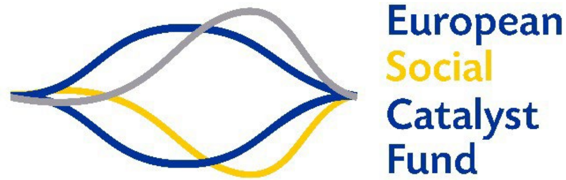
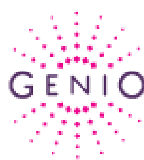


European Social Catalyst Fund

Scaling up Individual Placement and Support (IPS) approach for people with severe and enduring mental health illness to gain and sustain paid employment

This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 870757.



Introduction

Individual Placement and Support is a supported employment approach that was developed in the USA in the 1990s to improve employment outcomes for people with severe mental illnesses, such as schizophrenia, bipolar disorder, and psychotic disorders. IPS relies on rapid engagement of the individual with employment and a “place then train" approach. It aims to support people to find paid, competitive work in a role and sector that fits their needs, skills, experience, and desires. Since its inception, IPS has spread to at least 20 countries,[1] while 27 Randomised Controlled Trials across the world have proven it to be an effective intervention in a variety of settings and economic conditions;[2] it is more than twice as likely to lead to competitive employment when compared with traditional vocational rehabilitation.[3]

Lead Organisation

Stichting Social Finance NL, Netherlands

Other Organisations in the consortium

- Klink za Psihijatriju Vrapce (Croatia)
- Centre for Mental Health Care Development (Czech Republic)
- Copenhagen Research Centre for Mental Health – CORE (Denmark)
- Fundación Avedis Donabedian Para La Mejora De La Calidad Asistencial (FAD) (Spain)
- Working First (France)
- Social Finance UK

Primary social challenges that the innovation seeks to address

Mental health, Employment and Job Creation.

Relevance of this Social Innovation

OECD data demonstrates that people with severe mental illness are more likely to be unemployed and the level of unemployment has been rising for several years in developed European countries. The issue is of particular concern in Eastern European countries. Not surprisingly, people with a severe and enduring mental health illness consistently report a desire to work and highlight that mental health services often don’t have employment as a focus in their recovery journey.

Being productive is a basic human need. Working can be a way out of poverty. People with severe mental illness traditionally face much greater challenges gaining and maintaining

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[1] Becker, D. R., & Bond, G. R. (2020, January 30). Commentary on Special Issue on Individual Placement and Support (IPS) International, Psychiatric Rehabilitation Journal. Advance online publication, http://dx.doi.org/10.1037/prj0000402

[2] https://www.centreformentalhealth.org.uk/sites/default/files/the_evidence_for_ips.pdf

[3] Burns, Tom et al. “Individual Placement and Support in Europe: the EQOLISE trial.” International Review of Psychiatry (Abingdon, England) vol. 20,6 (2008): 498-502, https://pubmed.ncbi.nlm.nih.gov/19085404/

employment as a result of stigmatising views in the workplace and society, educational disadvantage and the impact of the chronic nature of the mental health symptoms.

Traditional vocational rehabilitation models typically involve extensive pre-placement training and support with a focus on preparation prior to any return to work. Often this training occurs in a sheltered workshop environment and evidence suggests people never leave this environment.

Unemployment of people with disabilities has been confirmed as a major concern for all 5 EU member states. Identifying an evidenced based supported employment approach such as IPS, to help improve this gap remains relevant.

A significant amount of early research for IPS was conducted in the USA, however increasingly researchers outside of the United States and especially in Europe have begun to contribute to literature. There have been 27 Randomised Control Trials conducted on the impact of IPS in 14 different countries around the world and consistently the employment rates are more than doubled in IPS compared to standard vocational rehabilitation. Due to extensive research across the world, IPS is the most well-defined form of supported employment that we have. It is based on the concept that anyone can gain competitive employment provided the right job with appropriate support can be identified. The core 8 principles of the approach are well defined by the IPS Fidelity Scale with significant evidence suggesting that IPS is most successful when fidelity to the scale is high.

There is specific research that has confirmed that IPS is effective in improving competitive employment for people with severe mental illness in different European countries with varying health services, economic or cultural conditions.

An important piece of meta-analysis research in 2016 highlighted those individuals receiving IPS are more than twice as likely to gain competitive employment as compared to those receiving standard vocational rehabilitation. This impact was seen across multiple countries despite the countries unemployment rate, and the impact remained stable over two-year period. This research did highlight that IPS was affected if a country had a GDP growth rate below 2%, however IPS still created greater employment rates in this context as compared to traditional vocational rehabilitation approaches.

IPS is being delivered in 4 of the 5 country partners for this project: Czech Republic, Denmark, France and Spain. A great deal of interest exists in Croatia and our country partner has undertaken training and research on the approach prior to the project.

The extent to which this innovation has already been implemented in countries in Europe

France:

The majority of the circa 90 Supported Employment services in France refer to the IPS model, but to varying degrees. A few ‘IPS-inspired job coaching services’ offer support to people with mental health problems who aren’t recognised as disabled workers. Services are not integrated with mental health services and there is no real IPS learning community. Fidelity to the IPS model is rarely measured or tracked.

Denmark:

IPS was first introduced in Denmark in 2012 in a Randomised Controlled Trial funded by the Danish Agency for Labour Market and Recruitment. The trial had 720 participants and achieved good results. Since then, IPS delivery has steadily spread through Denmark. IPS is delivered in partnership with job centres in over half of the municipalities in Southern Denmark, all but three municipalities in Zeeland and a few municipalities in the Copenhagen region. IPS is delivered with limited clinical integration between employment teams and mental health teams. Training and support for IPS services is limited, and at the time of project inception, IPS was not yet recommended at a national policy level.

The Czech Republic

There are currently 18 IPS service providers in the Czech Republic, all of which are NGOs. IPS is well integrated into the mental health team, or mental health centre where it is delivered, and is delivered in the same settings as community mental health services. As in France, fidelity reviews are not common practice, and it is therefore not clear on the fidelity of service delivery to the approach. IPS at time of project inception was not part of national policy.

Croatia

There is currently no IPS in Croatia. Temporarily unemployed people with disabilities can be referred to occupational and social inclusion programmes by the Croatian Employment Service or Regional Vocational Rehabilitation Centres, which can provide up to 100 hours of support in the workplace for 12 months. There is currently no specialised service for people with severe and enduring mental illness seeking employment.

Spain

An IPS pilot was run in 2013 in Catalonia and achieved good results. Following this, seven sites adapted their own programmes to implement IPS, participated in training and fidelity reviews and provided quarterly reports. Two further sites have been trained and completed a base fidelity review at 6 months of delivery. Some organisations in Madrid and Murcia are trained to implement IPS. Andalusia and the Canary Islands have also moved towards IPS-like practice in recent years. The Spanish Mental Health Strategy 2009-2013 supports IPS at a national level. Despite this, each region operates very separately and there has been limited uptake of the approach.

Scope

Where the innovation is planned to be implemented

- Croatia (Zagreb);
- Czech Republic (Pardubice and Hradec Králové);
- Denmark (focuses on the creation of a cross-national organization assembled in the Danish IPS Learning Community);
- France (Marseille, Nice, Lille, Lyon, Dijon and La Reunion) and
- Spain; (Seville, Madrid, Tenerife, Catalonia.)

Reasons the geographical areas were chosen for implementation

Croatia

As IPS does not currently exist in Croatia, the plan is to scale IPS starting with a small pilot in Zagreb with two Employment Specialists and one team leader. Zagreb is the location of our country partner and IPS expert and makes sense to manage the pilot within this locality.

Furthermore, there is a well-established government program for the employment of people with disabilities, regardless of the type of disability. The support workers in the Department for persons with disabilities provide assessment for motivation for work and job search according to a person's needs, as well as support to people with disabilities to maintain the job, however they do not have the necessary training to provide support for people with mental disabilities or to provide support exclusively to people with mental disabilities. The project would help establish a system and training and experience specifically related to helping people with mental disabilities to find and maintain employment.

Czech Republic

The scale up of IPS is planned in two regions, Pardubice and Hradec Králové, beginning in January 2023. The total population of these two regions is about one million inhabitants, and they consist of nine districts in total. One IPS service will be established in each region, with three Employment Specialists (ESs) in one and four in the other. The core costs will be covered by the regional governments, with additional funding needed to cover the wider quality framework and support costs.

The reasons for choosing these regions are as follows:

1. There are community mental health services provided by experienced NGO providers Péče o duševní zdraví (pdz.cz), Charity in Polička. and RIAPS Trutnov. All of them have declared an intention to implement IPS. (Note they previously did try and implement IPS and with no quality assurance framework were unable to continue the delivery)
2. Authorities in both regions plan to implement IPS in their development plans and confirmed this in writing.
3. The service user organization JAKALUS has also agreed to support IPS implementation (coproduction).

Denmark

IPS will scale across Denmark and be funded by the job centres across different municipalities. There is no plan for quality assurance, and this is a great risk for IPS efficacy in Denmark.

The plan developed to scale IPS in Denmark therefore focuses on the creation of a cross-national organization assembled in the Danish IPS Learning Community (DILC).

The DILC will consist of implementation consultants in each of the five large regions of Denmark and will be supported by the knowledge and experience from a team of IPS experts, especially in establishing the learning community, future research, and improvements of the IPS intervention. Furthermore, user representation will be structurally

secured with permanently affiliated user consultants in the DILC as part of the training program.

In the suggested organisational form, the five regions in Denmark will play a key role in driving the implementation of IPS forward and secure the necessary competencies to support the specific implementation process in the municipals. An IPS implementation model and educational packages will support the work of the regional implementation consultants with practical tools, checklists and templates for a business case, cooperation meetings, etc.

This implementation model is being developed by our country partner in the CORE project 'IPS – from research to practice' funded by the Tryg Foundation 2021-2023 and will be further adjusted and improved under the auspices of the DILC.

France

Awaiting the decision on an application for a SIB. The sites chosen are Marseille, Nice, Lille, Lyon, Dijon and La Reunion.

These sites were chosen primarily on the basis of the presence of a *Un Chez Soi d'Abord* (Housing First) service that represents the leading edge of the mental health recovery approach in France and would house the IPS services.

These Housing First services will be present in 30 French cities by 2023, implying a strong potential for scaling up IPS in the country. In addition, these services were selected from among ten or so, on the basis of the employment needs of their users, their capacity to engage in the project and the diversity of the ecosystems they represent to support gathering useful evidence.

Spain

The proposed plan to further scale IPS in Spain consists of two main goals:

1. Developing IPS services in four key regions:
    a. a new service in Seville, Andalusia
    b. a new service specifically for young people in Madrid
    c. Expanding an existing adults' service in Tenerife
    d. Adding a half-time Employment Specialist to eight Mental Health Centres in Catalonia to integrate recovery and employment services
2. Developing a national Spanish IPS network which will:
    a. Connect isolated organisations and enable them to share challenges and best practice with each other
    b. Explore further opportunities for funding IPS in Spain
    c. Share documents and news from the international and European IPS networks, translated into Spanish
    d. Share outcomes from IPS services and increase visibility of IPS in Spain

These four regions were chosen to scale up IPS in Spain, with clear distribution in very different contexts:

- Andalusia: a new unit located in Seville, in rural area.

- Madrid: a new unit located in Madrid for young people (a cohort that has not been supported by IPS as yet in Spain).
- Canary Island: An adults' service already working in Tenerife and requires support to transition fully to IPS.
- Catalonia: As a pilot project was already tested with good results, the scaling up proposal include 8 Mental Health Centers (among 4 regions). These services will include 0.5 Employment Specialists in each Mental Health Center to integrate recovery and employment services.

These areas in which pilots could be undertaken in different regions of Spain, could show the potential impact of the IPS model for wider scaling in these regions and in other regions in the future, as these regions have very different contexts and job opportunities.

The organisations leading these pilot services are public administrations and NGOs with contracted services with local and regional governments.

These organisations already know the IPS model at different levels and are interested in piloting it in their regions. No research was done in most of these regions, so they need some results to spread this model to other units and services managed by the same organisations and contracted with public administrations.

Due to the Spanish regional context, where health and job competencies are led by each region, a different target approach will be applied in each region, in order to take into account, the singularity of the context, legislation and impact in the region. Even expected outcomes will not be the same, as unemployment taxes are very different in each region.

Level of implementation of the innovation anticipated

Denmark: Level 1 - Consistent Adoption by mainstream social services at national/federal level

Czech Republic, Spain and France: Level 2 - Partial adoption by regional/municipal social services

Croatia: Level 4 - Pilots external to mainstream social services

Level of Adoption	Description
1	**Consistent Adoption by mainstream social services at national/federal level**
2	**Partial adoption by regional/municipal social services**
3	Inter-connected demonstration projects
4	**Pilots external to mainstream social services**

Anticipated measurable outcomes

Within 2 years

Based on the challenges identified and the scope of the project, we found that 'scale' looks different across the two-year plans developed by the five countries, sometimes even varying region to region within a country.

Scaling IPS over two years will be:

- a single pilot service in Croatia, working with 120 people
- six new services spread across France, working with 360 people
- two new services in the Czech Republic, working with 810 people
- two new services across Spain, including one specifically for young people, a new IPS cohort for this country, and expand and consolidate exiting services.
- rapidly increasing IPS provision across the whole of Denmark.

Table 5.1: The service size, geographical reach and expected outcomes of each two-year plan.

Country	Service size (number of employment specialists)	Geographical Reach	Expected number of service user engagements	Expected number of job starts
Denmark	30	National and cost 1.6mill	750	284
Spain	21	4 regions + national network	441	247
France	12	6 towns/cities	280	148
Czech Republic	7 (3+4)	2 regions	810	567
Croatia	2	Zagreb pilot	120	60
TOTAL	**72**	**n/a**	**2,401**	**1,306**

It is worth noting that across all five countries, even in the case of Denmark where the aim is to increase IPS provision across the whole country, we are at very early stages of scale.

Croatia

Table 5.2: Croatia expected outcomes over 2 years

Expected Outcomes over 2 years	Yr. 1	Yr. 2
Referrals	70	70
Engagements	60	60
Job starts	30	30
13-week sustainment's	20	20
Cumulative conversion rates		
% of referrals expected to engage with service	86%	86%
% of service users who engage expected to get a job	50%	50%
% of service users who get a job expected to sustain the job for 13 weeks	67%	67%

Additional support needed by Croatia:

The team are looking for further funding from ESCF to cover the costs of this pilot. The local hospital will fund training and support for peer workers.

Czech Republic

Table 5.3: Czech Republic expected outcomes over 2 years

Expected Outcomes over 2 years	Yr. 1	Yr. 2
Referrals	350	700
Engagements	270	540
Job starts	189	378
13-week sustainment's	99	198
Cumulative conversion rates		
% of referrals expected to engage with service	77%	77%
% of service users who engage expected to get a job	70%	70%
% of service users who get a job expected to sustain the job for 13 weeks	53%	52%

Additional support needed Czech Republic

As stated, the core costs will be covered by the regional governments.

IPS experts from other countries where the model is more established will be needed to conduct the first fidelity reviews as there are no experienced IPS reviewers in the Czech Republic. A "train the trainer" model will be ideal to build country wide fidelity reviewer skills. Additional funding from ESCF and/or private foundations is needed for the wider training and support of the IPS services, and possibly for inclusion of team leaders in each service.

Denmark

Table 5.4: Denmark expected outcomes over 5 years

Expected outcomes of 5 years	Yr. 1	Yr. 2	Yr. 3	Yr. 4	Yr. 5
Referrals	425	425	610	610	610
Engagements	375	375	500	500	500
Job starts	142	142	190	190	190
13-week sustainment's	121	121	162	162	162
Cumulative conversion rates					
% of referrals expected to engage with service	88%	88%	82%	82%	82%
% of service users who engage expected to get a job	38%	38%	38%	38%	38%
% of service users who get a job expected to sustain the job for 13 weeks	85%	85%	85%	85%	85%

The outcomes and conversion rates above have been calculated based on data from the pilot of IPS in Denmark.

Additional support needed

In addition to job centers reallocating funds to pay for ESs, this plan will require additional funding for the implementation team who will work with the job centers and psychiatry teams to allocate resources, conduct training, and run fidelity reviews. If it is not possible to persuade regional governments to provide this funding, it will need to come from either the national government or from private foundations.

France

Table 5.5: France expected outcomes over 2 years

Expected Outcomes over 2 years	Yr. 1	Yr. 2
Referrals	120	200
Engagements	100	180
Job starts	53	95
13-week sustainment's	23	40
Cumulative conversion rates		
% of referrals expected to engage with service	83%	90%
% of service users who engage expected to get a job	53%	53%
% of service users who get a job expected to sustain the job for 13 weeks	43%	42%

Additional support needed

If the SIB funding is not won, then France moves to option 2 which suggests same numbers and location and will need some regional redirection of funds and access to extra funds from something like the ESCF.

Spain

Table 5.6: Spain expected outcomes over 2 years

Expected Outcomes over 2 years	Yr. 1	Yr. 2
Referrals	257	292
Engagements	198	243
Job starts	112	135
13-week sustainment's	82	94
Cumulative conversion rates		
% of referrals expected to engage with service	77%	83%
% of service users who engage expected to get a job	57%	56%
% of service users who get a job expected to sustain the job for 13 weeks	73%	70%

Additional support needed

Whilst a few local governments have expressed interest in exploring co-funding options with ESCF, there is currently no committed funding for this plan. Additional funding from private foundations and/or ESCF is highly likely to be needed.

Beyond 2 years

Evidence suggests that scaling of IPS takes a very long time, and the five countries working on this project are very much nearer the beginning of this journey. We suggest three key principles need to be in place for scaling IPS:

1. Significant investment is needed at the beginning to build momentum – including investment in quality assurance
2. Reaching high numbers of people takes many years and
3. Scale starts slowly but then builds quickly

Each country has planned a relatively small scale initially to ensure quality expansion and building of quality evidence. New and/or changed funding is needed before widespread delivery and existing sectors will adopt new ways of working on a large scale. Promoting a new public conversation is needed throughout the scale.

All country partners will need to play a significant role in ensuring this quality expansion, by drawing on their own expertise and the expertise of the wider Europe IPS learning Community.

Evidence

IPS is supported by evidence from a systematic review of relevant Randomised Control Trials (RCTs) (Level I, see Appendix 2).

The IPS approach is recognised as the best defined and researched of all employment models. IPS is an evidenced based supported employment model for adults with serious mental health illness and provided in a community mental health context with 27 randomised control trials across the world confirming its efficacy against other vocational rehabilitation approaches. These approaches usually involve significant pre-job-placement preparation such as long technical courses, social skills training, and work trails.

IPS is known as a “place then train approach” which focuses on direct search for competitive employment and doesn’t screen people for “work readiness” or “employability” as many traditional vocational rehabilitation models. People gain paid employment quickly and the workplace is where vocational rehabilitation occurs.

IPS is an internationally tested model, frequently promoted both in the USA and in Europe.

The first European trial of the effectiveness of IPS was the EQOLISE study (Burns et al., 2007), which replicated the excellent results of American studies, despite the extensive differences between the USA and Europe in labour market regulations, organisation, and culture of mental health services. In this international six-Europe site randomised trial, IPS was superior to treatment as usual for the number of people entering the competitive market (55% vs. 26%), the number of days and hours worked, and the amount of money earned. It also found an 11-percentage point reduction in hospitalisation rates for people receiving IPS and a four-point reduction in time spent in hospital.

Following on the Europe EQOLISE study in 2007, several countries started to implement and further evaluate IPS. It is now official policy in England, Netherlands, Norway and emerging policy in some regions of Spain, Italy, Germany, Sweden, France, Belgium, Switzerland and Ireland.

The degree of implementation varies, as do the obstacles that each country must face. In general Europe has a long tradition of vocational rehabilitation interventions based on “train then place models” providing sheltered workshops, training centres, social enterprises, and legislated quota systems, but each country has its own mix and its own decision making to incorporate an evidence-based innovation such as IPS.

Extensive research has demonstrated that IPS in Europe is as effective as in the United States and more effective than traditional vocational rehabilitation. Although official policy in some member states, IPS is still more advocated than formerly endorsed and practiced in Europe. However, it is recommended by the European Union, and is emerging policy in most European nations and regions.

A narrative review of 12 systematic reviews and 17 randomised controlled trials, including 10 in Europe, found that IPS had consistently better employment outcomes than alternative vocational approaches, including more rapid entry into competitive employment, more hours and weeks worked, and higher wages.

A meta-analysis concluded that IPS was effective in a variety of European country settings despite varying economic conditions.

The major barriers to widespread implementation of IPS across Europe appear to be low financing and low expectations of people who are poor and stigmatised by mental illness. Meanwhile, the research support for IPS around the world has continued to become stronger, with an abundance of randomised trials and other studies suggesting that employment clearly improves quality of life and income for people with psychiatric disabilities; clinical outcomes may also improve; and mental health treatment costs decrease over time.

Potentially another impact from delivery of IPS is in changing clinical and community perspectives on expectations and beliefs in a 'life-long impairment' associated with schizophrenia and related severe and enduring mental health disorders.

Scaling Methods

Based on the challenges identified and the economic, cultural, and political contexts in each country, the countries developed scale-up plans that focus on overcoming these challenges and pulling on other strategic levers to progress towards widespread delivery and adoption of IPS, new funding and new public conversation.

These plans show three distinct routes to scaling IPS in Europe:

Route A: Running a small pilot service to start building the evidence base and challenge the status quo – Croatia

In Croatia, IPS will be introduced via a small pilot service in Zagreb with two Employment Specialists. IPS has not been run in Croatia previously, so a pilot is necessary to test whether the model works in the Croatian context and persuade key government and funder stakeholders that it is a cost-effective intervention. External funding would be needed to fund the two Employment Specialists. The Employment Specialists would receive training and supervision from the mobile psychiatric team, funded through national health insurance. Outside of the IPS service, peer support workers will also be employed to provide additional support to people with mental health conditions looking for employment.

The scale-up plan in Croatia focuses largely on challenging the status quo, pushing a new public conversation about mental health and employment, and building the national evidence base of IPS. The team hopes that in running the proposed pilot, they will:

- Learn what is needed to better integrate employment and mental health support services in Croatia
- Influence social workers, mental health professionals, people with mental health difficulties and their families to have higher aspirations for people with mental health problems who want to work
- Understand patient and family perspectives on the impact of IPS on their recovery
- Learn how to best engage employers with the IPS service

This plan aims to put IPS 'on the map' as a recognised and effective model for supporting people with Severe Mental Illness (SMI) into work and begin to change the perspectives of professional, patients and the wider community. The team hopes that IPS services will grow in future psychiatric teams and within the government employment service. The expectation

is that after the two years the two Employment Specialists will become permanent employees, with their salaries and training needs funded by the government.

Route B: Allocating government funding to expand services across the country to increase reach and build momentum – the Czech Republic and France

In the Czech Republic and France, where IPS is already partially established, IPS will be scaled by adding new services in carefully selected regions. Within this route, the focus is on promoting wider adoption of IPS services by establishing new institutions, reallocating funding, and improving quality of existing services.

In the Czech Republic, two out of eight regional governments have agreed to fund IPS services of three and four Employment Specialists respectively. The governments will fund the running of the services from social services budgets, but additional funds will be needed for the training and wider quality assurance support. Two steering committees of service users will be regularly informed and consulted about the development of the scale-up and how it can be implemented most effectively. The hope is that after the two years, the regional governments will not only continue to fund the new IPS services but will also allocate their own resources to the wider training and quality assurance support needs. The team also hope to be able to explore opportunities to conduct and/or contribute to further research into the efficacy of IPS for people with common mental health problems.

In France, Working First now has two options for spreading the IPS model in France.

Option 1: Working First aims to develop IPS through a social impact bond launched by the Ministry of Labour through a call for expressions of interest to which the association has responded as lead partner. The sites chosen are Marseille, Nice, Lille, Lyon, Dijon and La Reunion. These sites were chosen primarily on the basis of the presence of a *Un Chez Soi d'Abord* (Housing First) service that represents the leading edge of the mental health recovery approach in France and would house the IPS services. These Housing First services will be present in 30 French cities by 2023, implying a strong potential for scaling up IPS in the country.

Option 2: The idea is to use the supported employment platforms launched by the State Secretariat for Disabled People from September 2021 to spread the IPS model. Using the existing supported employment services as a hub, the platforms are supposed to be formed by aggregating other job coaching or supported employment services that are not contracted by the state, for various reasons.

The platforms are supposed to be set up autonomously at departmental level in order to deal with the characteristics of each territory, in terms of needs and available services. The hub services should receive the funding and redistribute it to their partners according to the effective sharing of tasks. This would involve participation in the platform in Marseille (headquarters of our French country partner - Working First), and the deliverer of specialist IPS training, fidelity reviews and change support of other IPS services throughout France. Given capacities, Working First could thus take charge of support towards and in employment for people with mental disabilities, and other services, people living with autistic spectrum disorders or intellectual disabilities.

Initial contacts with State representatives suggest that they are initially interested in opening up supported employment services to people who do not currently have access to them (workers in sheltered workshops (ESAT) people not yet recognised as disabled workers, people in very precarious situations, people living with addictions). Moreover, they seem to want to unify and standardise practices in terms of supported employment, and the IPS model appears to be the best, and perhaps only, tool available.

Route C: Establishing a nationwide learning community and support network to improve the quality of existing and future services and share best practice – Denmark and Spain

In Denmark and Spain, the scale-up plans focus largely on establishing national support networks and learning communities to support current and future IPS services. Many countries, such as Japan, Italy and England, have formed such learning communities to promote and support IPS,[4] and have found these to be 'crucial for establishing new IPS programmes and maintaining existing ones.[5] This route aims to support the widespread delivery of IPS and push a new public conversation by harnessing collective effort, improving quality of services, and mobilising a shared voice.

In Denmark, the proposed Danish IPS Learning Community (DILC) will consist of implementation consultants in each of the five regions of Denmark, as well as permanently affiliated service user consultants, and will be supported by a team of IPS experts. The aims of the DILC will be to:

1. Expand the knowledge of IPS in Denmark and help push for implementation in all Danish municipalities
2. Support the implementation process in jobcentres and psychiatric outpatient clinics, from the decision to full implementation, including establishing cross-sectorial cooperation
3. Train Employment Specialists
4. Ensure the quality of IPS services nationally
5. Conduct further research and improvements of the IPS intervention in Denmark

The plan involves the five Danish regions each allocating resources for a regional implementation consultant and co-financing the expenses of the supporting personnel from a team of IPS experts, who will manage the daily operations of the DILC for three years. As IPS services are already growing in number in Denmark, the hope is that the establishment of a DILC will ensure sustainability of this expansion, and that after six to eight years 80% of all municipalities in Denmark will be delivering IPS.

In Spain, alongside trying to gain the funding to set up new IPS services in Andalusia and Madrid, and further developing existing services in Tenerife and Catalonia, the scale-up plan

[4] D. R., & Bond, G. R. (2020, January 30). Commentary on Special Issue on Individual Placement and Support (IPS) International. *Psychiatric Rehabilitation Journal*. Advance online publication, https://doi.apa.org/doiLanding?doi=10.1037%2Fprj0000402

[5] Bond GR, Lockett H, van Weeghel J (2020). International growth of individual placement and support. Epidemiology and Psychiatric Sciences 29, e183, 1–3. https://doi.org/10.1017/S2045796020000955

outlines a proposed IPS Spanish Network and Community of Practice. This network will be led by our country partner - FAD and will aim to:

1. Put isolated IPS organisations in contact with each other
2. Share knowledge and experience of IPS in Spain, as well as information from the International and European IPS Networks translated into Spanish
3. Explore further opportunities for funding the model across Spain
4. Increase the visibility of IPS in Spain and continue to support the scaling up of the model
5. Collaborate with universities and research networks to carry out specific IPS research

Additional funding from private foundations and/or European funds will be needed for this. The hope is that through this network, current IPS services and their outcomes will become more visible to participating regional governments and other interested regions. Following the two-year plan, the team at FAD plans to open the network up to other regions interested in starting IPS training.

Overall, therefore, there are multiple strategic levers that can be pulled on to scale IPS in Europe. Many of these are common to all three routes, such as shaping sector practice, altering or reallocating funding and creating feedback loops, which will be built in via ongoing service user engagement in the design and implementation of the scale-up plans.

In addition, each country scale plan aims to overcome the challenges identified by:

1. **Stakeholder engagement:** Continuing to engage with regional and national governments wherever possible, raising awareness and understanding of the IPS model, for example through roundtables and lobbying
2. **Integration:** Ensuring that Employment Specialists in new IPS services are integrated into clinical teams, and conducting fidelity reviews and training for existing services to encourage integration
3. **Funding:** Continuing to explore different sources of funding, and building on the growing awareness of the importance of good mental health that the COVID-19 pandemic has brought alongside data on the need for and impact of IPS services to promote IPS among possible funders
4. **Training and quality support:** Ensuring resource for training and quality assurance support is built into any new IPS service established, and strengthening connections with the international IPS community
5. **Stigma:** Conducting awareness raising and stigma combatting activities to increase understanding of mental health problems in the general population, and publicising success stories from service users
6. **Evidence:** Planning evaluation and further country research into the scale-up, in addition to efficient data collection and monitoring processes, to add to the evidence base, and using national and international networks to disseminate findings
7. **Communications:** share good news stories, promote hope, amplify the service user voice

There remain several strategic levers that are currently out of scope and/or not as relevant at this point. For example, each country will continue to look for opportunities to unlock capital,

but this has not been fully successful in all countries as yet. All countries do have letters from regional governments supporting the scale and clear project plans and budgets for the expansion of IPS.

Other strategic levers such as designing for mass reach or using new vehicles may be applicable to individual organisations or individual countries as their plans develop but were not identified as key focusses in this initial work. Similarly, the plans to do not focus on influencing policy, but countries will take opportunities to do this where/when they arise.

Key partners

The key partners are listed in the tables below together with their respective roles and the particular considerations that are relevant for each.

Croatia

Table 5.7: Croatia key partners, roles, and considerations

Stakeholder	Role	Consideration
Grant funder for pilot	Provide funds for the pilot	Language and cultural differences
University Psychiatric Hospital Vrapče (country partner)	Manage project, gather data, provide IPS technical support, manage communications, create, and guide steering group Support clinical staff training	Staff have other busy jobs and very dedicated time will be needed to manage this pilot SFUK can offer some technical and project management support
Mobile psychiatric team	Provide ES supervision, identity employment champion	IPS and employment for people with mental health issues is very new SFUK can offer some technical support
Department for persons with disabilities	Hire ES, deliver IPS, gather data, allow training for other staff on supporting people with mental health issues	Expect stigma issues and myth busting will be needed
User group Ludruga	Provide support for development and management of IPS service	New to IPS and will need support to best maximise role and value
SF UK or other IPS technical expert	Provide training and development of IPS, assist with creation of tools and resources	Language and context differences

Czech Republic

Table 5.8: Czech Republic key partners, roles, and considerations

Stakeholder	Role	Consideration
Centre for Mental Health Care Development (CMHCD) (current project country partner)	Manage project, gather data, provide IPS technical support, coordinate fidelity reviews, manage communications, create, and guide steering group.	SFUK can support with tools for IPS expansion
The Ministry of Labour and Social Affairs (MoLSA)	Generally, the MoLSA is open to innovations and doesn`t block financing IPS services. However, the official documentation of the MoLSA states that employment is the responsibility of Labour Offices.	Need to be kept informed of progress with good news stories and provide quarterly data Ideally have a rep on the steering committee
Central and regional Labour Offices	Good cooperation from the Labour Offices, especially at the regional level; they recognise IPS and are willing to cooperate – mainly to refer people with SMI to IPS services.	Ideally have a rep on the steering committee Provide quarterly data
Regional municipalities - Pardubice and Hradec Králové	Host and pay for the IPS services	New to IPS
The Association of Community Services (ACS)	This covers the IPS Platform together with CMHCD. The ACS holds regular meetings of IPS specialists from services and is interested in IPS development. The major support from ACS would be at a policy level – changing the stance of MoLSA and lobbying for IPS in framework of mental health reform. ACS is a broad coalition and so is also supporting other forms of work, e. g. social firms.	Keep informed with quarterly data and reports
3 x experienced NGO providers: **- Pece o dusevni zdravi (PDZ CZ)** **- Charity in Policka and** **- RIAPS Trutnov**	They deliver community mental health services. All of them have declared an intention to implement IPS.	New to IPS and will need support to deliver high quality IPS No team leader structure has been planned due to local context. This is a risk and needs to be closely monitored

Stakeholder	Role	Consideration
Service user group: JAKALUS	On steering committee for services Also offer 6 monthly review and consultation on progress of scale up	New to IPS and yet a voice to amplify the exclusion and stigma still surrounding mental health
SF UK or other IPS expert	Provide fidelity reviews and create a train the trainer approach to build country fidelity review skills Provide technical training to build service capability	Language and cultural differences

Denmark

Table 5.9: Denmark key partners, roles, and considerations

Stakeholder	Role	Consideration
CORE (current project country partner)	Manage project, gather data, provide IPS technical support, manage communications, create, and guide steering group	SFUK can support with tools for IPS expansion Could support the Danish Learning Community
Five regions of Denmark	Active role and are open to engaging their own resources on a IPS scale-up. However, the level of maturity in working with and further implementing IPS in the five regions differ	Focus on the 3 initial interested regions and gather evidence, good news stories to share to other 2 regions
98 municipalities	IPS is not an intervention demanded by law or suggested by national guidelines, hence the decision to implement IPS is up to the individual municipality and out-patient psychiatry. Interest is overall positive; however, some municipalities have IPS-like interventions, and interventions with the same population, already in process.	CORE map interested municipalities and engaged with to stimulate conversation and explore local challenges
User organisation: bedre psykiatri and service users	Members of the steering committee to help guide scale up	Crucial to give service user voice to all planning
Danish Agency for Labour Market and Recruitment (STAR)		Keep informed with quarterly data and sharing good news
Individual job centres	Deliver IPS at the grass roots level	Will need IPS training Will need support to link and integrate with mental health teams

Stakeholder	Role	Consideration
Mental health services	Deliver mental health services	Will need IPS training Will need support to link and integrate with job centre teams
SF UK	Can provide IPS technical advice, specifically around rapid scale	Managing level of support given huge demand
Danish Learning Community	5 technical staff to cover the 5 regions and provide local support to scale quality IPS	Will require training and development to build skills and confidence as these roles do not exist at present in Denmark – will link with Norway and England to build capability

France

Table 5.10: France key partners, roles, and considerations (option 1, SIB)

Stakeholder	Role	Consideration
French Ministry of Labour	Administer and monitor social impact contract	This is the second SIB process in France
Working First (current project country partner)	Manage project, gather data, provide IPS technical support, manage communications, create, and guide steering group	SFUK can support with tools for IPS expansion
Social Finance UK	Support data management and provide technical advice on project managing with a SIB funding tool	Need funding for support time
6 regions	Deliver IPS, maximise integration, manage clinical staff resistance	Will need excellent local ES and Team leaders and support from Working First
***Un Chez Soi d'Abord* (Housing First**	Innovative and passionate provider with vision for expansion across France to 30 cities by 2023	Committed to IPS, experience of IPS in Marseille
Peer resource workers Esper Pro. and 2 service user reps	Will provide guidance, input and support for the development and delivery of IPS services	A new concept in France and one that will need support to promote and maximise the opportunity
Evaluation company – Pluricités **And** **ORSPERRE SAMDARRA of the Le Vinatier Hospital (Lyon)**	Pluricités - specializes in the evaluation of public policies, particularly on employment issues ORSPERRE SAMDARRA specializes in evaluating impact and support for mental health and social vulnerability issues.	Highly experienced players although have no experience or idea about IPS

Spain

Table 5.11: Spain key partners, roles, and considerations

Stakeholder	Role	Consideration
FAD	Project management and evaluation Fidelity and data collection Project sustainability, research, and dissemination Develop and support IPS Spanish network	SFUK can support with tools for IPS expansion
Region Catalonia (Girona, Barcelona Esquerra, and Baix Llobregat)	Place 0.5 ES in 8 Mental Health Centers (all health sectors)	IPS was delivered previously with a pilot. Will need support to re-establish
Region Andalusia: a new unit located in Seville, in rural area	Create and deliver a new IPS service	IPS is new to region. Will need close monitoring and support for mobilisation
Region Madrid: a new unit located in Madrid for young people.	Create and deliver a compelling young people's service using the new IPS 36 item fidelity scale.	IPS is new to region. Will need close monitoring and support for mobilisation
Region Canary Island: An adults' service already working in Tenerife.	Focus on building and developing high fidelity for the service	
Service user	Provide overall project and scale advice and support via project steering committee Provide local level involvement in steering committees and mobilisation and IPS delivery	Need to develop tools to guide local services on how to integrate coproduction into BAU. FAD will need to champion and model this
IPS Spanish network	Provide local technical support for quality IPS delivery Undertake fidelity reviews and develop resources and coaching plans	New approach Will need funding Will benefit from links with external groups such as IPS Europe Learning Network

Who will scale the innovation?

Our country partners for this project will play a significant role in the scale up in their respective countries. They will guide and support mobilisation and oversee and deliver data management and technical support.

Delivery partners have been identified in each country who will hire and deliver the IPS service:

- **Denmark** – job centre staff hired by local offices
- **Czech Republic** – staff to be hired by established NGOs -
- **Spain –** staff to be hired by the local regional mental health service, local employment services or NGOs as providers depending on the region, in Catalonia, Andalusia, Madrid, Canary Island
- **France** - Un Chez Soi d'Abord (Housing First)
- **Croatia** - Department for persons with disabilities

Involving end beneficiaries/service users

IPS is fundamentally a person-led approach and supports and honours the service users' vocational aspirations and decisions around level of support and involvement by the IPS team. In any service that claims to be recovery-oriented, the voice of the users must be central, because it is a question of providing answers to the needs that they themselves have expressed in order to support them in their choices and preferences.

The IPS ethos promotes two other forms of service user coproduction/involvement in developing the plans to scale:

1. Fundamentally build into any IPS delivery models very clear roles and involvement of people with lived experience or peer support workers.
2. Build into the project planning process for this project, clear roles for people with lived experience.

We value the perspective of people with lived experience of a life disruption and using behavioural health services and would incorporate their involvement in project planning sessions at each country.

France

Working First has been working for the past 6 months with the territorial platform of peer resource workers Esper Pro. Its objective is to train peer workers and make them available to mental health services which also benefit from support in integrating these professionals according to an approach similar to the IPS model but focused on peer work.

Working First participates in the evaluation committee of the platform, which has an employee who is trained in peer job coaching within the Working First service, who can refer clients interested in peer work to Esper Pro while the latter refers people to Working First. In addition, the two entities co-intervene on training courses dedicated to recovery-oriented practices. In the framework of this project, Esper Pro has actively participated in the elaboration of the content of the EUSF project and report and in the drafting of the social impact bond application.

In addition, over the last three months, Working First has conducted four IPS fidelity reviews (Handamos in Bordeaux, LADAPT in Brittany, APSH 34 in Montpellier and SIPB in Bergerac) during which focus groups of service users were held. This was an opportunity to gather expectations, needs, ideas on employment support for people unknown to Working First and sometimes their families, from different territories and living with various problems (mental disorders, ASD, intellectual disabilities).

Finally, two service users who have been supported by Working First's IPS service for more than 3 years have become involved in the project. The first one participated in training courses on the IPS model, first as a trainee and then as a facilitator. He also participated twice in workshops on user empowerment for supported employment counsellors during the national days of the Collectif France Emploi Accompagné (CFEA). Finally, he participated with Working First professionals in a presentation of the IPS model in Spain for an event organised by the Caixa Banco and Hogar Si! foundations.

The second, who has been in full-time permanent employment for almost two years, wants to be involved in Working First's activities at a less visible and more strategic level than the

first. It was therefore agreed that he would join the service's monitoring and evaluation steering committee, with the ambition of setting up a joint committee of supported persons and professionals.

Croatia

Our country partner approached established user groups Svitanje and Ludruga, and surveyed users there about their needs and experiences. The feedback and analysis assisted to round out the understanding of the current landscape and challenges/issues that needed to be considered for scaling IPS. The local service users' association, Ludruga, will be also asked to participate in the IPS training program and to participate in the executive team.

The country partner plan is to employ and train peer workers to provide support to people with mental disorders in the process of finding and maintaining employment. The peer workers will complement the IPS service and would also provide support to mobile teams in the future. In order to do this, they plan to connect patient association Phrenos, Nederlands, and Ludruga, Croatia, for the exchange of good practices and peer-based trainings.

Into the future the plan includes publishing success stories, organizing community-based workshops with people with lived experience sharing their stories, to raise awareness that people with severe mental disorders can work and need the support of society. These sorts of workshops also help to break myths and educate mental health professionals and people from the employment service by UPH Vrapče Department of Social Psychiatry team to change mindsets about the capacity of person with mental health problems to work. In this education, we intend to continue to promote positive examples from local patient and family associations, for example involving service users to discuss their situation in "kick-off" meetings and closing sessions. Also, peers will have the possibility to participate further in the IPS trainings and join the executive team.

Czech Republic

IPS services were presented to the local service user organization JAKALUS. JAKALUS agreed to support IPS implementation.

Our country partner held a half-day discussion with JAKALUS to conduct semi structured interviews. Service users shared their own and others experiences with sheltered work, with difficulties to find and keep competitive employment. Feedback suggested service users want to work and live as normal lives as possible. They do not prefer to work in sheltered workshops. They want job stability and are afraid of stigma and discrimination. They have many bad experiences from the past. They need practical help to get a job they want and can do and to keep it. Our country partner knew from previous conversations with the regional service provider that IPS was not present. This Provider had tried and even sent their workers to IPS training, but they admitted this was not sufficient. The service provider representatives also reported back they felt there was space for development.

The country partner, CMHCD, presented IPS, the principles, methods, and results, and spoke about the negotiations with the Region and the possible scale up with the support of ESCF.

Present members of JAKALUS said that they definitely support the scale up and were also willing to participate in the evaluation of the project. They recognized that the IPS services we plan to develop in the two target regions will fundamentally increase accessibility of the support service users need.

Further research required

IPS, as a method embedded in multidisciplinary mental health teams, is dedicated to people with severe mental illness. At the same time, it seems that also people with less severe problems might benefit considerably from IPS. It would be worthy, after the implementation of IPS services in the target regions, to investigate more in this direction.

Involving service users in the 2-year scale-up

The involvement of service users in Czech Republic will be managed in two ways.

1. Service users will be included in two steering committees (one in each region) that will oversee the whole implementation phase. These steering committees will be informed regularly about the development of the project and will meet four times a year. Their role will be to give feedback, recommend how to react to potential problems and how to improve the implementation to be more effective. As an outcome, committees will issue a short report twice a year. The report will be available to donors of the implementation.
2. There will be two discussions with the user organization JAKALUS that operates in the region. The aim will be to present the results to them and ask them for their feedback and suggestions. The two discussions will be scheduled before the beginning of implementation and after 12 months.

Local communities will be involved in usual ways, receiving the information about the program via articles and social media.

Denmark

Utilized service user feedback from the Danish RCTs as a basis for initial planning. This feedback highlighted the importance of keeping the focus on the 8 key principles of IPS in further implementation and scaling of IPS in Denmark. Especially that the intervention is predominantly located in outpatient psychiatry with a strong collaboration between employment specialists and mental health practitioners, and that the strong emphasis on client preferences and ongoing time-unlimited support will remain.

Engaged with a national service user group to gain collaborative planning and working. This user and relative organization named *Bedre psykiatri* are now a great proponent of IPS. On their initiative, they have contacted politicians to promote IPS and create interest in further funding to scale IPS. *Bedre psykiatri* also stress the importance of a strong focus on client preferences and that participation continues to be voluntary.

By involving service users and user organizations in the scale-up plan our country partner preconception that IPS is not only effective but that it also meets the users' needs and support their recovery process have been confirmed.

> *It was magical, for the first time I did not feel like a case number and the employment consultant based the effort on exactly my wishes for the future.*
>
> Quote from a previous IPS Participant in Denmark

Involvement of service users and communities in the scale-up

Individual users are a resource to be contemplated in the process of further scale-up, as their voice is powerful in the dialogue with relevant stakeholders about the rationale for IPS scale-up and as a guarantee that the intervention is implemented with a focus on the needs and wishes of the users.

In the two-year scale-up service users will be invited to participate in a steering group where there also will be representatives from the municipalities and regions. Users will also be included in the implementation team in a consulting role to promote IPS to the potential new sites. Moreover, service users will be hired to join the training of new employment specialists, to share their personal stories and to keep the focus on the needs of service users.

Spain

Regarding user involvement and co-production, our country partner contacted some IPS programs to explore service users past or present, willing to participate in a co-production process for an IPS plan. They interviewed users interested in participating to explore their trajectory related to IPS programs, met and unmet wants and needs, barriers to participating and built a user's Journey Map with this feedback.

Service User wants and needs found through the Journey Map included:

A desire to increase their own knowledge about their own capabilities to work, for their desires for which type of job they get to be honored, to be able to choose whether to disclose or not even depending on the job or employer, to gain confidence in working capabilities, to remain confident when receiving support, to know more sensitive employers willing to contract people with a mental health disability, a wide variety of support, and confidence from the mental health team.

Our country partner also contacted a patient's organizations to include them in the process. One of the organizations contacted has a peer support program for community treatment. As they are not focused on job inclusion, they wanted to collaborate with the plan and in the future implementation from a recovery perspective, and to include job inclusion in their day-to-day work. This organization is interested in growing with the peer support program and including it in their employment programs as a part of recovery treatment.

A peer worker was interviewed to find the better way to work together with units and quality assurance support planning and implementation of IPS. As a result of this work, it was realized that a regional approach for coproduction will be the better solution for users' involvement. Especially given there is a lack of knowledge for applying coproduction on a continuous basis in regional services and units.

To meet this need, our country partner will keep both: 1) a planning peer worker, with a whole perspective of the scaling up plan, and 2) a local approach to set up each coproduction process.

Coproduction will be included as training for IPS quality assurance, to respect cultural and contextual singularities.

Although our country partner worked with different users, they realized that context and cultural issues will be important to be taken into account on a regional basis, but not all organizations are prepared to do that process at the same level. Given the short period of time to train in coproduction in the planning phase, in all regions, they planned an implementation process with training in coproduction in each region, and support in implementing it, to face this issue.

Given the service user engagement to date they will approach users' needs in different ways:

1. Including a peer worker and the association they belong to in the infrastructure of planning, training, and quality assurance support, to give a whole perspective to all Spanish Network. It involves participating in meetings and all activities of the network. The peer worker will bring the user's perspective.
2. Increasing knowledge of the coproduction process in each region, with local training to include services/units' users for IPS service set up and quality improvement.
3. Including services users in each region in the implementation process and adapting the User's Journey Map to take into account cultural and contextual singularities. This map will be the road to meet service needs and wants, transformed into improvement goals for units, with specific indicators that will be revised annually.

Involving service users in the 2-year scale-up

Our country partner will keep working with a peer worker and association to keep an integrated perspective for the whole project: to follow-up activities, share results, identify key issues from the user's perspective, and to tackle these issues and advocate for IPS with local and regional governments.

They will also involve service users in each region, regarding the singularity of the context and cultural issues. Hence, will work with regions to coproduce services from the user's perspective (including users and associations from their communities), as a goal of the implementation process.

Coproduction training will be included for every region in the IPS training plan, and they will support its implementation.

Extra technical support could be necessary to train and follow up different services' organizational and cultural environments. It must be considered that services are not

accustomed to being coproduced and users would need a deeper understanding of their role in such an approach. As professionals, they also may need a rationale, and an empowerment context to include a new way of actively participating in services.

Funding and Financing arrangements

Costs of scaling the innovation envisaged

From the plans that have been developed by the country teams, we expect that a two-year scale-up of IPS across all five countries will cost approximately €14m. All countries have either secured or are in talks with regional and/or national government to reallocate existing funds to partially fund the scale-up of IPS in each country.

In Croatia and France, these funds come from employment budgets, while in Denmark and Spain, they come from a mix of employment and health budgets, and in the Czech Republic funds will come from social services budgets.

In addition to government funds, all countries are very likely to require additional grant or other philanthropic funding to support the surrounding support, training, and quality assurance of their services. Without this wider support, the scale-up of IPS is not sustainable or in some cases not possible at all. The diagrams below show the total expected cost of scaling IPS in each country, approximately what percentage of this is likely or hoped to be provided by government funding, and the approximate amount that will be needed from other sources such as an ESCF Phase 2 Fund.

Figure 5.1: Croatia funding required from local/national government & other sources

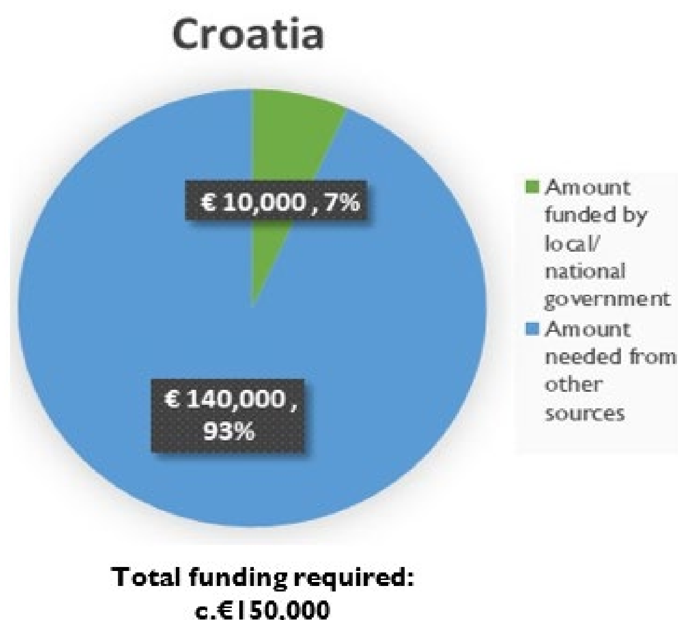
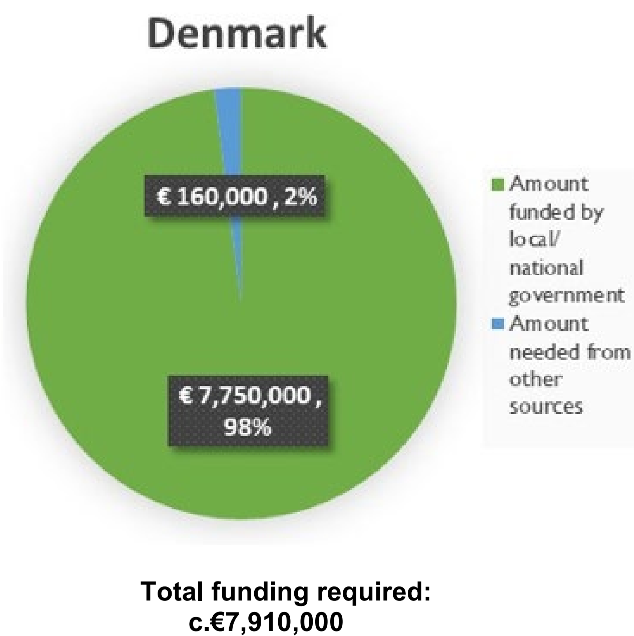


Figure 5.2: Czech Republic funding required from local/national government & other sources

Figure 5.3: Denmark funding required from local/national government & other sources



NOTE: the above graph for Denmark is for 5 years. The projected cost for scale over 2 years is €1.6 million

Figure 5.4: Spain funding required from local/national government & other sources. These amounts are for 2 years, service staff are not included and the figures are rounded and approximate.

Figure 5.5: France (option 1) funding required from local/national government & other sources

Figure 5.6: France (option 2) funding required from local/national government & other sources

Total funding required: c.€3,220,000

France - awaiting the outcome of a SIB = option 1

Table 5.12: Croatia budget for 2 years

Staffing and costs	Year 1	Year 2	Total
Total non-staff costs	€14,400	€2,000	€16,400
Total Staff Costs	€59,750	€72,500	€132,250
Total cost of Programme	€74,150	€74,500	**€148,650**

Table 5.13: Czech Republic budget for 2 years

Staffing and costs	Year 1	Year 2	Total
Total non-staff costs	€68,854	€21,207	€90,061
Total Staff Costs	€376,782	€376,782	€753,564
Total cost of Programme	€445,636	€397,989	**€843,625**

Table 5.14: Denmark budget for 2 years

Staffing and costs	Year 1	Year 2	Total
Total non-staff costs	€141,000.00	€44,600.00	€185,600
Total Staff Costs	€697,450	€697,450	€1,394,900
Total cost of Programme	€838,450.00	€742,050.00	**€1,580,500**

Table 5.15: Spain budget for 2 years

Staffing and costs	Year 1	Year 2	Total
Total cost of Programme	€916,849	€952,148	**€1,868,997**

Table 5.16: France budget for 5 years

Staffing and costs	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Total non-staff costs	€288,333	€288,333	€228,333	€228,333	€228,333	€1,261,665
Total Staff Costs	€1,276,811	€1,276,811	€1,276,811	€1,276,811	€1,276,811	€6,384,053
Total cost of Programme	€1,565,144	€1,565,144	€1,505,143	€1,505,143	€1,505,143	**€7,645,716**

Funders

Croatia

It is expected that this pilot would cost approximately €150,000 for two years. The plan proposes that the national government covers some of the non-staff costs, such as training, recruitment, and hardware, but the majority of this total cost would need to be funded via private organisations and/or ESCF funding.

Ideally seed funding for the pilot via Phase 2 of the EUSF fund. In time funding from local and national agencies, and EU-funding is considered as well. UPH Vrapče has a long-standing support from Zagreb municipality, however social services initiation and sustainability have been difficult to establish.

Czech Republic

It is expected that scaling IPS in the Czech Republic in these two regions would cost approximately €850,000 for 2 years. The regional governments have agreed to cover most of the core staff costs, as well as some of the non-staff costs such as premises and hardware. The rest of the costs would need to be covered by private organisations and/or ESCF funding.

The funding of the IPS services in the target regions will be assured and financed by the local governments in the framework of social services integrated in multidisciplinary mental health teams.

Currently, the plan of financing is encompassed in the strategic documents of both regional governments of the target regions. Quality assurance is not included in these plans.

Funding for a quality assurance framework to conduct training, fidelity reviews, gather data etc. will need to be found, ideally using phase 2 of the ECSF fund. Ideally it will then be one of the indirect outcomes of the project that regional governments will understand how

important the quality assurance is and will be willing to allocate resources for it into the future.

Denmark

It is expected that scaling IPS in Denmark in this way will cost €1.6 million for the first 2 years and approximately €8 million in total for up to 5 years (due to accelerated scale in later years). Within the proposed plan, this cost is mainly to be covered by contributions from the Danish Regions, as well as potentially by funding from central government and/or private organisations

The municipalities are the main stakeholder in deciding to implement IPS. With mediating from national authorities, lobbyist efforts of user organisations, and joint national implementation focus for the DILC, the goal is the ensure sufficient resources and competencies to support the municipals in implementing IPS, thus making it easier for the individual municipal to buy in on the IPS business case and move from decision to practical implementation and daily operations.

There are three elements to funding the suggested 2-year scale-up:

1. Funding of regional implementation consultants (€975,000)
2. Funding of IPS-experts and the establishment of the DILC (€527,500)
3. Funding of IPS user consultant (total €78,000)

It is assessed to be feasible, based on previous experiences with implementing IPS in Denmark, that the job centres can and will relocate resources in the conventional Job Centre scheme to hire IPS Employment specialists if sufficient support to implementation is provided. However, there is a need for an implementation team that can convince the job centres and psychiatry to allocate these resources and conduct training and fidelity reviews.

We suggest different ways of funding the 2-year scale up, which are further described below:

a) The funding of the 2-year scale-up is divided between the regions and the municipalities, that will implement IPS. The five regions each fund their own implementation consultant and divides the expenses of the IPS-expert, the service user consultant, and the establishment of the DILC (€316,100). Each municipality pays for the expenses to the employment specialists by allocating existing resources. The region ensures the necessary resources in the psychiatric outpatient clinics and for cooperation across sectors.
b) Funding is reached through earmarked funds on the Finance Act.
c) Funding is reached, fully or partly from foundations.

France

It is expected that scaling IPS in France in this way will cost approximately €3.2 million for two years, or €7.9 million for five years.

Ideally the scale up across 6 regions is funded by the French Government and via a SIB.

Spain

It is expected that scaling IPS in Spain in this way will cost approximately €1.9 million for two years, or €2.8 million for three years. Within the proposed plan, the aim would be for regional governments to fund part of the core staff costs, and for private foundations and/or ESCF funding to cover the rest of the core staff costs and for quality assurance.

Financial arrangements and instruments planned to scale the innovation

Letters have been received from regional/government agreement to host and partially fund services.

Interest formally gained for:

- Croatia
- Czech Republic – 2 regions
- Denmark – expand in multiple municipalities
- France – 6 regions
- Spain – Tenerife

Table 5.12: Scaling summary points across 5 countries

Country	Area scaling across	Main activity	Main funder	Funding model	Funding for	Expected total engagements over 2 years
Czech Republic	2 regions	Creation of 2 new services	Regional governments €850k	Allocation of government resource + grant funding	Salaries of 9 ESs across 2 regions	810
Croatia	1 region	Pilot service	Grant €150k	Allocation of grant funding	1 Pilot service with 2 ESs	120
Denmark	Whole country	Creation of national learning & support organisation	Danish Regional Municipal budgets €1.6mil	Co-funding between regions Potentially national investment Potentially private grants/ investment	1 Regional implementation consultant per region & co-funding for supporting personnel from CORE who will manage daily operations of DILC for 3 years. Municipalities will allocate resources to establishing IPS teams within their own budgets	750
France	6 towns	Creation of new services	Central government €3.2mil	SIB? Or part gov and part grant	6 services with SIB 2 or Option	280
Spain	4 regions	Creation of national network/learning community Additional support for existing services & creation of 2 new services	Local or regional government, private foundation and/or ESCF Phase 2 €1.9mil	Regional governments – either continuous funding or based on annual bids for grants	Existing & new services and wider support	441

Cost implications of the model compared to alternative approaches to the social challenge(s)

Evidence from multiple RCTs confirm that IPS is a standardised, replicable supported employment intervention with consistently strong employment and health outcomes across multiple countries:

- Survey of 19 international RCT studies showed +34-point increase in job outcome rates vs. control
- Range of studies have shown reduced hospitalisation rates, reduced inpatient days, and improved overall wellbeing

Meta-analysis of IPS RCT studies in Europe confirm success rates translate well:

RCT across 6 European countries showed that 55% of IPS entered work vs. 28% of control group. IPS users significantly less likely to be re-hospitalized.

Published European study implies IPS has long-term positive impact:

- 37% of IPS users in work 5 years later vs. 9% of control group
- 44% of IPS users worked >2.5 of the 5 years vs. 11% of control group
- IPS users had longer job tenure, earned more per hour and worked more hours vs. control (20 hours / week on average vs. 17 hours for control)
- IPS users also had fewer hospital admissions and spent fewer days in hospital vs. control, with health impact strongest 2+ years after intervention began

A cost-benefit study based on the 6-country EQOLISE trial found that IPS was more cost-effective than alternative models *(Supported employment: cost-effectiveness across six European sites. Knapp et al. World psychiatry 2013 Feb, 12 (1). pp. 60-68)*.

Cost effectiveness studies show a cost-benefit ratio of 1.41-1.59 for IPS. This is based on a study by RAND Europe and a Public Health England report.

A long-term study of IPS showed that "The beneficial effects of supported employment on work at 2 years were sustained over the 5-year follow-up period. Participants in supported employment were more likely to obtain competitive work than those in traditional vocational rehabilitation (65% compared with 33%), worked more hours and weeks, earned more wages, and had longer job tenures. Participants were also significantly less likely to be hospitalized, had fewer psychiatric hospital admissions, and spent fewer days in the hospital. The social return on investment was higher for supported employment participants, whether calculated as the ratio of work earnings to vocational program costs or of work earnings to total vocational program and mental health treatment costs."[6]

The cost-effectiveness of the intervention was assessed in an economic evaluation of IPS or IPSE vs Service as Usual (SAU) using register-based health care and social care data, and intervention costs in Denmark. The cost analysis (April 2020) showed that both IPS and IPSE was less costly, and more effective than SAU. Overall, there was a statistically

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[6] Long-Term Effectiveness of Supported Employment: 5-Year Follow-Up of a Randomized Controlled Trial. Hoffmann et al, Am J Psychiatry 171:11, November 2014

significant cost difference of €9,543 when comparing IPS with SAU and € 7,288 when comparing IPSE with SAU.

In summary, 27 RCTs have shown IPS achieves twice the rate of job outcomes for people with severe mental illness versus traditional employment support. IPS clients sustain jobs for longer and earn more per hour. Furthermore, IPS clients have reduced relapse and spend fewer days in hospital.

Sustaining and further scaling of the innovation

Croatia

Ideally the pilot delivers on engagement and job outcome targets and the service experience builds champions within clinical teams to help spread the word on IPS**.**

The service will be reliant on gaining 2 very competent employment specialists who can build wide networks and strong relationships aside from their day-to-day job supporting service users into work.

The service will need external skilled and trained IPS implementers and fidelity reviewers to help guide and support best practice and impact. Evidence from the pilot will be used to garner further stakeholder interest and funding.

Czech Republic

Since the implementation is in line with the strategic plans of the two regional governments, we assume it will be highly sustainable. It will not be the first IPS services in the country, but we hope the implementation process and the support from abroad will create strong examples of good practice for other regions not only to scale up but also to develop quality IPS services. The results and the implementation process will be described and submitted for publication in a reviewed journal.

However, there are still risks for the sustainability of IPS:

- The Ministry of Work and Social Affairs might prefer to support people with mental health problems exclusively via Labour Offices and Employment Agencies. The probability that this will happen is low.
- The implementation might not be successful for other reasons such as lack of human resources in regions or steep rise of unemployment in the general population. The probability that this will happen is low.

The scale up plan doesn't aim to improve IPS services in other regions. Nevertheless, the good fidelity and good practice can further inspire others and lead to higher quality of IPS delivery in other areas.

If the implementation in the two regions is a success it will with high probability influence further development in other regions. Also, the IPS network will be strengthened – the number of services will be higher, and these new services will be of high quality, measured in reviews.

More widely, we can expect less stigma, lower unemployment rates in regional mental health services and probably less health problems in those who will keep their jobs.

Denmark

Based on the experiences from the clinical trial they expect that 60% of the 750 participants will obtain competitive employment or start education within 18 months after the first contact with an employment specialist. Of the 60%, a total of 38% is expected to obtain employment. After 6-8 years they expect that 80% of all municipalities in Denmark deliver the IPS service. Current IPS services will also receive support for further expansion of the IPS teams and will have the option to receive training if new employment specialists must be hired.

In Denmark, IPS implementation is based on a strong foundation of research. An effect study was conducted in 2012-2018, demonstrating that IPS was superior to traditional vocational rehabilitation concerning competitive employment/education. The strongest effect found in the trial was client satisfaction measured with the client satisfaction scale. IPS participants were significantly more satisfied with the treatment received compared with treatment as usual. During the scale-up, our country partner will investigate if the same effects remain when going from research to practice concerning employment outcomes and satisfaction with the services. Moreover, when more fidelity reviews are conducted, they will investigate the predictive validity of the IPS-25 scale and investigate if there are specific items that create the effect. They will also aim to develop a more efficient way of monitoring the quality of services given every fidelity review takes up to 7 days in total to plan and complete. All this can be used actively to improve the method and quality of the service.

Spain

We are just starting with sowing the seed in important regions that are willing to innovate old practices with an evidence-based practice such as IPS.

Although it may have very little impact on users' access to IPS at the very beginning, we think that the Spanish Network will help to make this work visible to every participating regional government and other regions interested.

Hopefully, new research will show local results after these 2 years and new opportunities will come about for scale inside the same regions to increase access.

After the 2-year project, we plan to open the network to other regions interested in starting training on IPS with the Network support and learning community.

We expect to make step-by-step progress as it was done on USA from the beginning, where the scaling up process depended on each region/state's opportunities and possibilities.

Depending on the region, services starting with the IPS approach are funded by local or regional government, or private foundations. In those cases, they will pilot the practices and with good results after 2 years, they may have the possibility to expand the practices to other services already working with other vocational models and funded by the same regional governments. Further funding will be needed to cover mainly training activities, and network meetings.

In other regions, programs are funded by regional governments on annual bids, so programs will improve outcomes by shifting practices to IPS. In this case, to overcome barriers to implementation, we will need further cooperation from the administration to set program goals for annual bids around the IPS principles

We will also keep working on commitment from the beginning in order to support the sustainability of IPS following the 2-year implementation plan (as regional government had recently changed after new elections).

After 2 years of funding, most of the regional governments will continue funding services as they did up to now. Seeking funding will be continued to cover their participation in the IPS Network, training, and quality improvement support, as we may show its importance for services implementation.

Other possibilities to cover the training and quality improvement support may include an IPS certification for sites/units applying the IPS model, which may include Mental Health services. This certification should be recognized or required by the administration in the future. Specific training for mental health professionals will be needed.

We will study these models of accreditation, specific training, and other funding possibilities for the future.

We will improve results in services implementing IPS instead of other vocational rehabilitation programs. So, in our case, mainly we will shift practices to IPS and start new services from scratch (rural and youth cohorts).

There are some IPS services which are already working but don't have quality improvement and training infrastructure, so we will expect all IPS services to be reviewed and improve practices with a specific plan to reach IPS good Fidelity. This will improve outcomes for people participating in these services.

Our main expectation will be a cultural change in the community (among all main stakeholders such as employers, health professionals, local administrators, etc.).

Mental health professionals should change their mind on considering a regular job as a way to recovery.

Users may reduce their own stigma and trust in their capabilities. We will change the way people with a mental health condition are seen and their possibilities to participate in their own community.

Coproduced IPS services will be a key part of achieving this impact.

France

With this scaling-up plan, we plan to prove the relevance of the IPS model in France by creating exemplary services, and thus to make this type of service accessible to the largest number of people concerned. The aim is to launch a dissemination movement at three levels.

Firstly, option 1 for the plan aims to create IPS services within all Un Chez Soi D'Abord facilities in France, of which there should be around thirty by 2023. Indeed, these structures all face the same problems in relation to employment, are grouped together within a national association and work at state level in close collaboration with the Interministerial Directorate for Housing (DIHAL). As these services operate in synergy with a high degree of cooperation, the success of the IPS services developed within Un Chez Soi D'Abord should lead to the gradual implementation of similar services by their counterparts.

Secondly, the ambition is to provide evidence of the relevance of the IPS model for its dissemination within the Supported Employment platforms present in each French department. These platforms, which will take over from the supported employment schemes from September 2021, will be present in each French department and will target people living with psychological disorders (around 50%), autism spectrum disorders or mental disabilities recognised as disabled workers and registered in long-term administrative pathways. With the creation of the platforms, the State Secretariat for the Disabled is aiming for a sharp increase in the number of users and is considering the standardisation of practices, which could logically involve the dissemination of the IPS model.

Thirdly, it is a question of creating precedents with traditional mental health services in order to show the relevance of the IPS model as a tool for the recovery of people living with mental health problems who wish to work. The availability of evidence from a project involving several mental health services should encourage other services to develop such actions in a context of crisis in the French psychiatric system and the search for alternative ways, such as those offered by the recovery approach in mental health.

One of the major challenges of this change of scale lies in the sustainability of the services created beyond the program developed.

The services created within the Un Chez Soi D'Abord and Un Chez Soi D'Abord "youth" schemes, and the support for the users of these services, will be provided by the schemes themselves, using the funding they receive from the Regional Health Agencies (ARS), which are the Ministry of Health's regional offices. Similarly, other Un Chez Soi D'Abord centers wishing to set up similar services will be able to use this funding, since its terms of reference include a professional integration component that is not, or only to a limited extent, provided by these services.

For the partner organisations that will refer people to the Un Chez Soi D'Abord IPS services, several avenues are envisaged depending on the territories concerned. For example, the Psycho-social Rehabilitation Centres are currently receiving funds from the State (ARS) to increase their development, part of which, dedicated to professional integration, would be devoted to financing the IPS service. Moreover, as some local authorities have shown their support for the project to go to scale (Lyon, Nice, Dijon, La Réunion), it is likely that they are ready to financially support a project that has proven its effectiveness and that touches on their areas of competence and funding, namely work integration, housing, and urban policy.

By relying on this permanent funding, the partner guidance services will be able to make professionals available to the IPS services run by Un Chez Soi d'Abord, which will provide the coordination part.

In addition, the creation of supported employment platforms currently underway should provide an opportunity to attract funding (ARS and AGEFIPH) for IPS. Indeed, these platforms will bring together supported employment actors, whether or not they are under agreement, in order to develop a synergy of practices and to guarantee access for a large public to specialised employment support, as well as the fluidity of pathways. As these platforms are in the pre-construction phase, it is difficult to provide more precise information at this time.

Measuring the Impact of Scaling

Given that the most important outcome from the scale up is helping people with severe and enduring mental illness into work, we can utilise the targets set in the budget as a measure of impact. All services will track and monitor the level of service user engagement and job outcomes and sustainment's at 13 weeks. This will provide clear evidence of impact.

Furthermore, given in many countries IPS is relatively new, we have ensured fidelity reviews at baseline and 12 months after operating are undertaken by experienced reviewers. This allows a clear measure of fidelity to IPS approach and the higher the score, the greater the integration and impact the service can have on the broader recovery agenda within mental health treatment services.

Finally, all mobilised services will survey service users on completion of service to gain feedback about their experience and satisfaction. Services will also undertake yearly focus groups to gather feedback, and this will all feed into their evaluation and service improvement plans.

Our country partners have identified specific measures relative to their context and outlined below:

France

In the event that the Social Impact Contract is awarded by the French Ministry of Labor, a large-scale external monitoring and evaluation system will be set up and financed by the project.

It will be carried out by the evaluation firm Pluricités, which specializes in the evaluation of public policies, particularly on employment issues, and the national observatory ORSPERRE SAMDARRA of the Le Vinatier Hospital (Lyon), which specializes in mental health and social vulnerability issues.

Together, these two structures have elaborated an evaluation project of the 6 services which will have the function of reporting on the payment model of the impact contract, but also to grasp the mechanisms and criteria of the efficiency of the IPS accompaniment as well as to work on the social impact of the project. This will include studying the evolution of the quality of life of the users, the characteristics of the partner companies, or the relationship between benefits and advantages of such services.

Pluricités and Orsperre Samdarra will participate in the elaboration of monitoring tools used by the field actors and will travel to the different sites to conduct their surveys and data collection. In addition, a data scientist function is planned at the national coordination level to process the data.

Finally, these results will be put into perspective by holding regular IPS fidelity reviews in order to benchmark against international standards to guarantee a high level of fidelity of the model.

Assuming the results from these services will mirror IPS research outcomes, the data will help engage more French regions into the idea of using IPS given very rigorous French data.

If Option 2 is chosen, with dissemination of the model through training and change management, the monitoring and evaluation system will be more limited. It will be composed of a classic training follow-up and IPS fidelity reviews included in the training offer and conducted by the training organization itself. The monitoring and evaluation will then be paid for internally, while the fidelity reviews are financed by the trained services themselves.

In order to complete this system, an external study focused on the results and impacts of IPS coaching on the users of the trained services could be conducted and would require external support in terms of human and financial resources.

Croatia

Monitoring will be done by the Steering Committee using the service targets as reported through by the employer, service user and psychiatric team, all incorporated into the implementation process.

Our country partner is developing an implementation plan methodically based on the Fidelity scale where they analyze where services stand and what is needed per scale item. This approach incorporates the systematic evaluation in itself. We are following the established method.

Czech Republic

Outcomes will be monitored during the whole implementation phase (2 years). These data will be collected quarterly and within the existing IPS data collection system managed by our country partner:

- Number of persons in contact.
- Number of people who entered the IPS service.
- Number of people working in the respective period + proportion of jobs on sheltered labour market.
- Number of people who ended the service un/employed.
- The sustainability of jobs of individual service users.

This scheme will enable us to compare the effectiveness of implemented services with other IPS services in the Czech Republic and abroad.

Besides this, two IPS fidelity reviews will be conducted in each IPS service to be sure about the fidelity of the program. A data analyst will be in charge of data collection and analysis. Reviews will be conducted in cooperation with a Czech reviewer and an experienced reviewer from abroad. The evaluation will be financed as part of the framework of the intended project submitted to ESCF.

The two steering committees will closely monitor the implementation process and will summarize their remarks and recommendations in reports twice a year on impact of scale.

The basic evaluation of the program as described above is necessary. It is important also to monitor the process of implementation itself. From the learnings we will identify what barriers appeared and what were the best solutions found to support further scale up of IPS across Czech Republic.

Denmark

The Danish aim is to establish a quality assurance framework to support quality delivery of IPS.

Initial measure of impact will be the establishment of the Danish IPS Learning community with staff in post in each of the municipalities, after this they all receive training and support.

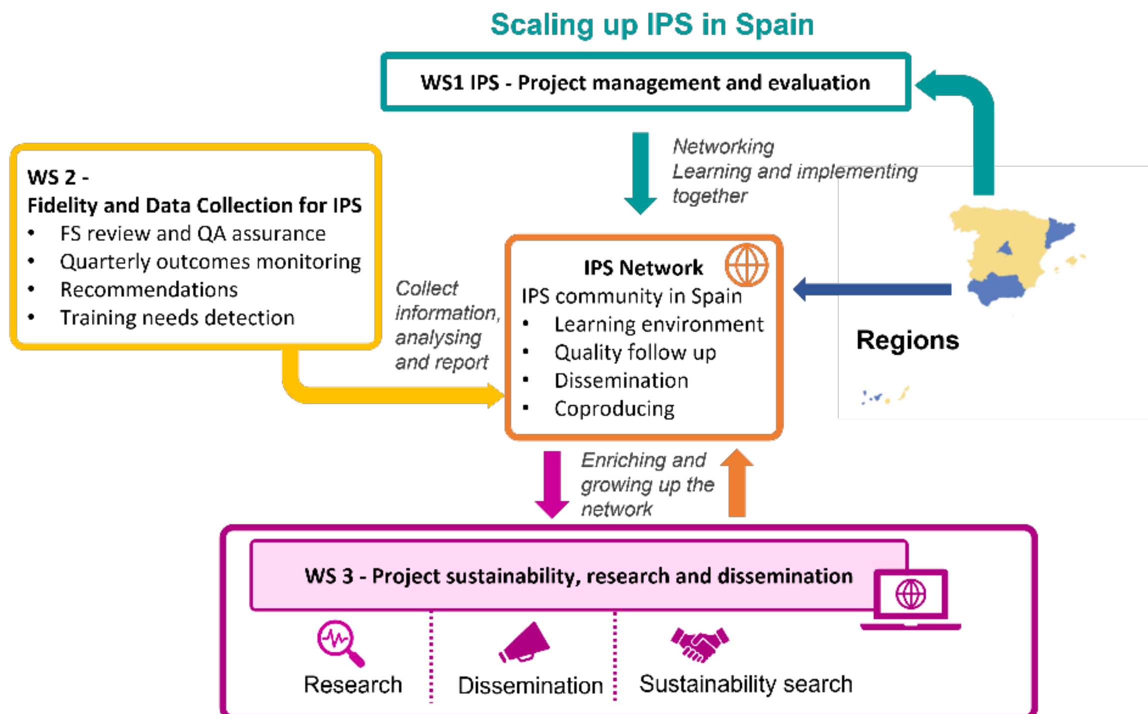
Finally, they are able to conduct fidelity reviews, offer training and technical support for new and expanding IPS Services.

If the scale-up with a national/regional implementation team is successful, our country partner estimates that the 5 implementation specialists could obtain prior approvals to implement IPS from at least 30 additional municipalities nationally. It is difficult to estimate how many of these sites would be implemented and work in practice by the end of the two years as it takes time from the first contact to a job Centre until implementation is approved politically and cooperation agreements have been signed. Moreover, it is also the experience that it takes the employment specialists up to 12 months until they reach a full caseload of 25 participants. Our country partner expects that at least 750 extra people with severe mental illness will receive IPS by the end of the two years and that this number is doubled after 5 years.

Spain

FAD will be the organization that will assess, monitor, and train organizations implementing IPS, and will also lead the Spanish network and connect with other international networks. This will be implemented in 3 main workstreams with the focus on the IPS Spanish network.

Figure 5.1: 3 main workstreams scaling up IPS in Spain



1. IPS project management and evaluation (focused on IPS Network)
2. Fidelity and Data collection for IPS
3. Project sustainability, research, and dissemination

The Network will be the common environment for training activities and sharing experiences in implementation of IPS. As different partners will participate, a common management and evaluation process is needed.

A baseline assessment in each region will be done in each service/unit to identify key needs to achieve high-fidelity services. Annual Fidelity Assessments will be conducted in each region to identify the main issues to improve fidelity.

A quarterly data collection will be done virtually and monitoring, and benchmarking will be done by all the Network' participants.

Further training will be done, focused on the main identified needs from the Fidelity reviews and visits to regions. An annual fidelity report and recommendations will be delivered to each service or unit participating in the Network.

Completing this project Plan, a third workstream based on project sustainability, research and dissemination will include seeking for additional funding for project sustainability, research and increasing visibility via the Network.

As this is a primary experience of IPS in the whole of Spain, we don't have specific funding for this part. We will ask for funding from ESCF until we can show the importance of quality

assurance and support in the Spanish context, within the Spanish Network framework. The research will be key to show these results for future implementation.

On the other hand, we will keep working on seeking additional funding and maintaining contacts with the New Strategy of Mental Health from the National Government to inform about the project progress.

The IPS Spanish Network will work as a learning community where shared learning and experiences on IPS programs will be the key issue.

Data collection will be also a learning process, in addition to Fidelity reviewing and coproduction.

All learning material will be included in the virtual platform, together with recorded meetings, summaries, etc.

Despite the formal learning implemented on IPS (for employment specialists and also for mental health professionals), we will keep a special issue with informal learning and experiences in every region. The Spanish learning community will include people implementing IPS in different contexts, with different cultural issues and circumstances, and cohorts (rural areas, youth, adults…). Even unemployment rates in each context are very different. So, this is a huge opportunity to test IPS in different Spanish contexts and learn by doing across all of these experiences.

From informal learning we will document the main issues, insights, solutions to problems and other results on the Platform Forums created, and via virtual meetings on a bi-monthly basis.

Annual face to face meetings will allow sharing every region's progress and create strong relationships to keep learning in a friendly environment.

"Lessons learned" workshops at key milestones will be an important for everyone and we will support this work.

Challenges and Risks

Through researching, stakeholder engagement and analysis, each of the country teams has enhanced their understanding of the current level of IPS in their country, how IPS might be embedded in the health, welfare, and labour systems, and what the key challenges are. We developed a more nuanced understanding of the specifics of the context in each country and what policy, funding, delivery, systemic and cultural barriers, and opportunities exist.

The main challenges fell broadly into the following 5 categories:

1. **Integration between mental health services and employment support services:** In all countries other than the Czech Republic, a lack of integration between the mental health services and employment support services (including IPS) was identified.
2. **Promotion of IPS in national policy**: IPS is only recommended in national policy in the Czech Republic and in Spain and is not legislated in any of the five countries.
3. **Stigma and low expectations**: This was identified as a challenge in every country other than Denmark. In Croatia and the Czech Republic, sheltered work is still very popular and the belief that people with SMI cannot work is still widely held. Attitudes

towards mental health treatment are also relatively conservative in France, although recovery-oriented treatment models are gaining traction. Similarly, in Spain a focus remains on the train-then-place model, and there remains significant stigma amongst clinicians, employers, and service users themselves.

4. **Funding**: Getting funding for IPS services is a challenge in all countries other than Denmark, although here there is still a challenge around getting funding for the necessary implementation support and training. In particular, in the Czech Republic and Spain, funding for supported employment services is uncertain as it is based on annual bidding, and there is significant competition from sheltered workshops.
5. **IPS implementation infrastructure**: None of the countries currently have the necessary infrastructure in place to support quality IPS delivery. In France, the Czech Republic and Croatia, there is a lack of culture of evaluating and monitoring services in general, and in all countries, there is a lack of money to fund this ongoing evaluation and monitoring. Specifically in the context of IPS, there is a lack of funding for IPS fidelity reviews, IPS trainers and a lack of trainers. Fidelity reviews and training has been proven to drive good IPS fidelity in other countries, which in turn means higher numbers of service users gain competitive employment. Of the countries we are working with, only Spain is part of the international IPS community, and national communities for sharing learnings and best practice are limited.

Agreed ways of tackling these challenges included:

Growing awareness of and interest in IPS: In the Czech Republic, Denmark, France, and Spain, IPS was already being delivered to some degree at the beginning of this project. In all five countries, interest in IPS is growing as communities are becoming more aware of the need for recovery-oriented services in place of traditional train-then-place models, and user groups and professional networks are challenging stigma.

Government buy-in: In each of the countries, national policy recognises the need for specific employment support for people with severe mental illnesses and there is some level of regional and/or national government buy-in for IPS in most countries. There are also growing networks of other stakeholders such as user associations, professional networks, and NGOs.

In addition, we have learnt more about the process for scaling an intervention across multiple countries:

- The situation is very different in each country, and often varies even from region to region within a country. This means that each plan will need to be carefully tailored to the local and national economic, political, and cultural contexts, and 'scale-up' will mean something different in each location.
- Learnings from previous scaling up of IPS services in other countries also show that getting emotional buy-in from stakeholders is critical, especially when funding is scarce. This is something we intend to work more on through service user engagement and the sharing of recovery stories in the next phase of the project.
- These learnings also show that peer-to-peer learning and support can be very effective and should be aimed for where it is possible. We will explore how we can create these links and connections as we move forward with the stakeholder engagement plans.

Multiple discussions have shown that starting small and growing is likely to be the best way to scale IPS in each of the countries we are working in; focussing on the areas where there is potential and going from there is more likely to be effective than trying a top-down approach of trying to influence central government.

Mitigation

France

Risks

- A drastic reduction in social spending on employment and health in the context of the covid pandemic which has increased state spending.
- This particular context also has an impact on the labour market, with a probable impact on employers who may favour short-term contracts and the use of temporary work, traditionally very important in France, which are not in line with the sustainable employment objectives of IPS.
- The lack of French specific evidence on the IPS model remains a challenge to convince partners and funders.
- The place of IPS services in the structure of health, social and work integration services remain to be determined.
- The transition from 6 pilot projects to national dissemination is a major challenge of this scaling-up plan.
- The adaptation of the proposed model to six different territorial and organizational contexts is also a risk.

Mitigation strategies

In the context of a general reduction in social spending, IPS services should be proven to be cost-effective in the public interest, which is foreseen in the draft evaluation of the scaling-up plan.

- While the labour market is likely to be affected by the current situation, it is noted that entire sectors of the economy are currently struggling to recruit, particularly for low-skilled jobs, which according to the available data constitute the majority of jobs held by IPS clients.
- The evaluation component of the scaling-up plan is designed to provide evidence on the effectiveness of the IPS model in terms of access and retention of the target population, improvement of their quality of life, cost-effectiveness of services, impacts on stakeholders including health professionals, and mechanisms for achieving these outcomes.
- Similarly, the evaluation carried out by Pluricités, a firm specialising in public employment policies, in addition to the work carried out in synergy with the Ministry of Labour and the DIHAL and the Secretariat of State for the Disabled, aims to

define the place of IPS services in the structure of health, social and occupational integration systems.

- The transition from pilot projects to the dissemination of the model within the thirty or so Un Chez Soi D'Abord centres in existence in 2023 will only be possible if the users' objectives are met, which should be effective since the IPS model will be followed to the letter. In addition, it will be necessary to produce reliable evidence, which will be done in view of the quality of the evaluators selected. It will also be necessary to promote these results and to make tools available to Un Chez Soi D'Abord services wishing to implement IPS services in their homes, which will be done through the creation of a good practice guide, the work in synergy with the DIHAL, which is one of the first supporters of the project, and the communication actions planned. It might also be appropriate to think of the national coordination of the pilot project as a tool that will become permanent in order to provide technical and logistical support to the services wishing to set up.

Croatia

Risks

Poor connection between the employment system and mental health services, inadequate support of employment specialists from mental health professionals, stigma of all participants

Mitigation strategies

- UPH Vrapče's Department of Social Psychiatry would provide a good information system about what IPS is, with folders and training materials.
- Also, ensure well-established chain of inclusion in the system, the involvement of employment specialists as members of the psychiatric team would mitigate the risks. The recommendations would be given by project leader as well.
- Liaise and work with User associations who would help by publishing of success stories that confirm that people with severe mental disorders want and can work.
- UPH Vrapče will continue in organising interdisciplinary meetings aiming on extending the collaboration and exchange of expertise between social service and mental health workers.
- Further activity by professional and user associations is needed in advocacy and support in including societal rehabilitation and the right to employment of psychiatric patients. We see it as the mission, vision, and the goals within partner-organisations.
- In collaboration with patient associations, the additional effort will be made in raising the awareness about the patient rights and work possibilities.

Czech Republic

Risks

One key risk could come from the ethos of Ministry of Labour and Social Affairs (MoLSA). According to its methodological recommendation, people with disabilities should be helped into work according to the step-by-step model. The step-by-step model assumes that people should first be trained properly to be later on successful in any job. This is completely at

odds with the IPS approach which is a place then train approach for supported employment. Currently in Czech Republic, people with disabilities are recommended to first visit low-threshold day services, later to try sheltered work and maybe after a longer period of time, they might perhaps try to be successful in the open labour market. This approach looks logical, but in reality, is discriminatory as people are usually not given the chance to work as other people do. It is also important to note that there is evidence that this step-by-step model doesn't work and that people with disabilities usually stay in sheltered environment.

Mitigation strategies

Our local country partner will focus on ensuring to find ways to inform the administration of the MoLSA about modern ways to help people to get a job, to present the outcomes of IPS and to help them to change their methodological recommendation. This action should be implemented in parallel with the presented project. It will be done in cooperation with the existing IPS Platform which they have created and the Association of Community Services. This will consist of several activities:

1. Preparation of joint action
2. Presentation of the evidence of IPS internationally
3. Presentation of evidence of IPS in national context
4. Analysis of current methodological recommendation and request for negotiation
5. Direct negotiation with administration of the MoLSA
6. In case of success cooperation on new methodological recommendation in case of disagreement, mobilizing of other resources including campaigning in media.

Denmark

Risks and Mitigation

The identified risks of the 2-year scale-up plan suggested, and suggested mitigating actions, are listed below:

- The two years scale-up plan is based on previous experiences from implementing IPS, and it may not be as easy in further implementation to convince job centres to allocate resources. However, there is no indication that it would not be possible. This risk is mitigated by the growing political interest in IPS, which could lead to further pressure to scale IPS and possible state funding through the Finance Act. The interest is seen in both the politically established workgroup for second-generation reforms and by individual parliamentary politicians.
- The differences between the level of maturity in the regions can be a risk factor in securing a nationally anchored organization for scaling up IPS in Denmark. This could be mitigated by ensuring ownership across the regions in their joint organization of Danske Regioner (Danish Regions) and involving the regions through this forum early on in planning the scale-up.
- A risk for a national scale-up strategy is the municipalities autonomy, making it necessary for implementation that each municipality decides to implement IPS. The growing national attention on scaling up IPS, the lobbyist work of user organisations and the implementation work in IPS – from research to practice

helps to mitigate this risk. With further resources allocated to professional implementation support, this risk is expected to be much reduced.

Spain

Risks

1. Spain always has the risk of political changes, national and regional that may always affect priorities.
2. Risk of developing quality and consistent IPS in different contexts, with often diverse and different service approaches and infrastructure.
3. Risk of implementing small pilots that may not be continued afterwards.
4. Stakeholders working with other approaches may see IPS as competition for funding.
5. The pandemic has impoverished resources from organizations and there is an uncertainty about the future related to employment programs' funding (also health programs). This situation could prevent organizations from focusing on people with mental health issues.
6. Continued and regular funding for all IPS programs could be difficult to implement due to the diversity of programs and organizations participating and depending on the region. Moreover, additional training and quality infrastructure is needed. Other funding resources must be allocated to fund this evidence-based practice.
7. Employment conditions have worsened due to the pandemic. Temporary jobs are a very big issue to tackle, not just for people with mental health conditions, but also for most people searching for a job. This is especially important for people with a disability benefit income, as it becomes a safety net that prevents people searching and considering (temporary) jobs in the ordinary market.
8. Changes in production models accelerated by the Covid pandemic (virtualization processes, economy based on services, etc.).
9. People with lived experience are not usually included in coproduction processes and employment services.
10. The lack of local strong Spanish regional research on IPS could be a barrier to getting funding for the future.

Mitigation strategies

1. Despite the existing risk of political change, there is a consensus among policy makers and politicians around increasing job opportunities after pandemic outbreak. Moreover, mental health issues are being introduced into the political agenda.
2. Developing IPS in different contexts will be challenging, but also enriching. The community network would profit from this variety of circumstances, implementing IPS in urban, and rural areas, with youth and with adults, in new and small infrastructures and in big settings with more experienced teams. All these experiences make it a

meaningful learning environment for every organization participating and may show a unique opportunity to implement, at the same time, the IPS model in Spain in a wide variety of contexts.

3. The possibility of implementing small regional isolated pilots could be mitigated by the Spanish Network, putting all isolated units and services in contact from the very beginning. During the scale-up project, organizations participating will have the opportunity to train professionals and extend the IPS model in their organizations and especially in Mental Health services. Organizations participating are engaged and committed to keep searching for funding for their services. The opportunity to show to other stakeholders that the practice works is the main goal to scale it more in the future.
4. Regarding the Covid 19 pandemic, it raised the issue of mental health and employment, and put it on the political agenda, so we think it will be a good opportunity to mitigate this risk regarding the priorities of public programs funding.
5. Regarding funding risks during this plan, most services will be funded by local or regional governments on a regular basis. Whether this comes from employment or health budgets will vary by region. In those cases where they are not, services bid for funding annually. These services will shift their practice to IPS to improve practices and outcomes. This shift in practices allows services to be funded while improving with an evidence-based practice. Participating in a national Network will be even more interesting for those organizations that compete for funding.
6. To face the challenge of IPS sustainability in Networking, training and quality improvement, our country partner is exploring different sources of funding for the future development (private foundations, European grants, etc.), such as a creating a certification for employment services, extending training activities across Spain and applying for national and international research grants.
7. As unemployment rates are different in each region, our country partner will approach outcomes regionally and work with local employers in each region. They will also approach global training on disability benefits from regional and national providers to put in common barriers and difficulties in reaching the benefit counselling principle of IPS.
8. Trends regarding production models have started to accelerate due to the Covid pandemic. Although a service-oriented economy is still predominant in Spain, there are clear signs of changes in working processes and labour activities. Some sectors have been further weakened by the current situation and have not received incentives or aid to promote hiring. Our Spanish partner needs to consider and build new models of working processes and support organizations and workers when offering IPS.
9. Co-production opportunity will provide an important incentive for these organizations that are not always considered in services planning. Participating in an international project can be another incentive for them. Our Spanish partner will champion and encourage the focus on co-production for all regions in order to model each IPS service considering cultural regional issues, users' needs and wants.

10. Our Spanish partner will conduct research from the very beginning, working together with other Universities and units, in order to get results in 2 phases (annually) and have the possibility to publish Spanish research at the end of the 2 years scale-up. Moreover, the Network will support each region comms and disseminate their own experience of IPS to others in Spain. They hope this could increase interest in funding and expand the project to other regions in the future.