

Lift/Futur en tête

Final Report

March 2024

Blueprint

This report was produced as part of a project funded by the Future Skills Centre (FSC), with financial support from the Government of Canada's Future Skills Program.

FSC is a forward-thinking centre for research and collaboration dedicated to preparing Canadians for employment success. We believe Canadians should feel confident about the skills they have to succeed in a changing workforce. As a pan-Canadian community, we are collaborating to rigorously identify, test, measure, and share innovative approaches to assessing and developing the skills Canadians need to thrive in the days and years ahead. The Future Skills Centre was founded by a consortium whose members are Toronto Metropolitan University, Blueprint ADE, and The Conference Board of Canada

The opinions and interpretations in this publication are those of the author(s) and do not necessarily reflect those of the Future Skills Centre or the Government of Canada.



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Acknowledgements

About the Future Skills Centre

The [Future Skills Centre](#) (FSC) is a forward-thinking centre for research and collaboration dedicated to preparing Canadians for employment success. We believe Canadians should feel confident about the skills they have to succeed in a changing workforce.

As a pan-Canadian community, we are collaborating to rigorously identify, test, measure and share innovative approaches to assessing and developing the skills Canadians need to thrive in the days and years ahead.

The FSC was founded by a consortium whose members are Toronto Metropolitan University (TMU), Blueprint and the Conference Board of Canada, and is funded by the [Government of Canada's Future Skills Program](#).

About Blueprint

[Blueprint](#) was founded on the simple idea that evidence is a powerful tool for change. We work with policymakers and practitioners to create and use evidence to solve complex policy and program challenges. Our vision is a social policy ecosystem where evidence is used to improve lives, build better systems and policies and drive social change.

Our team brings together a multidisciplinary group of professionals with diverse capabilities in policy research, data analysis, design, evaluation, implementation and knowledge mobilization.

At the Future Skills Centre, Blueprint works with partners and stakeholders to collaboratively generate and use evidence to help solve pressing future skills challenges.

About the Scaling Up Skills Development Initiative

This work is part of the FSC and Blueprint **Scaling Up Skills Development Portfolio**, which aims to strengthen Canada's skills development ecosystem by providing investment, technical assistance and evidence support to help scale a diverse portfolio of innovative skills projects. Through the initiative, FSC granted \$25.9 million to nine different programs, one of which is Lift/Future en tête.

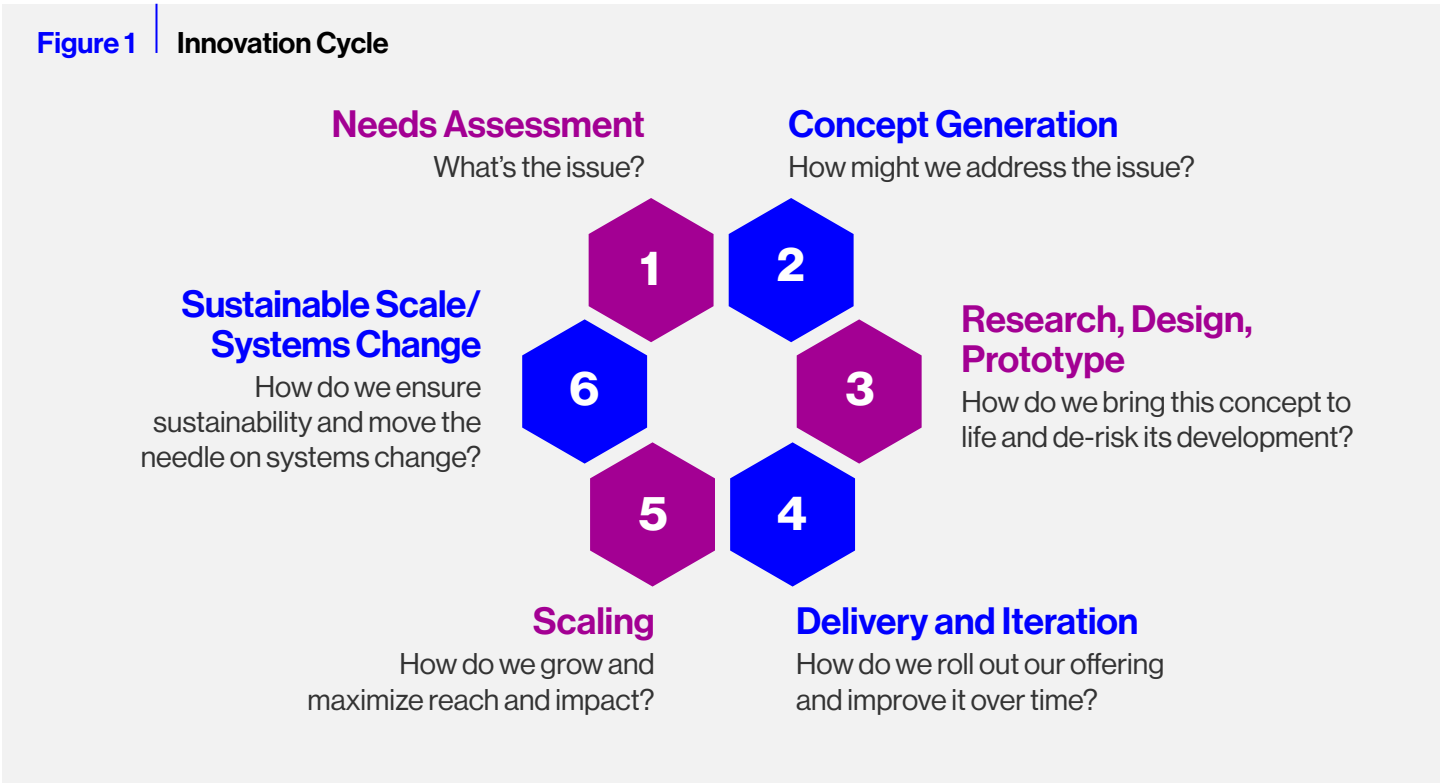
For more information about the Scaling Up Skills Development Portfolio and the progress of the other eight projects, please refer to the [Scaling Design Report](#).

Preface

Canada’s labour market is rapidly changing. To keep pace with these changes, Canadians need skills development opportunities that respond to demand and apply evidence-informed practices. Many skills development innovations have emerged to meet these needs, but they often face barriers to scaling their interventions beyond the pilot stage.

To address this challenge, the Future Skills Centre (FSC) and Blueprint have launched the Scaling Up Skills Development Portfolio.

In the [Scaling Up Skills Development Portfolio](#), FSC is partnering with 10 organizations with promising skills development interventions that began scaling up their impact. As part of the FSC consortium, Blueprint is working closely with each grantee organization to generate evidence to support their scaling journey. This is an opportunity to disrupt the current “one study at a time” approach to evidence-building in favour of continuous evidence generation and program improvement. The hope is that this approach will better produce the quality and quantity of evidence needed to help promising interventions progress in their scaling journey. For more information about Blueprint’s approach to scaling, see our [Scaling Social Innovation](#) webpage. Blueprint’s evidence generation approach is aligned with the six-stage innovation cycle (Figure 1). Our focus for the Scaling Portfolio is to work alongside partner organizations to generate evidence that helps move their interventions through **Stage 4** to **Stage 5**, with the ultimate goal of supporting sustainable scale and systems change (**Stage 6**).



About this report

Blueprint is working with each partner organization in the [Scaling Up Skills Development Portfolio](#) to continuously collect and monitor data about their intervention, capturing implementation and participant outcomes along the scaling journey.

This final report shares findings from the implementation of Lift/Futur en tête: a program that integrates employment supports into mental health services to support youth with mental health and substance-use issues and help them participate in a changing economy. The model responds to the growing demand for mental health services for youth and their associated barriers to entering the labour market and pursuing educational credentials.

The program and its evaluation are part of the *What works for work? Employment integration for diverse youth across a pan-Canadian network of integrated youth service hubs*. This project is led by a partnership of youth mental health clinical researchers from the Centre for Addiction and Mental Health (CAMH), the Douglas Mental Health University Institute (DMHUI, at McGill University) and the University of British Columbia (UBC). Blueprint supported this group's evaluation efforts by playing an advisory role and collecting additional data on participant outcomes.

This report is organized into six sections:

- **Section 1: Introduction** (p. 7–9) provides background on Lift/Futur en tête.
- **Section 2: About Lift/Futur en tête** (p. 10–14) describes the issue Lift/Futur en tête addresses and gives further detail on the program model and its implementation.
- **Section 3: Methodology** (p. 15–19) presents an overview of Blueprint's evidence generation approach, learning agenda, the data sources used in this report and their limitations.
- **Section 4: Participant experience** (p. 20–21) reports on participant satisfaction and perceptions of the program.
- **Section 5: Participant outcomes** (p. 22) shares findings on employment and education outcomes achieved by participants.
- **Section 6: Program implementation** (p. 23–24) discusses some broad implementation issues.
- **Section 7: Conclusions** (p. 25) offers some key takeaways and future steps.



Executive summary

Youth mental health is closely tied to young Canadians' economic participation. Not only do mental health challenges act as a barrier to entering the labour market and pursuing educational credentials, but youth who are not in employment, education or training (NEET) are at greater risk for worsened mental health. Despite these challenges, many NEET youth are hoping to find support for mental health and connect to meaningful employment or educational opportunities.

Existing services are not designed to meet this need. Employment supports and mental health services are not well integrated and typically provided by different agencies. Recognizing this gap, youth mental health leaders from the Centre for Addiction and Mental Health (CAMH), Douglas Mental Health University Institute (DMHUI) and the University of British Columbia (UBC) developed **Lift/Futur en tête**, a program that integrates employment and educational supports into existing mental health services.

Instead of focusing on pre-employment training as found in traditional employment programs, Lift/Futur en tête uses the Individual Placement and Support (IPS) model, where clients are quickly placed in a job and then provided with training and supports to help them remain employed. Project leads implement the program with a coalition of partner organizations at Integrated Youth Services (IYS) hubs in multiple locations across five provinces.

In 2021, following a successful pilot, Lift/Futur en tête was selected as one of [10 interventions](#) to form the Future Skills Centre (FSC) and Blueprint's [Scaling Up Skills Development Portfolio](#). As part of the Portfolio, Lift/Futur en tête underwent a scaling journey to reach more service hub partners, delivery sites and youth participants.

This final report presents Blueprint's learnings from Lift/Futur en tête. It covers the period of May 2021 to March 2023, when 542 participants were enrolled in the program, 112 of which were enrolled in Blueprint's research. In addition to our reporting, project leads will be publishing their own findings from the project starting in 2024.

Lift/Futur en tête is showing promising results. Participants were satisfied with their experiences in the program and found it useful for finding employment or educational opportunities. While sample sizes were small, preliminary results also signal that Lift/Futur en tête may be effective in helping youth with mental health and substance-use health challenges move into employment, education and training.

Beyond participant outcomes, the project had major success in building deep relationships between project leads and staff at IYS hubs and improving their knowledge of the IPS model. Program staff became better equipped to implement program components as planned, identify the program components or approaches that require adaptation and refine learning pathways through evaluation.

This work makes a strategic contribution to the evidence base on IPS by providing insights into how to scale up a model already known to be effective. More time and experience delivering the model will support the future refinement and scaling of IPS in IYS hubs across Canada.



1. Introduction

The mental health of Canada's youth is worsening. While this decline has been ongoing since the early 2000s, the COVID-19 pandemic accelerated it: the proportion of Canadian youth reporting excellent or very good mental health dropped 20% between 2019 and the onset of the pandemic.¹ Large-scale survey data² from the United States mirrors this overall trend: youth mental health continued to worsen in 2021 as the pandemic reached its peak.

Despite growing demand for youth mental health services, Canada's service providers have struggled to keep up, even before the pandemic. In a recent survey of youth who used mental health services, nearly half reported difficulty with service access.³ Since 2020, mental health experts and practitioners also noted an increase in hospital and emergency room visits by youth for mental health reasons.⁴

The state of youth mental health is closely tied to young Canadians' economic participation because mental health is both a risk factor for and outcome of youth being **NEET: not in employment, education or training**. Mental health challenges act as a barrier to entering the labour market and pursuing educational credentials, contributing to NEET status. NEET youth are also at greater risk for worsened mental health than their non-NEET counterparts, regardless of prior mental health status.⁵ Overall, NEET youth are more likely to experience concurrent mental health and substance use needs and are more likely to be unemployed in later years, underscoring the links between youth mental health and labour market status.⁶

Despite these challenges, many NEET youth seek meaningful employment or education and training opportunities. A 2018 survey⁷ of NEET youth in Ontario found that 96% aspired to return to work or education and approximately half wanted to find a job immediately (compared to one-third of respondents who wanted to return to school or address personal issues first). The same survey found that more than half of NEET youth wanted support to address mental health

1 Statistics Canada. (2023). *Navigating socioeconomic obstacles: Impact on the well-being of Canadian youth*. <https://www150.statcan.gc.ca/n1/daily-quotidien/230920/dq230920a-eng.htm>

2 Centre for Disease Control. (2022). *Youth risk behaviour summary: Data summary and trends report*. https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf

3 Canadian Institute for Health Information. (2022). *More than half of young Canadians who sought mental health services said they weren't easy to access*. <https://www.cihi.ca/en/news/more-than-half-of-young-canadians-who-sought-mental-health-services-said-they-werent-easy-to>

4 Northcott, A. (2023, February). Canadian teens still struggling with mental health even as pandemic wanes. *CBC News*. <https://www.cbc.ca/news/health/canadian-teens-mental-health-1.6759486>

5 Goldman-Mellor, S., Caspi, A., Arseneault, L., Ajala, N., Ambler, A., Danese, A., ... & Moffitt, T. E. (2016). Committed to work but vulnerable: Self-perceptions and mental health in NEET 18-year-olds from a contemporary British cohort. *Journal of Child Psychology and Psychiatry*, 57(2), 196–203. <https://doi.org/10.1111/jcpp.12459>

6 Ibid.

7 Blueprint. (2018). *Towards a better understanding of NEET youth in Ontario: Findings from a "made in Ontario" NEET youth initiative*. <https://www.blueprint-ade.ca/case-studies/towards-a-better-understanding-of-neet-youth-in-ontario>

challenges to prepare them for work or education, yet only 37% accessed them. A 2019 survey⁸ conducted by the Labour Market Information Council (LMIC) of youth across Canada found that around half of NEET youth hoped to find a “meaningful” job within the coming 12 months (i.e., a job that was stable and well aligned with their interests). NEET status, according to the LMIC study, appears to be an “in-between” situation: a transitory position youth want help to move on from.

Existing services, however, are not designed to meet this need because employment supports and mental health services are not well integrated. Employment and education supports are typically provided by different agencies than clinical services. This siloing of services creates a complex, disjointed and often daunting user experience for youth and limits service providers’ capacity to address highly interconnected service needs.

Recognizing an opportunity to better integrate employment and education supports, youth mental health leaders from the Centre for Addiction and Mental Health (CAMH), Douglas Mental Health University Institute (DMHUI) and University of British Columbia (UBC) developed **Lift/Futur en tête**. The program uses the **Individual Placement and Support (IPS) model**—where clients are quickly placed in a job and then provided with training and supports to help them remain employed—instead of focusing on pre-employment training as in traditional employment programs. Project leads implement the program with a coalition of partner organizations at Integrated Youth Services (IYS) hubs in multiple locations across Ontario, Quebec, Alberta, New Brunswick and British Columbia.

Following a successful pilot funded by the Future Skills Centre (FSC) in 2019-20, Lift/Futur en tête was selected as one of [10 interventions](#) to form FSC and Blueprint’s [Scaling Up Skills Development Portfolio](#) in 2021. It was selected because of its potential to meet Canada’s pressing needs in youth mental health services, its feasibility to scale and its contributions to the evidence gap on approaches to scaling the IPS model across multiple locations.⁹

As part of the Portfolio, CAMH received funding from FSC to scale up Lift/Futur en tête in three ways:

1. Expand the number of IYS hub partners from three to four.
2. Increase the number of delivery locations from six to 12 (including new regions and labour markets).
3. Increase the target number of youth served from 360 to 720.

⁸ Goulet, D. (2019, August). *Finding their path: What youth not in, education or training (NEET) want* (LMI Insights Report No. 17). Labour Market Information Council (LMIC). <https://lmic-cimt.ca/publications-all/lmi-insights-report-no-17-finding-their-path-what-youth-not-in-employment-education-or-training-neet-want/#toc-4>

⁹ Experts have identified a lack of funding and “the lack of methodology for large-scale expansion” as significant barriers to adoption. For more information, see: Drake, R. E., Bond, G. R., Goldman, H. H., Hogan, M. F., & Karakus, M. (2016). Individual placement and support services boost employment for people with serious mental illnesses, but funding is lacking. *Health Affairs*, 35(6), 1098–1105. <https://doi.org/10.1377/hlthaff.2016.0001>

This final report presents Blueprint's learnings from Lift/Futur en tête.¹⁰ This includes data on participant outcomes and high-level insights into the implementation of the model. In addition to our reporting, the project leads will be publishing their own findings from the project starting in 2024.

¹⁰ We may provide an addendum containing updated analysis of participant outcomes using Statistics Canada's Social Data Linking Environment if sample sizes are sufficient. The feasibility and timeline for this supplementary analysis are not yet established.



2. About Lift/Futur en tête

This section provides further background on the issues addressed by Lift/Futur en tête. It describes the IPS model in more detail and discusses how project leads implemented the IPS model with partner organizations across Canada.

2.1 Developing Lift/Futur en tête

Delivery setting

Youth mental health services in Canada are increasingly delivered by IYS hubs, which offer multiple youth-oriented services in a single location. IYS hubs focus on mental health and substance-use health services but also partner with other organizations to offer a wider range of supports and services (e.g., primary care, social services and some recreational programming). Currently, there are nearly 100 IYS hubs across Canada delivered by IYS networks, meaning they serve youth in a range of geographic regions (e.g., rural areas, remote communities, large city centres, etc.) and from multiple cultural communities, including Indigenous youth.¹¹

As a first step, project leads identified IYS hubs as an optimal delivery setting for the program with a pre-existing, established and evidence-informed structure. They present a major opportunity to address the needs of youth with mental health issues by integrating and harmonizing employment, education and training services with mental health services, all in the same physical location. Moreover, IYS providers already have experience incorporating non-mental health services into their hubs without complicating the user experience. Their networks offer Canada-wide coverage, which provides a structure through which to scale up these additional employment supports should they prove effective.

Program model

With a promising delivery setting identified, the next step was to select an employment services model that would meet the specific needs of the youth served by IYS hubs. Project leads selected IPS because it is:

- **Well aligned with need:** IPS specifically aims to support people, including youth, with mental health issues move into employment and education.
- **Evidence-backed:** IPS is the most extensively researched employment model for people with mental health conditions and has demonstrated effectiveness among young adults.¹² There

11 Graham Boeckh Foundation. (2019). *What is integrated youth services?* <https://grahamboeckhfoundation.org/en/what-we-do/transform-mental-health/integrated-youth-services/>

12 Bond, G. R., Al-Abdulmunem, M., Marbacher, J., Christensen, T. N., Sveinsdottir, V., & Drake, R. E. (2023). A systematic review and meta-analysis of IPS supported employment for young adults with mental health conditions. *Administration and Policy in Mental Health and Mental Health Services Research*, 50(1), 160–172. <https://doi.org/10.1007/s10488-022-01228-9>

is strong evidence that IPS clients achieve competitive employment outcomes compared to standard vocational services¹³ and maintain long-term labour market attachment and income effects.¹⁴ More information about the history of the IPS model and its supporting evidence is found in **Appendix A**.

- **Feasible to integrate into IYS hubs:** With similar principles and values, and a delivery format that does not require its own location, IPS can be easily integrated into IYS hubs.

IPS adopts a **place-then-train** approach, which helps individuals with mental health conditions find, secure and retain meaningful and competitive employment and receive on-the-job training. This contrasts with traditional vocational rehabilitation, which takes a **train-then-place** approach and focuses on pre-employment training.

To implement the model, IPS specialists are integrated into existing mental health services. The role of IPS specialists can include:

- working with participants to determine their interests, goals and skills;
- providing participants with labour market information;
- supporting participants' job search and preparing them for employment;
- offering supports specially tailored to youth to help them find educational opportunities;
- conducting targeted job development on behalf of participants by building and strengthening relationships with employers; and
- providing ongoing support to participants once in employment.

Program adaptations

Lift/Futur en tête implements the IPS model with fidelity. Three minor adjustments were made to fit the program context:

Canadian health and employment services: The IPS model was adjusted to align with Canadian healthcare systems, which differ from the U.S. systems on which the model is based. For example, vocational rehabilitation counselors are featured in the IPS model, but this role is not standardized as part of employment services in Canada. To fill this gap, sites formed relationships with government-funded agencies and programs that focus on employment supports, which are considered the Canadian equivalent.

13 IPS Employment Center. (2024). *Evidence for IPS*. <https://ipsworks.org/index.php/evidence-for-ips/>

14 Baller, J. B., Blyler, C. R., Bronnikov, S., Xie, H., Bond, G. R., Filion, K., & Hale, T. (2020). Long-term follow-up of a randomized trial of supported employment for SSDI beneficiaries with mental illness. *Psychiatric Services*, 71(3), 243–249. <https://doi.org/10.1176/appi.ps.201800554>

Focus on youth: Lift/Futur en tête targets NEET youth aged 12 to 25 and those at risk of becoming NEET while the IPS model is not age-specific. Project leads used the youth version of the IPS Fidelity Scale¹⁵ to ensure alignment with the core IPS model.

Staff training: The existing IPS training curriculum for staff was expanded and adjusted to include: (a) language and practices better aligned with youth-focused services in Canada; (b) a focus on equity; and (c) best practices in gender-informed, trauma-informed, anti-racist and anti-oppressive approaches. The training curriculum was also informed by previous learnings from program implementation and engagement with content experts, including youth with lived and living experience of mental health and substance-use health challenges.

2.2 Delivering Lift/Futur en tête

Program implementation

Lift/Futur en tête was launched simultaneously in multiple locations in collaboration with a coalition of partner organizations. New staff were hired at each location to deliver the program. Larger sites hired one dedicated full-time employee while smaller sites hired multiple part-time staff. New staff received training in the IPS model from the Employment Centre at the Rockville Institute, a global leader in IPS research and delivery. An existing manager at each site was also trained in IPS to act as supervisor.

¹⁵ For more information on the IPS Fidelity Scale, see <https://ipsworks.org/wp-content/uploads/2023/10/IPS-y-revised-10-7-23.pdf>

Table 1 lists the IYS hubs and IYS networks working with project leads at both the initial (2019–2020) and scaling phases (2020–2023), as well as total numbers of hub networks, locations and target samples.¹⁶

Table 1 | Lift/Futur en tête Delivery Partners

IYS Hub Network	Initial IYS Hub Locations (2019–2020)	Scaling IYS Hub Locations (2020–2023)
Youth Wellness Hubs Ontario	<ul style="list-style-type: none">• Central Toronto YWH (ON)• Haliburton YWH (ON)	<ul style="list-style-type: none">• North Simcoe YWH (Midland, ON)• Niagara Region YWH (Welland, ON)
ACCESS Open Minds (and Partners)	<ul style="list-style-type: none">• Centre local de services communautaires (CLSC) Dorval-Lasalle-Lachine/ CLSC Ouest de l’Île de Montréal (QC) – Site 1	<ul style="list-style-type: none">• CLSC Dorval-Lasalle-Lachine/ CLSC Ouest de l’Île de Montréal (QC) – Site 2• Centre de Bénévolat de la Péninsule Acadienne (Caraquet, NB)
Foundry	<ul style="list-style-type: none">• Foundry Penticton (BC)• Foundry Campbell River (BC)	<ul style="list-style-type: none">• Foundry Comox (BC)• Foundry Kelowna (BC)• Alberta Health Services (Edmonton, AB)
HUB NETWORKS	3	4
HUB LOCATIONS	6	12
TARGET SAMPLE	360 participants	720 participants

The program delivers services in-person. During the height of the pandemic, some sites offered an online option. While uptake was low, youth have varied preferences for the delivery format of mental health services.

The sheer scale of the initial implementation—involving diverse locations, sub-populations (e.g., Indigenous youth and rural youth), scale of staff training and the coordination and management of multiple partner organizations in different provinces—presented an enormous task. However, while the project was ambitious, project leads took on the challenge to fill a key evidence gap around methodologies for delivering the model at scale. Its shared leadership allowed it to draw upon deep in-house expertise and an extensive network of high-capacity partner organizations to implement the model and generate evidence. Even high-capacity service providers need time to learn how to deliver a new model efficiently and effectively, and this process often involves ongoing troubleshooting and iteration.

16 An Indigenous IPS location was planned for the Eskasoni Nation in Nova Scotia but organizers withdrew from the program before launch due to leadership and staffing changes in the community’s health centre.

Participant journey

Youth can enter the program through two channels. The first way is that youth seeking mental health services at IYS hubs are informed about the program by staff. If those youth are interested, they can speak to the hub's IPS specialist, who can enrol them. The second method happens through outside referral; IPS specialists also have their own connections and relationships with other local service providers who may refer youth to the program.

Because IPS is client-driven, the user journey depends on the supports and services the client selects to meet their needs. This means that the selection of services, and the order in which they are delivered, can vary considerably from client to client. Rather than a linear service pathway, IPS offers a curated and highly structured set of service options, which clients use to make their own pathways towards employment. These options can include support for job searching, arranging workplace accommodations, ongoing employment coaching and connecting with wraparound supports.

Scaling journey

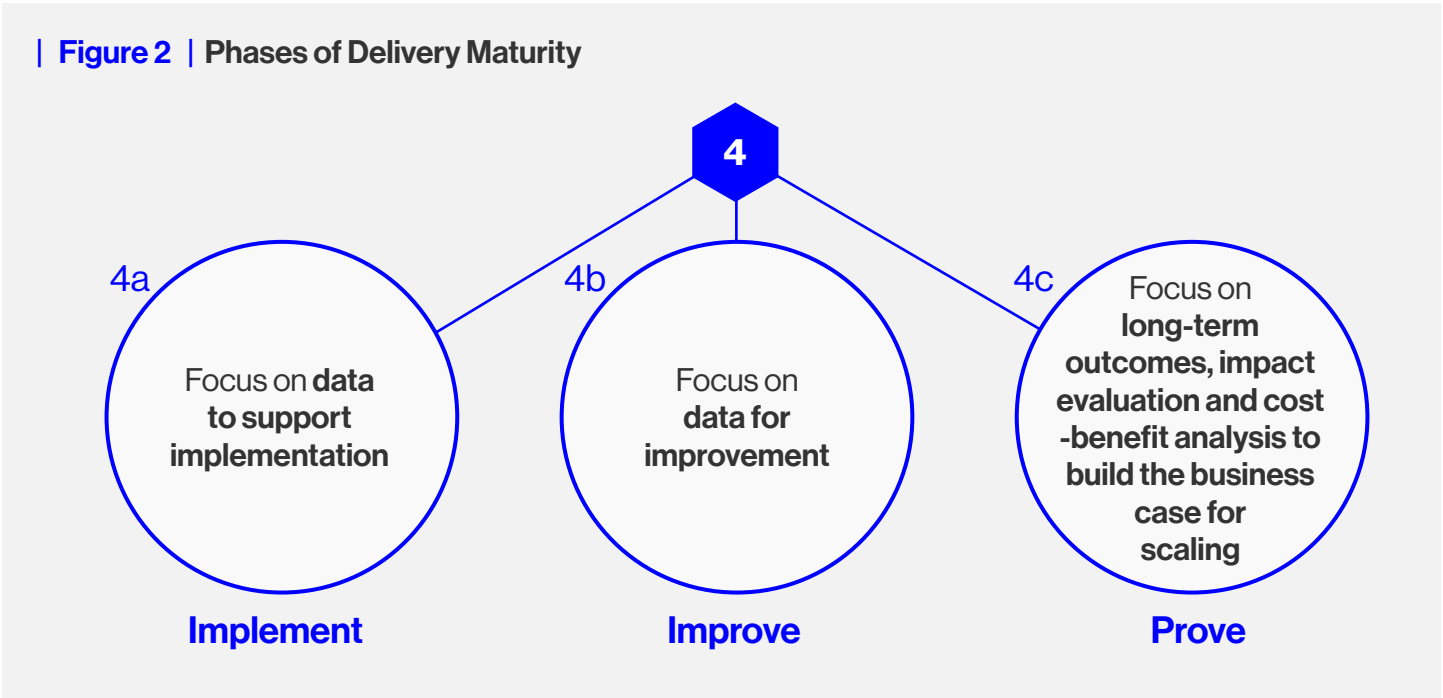
Lift/Futur en tête's scaling journey involved delivering the model in more locations (see **Table 1**) to a larger sample of youth to better understand issues around service inequality, access and implementation processes across diverse contexts. The scaling phase included generating evidence on participant outcomes and conducting assessments to determine the fidelity and adaptability of the IPS model across additional Canadian settings. Activities in support of scaling Lift/Futur en tête also involve ongoing work to assess the financial case for IPS within a IYS hub setting and developing an online IPS training system that can be used to establish a core group of youth-focused IPS specialists across Canada.

3. Methodology

3.1 Blueprint’s evidence generation approach

To support the scaling up of promising interventions, Blueprint developed a novel approach to evidence generation that fits within the six stages of the innovation cycle (see **Figure 1**). By understanding an intervention’s stage of development, we can determine the most appropriate tools to advance it to the next stage. More details on our evidence generation approach can be found in **Box 1** and the [Scaling Design Report](#).

Like all other interventions in the Portfolio, Lift/Futur en tête was in Stage 4 of the innovation cycle, Delivery and Iteration. Stage 4 is further broken down into three levels of delivery maturity: Implement, Improve and Prove (see **Figure 2**). We categorized Lift/Futur en tête as **Stage 4a** (Implement). While the efficacy of the IPS model has been shown in several rigorous studies, determining how to adapt and implement the IPS model for youth in the context of Canadian social services represents a new area of implementation.



| **Box 1** | Common Outcomes Framework

Our measurement approach includes indicators that are specific to an intervention as well as a set of common indicators that are measured for every intervention in the Portfolio.

These common indicators are drawn from Blueprint's Common Outcomes Framework, which was developed in consultation with our partners and was informed by review of employment-related outcomes frameworks and measurement approaches both within Canada and internationally. They include:

- **Intermediate outcomes** that reflect 'in-program' participant experiences and gains (e.g., program satisfaction and skills development).
- **Long-term outcomes** such as employment and educational attainment.

Using a consistent approach to measuring outcomes is part of our commitment to understanding how each intervention in the Portfolio is reaching people across Canada and allows us to measure long-term outcomes using Statistics Canada's Social Data Linking Environment. For more information on Blueprint's Common Outcomes Framework, see **Appendix B**.

Project leads spearheaded the research and evaluation activities for the project given their significant research and subject matter expertise. Blueprint and project leads worked closely together to ensure that where possible, the approach aligned with Blueprint's overall approach for the Scaling Up Skills Development Portfolio.

3.2 Learning agenda

This report covers the period of May 2021 to March 2023, when 542 participants were enrolled in the Lift/Futur en tête program and 112 of them enrolled in Blueprint’s research.

Blueprint’s learning agenda had three focus areas:

1. Participant experience

- a. How satisfied were respondents with the program?
- b. How useful was the program for helping respondents find competitive employment and/or enrol in education programs?
- c. How likely were respondents to recommend the program to someone looking for employment and/or education support?

2. Participant outcomes

- a. What labour market and education outcomes did participants achieve?

3. Program implementation

- a. What successes and challenges did program staff experience while implementing the model?

We present employment and education and training outcomes for up to 12 months following program intake. Given sufficient sample size, we may publish an addendum containing an analysis of long-term outcomes for Lift/Futur en tête participants using Statistics Canada’s Social Data Linking Environment.

3.3 Data sources

Table 2 presents the data sources upon which Blueprint’s analysis is based.

Several of these are participant surveys, which were split into two or more parts as the section on employment and education outcomes was lengthy and contained complex questions. Splitting the survey enabled participants to complete it over two or more appointments with program staff, which reduced the risk of overburdening participants in a single session. Occasionally, participants did not complete the second part of the survey, resulting in slightly different sample sizes and varying response rates for different parts of the same survey. These differing response rates are reported in the “response rate” column below.

| **Table 2** | Blueprint's Data Sources

Data Sources	Dates	Response Rate	Description
Administrative data	May 2021 to March 2023	542 enrolled in program 112 enrolled in Blueprint's research component (21%)	Project leads collected and periodically shared with Blueprint aggregate administrative data of participants enrolled in the program (regardless of whether they were still accessing the service) and those enrolled in their and/or Blueprint's research.
Research enrolment survey	June 2021 to March 2023	Personal information: 85% (95/112) Socio-demographics: 84% (94/112)	Project leads and Blueprint co-designed surveys that included Common Outcomes Framework indicators. Project leads fielded the surveys to research participants and the number of surveys participants received depended on the timing of their research enrolment. Most surveys contained multiple parts, each with a different response rate. Those no longer accessing the service still received all follow-up surveys.
Intake survey		Employment and education: 64% (45/70)	
Three-month follow-up survey		Program satisfaction: 33% (32/96) Employment and education: 46% (44/96)	
Six-month follow-up survey		Program satisfaction: 52% (45/87) Employment and education: 53% (46/87)	
Nine-month follow-up survey		Program satisfaction: 48% (31/64) Employment and education: 41% (26/64)	
12-month follow up survey		Program satisfaction: 44% (18/41) Employment and education: 41% (17/41)	
Notes from regular check-ins with project leads	June 2020 to March 2023	N/A	Project leads and Blueprint teams met bi-weekly to share project updates. Through a qualitative analysis of the meeting notes, we generalized themes on staff program experience related to challenges and successes in program implementation.
Linked data (Social Data Linking Environment)	June 2020 to Present	TBC	Blueprint uses the Statistics Canada Social Data Linking Environment to investigate employment outcomes more than 12 months after program completion.

3.4 Data limitations

The data sources have two limitations that restrict the conclusions we can draw from them:

- **Small sample size:** A minority of participants (21%) who enrolled in the program also enrolled in Blueprint's research component. This sample is likely to be too small to provide an accurate and representative picture of participant satisfaction and employment and education outcomes. The small sample sizes are unsurprising; conducting research with youth requires a significant amount of engagement, time and resources. In the case of Lift/Futur en tête, organizational capacity was channeled into implementing the model across a range of different sites and generating insights to support delivery and scaling, as appropriate to the project's stage of development on the innovation cycle.
- **Inconsistent survey timing:** Following enrolment in Lift/Futur en tête, participants were given time to consider enrolling in our research. Program staff actively discussed the scope of research with participants, answering questions and working to alleviate any fears or concerns. But as a result, there was often a delay between program enrolment and enrolment in the research. In some cases, this gap was as long as three months, meaning many participants completed follow-up surveys later than we intended (i.e., some participants were in the program for four to six months when they took the three-month follow-up survey).

4. Participant experience

Participants were broadly satisfied with their experiences in Lift/Futur en tête. They perceived the program as useful in helping them find work or enrol in educational programs. Most would recommend the program to other people like themselves seeking to enter the labour market or education and training. Larger sample sizes, however, are required to increase confidence in this finding.

Data on participant experience is drawn from the four follow-up surveys (three-, six-, nine- and 12-month follow-ups).

How satisfied were respondents with the program?

Most respondents were very or somewhat satisfied with the program. At each follow-up survey, approximately 80% of respondents reported being very or somewhat satisfied. Table 3 provides a breakdown of satisfaction rates for each follow-up survey.

Table 3 | How satisfied are you with the program overall?

	Three-month	Six-month	Nine-month	12-month
Very or somewhat dissatisfied	6% (2/32)	2% (1/44)	6% (2/31)	11% (2/18)
Neutral	16% (5/32)	18% (8/44)	13% (4/31)	11% (2/18)
Very or somewhat satisfied	78% (25/32)	80% (35/44)	81% (25/31)	78% (14/18)

How useful was the program for helping respondents find competitive employment and/or enrol in education programs?

Most respondents reported that the program was useful in helping them find competitive employment or enrol in education and training (see Table 4). At the three-month follow up, 78% of survey respondents reported that the program was very or somewhat useful in helping them find a job or enter education and training. This figure was much higher for the six- and nine-month surveys—91% and 94%, respectively—dropping to 78% for the 12-month follow-up.

| Table 4 | How useful was the IPS program for helping you find competitive employment and/or enrol in education programs?

	Three-month	Six-month	Nine-month	12-month
Not applicable—working or in school before starting program	6% (2/32)	2% (1/45)	3% (1/31)	11% (2/18)
Not useful or a little useful	16% (5/32)	7% (3/45)	3% (1/31)	11% (2/18)
Very or somewhat useful	78% (25/32)	91% (41/44)	94% (29/31)	78% (14/18)

How likely were respondents to recommend the program to someone looking for employment and/or education support?

Most respondents were likely or very likely to recommend the program to someone else or had already done so (see Table 5). At the three-month survey, 88% of respondents were likely or very likely to recommend the program or had already done so. This figure rises to 93% at six-months and 94% at nine-months, and to 100% (all 18 respondents) at the 12-month follow-up survey.

| Table 5 | How likely are you to recommend the program to someone looking for employment and/or educational support?

	Three-month	Six-month	Nine-month	12-month
Very unlikely or unlikely to recommend	3% (1/32)	2% (1/45)	0% (0/31)	0% (0/18)
Neither likely nor unlikely	9% (3/32)	4% (2/45)	6% (2/31)	0% (0/18)
Very likely, likely, or already recommended the program to someone	88% (28/32)	93% (42/44)	94% (29/31)	100% (18/18)

5. Participant outcomes

Lift/Futur en tête was effective in helping youth with mental health and substance use issues move into employment and/or education and training. Larger sample sizes are needed to increase confidence in this finding.

Data from the follow-up surveys showed that:

- The percentage of respondents **employed** increased from **28%** at intake to **67%** at the 12-month mark.
- Enrolment in **education** or **training** increased from **43%** at intake to **59%** at the 12-month mark.
- The percentage of **NEET** respondents **decreased** from **38%** at intake to **24%** at 12-months.

Table 6 shows the responses for intake, three-, six-, nine- and 12-month follow-ups. Some respondents were both employed and in education or training.

| Table 6 | Employment and education and training outcomes

Program Outcomes	Intake	Three-month	Six-month	Nine-month	12-month
Employed (including paid employment, self-employment and sheltered employment)	28% (12/43)	48% (22/46)	53% (25/47)	57% (16/28)	67% (12/18)
Enrolled in education or training	43% (19/44)	48% (23/48)	47% (22/47)	54% (15/28)	59% (10/17)
Not in employment, education or training	38% (16/42)	30% (14/46)	26% (12/47)	21% (6/28)	24% (4/17)



6. Program implementation

Project leads succeeded in building strong relationships with IYS hubs. Program staff built their capacity to adapt and deliver the IPS model. Due to the unprecedented challenges of the COVID-19 pandemic and its impact on youth, project leads and delivery partners faced challenges in program recruitment and research participation.

Project leads evaluated implementation of the program and plan to publish their findings starting in 2024. While Blueprint does not have extensive data on the implementation of Lift/Futur en tête, we can use our notes from regular check-in meetings with project leads to highlight a few key implementation successes and challenges.

6.1 Implementation successes

Relationship building

Project leads invested considerable time and resources into building deep relationships with staff at IYS hubs. Through these relationships, research staff from CAMH, DMHUI and UBC worked with program staff at IYS hubs to strengthen their understanding of the IPS model and reach agreements on data collection, tracking, monitoring and sharing.

Improved knowledge of IPS

Improvement in program staff's knowledge of the IPS model contributed to its increasingly smooth delivery across IYS hubs. A total of 67 program staff members were trained in IPS. Their knowledge of the IPS model improved throughout the study period as they gained experience and began to adopt learnings from the fidelity reviews. Over time, program staff became better equipped to implement program components as planned, identify the program components or approaches that require adaptation and help refine learning pathways through evaluation.

6.2 Implementation challenges

Participant recruitment

Like many projects across FSC's Scaling Up Skills Development Portfolio, Lift/Futur en tête experienced some recruitment issues. The recruitment target was 720 participants in the scaling phase of the project, but a total of 542 participants enrolled in the program (75% of the target). Some sites had condensed recruitment timelines due to internal processes around hiring, service delivery and research ethics, which contributed to lower enrolment.

The COVID-19 pandemic likely played a role in recruitment challenges, notably by worsening mental health for the general population.¹⁷ This additional stress and anxiety may have led youth with mental health issues to deprioritize seeking work and learning opportunities and instead focus on their health and well-being. Program staff noticed recruitment improve after the most acute stages of the pandemic.

The pandemic also had a profound impact on the labour market. Some sectors contracted while others boomed. This volatility may have made the transition to work appear difficult and unpredictable, which may have further disincentivized youth from seeking employment through programs like Lift/Futur en tête. Income supports offered during the pandemic may also have affected job-seeking behaviour among youth. This is similar to some of the sector-focused projects in the Scaling Up Skills Development Portfolio, which saw labour demand in their target sectors change significantly between program design and full delivery due to the pandemic and other global events.

Regional issues also led to recruitment challenges. The BC interior suffered successive and severe wildfire seasons in 2021 and 2022. The fires caused additional stress for local youth, which may have discouraged them from seeking employment help at the IYS hubs run by Foundry in Penticton and Kelowna, two towns which were threatened by the fires.¹⁸

Research participation

Twenty-six percent of the 542 participants took part in the quantitative research conducted by project leads. This figure fell to 21% for Blueprint's research surveys. This gap between program enrolment and research sign-ups could also be related to COVID-19. The pandemic increased stress and anxiety among participants, which may have left some less inclined to take part in the research component. In other cases, service providers may not have asked clients about participating in research if they felt it could be disruptive or could invite additional stress.

17 World Health Organization. (2022, March 2). *Mental Health and COVID-19: Early evidence of the pandemic's impact: Scientific Brief*. https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci_Brief-Mental_health-2022.1

18 Kwan, A., Conroy, K., Barron, K., Nandlall, N., Iyer, S.N., Henderson, J. L., & Barbic, S. (2022). Navigating supported employment and education services for youths during COVID-19 and severe weather events. *Psychiatric Services*, 74(4), 434–436.



7. Conclusions

Through Lift/Futur en tête, youth mental health leaders at CAMH, DMHUI and UBC identified an opportunity to support youth with mental health and substance-use issues move into employment and education or training. They selected a well-established, evidence-informed model and built strong relationships with IYS hubs across Canada, creating a network of providers with the potential to scale the program. By providing insights into how to scale up a model already known to be effective—a key gap identified in the literature—this work will make a strategic contribution to the evidence base on IPS. More substantial learnings will be shared in a future report from project leads.

While sample sizes were small, Lift/Futur en tête is showing promising results. Blueprint's research found that participants were satisfied with their experiences in the program. Most participants saw it as useful for finding employment or educational programs and would recommend it to others. Preliminary results also signal that Lift/Futur en tête may be effective in helping youth with mental health and substance-use health challenges move into employment and/or education and training.

As the IPS model becomes more established across IYS hubs, and partners become more confident with their delivery, project leads can begin to transition from an emphasis on implementation to a dual focus on implementation and participant outcomes. With more time and experience delivering the model, and as the project progresses along the innovation cycle, additional effort and resources can be dedicated to weaving outcome-focused evidence generation activities into program delivery. Understanding the outcomes the project generates, and for whom, will help project leads further refine and scale IPS across IYS hubs.



Appendix A

IPS model

The IPS model was first developed and delivered in a community mental health centre in the north-eastern US in the 1990s. The IPS model broke new ground by testing a “place-then-support” approach, in which clients are quickly placed in a job, then provided with training and additional supports to help them remain employed. This was in alignment with approaches from the field of developmental disabilities, but went contrary to the orthodoxy in mental health, which assumed clients were not ready to work and needed significant pre-employment training and preparation (the “traditional vocational approach”), such as transitional employment, agency-run businesses and sheltered work.

The “recovery through work” approach of IPS sees employment as a method to address some common non-clinical symptoms of mental illness, such as lack of independence, low self-confidence, self-efficacy and self-worth. It also views employment as a pathway to building social contacts and networks, which can improve well-being and address social isolation.

Following efforts to codify the model and a pair of RCTs, which demonstrated the effectiveness of IPS for two very different socio-demographic groups in the US, IPS began to be adopted internationally. The basic principles of IPS have remained consistent over the past two decades as clinicians and researchers have continued to develop and refine IPS manuals and guidelines, training programs, fidelity measures and implementation procedures. This included the development of separate manuals for IPS programs targeting youth and clients with co-occurring mental health and substance use disorders.

IPS is based on eight core principles and components:

- **Focus on competitive employment:** Organizations delivering IPS target regular, non-subsidized jobs in the community as an attainable goal for their clients, as opposed to seeking to place them in sheltered employment or providing employer incentives like wage subsidies.
- **Zero exclusion:** Every client who wants to work is eligible for IPS. There are no readiness assessments or further eligibility criteria. Participants self-select.
- **Attention to client preferences:** Services respond to clients’ preferences and choices rather than expert judgement. IPS specialists work with youth to help them find jobs that fit their skills and interests.
- **Rapid job search:** Job searches begin immediately. There is no mandatory pre-employment assessment, training or counseling.
- **Targeted job development:** IPS specialists build relationships with employers through repeated contact, learning about employers’ needs and assessing how their clients could fill key roles.
- **Integration of employment services with mental health treatment:** Mental health and employment services are aligned so clients receive consistent messages and care from a multi-disciplinary team.

- **Personalized benefits counseling:** IPS specialists help clients obtain clear, accurate information about how working may affect their benefits (including disability benefits and other entitlements).
- **Individualized long-term support:** Follow-along supports, tailored to individual needs, continued for as long as the client wants them in order to retain employment or make career progress. There is no mandated “cut-off” point for support services.

IPS is the most extensively researched employment model for people with mental health conditions. A recent meta-analysis of 28 RCTs (total n = 6,468) found that all but one reported the model to be effective in generating employment outcomes for clients: overall, 55% of IPS clients achieved competitive employment compared to 25% of control group participants receiving standard vocational services.¹⁹ Longer-term studies revealed that half of all clients enrolled in IPS form labour market attachment, maintaining employment for ten years or more. Income effects have been shown to persist for up to five-years after a two-year intervention.²⁰ There is also evidence to support the effectiveness of IPS for young adults.²¹ Cost effectiveness analyses of RCT of IPS have generally found the aggregated costs of IPS to be no higher and often lower than standard vocational services. See Drake and Bond (2023)²² and Bond et al. (2020)²³ for a recent review of the evidence for IPS.

The effectiveness of IPS for a range of populations, including youth, is well established. A key question for IPS is how to close the gap between those who may benefit from IPS and those who can access it. Experts have identified a lack of funding and “**the lack of methodology for large-scale expansion**” as significant barriers.²⁴ Lift/Futur en tête directly addressed this latter question by implementing and scaling up IPS across IYS hubs while maintaining fidelity to the core model.

19 IPS Employment Center. (2024). *Evidence for IPS*. <https://ipsworks.org/index.php/evidence-for-ips/>

20 Baller, J. B., Blyler, C. R., Bronnikov, S., Xie, H., Bond, G. R., Filion, K., & Hale, T. (2020). Long-term follow-up of a randomized trial of supported employment for SSDI beneficiaries with mental illness. *Psychiatric Services*, 71(3), 243–249. <https://doi.org/10.1176/appi.ps.201800554>

21 Bond, G. R., Al-Abdulmunem, M., Marbacher, J., Christensen, T. N., Sveinsdottir, V., & Drake, R. E. (2023). A systematic review and meta-analysis of IPS supported employment for young adults with mental health conditions. *Administration and Policy in Mental Health and Mental Health Services Research*, 50(1), 160–172. <https://doi.org/10.1007/s10488-022-01228-9>

22 Drake, R. E., & Bond, G. R. (2023). Individual placement and support: History, current status, and future directions. *Psychiatry and Clinical Neurosciences Reports*, 2(3), e122. <https://doi.org/10.1002/pcn5.122>

23 Bond, G. R., Drake, R. E., & Becker, D. R. (2020). An update on Individual Placement and Support. *World psychiatry : Official Journal of the World Psychiatric Association (WPA)*, 19(3), 390–391. <https://doi.org/10.1002/wps.20784>

24 Drake, R. E., Bond, G. R., Goldman, H. H., Hogan, M. F., & Karakus, M. (2016). Individual placement and support services boost employment for people with serious mental illnesses, but funding is lacking. *Health Affairs*, 35(6), 1098–1105. <https://doi.org/10.1377/hlthaff.2016.0001>

Appendix B

Common Outcomes Framework

	Outcome	Indicators
Socio-demographics	Sex & Gender	Sex at birth
		Self-identified gender
	Age	Age
	Location	Province
		Region & Municipality
	Marital status	Marital status
	Children & Dependents	Children Dependents Household size
	Household Income	Household income
	Education	Highest credential obtained
		Location of highest credential attainment
	Indigenous Identity	Self-identified Indigenous identity
	Francophone status & languages spoken	First language spoken
		Official languages
		Language spoken at home
		Other languages spoken (At home)
	Citizenship Status	Place of birth
		Year of arrival
		Citizenship status
	Racial identity	Self-identification as member of racialized group
	Disability	Self-identified disability

	Outcome	Indicators
Employment status and history	Employment	Employment status
		Nature of employment (permanent, temporary, full/part-time)
	Earnings	Hours worked / week
		Wages
		Annual earnings
	Industry and occupation of employment	NAICS code of job
		NOC code of job
	Work history	Time since last employed
		NOC code of job
		NAICS code of job
	Income source	Income sources
Intermediate outcomes	Program completion	Successful completion of planned activities
	Participant satisfaction	Satisfaction with program
		Perceived Utility of Program
		Likelihood to recommend
Customized intermediate outcomes	Skills gains	Measured gains in specific skills
	Program-specific credential attainment	Attainment of program-specific credentials

