us on track with implementation"*.

Many stakeholders from both DHBs felt the action plans developed in the Steering Group helped maintain momentum to address the fidelity reviews findings. In addition several stakeholders involved with the work at ADHB noted that the mental health and employment strategy, *"Everyone's Business"*, had supported the lift in employment-related conversations at the Steering group.

Organisational context

Organisational context, particularly DHB structure and the individual CMHC culture affected the role of the IIM in that environment.

ADHB was undergoing a restructure when the project began, delaying the formation of the Steering group and relationship-building between the IIM and the CMHC managers. As a result after the fidelity reviews the IIM struggled to obtain the CMHC managers' buy-in for a Steering group. The IIM eventually met with managers individually and reportedly progressed work with each CMHC. As a result, the initial progress at ADHB was slower than at CMDHB and some of these CMHCs did not receive the initial "Let's Talk about Work" in-service training until early 2016. Additionally, management changes at Cornwall House made it difficult for the IIM to establish a strong working relationship with the CMHC.

CMDHB had stronger initial project engagement with all managers attending the initial Partnership Group and agreeing to the Partnership Improvement Plan. Most of the initial in-service workshops were conducted in late 2015 and were well received. However, staff at one CMHC were negative about the training. Their manager, who was not at the training, believed certain individuals were willing to engage, but as a group, clinicians *"had quite a narrow view… they saw their job as being a nurse or social worker… and felt they [should] continue to use*

Workwise how they think they should be used as". The manager did not feel the clinicians were holding people back from Workwise services, but felt they still considered employment separate from their job delivering core mental health services.

One CMHC manager felt there had been some delays in accomplishing project tasks and wondered if the role was too large. They felt a smaller role would have allowed the IIM to focus more intensely on individual CMHCs and there would have been fewer information delays. They also felt the CMHC managers, including themselves, needed to take more responsibility at the team level.

> *To a degree it felt like a Workwise initiative and they needed to do their thing. [We could have] possibly looked at it more like a joint thing and how we do drive this through and what changes we need to make with deadlines in place. We didn't have a plan specific to each CMHC after the review.* (CMHC manager B)

Although the organisational contexts affected the project, the CMHC managers and Workwise stakeholders felt the IIM was responsive to each centre. One CMHC manager commented, "*I feel the IIM has given each of us what we said we wanted.*"

Staff turnover

IPS integration requires a strong working relationship between the CMHC staff and the EC. Anecdotally both CMHC staff and ECs are relatively mobile populations, however, it is important to consider any effects of staff turnover on the IIMs activities and their ability to influence integration. In total EC staff changed in four CMHC positions over the project's first year, with an additional EC position vacant for six months during the project. Additionally in March 2016 a new Workwise Team Leader started at South Auckland. Turnover of CMHC staff varied during the first year of the project, with only a few staff changing at some CMHC and others having a large number of new staff. Critically, management at all CMHC except Cornwall House remained stable during the first year of the project. Turnover of CMHC health professionals resulted in need for the IIM to redeliver basic "Let's talk about work" training in some locations.

Interviewees noted that turnover in the EC and Workwise team leader role was generally well-handled through Workwise's internal processes and strong relationships with the CMHCs. However, interviewees believed the vacancies did limit some CMHCs ability to action the results of their fidelity review, causing some frustration for the CMHC manager and the IIM. In some CMHCs where the EC role was vacant the IIM was able to provide additional support. Changes in the EC roles resulted in the need to re-integrate with CMHC staff through building new relationships and ways of working. The IIM assisted the new ECs through mentoring and coaching, these processes naturally differed from the supports more established ECs needed.

Changes after one year

All CMHC and Workwise stakeholders believed there were changes related to the IIM's presence, though the extent of change was variable between CMHCs. Stakeholders stated changes that directly related to the IIM's activities and recommendations included:

- obtaining a dedicated desk at the CMHC for one EC
- tightening some ADHB referral pathways to bring them more in line with IPS fidelity

- developing new packages of information about Workwise for people using CMHC services and
- adding mandatory training about the role of employment in MHS at both DHBs.

Other changes, such as plans to provide ECs with appropriate access to CMDHB's information system, progressed more rapidly with the IIM's support and the leadership provided at the Partnership steering groups. Workwise stakeholders felt communication and partnership with the DHB management had deepened as a result of the project.

Increases in the number of employment outcomes is a long-term goal and is not necessarily expected to be achieved as part of the first year of this project. Any changes in the nature of referrals, such as an increase in the number of people with complex employment barriers, will be analysed in the subsequent outcomes report to be published in November 2016.

CMHC changes

Some CMHC managers commented that Workwise's profile and the staff awareness of the EC's availability had increased. A few noted that the EC's skills had improved with the IIM's coaching and mentoring. CMHC managers from both DHBs believed that staff's understanding of their role in helping people achieve employment, the Workwise EC's role in the journey and the importance of work in supporting recovery had improved over the course of the project.

> *I think it has strengthened people's understanding of both the partnership approach that ADHB has with Workwise and in general terms the importance of the vocational issues. We've had a Workwise EC but I think [the IIM's] work has increased and improved the awareness of the Workwise team's availability and the importance of work in recovery. I think it's had a substantial impact.* (CMHC manager A)

Two CMHC managers discussed new employment-related projects that had been influenced by their learnings over the last year. One centre was thinking carefully about how to better identify and support those people who had complex employment barriers.

> *[We're] working on a project to identify people who needed a lot of skills to be considered employable. [Our] new focus is to get some good results with that group, as it has been slow.* (CMHC manager B)

Another centre was considering how to improve their links with local NGOs to help meet the employment-related needs of specific populations.

> *We also thought about other things around to help people get work. There's lots of help for women who want to go to work, eg Dress for Success etc. We don't have anything available like that for men, so we've been thinking as a centre what could we do to support clients more locally and what other NGOs are around to help us.* (CMHC manager C)

A few CMHC managers described culture change. One manager saw culture change as the "*next step*" for their centre that would happen after a new EC began and settled into the role. They want their staff to further see their role within employment, emphasising the partnership between the person using services, the EC and CMHC staff. They wanted their staff to change the message from, "*we've got someone who will find you a job*" to "*we've got someone who has real specialist skills in supporting you to find employment.*"

During the course of the project one manager realised that employment needed to be an important focal area for their CMHC. They described how they were now "*threading employment through everything we do with clients*", with a general expectation that staff would regularly discuss employment and occupation soon after people's initial assessment. The manager reflected,

> *There has been a fundamental change in [staff] understanding [about] employment and occupation. We are thinking more carefully about type of people that we are putting forward to the EC and how we utilise their time. It's lovely that we have a consultant, but they should be the icing on the cake, not the whole cake.*

One CMHC manager described how staff's views of their role in employment changed as the IIM supported them to engage in critical reflection.

> *We had our eyes opened about the fact that we were thinking about work for particular people at particular points in their journey. We weren't open to the idea that everybody who comes in the door should have that future focus of being in work or some kind of occupation. What were we doing to help ready them for that? We had to examine the thought that we were becoming barriers to people starting to work, rather than helpful, because we were determining when we felt they were ready to go to work—as if that was something we had ownership over. It was a major point of learning for this team in accepting that, "of course everyone has the ability and the right to be fully occupied".* (CMHC manager C)

Workwise changes

Workwise staff commented on changes in their relationship with the DHBs, feeling the project had created space to reflect and grow the partnership.

> *There's a lot more engagement between myself and the CMHC managers. Improved engagement with CMHC staff actually understanding our roles as ECs. A big part of that has been the IIM going in there and delivering training to the staff at the CMHCs. …The connection and relationships between the CMHCs and Workwise staff has improved from my perspective.* (Workwise Team Leader B)

The Workwise senior management has been utilising the learnings and approaches resulting from this project to evolve their in-house trainings and support for team leaders and ECs. They've enrolled staff in Dartmouth practitioners training and supported leaders to take the Dartmouth supervisor course. Leaders have been supported to gain skills in technical assistance, to sustain and embed fidelity practice.

> *[We look at] how to troubleshoot with clients and consider our interaction around the table—having the conversation. We now needed leaders to team up with EC and go out and [rather than] working in parallel to approach employers versus watching then offering support and feedback to EC during process—building technical assistance as the IPS implementation manager has been doing with them. It wasn't something that has been part of our coaching/supervision process before to that extent. [We're now] teaching the leaders how to offer ideas and suggestions to tweak or enhance.* (Workwise senior manager 2)

Staff felt the effects from the IIM's presence resulted in a multi-level cascade with a targeted approach to progress practical and theoretical learnings across the business.

> *Staff members who have had that mentorship from the IIM and [Workwise's Workforce and Quality Development Manager] as part of this project get the fundamental practical as well as theoretical understanding around what fidelity is.* (Workwise Team Leader B)

Workwise staff believed their own understanding of fidelity and the differences between technical support through the IIM's "*hands-on*" approach and their current methods of feedback were improved.

> *I have a much greater appreciation of technical assistance than before. It's a really valuable function, particularly from the partnership.* (Workwise senior manager 1)

Need for the "State Trainer" role in New Zealand

Stakeholders were asked about the importance of the IIM role and whether or not the frequency of fidelity reviews would be appropriate for New Zealand MHS. All stakeholders felt the role was important going forward, noting the presence of the IIM kept the focus on employment-related *"conversations alive"* in a context of high workloads and multiple challenging areas. One manager stated the role would still be useful for a short period of time, but noted that Workwise and each DHB needed to drive the partnership and the employment focus needed to be *"business as usual and owned"* within each CMHC, rather than dependent on an external role.

> *I think it's important and it's about ensuring we're following the model as closely as we can and keep pushing ourselves to keep looking at what we can do differently and better. …What we've done is that we have an action plan and buy-in for wanting to make the changes, then looking at individual teams, how do we make change, as organisations, between them—that partnership between CMDHB and Workwise, what are we committed to doing differently? From that perspective it's been quite useful.* (CMHC manager D)

One manager commented that New Zealand MHS should follow the model of the State Trainer, as it has been shown to be useful overseas. They felt having someone lead the fidelity improvement process and sharing expectations was important, wondering if the role could be developed with more managerial control.

> *I'd almost like that person to have more control and more ability to tell us what they need us to do, rather than just facilitate. [The IIM's] been able to facilitate change, but [they've] not been able to say, "this is what we will achieve". …I'd like the role and I'd like the role to have more teeth.* (CMHC manager B)

Stakeholders all agreed the fidelity reviews were important but were unsure about the frequency of them. A few felt that reviews should be done more frequently, every six months, whereas others felt yearly was appropriate. A couple of stakeholders believed reviews going forward should be less frequent, no more than every two years. Stakeholders who believed CMHCs needed more work to achieve IPS model fidelity thought more frequent reviews were helpful.

> *I think yearly reviews are useful. I feel it's really early days. I think if you want to embed a model really well in practice and within that collaborative partnership, I think you need to stay on top of it and do that the best you can. Once you've embedded it really well, then you can do the evaluations less frequently, but I think there's still a ways to go.* (CMHC Manager D)

> *Annual reviews maybe not frequent enough as it's easy to lose momentum. Maybe six-monthly basis 'til programme established with a different feedback loop to teams. Whoever is driving the project in the team, need the right personality to do it—[the IIM] has.* (CMHC manager B)

Workwise stakeholders commented the independent nature of the role was beneficial. The IIM provided the organisation with someone who can broaden the circle of influence through time, resource, and ability to focus on improving fidelity through debating and challenging some clinicians' views.

> *For us [Workwise] to work in fidelity properly I think you need that role. I think it would be fantastic if we could have it attached to all the services across the country. The model of fidelity is for that to occur, so I think it would be valuable.* (Workwise Team Leader B)

Hopes and challenges going forward

Stakeholders discussed some of their hopes and anticipated challenges going forward. Some of these, such as organising the second fidelity review, were related specifically to the project and how they hoped to use the IIM's time for the next few months. One CMHC manager planned to review the nature of referrals with a view to determine whether or not there were any changes.

> *I need to get some information from the current EC about the nature of referrals. If he is getting more referrals for people who have been out of work for a long time. Whether or not he is getting more challenging issues; they may be the type of people who weren't being referred to Workwise in the past.*

Another spoke about their plans to unveil their tree to promote employment and how they hoped it would further spark conversations.

> *I hope that the Pohutukawa [employment] tree is full of leaves with stories of everyone who has gained meaningful employment. That's quite exciting for us. We've got a few leaves we need to put on and do a proper unveiling of it. I think that will tell people quite a bit. It'll give a real strong message coming into our service of the importance of work and that people do find jobs even though it's really hard out there. Lots of leaves on our Pohutukawa tree.* (CMHC manager)

Many also spoke broadly about how they hoped to progress employment-related and fidelity activities going forward. Stakeholders discussed the importance of capitalising on increased awareness and continuing to deepen health professionals' understanding of the IPS principles and their role in supporting someone's employment journey.

> *How do we maintain awareness in regards to the issues that have been identified with regards to fidelity moving forward? Caseloads are very high and we're flat out, the challenge sits in that context. Given the structure of teams within this centre, and given workload for the EC, having enough EC time is a bit of a challenge for us.* (CMHC manager A)

One manager hoped that improvements in the EC's understanding and skills would lead to more outcomes for people, which would reinforce and grow health professionals' understanding of their role. They believed health professionals would then be more likely to refer people who faced multiple challenges to returning to employment to the EC.

> *[I hope] the team has real understanding around role of employment in someone's recovery and they're actively working with people around that and asking the questions and helping to support people in employment. Real understanding from our employment specialist about finding the right job for people, rather than fit people into existing positions. Going out into the community and looking for jobs going to fit the client population. The two are linked.* (CMHC manager B)

A few stakeholders wanted to consider how the learnings could be spread beyond Workwise EC and embedded into mental health services in an ongoing way. They wanted to explore how additional resources, such as CSWs and other employment agencies, could be better utilised to support more people.

> *Not all adult community teams have access to Workwise EC. So how do we take learnings and spread that to other teams? How do we make the best of what we've got? Even if there's not a dedicated EC in a team, we still can have an employment champion in the team. How do we harness community supports, etc?* (DHB senior manager 1)

Senior managers from both Workwise and the DHB believed ongoing partnership development work to embed the gains from this project was important.

> *Long term success is around the relationship between Workwise and the DHB to continue to work together and problem solve and continually improve the service.* (DHB senior manager 2)

Workwise stakeholders hoped the momentum with ADHB and CMDHB would continue and the second fidelity reviews would demonstrate any movement. They wanted to use the results to set long term goals with the DHBs.

> *The completion of a second review and look at recommendations from that to see where we've coming to in that period of time and also to set goals for the next couple of years.* (Workwise Team Leader A)

The senior managers believed the technical assistance provided by the IIM needed to be replicated on a national scale, as the other DHBs with IPS services experienced similar integration and access issues to those found in the fidelity reviews at the two Auckland DHBs.

> *The technical assistance to the other DHBs would be helpful to refine and enhance integration and add more access for many people across the country.* (Workwise senior manager)

Discussion

A central part of this evaluation is to better understand the characteristics and post fidelity review activities needed to undertake the IIM role. The results show the IIM needed to lead through change management skills, supporting services to improve CMHC and DHB IPS implementation. The IPS manager's role is to influence key stakeholders at CMHCs and within the ESS to engage in the fidelity improvement process. Fundamentally, the role requires getting buy-in for the change vision, identifying current norms and counterproductive practices and processes, supporting staff to develop new practices and then supporting CMHC teams to embed those practices to become sustainable (Torrey, McHugo, Bond, & Swain, 2012).

To influence stakeholders the IIM needed to develop relationships at the strategic, operational and frontline levels, understanding their interrelated but different challenges in strengthening IPS implementation. Critical activities supporting this change management process included delivering employment-focussed training to CMHC health professionals, coaching and mentoring to ECs, providing practical, context-based solutions to fidelity issues, and developing relationships with key stakeholders. Key characteristics of the IIM included being responsive, flexible and attentive which were blended with their deep knowledge of IPS evidence and IPS operation and the ability to utilise their experiences of providing mental health services and employment

services. The combination of the IIM's characteristics and activities appears to be important factors in how they drove the change management process.

As with any organisational change process, the IIM experienced organisational contexts as barriers or facilitators to improving IPS implementation fidelity. Leadership demonstrated by the partnership steering groups, enhanced at ADHB by the strategic document *Everyone's Business*, supported the fidelity changes at the DHB levels. The inclusion of training in the MHS programme, the reallocation of staff referral processes at ADHB and CMDHB's progress on helping ECs utilise the relevant electronic notes system demonstrates the leadership within these groups. These types of productive system level solutions by leadership are crucial to improving fidelity and ensuring improvements are sustainable (Bond et al., 2014). It is unlikely the IIM would have been able to influence these changes on fidelity dimensions without the DHBs' buy-in at the partnership steering group.

Most stakeholders felt the profile of employment has lifted at the DHBs and CMHCs as a result of the project, deepening the existing partnership between Workwise and the DHBs. Despite this general agreement stakeholders' reports on what IPS fidelity improvements had occurred differed between CMHCs. It is likely the variability is due to the individual CMHC contexts, particularly how employment was perceived at the CMHC, and the manager's degree of ownership over the process. The IIM's ability to influence this vision appeared to be linked to the importance of employment at the CMHC, the manager's perception of the importance of employment and the presence of a well-established, skilled EC. Stakeholders reported fewer changes where employment was not considered to be important, the manager did not believe they had a primary role in influencing CMHC practices around employment and/or the EC turnover was high. Stakeholders reported more changes where staff was stable and they viewed employment as core business rather than an "add-on". Given the challenging environment of MHS these differences are not unexpected and any changes in fidelity will need to be viewed in the context of how central employment is for the CMHC and the individual challenges experienced by the CMHC. These experiences and any changed in IPS fidelity will be explored further in the final evaluation report.

Despite the variability in stakeholders' views of fidelity improvements, DHB and CMHC stakeholders felt the role had been valuable and needed to continue to maintain momentum. Early and ongoing structural changes and staff turnover hindered the IIM's ability to influence changes in some CMHCs. Stakeholders did not yet feel the changes were embedded and sustainable without the IIM's continued support. Although the IIM is working to support CMHCs to embed practice changes, through developing CMHC champions and supporting ECs to upskill, some gains are likely to be lost without ongoing support. Given the time needed to embed change and consolidate gains, one year for this project was likely insufficient. It is not clear from stakeholders' perspectives how much time is needed for a project of this type, nor whether or not yearly fidelity reviews are appropriate for New Zealand MHS. The structural changes at ADHB and some challenges in establishing buy-in at all CMHC suggest that any future project implementation would benefit from conducting readiness assessments, though there are limited IPS sites in New Zealand (Meyers, Durlak, & Wandersman, 2012).

Conclusions

The IIM was influential in raising the profile of fidelity to the IPS effectivensss evidence base, the overall value of employment for people using mental health services and the partnership between the DHBs and Workwise. The IIM's ability to focus on fidelity, combined with their experience, knowledge, and responsiveness created opportunities to lift the fidelity practice at CMHCs, DHBs and within Workwise. They undertook critical fidelity improvement activities, including training for health professionals, coaching and mentoring for EC and offered practical solutions to issues raised in the baseline review. The role has added value to the IPS implementation and integration at ADHB and CMHC MHS, with some CMHC taking steps to include employment as core business. The final report will consider these findings in the context of the repeat fidelity reviews, the referral and employment data and the measurement of health professionals attidues and expectations around employment.

Appendix A: Evaluation goal, objectives and questions

Evaluation goal: to examine the establishment of the role of the IPS manager in New Zealand and understand the relationship between this role and CMHC IPS fidelity and the teams' (enrolled clients') employment outcomes.

Evaluation Objectives	Evaluation Questions
1. To outline the characteristics and activities of the IPS manager.	1a. What activities does the IPS manager undertake in the role? 1b. What characteristics does the IPS manager display in their role?
2. To identify any changes in health professionals' perceptions, knowledge and behaviour regarding supported employment opportunities during the pilot.	2a. In what ways do health professionals' (HP) self-reported behaviour regarding supported employment opportunities change through the course of the pilot? 2b. How does HPs' self-reported frequency of employment discussions change? 2c. How does HPs' facilitation of access to supported employment programmes for people using services change?
3. To determine how the presence of the IPS manager affects teams' fidelity scores.	3a. How do the IPS manager's activities contribute to changes in the teams' fidelity scores, including specific items on the scale, throughout the pilot? 3b. How do the IPS manager's activities contribute to any team and emerging organisational level changes aimed at fidelity improvements?
4. To identify barriers and facilitators experienced by the IPS manager and other key stakeholders in the IPS improvement process.	4a. What activities by the IPS manager and/or key stakeholders facilitate or hinder the IPS implementation improvement process? 4b. What organisational factors facilitate or hinder the IPS implementation improvement process?

Appendix B: Evaluation approach and method

This process evaluation drew on the evaluation and research traditions of theory-based evaluation and utilisation method theory. These approaches are appropriate to the developmental and learning focus of process evaluation and guided the framing of the evaluation questions, as well as methods chosen to collect and analyse the evaluation data. A brief description of each approach and how it shaped the evaluation follows.

Process evaluation

A process evaluation assesses how a programme or intervention is working during the execution of a programme. Process evaluation looks at how the programme is being formed or how its processes are coming together. This information can be used to feed back into the programme, make changes and ensure it is working to best effect. The data collected looks at what happens within the programme, such as the number of people taking part compared to all those who were invited, delays in delivery of a service, the demographics and if the programme was carried out as planned (Brophy, Snooks, & Griffiths, 2008).

Theory-based evaluation

A theory-based evaluation approach (Chen, 1990; Funnell & Rogers, 2011) builds from understanding how the intervention is expected to work. It requires identification and understanding of the activities and mechanisms that are expected to lead or contribute to intended outcomes of an intervention (i.e. the programme's theory). Mapping how an intervention is expected to work, including how intermediate outcomes lead to longer term outcomes, guides the development of appropriate evaluation questions. It also helps identify criteria for assessing quality, how well the intervention was designed and delivered and what outcomes occurred and with what impact. It seeks to explore why is a programme working or not working as expected, rather than simply describing whether or not the intended outcomes were achieved.

Development of programme theory is ideally a collaborative process that draws on the views and experiences of key stakeholders. The programme theory was developed at a project level utilising IPS implementation literature and wider literature information. Workwise stakeholders had the opportunity to provide feedback on the draft programme logic.

Utilisation evaluation methodology

Utilisation focused evaluation (UFE) is an approach based on the principle that evaluation should be judged on usefulness to the intended users (Patton, 2008). UFE is a guiding framework and does not prescribe to any specific content method or theory; it can include a wide variety of methods and paradigms (Ramirez & Brodhead, 2013). UFE facilitates an evaluation and learning process in which evaluation findings are applicable to the real world and the stakeholders involved in the programme. Those that benefit from the evaluation, or the intended users, are important to the process and must be identified and involved in the decision making process of the evaluation (Patton, 2008; Ramirez & Brodhead, 2013).

This evaluation applied UFE by identifying the partners contributing to the programme and considering how they might benefit from the evaluation. Workwise, provided input and feedback on the evaluation goals and

objectives. The findings and conclusions resulting from this evaluation will contribute to establishing any value of IPS technical assistance as provided by the IIM.

Data analysis methods

The following section describes the data analysis process for the qualitative and quantitative data collected in this evaluation.

Analysis of qualitative data

The qualitative data generated through the in-depth interviews was analysed using thematic analysis (Braun & Clarke, 2006). Thematic analysis provides a systematic process for identifying patterns, themes and meanings within qualitative data. Attention was paid to ensuring the full range of perspectives and experiences reported by stakeholders during the interviews was captured through the analysis. Similarities and differences within the data, including outliers, infrequent findings that are none-the-less theoretically significant, were identified. Attention was paid to identifying any data that described the activities of the IIM and any resulting changes. Quotes were used to illustrate important results.

Inductive and deductive analysis

Theme development for qualitative data can be done through both deductive and inductive analysis. Deductive analysis develops the thematic codes through consideration of a theory or previous data or research. Inductive analysis utilises raw data to develop thematic codes. Theory driven approaches provide a stable and more reliable starting point for code development; however, data driven approaches are likely to represent the raw data better in the thematic codes and in the final theory or conclusion (Boyatzis, 1998). This evaluation utilised both inductive and deductive analyses to derive thematic codes and determine the findings.

Summary

This process evaluation utilised programme theory evaluation methodology through consideration of the IPS implementation literature with the support of the Workwise project team. The primary purpose of the process evaluation was to identify and understand what activities the IIM was undertaking and beginning to identify changes related to those activities.

Appendix C: Interview topics

The following list contains the topics guiding stakeholder interviews. Each topic was covered in more or less depth deepening on interviewees' responses. Some additional topics were discussed as a result

- What did you hope to get out of participation in the IIM project?
- Tell me about the IIM's early engagement?
- How was the IIM's ongoing engagement?
- Turnover of Workwise staff &/or clinical staff
- The IIM activities and how those have influenced your group.
- Any changes that you've seen? Why?
- Opinions on the value of the state trainer role in New Zealand
- Hopes for IIM project going forward?

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