

• **FOUNDRY.**  
WHERE WELLNESS TAKES SHAPE

# Foundry Works! Guide

Implementing Individual Placement  
and Support in British Columbia

June 2021



# Executive Summary

## What is the Foundry Works! program?

**Foundry Works! is a supported work/study program at Foundry. The program is funded by the Government of Canada's Youth Employment and Skills Strategy (YESS), the Government of British Columbia and Employment and Social Development Canada's Future Skills program in partnership with the Centre for Addiction and Mental Health in Ontario. Foundry Works! utilizes the Individual Placement and Support (IPS) model within an integrated youth health service. We have tested the integration of youth employment services for over four years at Foundry Vancouver-Granville. We believe that embedding work/study services within the Foundry service model is beneficial for British Columbia (BC) communities, young people and families.**

The aim of the project is to support BC young people with their work and study goals. Guided by the evidence-based principles of IPS, Foundry Works! will provide flexible, wraparound services to help at-risk youth develop work skills, become competitively employed and realize their education goals. Services are based on the premise that competitive work is a core component of personal recovery and meaningful employment can increase youth's quality of life and contribute to improved mental health outcomes.<sup>50</sup> Over the next three years, this project will allow the Foundry network to build a model that meets the vocational and life skills needs of diverse BC youth and families.

## How does the funding model work?

In partnership with St. Paul's Foundation and centres across the network, Foundry Central Office (FCO) led a joint proposal submission for Foundry Works! to Service Canada. While completing negotiations with Service Canada, FCO was able to secure matching funding from BC's Ministry of Social Development and Poverty Reduction (MSDPR). The St Paul's Foundation receives the funds for disbursement to FCO (via Providence Health Care), who is responsible for flowing the funding through to the participating Foundry Lead Agencies. FCO administers the program centrally, including supporting the continuation of the program at the Foundry Vancouver-Granville pilot site and supporting Foundry Virtual BC to deliver services virtually.

In addition to the IPS services being funded by the Government of Canada and MSDPR, three Foundry centres were chosen to participate in a research study entitled "What works for work? Employment integration for diverse youth across a pan-Canadian network of Integrated Youth Service Hubs," funded through Employment and Social Development Canada (ESDC)'s Future Skills program. The study is managed by the Centre for Addiction and Mental Health (CAMH), who is responsible for flowing funding directly to the three participating centres. There are some additional data requirements in relation to the study, but the services are intended to be the same across all sites.

## What is the Foundry Works! service model?

Services in this new program will be guided by the Individual Placement and Support (IPS) model of supported employment. Across 28 randomized controlled trials assessing the effectiveness of IPS for people with serious mental illness, 55% of IPS participants achieved competitive employment, compared to 25% of control participants receiving other vocational services.<sup>50</sup>

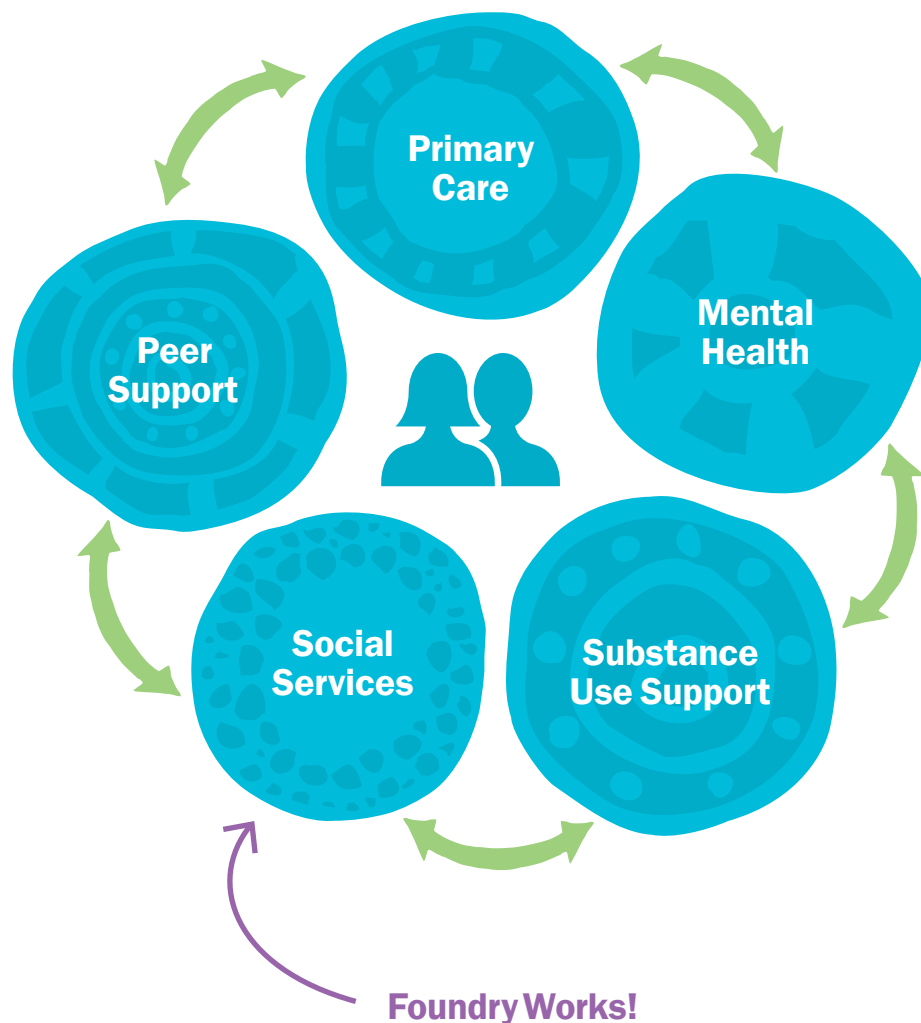
The model has core features that include:

- Offering work/study support within and alongside core integrated health services;
- Meeting participants where they are at; and
- Helping participants gain mainstream employment/study experience.

At Foundry, we believe that all young people should have access to meaningful work, study and training opportunities. This program will allow Foundry to support young people to coordinate their health and work/study goals.

## Where does Foundry Works! fit in the overall Foundry Service Model?

Foundry Works! is now a core element of Foundry's in-person and virtual social services offerings. Foundry Works! will be integrated with the existing services offered at Foundry. Foundry Works! uses a team approach guided by the values and principles of Foundry.





## How will Foundry Works! be evaluated?

Our commitment to evaluation and to offering evidence-based practice means we are keen to capture learnings and outcomes as we implement Foundry Works!. There are two types of evaluations: (1) data gathered for government; and (2) data gathered to support ongoing quality improvement efforts and sharing of innovation across the network.

We look forward to working closely with each centre and Foundry's provincial virtual service team to learn about the implementation process and outcomes and co-design ways to share this knowledge more broadly.

## About this guide

This guide is intended to introduce Foundry Works!, describe the key components and provide resources for centres within the Foundry network as they implement the program.

# Contents

	<b>Executive Summary</b>	<b>2</b>
	<b>Contents</b>	<b>6</b>
	<b>Acknowledgements</b>	<b>8</b>
<b>CHAPTER 01:</b>	<b>Introduction and History of Work/Study at Foundry</b>	<b>9</b>
	1.1 Mental health and substance use and young people in British Columbia	9
	1.2 What is Foundry?	10
	1.3 Why do work and study matter for young people at Foundry?	10
	1.4 Barriers to employment and education	11
	1.5 What models for supported work and study exist?	11
	1.6 How was IPS tested at Foundry?	12
<b>CHAPTER 02:</b>	<b>Understanding the Foundry Works! Program</b>	<b>16</b>
	2.1 How is Foundry Works! funded?	17
	2.2 What is the underlying model guiding the Foundry Works! program?	17
	2.3 Integrating Foundry Works! at our centres	18
	2.4 What is the IPS community?	18
	2.5 Using a fidelity model for quality improvement	19
	2.6 Engaging with local partners	19
	2.7 Cultural relevance of Foundry Works!	19
	2.8 The Foundry Central Office team	20
	2.9 Conclusion	20
<b>CHAPTER 03:</b>	<b>Bringing the Practice Principles to Life</b>	<b>21</b>
	3.1 The Foundry Works! approach	21
	3.2 Underlying practice principles of Foundry Works!	23
	3.3 Conclusion	27
<b>CHAPTER 04:</b>	<b>Implementing Foundry Works!</b>	<b>28</b>
	4.1 First steps	28
	4.2 Establishing Foundry Works! team	28
	4.3 Onboarding process	28
	4.4 Introducing centre staff to Foundry Works! program	29
	4.5 Conclusion	29
<b>CHAPTER 05:</b>	<b>Connecting with Community Partners</b>	<b>30</b>
	5.1 Community partners	30
	5.2 Employment service providers	30
	5.3 Sources of guest speakers	31
	5.4 Conclusion	31

<b>CHAPTER 06:</b>	<b>Welcoming Youth into the Foundry Works! Program</b>	<b>32</b>
	6.1 Recruitment and marketing	32
	6.2 Referral	33
	6.3 Eligibility	33
	6.4 Screening	34
	6.5 Enrollment	35
	6.6 Setting up payments	35
	6.7 Administration	35
	6.8 Tracking Costs	35
<b>CHAPTER 07:</b>	<b>Delivering Foundry Works!</b>	<b>36</b>
	7.1 Individual sessions	36
	7.2 Employment skills and wellness workshops	39
	7.3 Job development	40
	7.4 Team meetings and consultation	41
	7.5 Tools and resources	41
<b>CHAPTER 08:</b>	<b>Providing Support to Participants</b>	<b>42</b>
	8.1 Developing career goals with youth	42
	8.2 Including families	43
	8.3 Collecting work/study histories	43
	8.4 Providing information about benefits	44
	8.5 Discussing disclosure	45
	8.6 Scheduling appointments	46
	8.7 Discharging participants	46
<b>CHAPTER 09:</b>	<b>Supporting Education</b>	<b>47</b>
<b>CHAPTER 10:</b>	<b>Evaluating Foundry Works!</b>	<b>48</b>
	<b>Tools and Resources</b>	<b>49</b>
	<b>Contributors</b>	<b>50</b>
	<b>References</b>	<b>51</b>

# Acknowledgements

We acknowledge, with much gratitude, that our work takes place on land steeped in rich Indigenous history and home to many First Nations, Métis and Inuit people today. We recognize and respect Indigenous People as traditional stewards of this land and the enduring relationship that exists between Indigenous Peoples and their traditional territories.

We wish to acknowledge our teams at Foundry Vancouver-Granville, Foundry Virtual BC and Foundry Central Office for providing invaluable feedback, guidance and overall leadership throughout the process of creating this guide. A list of contributing authors can be found on [page 50](#).

We wish to thank the following organizations for their generous support of the Foundry Works! initiative:

- The Government of Canada's Youth Employment and Skills Strategy;
- The British Columbia Ministry of Social Development and Poverty Reduction; and
- Employment and Social Development Canada's Future Skills program, managed through the Centre for Addiction and Mental Health.

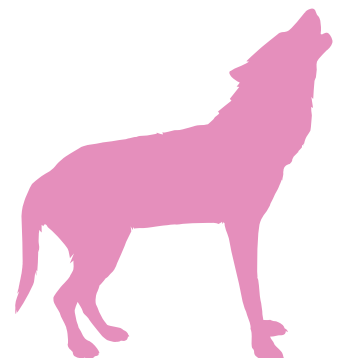
We also wish to thank our partners at BC Children's Hospital for powering our website ([www.foundrybc.ca](http://www.foundrybc.ca)), as well as our Foundry network partners, Lead Agencies, advisory committees and youth and family members from across BC.

Our thanks to all of you for sharing your voices and perspectives and for inspiring us with your visions of a better future — one where all young people have the resources and supports they need to fully achieve wellness.

Production of this document is made possible through a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

Content may not be reproduced, modified or shared in whole or in part, by photocopy or other means, without the prior written permission of Providence Health Care Society, carrying on activities under the name Foundry.

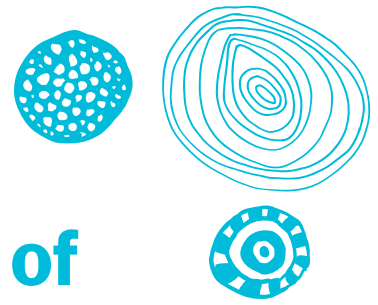
© 2021, Providence Health Care Society d.b.a. Foundry. All rights reserved.





## CHAPTER 1:

# Introduction and History of Work/Study at Foundry



## 1.1 Mental health and substance use and young people in British Columbia

One in four young people in BC live with a mental health or substance use (MHSU) disorder that impairs their functioning at home, at school and within their communities.<sup>1,2,3</sup> Yet in many parts of the province, only 25% of young people (defined as ages 12–24 years), receive the MHSU services they need.<sup>4,5,6,7</sup> Although the national adoption of person-centred care is widely supported, there is a disconnect between that vision and the reality of how young people in BC are accessing care that addresses their developmental needs and goals. Young people and their families report “falling through the cracks”<sup>8,9,10,11</sup> and finding the system adult-oriented<sup>12,13,14</sup> and difficult to navigate.<sup>7,15</sup>

In the absence of low-barrier access points designed for this population, utilization of emergency departments (EDs) by young Canadians for MHSU concerns has climbed dramatically.<sup>5,16,17</sup> For example, there has been an 85% increase in emergency department visits for youth ages 15–19 in BC,<sup>4</sup> alongside a comparable increase in the number of youth seeking MHSU inpatient hospital services.<sup>4,18,19,20,21</sup> In addition, COVID-19 and the overdose crisis have presented more challenges for young people to thrive than ever.

In early 2021, nearly 17% of young people ages 16–29 were not in education, employment or training. As the demand increases for a broad range of services to be youth- and family-centred,<sup>21,22</sup> the opportunity exists for BC to build an integrated model of life care that includes support for work and study and that is driven by the needs and priorities of young people and their families.<sup>23</sup>

## 1.2 What is Foundry?

Foundry is removing barriers and increasing access to health and wellness services for young people ages 12–24 and their caregivers through a network of youth-friendly centres across BC and online. By offering integrated mental health care, substance use services, primary care and sexual health care, youth and family peer support and social services, Foundry makes it easier for young people to find support in their communities. Online resources and first-of-its-kind virtual services further broaden Foundry's reach.

**Foundry provides safe, non-judgmental care, information and resources, and works to reach young people earlier — before health challenges become problematic. Foundry brings health and social services together to make it easier for young people to find the care, connection and support they need.**

Foundry believes young people should have a voice in their care and that finding the right support shouldn't be difficult. Foundry also represents community agencies, government, donors, youth and young adults and families coming together to help all young people in BC to thrive.

When we talk to young people, we know that school and employment are important to them. This guide outlines our newest part of the Foundry service model called Foundry Works!.

We are committed to working with our youth and partners to co-design a model that supports young people with the full range of health and social goals.

## 1.3 Why do work and study matter for young people at Foundry?

One of the best indicators of recovery is a person's ability to obtain and maintain meaningful employment or participate in higher education.<sup>24,25</sup> Since the doors have opened at Foundry, we have consistently identified a need for programming that supports the work and study goals of young people.

In BC, there appears to be a disconnect in how young adults are managing career and educational goals while addressing their health needs. As a result, supporting young people with their school, training and employment goals is a priority for our service model.

## 1.4 Barriers to employment and education

In BC and many parts of Canada, mental ill-health and substance use are the primary causes for youth unemployment and disability.<sup>26</sup> The most common diagnoses associated with work and school disability among young adults are mood, substance use<sup>27</sup> and psychotic disorders.<sup>28</sup> The evidence on risk factors associated with work and education disability in this population is lacking.<sup>29</sup> However, severe and comorbid mental disorders, early psychiatric morbidity, substance use, being male, low basic education and lack of specialized training have recently been suggested as potential biological, psychological and social risk factors for unemployment in young adults with mental illness.<sup>29,30,31</sup>

What is well known is that obtaining work or attending school is important to youth and is associated with positive health outcomes, social wellbeing, long-term recovery and quality of life.<sup>24,32,33</sup> Like most of their peers, young adults with mental health or substance use challenges want to work, yet they face enormous stigma in getting and keeping jobs.<sup>34</sup> Challenges are even greater for those who have not completed their education or who may not have developed effective work habits and skills to cope with their illness.<sup>26,35</sup>

In parallel with high-quality health care, effective work/study services are needed to empower young adults with mental health and substance use challenges to thrive in work or study.

## 1.5 What models for supported work and study exist?

The literature supporting integrated models of health and work/study for youth with mental illness is scarce.<sup>25,36,37,38</sup> Evidence regarding the impact of early intervention programs on work and school has been mixed and has focused primarily on young adults with first episode psychosis (FEP) living in the US. Bond et al carried out a comprehensive review of 11 studies of youth with FEP participating in supported employment/education programs, including three randomized controlled trials, and found that supported employment/education programs that are embedded into youth clinical services can improve clinical and functional outcomes.<sup>39</sup>

In a 2020 update of their work, Bond et al reported that among 28 RCTs, there was a 55% competitive employment rate for IPS participants, compared to only 25% for controls.<sup>50</sup> However, the initial review did not find significant differences between these two groups in school or higher education participation rates.

Most of the interventions studied were primarily based on the Individual Placement and Support (IPS) model of supported employment. IPS is an evidence-based supported employment model for people with severe mental illness<sup>38</sup>, designed to achieve employment in mainstream competitive jobs, either part-time or full-time.<sup>40</sup> This approach contrasts with traditional vocational rehabilitation approaches, which typically employ people in wage-subsidized, short-term employment experiences and/or provide extended periods of prevocational training.

The IPS model was developed in the US and has been adopted internationally in at least 19 other countries (Australia, Belgium, Canada, China, Czech Republic, Denmark, France, Germany, Iceland, Ireland, Italy, Japan, New Zealand, Norway, Spain, Sweden, Switzerland and the UK.<sup>41,42,43,50</sup> Research has shown that IPS produces better competitive employment outcomes for adults with serious mental illness compared to alternative vocational programs, regardless of demographic (age, gender), clinical and employment characteristics.<sup>32</sup>

In Canada, IPS has been used for the past decade to support adults with mental illness in obtaining competitive employment<sup>44,45,46</sup> and has been promoted as an evidence-based intervention that should be prioritized in care across the country.<sup>45</sup>

## 1.6 How was IPS tested at Foundry?

In 2015, before our organization was “Foundry,” the pilot centre in Vancouver identified a need to support young people in the context of what was important to them. Young people accessing the soon-to-be Foundry Vancouver-Granville centre identified work and study to be critical to health outcomes.

The Vancouver team suggested the potential benefits of a supported work/study model that could embed both clinical and social services and bridge silos. This idea also coincided with an urgent call in the literature for models that demonstrated how to “build capacity for transdisciplinary collaborative partnerships to support youth with both health and employment/education goals.”<sup>47,48</sup>

## So, what did our team do?

The following is a history of the funding that supported the generation of ideas leading to Foundry Works!.

## **Phase 1: Foundry Vancouver-Granville pilot (Summer 2015)**

With support from the BC Ministry of Justice (\$15k), Foundry Vancouver-Granville (FVG) partnered with UBC's Department of Psychiatry and Department of Occupational Science to re-imagine a new model of supported work/study in this context of use. With this funding, we piloted the first cohort of 10 Foundry participants in a 16-week work/study program. An Occupational Therapist led the pilot. Nine out of 10 youth finished the program. All youth had high barriers (more than three challenges including homelessness, mental health challenges, substance use challenges, poverty, etc.). All youth who finished the program obtained employment or a study opportunity within six weeks.

## **Phase 2: Pilot collaboration with community partners (2016–2017)**

Given the success of the pilot project, FVG explored partnership opportunities to deliver supported employment programming with local partners. This resulted in a pilot partnership with the YMCA of Greater Vancouver to deliver supported employment programming for young people experiencing mental health and/or substance use challenges. Operational costs to deliver the program were funded by the BC Ministry of Jobs, Tourism and Skills Training (funded YMCA staff and costs for young people). A private donor funded an FVG Occupational Therapist and a Peer Support Worker to support the program and to bridge the health and work/study goals of youth participating in the program.

In this phase, the program was 16 weeks long. Youth participated in a five-week in-class psychoeducation training and 11 weeks of on-the-job-site support in the community.

With this funding, the outcomes achieved were:

1. 47 youth participated in the program;
2. Amongst the 47 youth, 43 completed the 16-week program;
3. 74% of this cohort gained meaningful employment within 11 weeks; and
4. Amongst the youth who completed the pre/post assessments (n=40), significant changes were observed on clinical status (mental health), personal recovery, quality of life, functional status and safety.

## How was this Phase 2 project evaluated? (2016–2017)

The evaluation process in the first year focused primarily on the first 16 weeks. We used self-report outcome measures to evaluate changes of the youth pre- and post-intervention. Although we found notable group level differences in mental health, quality of life, functional status and recovery, we also heard individual stories from youth about the strengths and weaknesses of the program:

*“This program showed me that I was much more than just a sick person. I have goals and I can accomplish my goals. I now work full time in a job I love. I am proud of myself.”*

*“I felt so lucky that my parents and team suggested I go to this program. I was able to fail in this program and learn why I failed. I worked with my health team to learn how to make a routine and get to the program every day. Over time, I failed less. Over time, I felt healthier. And today I am working. I send any youth at Foundry I can to this program.”*

*“Before I went to the program, I slept all day. I smoked all day. On the weekend I smoked a lot of weed and meth was just part of life. In a week in this program things started to change. I made friends who had goals. I went to the gym. I made friends at the gym. On the weekends, I found myself at the gym (they have a hot tub!). But that changed recently, because now on weekends I work. I love it. I have Tuesday and Wednesdays off. This is my new weekend.”*

After each cohort, we summarized lessons and integrated the changes into each new cohort. It was identified early on that the quality of the stories that were being told by youth were powerful and needed to be captured. As a result, in collaboration with UBC, we received ethical approval to run focus groups with each cohort to summarize lessons in an organized fashion and disseminate findings broadly.

A second lesson learned was that we needed to track outcomes for a longer period and develop a method to identify youth who may struggle past the 16-week mark. As a result, in July of 2016, we began evaluating youth for up to one year.

## What were the biggest challenges to this Phase 2 program?

Early on, we identified employment/education barriers for youth participating in the program. These included lack of educational achievement/opportunities, limited work experience, homelessness, substance use and social stigma. With each cohort, we anticipated these challenges and built integrated plans of support that include both employment and health outcomes. We learned about the importance of working closely with youth to identify who their supports are and how these supports can help youth achieve their goals.

We also learned the importance of developing integrated health and employment plans to enhance communication between services. Although young people clearly understood there were two service providers delivering the intervention, participants requested stronger integration of care plans, case management services and “only having to tell my story once.”

The team responded by implementing joint weekly meetings with participants, to make sure they felt fully supported and to make sure their health and employment plans were integrated. The service providers also held weekly Clinical Review meetings with their broader team, to leverage everyone’s skills.

We also learned about community stigma and employer reluctance to hire participants with a past or current history of mental health and/or substance use challenges. As a result, this phase worked very hard to establish relationships with local employers. We recognized a need for education in the employer community about young people, mental health and substance use. In this phase, 200+ employers were identified as partners with this program.

By identifying and managing challenges early on and providing education, we made incremental steps toward building strong partnerships with local employers and helping youth achieve mental health and employment goals, while supporting employer and community organizations to overcome stigma/barriers. The lessons learned in this project, specifically around this challenge, were used to inform the development of the Foundry Works! program.

## **What happened over the next few years?**

The partnership between the YMCA and FVG continued for three years. In total, 168 young people participated in 18 cohorts. The success rate of each cohort continued to be excellent early on (first 16 weeks). We continued to shape the model for young people in BC and learn lessons about the importance of integration of services, quick access to care and involving young people in design and evaluation.

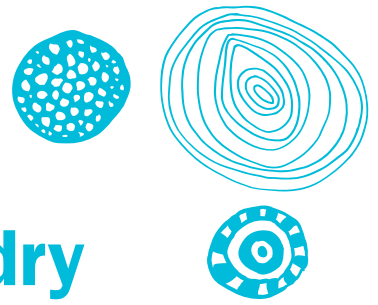
## **How did this lead to the Foundry Works! program?**

After several years of testing IPS at Foundry, we recognized the need to have a dedicated service embedded within each centre across the network. With pilot funding from Service Canada, we developed and trialed a program at Foundry from September 2019 to March 2021. Midway through the program, we received approval to expand Foundry Works!

With the addition of funding from the Future Skills program through CAMH and the BC Ministry of Social Development and Poverty Reduction, the Foundry Works program will be implemented at all centres across BC and through Foundry’s provincial virtual service.

## CHAPTER 2:

# Understanding the Foundry Works! Program



Foundry Works! is a new program in the social services stream at Foundry, which supports youth in BC with their work and study goals. The goal of Foundry Works! is to provide flexible, wraparound services to help at-risk or multi-barriered youth realize their education goals, develop work and life skills and become competitively employed.

Based on Foundry's data collection, 7–27% of all youth accessing Foundry are not in work/study. The Canadian norm is 5–6%, so young people accessing our centres are more likely to be out of work/study. Most of the young people who are in this category identify work/study as their #1 goal. So, Foundry Works! was developed to provide integrated work/study support at each centre.

As per the Service Canada agreement, the specific project objective is:

**Over three years, Foundry Works! will deliver Case Management, Employability Skills, Employment Services, and a Work Experience Intervention to assist 25–28 youth/centre/year (total 750 youth over three years), facing multiple barriers to employment, giving them the opportunity to benefit from the interventions, which will enable them to develop their skills and employability in or to prepare them to obtain and keep employment.**

With the addition of funding from MSDPR, Foundry Works! will be able to serve more youth than what has been targeted by the Service Canada funding. Specific targets will be established with centres once budgets are finalized.



## 2.1 How is Foundry Works! funded?

Foundry Works! is funded by the Government of Canada's Youth Employment and Skills Strategy (YESS), the Government of BC (Ministry of Social Development and Poverty Reduction) and ESDC's Future Skills program (managed through CAMH).

The YESS is the Government of Canada's commitment to help young people, particularly those facing barriers to employment, get the information and gain the skills, work experience and abilities they need to make a successful transition into the labour market.

The YESS is a horizontal initiative involving eleven federal departments and agencies. The previous streams offered by the YESS were merged together to create a more integrated and flexible service delivery network. These past services were Skills Link, Career Focus and Summer Work Experience.

The YESS Program and the Future Skills program fund a footprint of Foundry Works!. The Government of BC has matched these funds to ensure that Foundry can work to deliver the full fidelity IPS model and learn from the impact of the service across the network. We are thankful for these funding sources and look forward to working closely with our funding partners to justify the investment of our provincial and federal governments.

## 2.2 What is the underlying model guiding the Foundry Works! program?

The underlying model is Individual Placement Support (IPS). IPS is an evidence-based model widely used across the world. The model has core features that include: (1) offering work/study support within and alongside core integrated health services; (2) meeting participants where they are at; and (3) helping participants to become employed or further their education. Foundry aims to support the uptake of IPS across British Columbia and across Canada.

## 2.3 Integrating Foundry Works! at our centres

Foundry Central Office (FCO) will be here to support you. We aim to make Foundry Works! services inviting to young people and families. Work and study support are often the reason that many young people will first walk in the doors for support. This provides Foundry centres an opportunity to provide care in the context of what is important to young people and reach them when they might be contemplating their mental health challenges but not yet ready to connect with purely mental health supports.

As most employment support programs are offered outside of health agencies, the coordination of services can be difficult. Foundry Works! uses a team approach guided by the values and principles of Foundry. The Foundry Works! team will be embedded within every centre as part of the team. Their role will be to work alongside all the service providers to directly support young people with their work/study goals.

According to the IPS model, work/study specialists should not be working on multiple teams, so Foundry Works! places them within each centre's team. The funding in this program is intended to support hiring enough specialists for every centre to support a minimum of 25–28 young people each year with their work/study goals.

## 2.4 What is the IPS community?

An International IPS community exists and we hope to learn and grow with this community. Currently, in Australia, our headspace colleagues are offering a similar service in 24 centres. In Canada, the Centre for Addiction and Mental Health is leading a pan-Canadian study utilizing Future Skills funding described above. At FCO, we have a team working closely with our likeminded partners to implement this model, share learning and work towards the most youth-centred service possible. In BC, several organizations, including the Canadian Mental Health Association, are working to implement this model. We aim to continue to learn from our community partners and develop the strongest model for BC residents to access when needed.

## 2.5 Using a fidelity model for quality improvement

Fidelity is an important part of the IPS model. It will also be important to guide how we work together and learn from each other. The model proposed is intended as a starting point. If we feel that we need to deviate from this model to meet the needs of youth and families, we will be happy to consider this.

We will not be having an independent fidelity review in this project. Instead, we have a team led by a Foundry Works! Evaluation Specialist who will support the centres as they implement the program. The Evaluation Specialist will work closely with each centre's Research and Evaluation Associate (REA), and they will all actively learn from the centre teams. We recommend working very closely with the REA, who will be monitoring Foundry Works! data to make sure we are capturing the centres' excellent work. The REA will also be able to provide ongoing support for the Foundry Works! team in using Toolbox to make sure data is being collected properly.

Because young people have many different life trajectories, we recognize that a “one size fits all” model is not likely to work. We are depending on our youth-centred community to become a community of practice in this area and share lessons broadly.

## 2.6 Engaging with local partners

Partnering with community is a natural part of the Foundry model. In this program, we anticipate extending our partnerships to include employers, schools and community organizations that can support the growth and potential of BC youth. The Foundry Works! specialists will be responsible for working with their centre's leaders to outline who these community partners are (or can be). In the IPS model, job/training development is a core part of the success of the model. This offers a wonderful opportunity to engage new community partners and expand the reach of Foundry in each community.

## 2.7 Cultural relevance of Foundry Works!

We have piloted Foundry Works! with over 200 diverse young people living in an urban setting. We recognize that we have a lot to learn in this area about how Foundry Works! may be experienced or implemented in each community. We acknowledge that our province is diverse in so many wonderful ways. If there are ways in which the program does not meet each community's cultural needs, we encourage centres to reach out to the FCO team so we can learn and adjust the program accordingly.

## 2.8 The Foundry Central Office team

The FCO team will support centres throughout this project. The team involved in the implementation of Foundry Works includes:

1. Director of Service Innovation
2. Director of Evaluation and Quality Improvement
3. Director of Research & Innovation
4. Leader of Program Implementation
5. Foundry Works! Project Manager
6. Foundry Works Project Support Coordinator
7. Evaluation Lead
8. Evaluation Specialist
9. Research Manager
10. Research and Evaluation Associates
11. Finance Clerk
12. Administrative Support

This team will meet quarterly to monitor progress, share learnings from the centres and make adjustments as needed. Our aim is to work with centres to create a model and a fidelity action plan that can support program outcomes and ultimately the health outcomes and experiences of BC young people and their families.

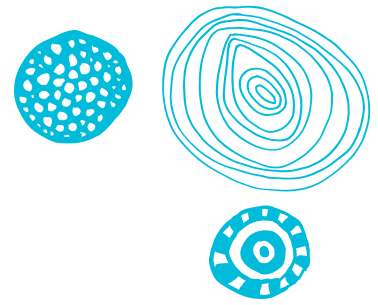
## 2.9 Conclusion

Active involvement from our centres will be the key to success. Together, we will gather the evidence-based information to support the long-term implementation of this program. We are thankful for each centre's participation and look forward to being leaders in this area and forging ahead with this innovation.



## CHAPTER 3:

# Bringing the Practice Principles to Life



### 3.1 The Foundry Works! approach

Young adulthood is the time where school or career development starts. Interruption in this phase of life, due to illness or life events, can have long-term health and social impacts on the person, their family and society. Young people who access disability supports are more likely to stay on disability support for the rest of their lives compared to young people who do not access them. Foundry Works! offers young people an alternative to help them plan for their work/study goals, while learning to self-manage their health.

Foundry Works! specialists will be talking to young people about their barriers to employment or education, as well as their hopes for the future. Together, they will develop plans to realize their work and study goals, while also supporting them to manage their health. The outcome is not EMPLOYED: YES/NO. Most young people want to try a variety of jobs or training opportunities. The Foundry Works! team will work with young people along this journey, making sure they develop a strong plan together. Young people will feel supported by a flexible team that is youth-centred and strength-focused.

#### 3.1.1 Team composition and integration

The team at each centre will comprise two members. Both will have training in the IPS model. Because we are providing services within an integrated youth health service model, it is important that one of the specialists is a registered health provider. The suggested health providers are Occupational Therapists or Social Workers, both of whom receive both health and social services training.

The registered health provider will lead the coordination of health and work/study care plans. The second specialist may or may not be a health professional. However, they must have basic training as a vocational counsellor and IPS training.

The Foundry Works! team is part of the core Foundry team at each centre. They should be invited to team meetings and participate in any team building activities.

Like all Foundry programs, Foundry Works! supports the individual needs of communities and recognizes that some flexibility may be needed in building local teams.

### **3.1.2 Strength-based approach**

As with most of our work at Foundry, Foundry Works! uses a strength-based approach. The first part of the assessment is to identify the youth's work/study goals by discussing their strengths, talents, experiences and abilities. For many youth, this is hard to do, and they may only identify themselves by their illness and past failures. Foundry Works! specialists are trained to use a trauma-informed approach to goal setting and respect the journey a youth has taken.

Foundry Works! believes in personal choice. The specialists do not use language like “employment ready” — they consider each youth's unique situation with respect. The specialists are willing to take risks to support youth to try new things. If the new thing does not work, the specialist is beside them to debrief and plan again. This approach privileges and strengthens the youth's perspective of their own hope and resiliency, which has been shown to be a key factor in the success of maintaining employment outcomes and career building.<sup>49</sup>

### **3.1.3 Foundry Works! is a community-based service**

Initially a youth may meet the Foundry Works! specialist at the Foundry centre. However, most of the work usually takes place outside of the centre to meet people where they are at. For example, they may meet at a job site or at a café. They may also accompany a youth to a continuing education centre.

Providing services in the community makes Foundry Works! more accessible to youth. It is important for staff to be in the community supporting youth, families and employers.

For youth who participate in Foundry Works! through Foundry Virtual BC, the relationships between the specialists and the youth will be established and maintained online. The specialists will also build online relationships with families, partners and employers in the youth's community, recognizing that some adaptations and flexibility will be required in these circumstances.

## 3.2 Underlying practice principles of Foundry Works!

As noted previously, Foundry Works! is based on the Individual Placement and Support model (IPS). IPS services are based on eight practice principles that describe how IPS is different than other types of employment programs. The principles are listed below and described in more detail in the sections that follow.

1. Every person who wants to work is eligible for IPS services (also referred to as Zero Exclusion Criteria).
2. The focus is on jobs and mainstream educational programs that are available to people based on their qualifications, rather than disability status.
3. Individual preferences are important. When young people are unsure about their preferences, IPS specialists help them try different jobs and learn about different occupations.
4. IPS uses a team approach including mental health practitioners, high school counsellors and teachers, housing teams, vocational rehabilitation counsellors and others who help with employment and educational goals.
5. Personalized benefits counselling is provided. IPS specialists also help youth apply for financial aid for school.
6. Rapid job search/educational exploration begins soon after starting IPS services.
7. IPS specialists systematically build relationships with employers. IPS specialists learn about the business needs of employers and introduce employers to qualified job seekers (with permission from job seekers). They also meet in person with educators (with student permission) to plan education supports.
8. Job/educational supports are individualized and ongoing as needed and desired.

### **3.2.1 Every person who wants to work or go to school is eligible**

This model adopts a Zero Exclusion Criteria approach. Ideally, every person who wants to work or study is eligible for IPS services. In Foundry Works!, youth who are employed less than 15 hours per week and youth who are in school less than 15 hours per week are eligible. Youth are eligible for Foundry Works! regardless of the following:

- Homelessness
- Mental health symptoms
- Treatment choices, including decisions not to use psychotropic medications
- Work history
- Changes in preferences for school or work
- Substance use
- Cognitive impairments
- Missed appointments
- Personal presentation
- Pregnancy
- Childcare needs
- Legal history and current legal problems
- Other factors

Research demonstrates that desire to work helps many people overcome significant barriers to work and study. The truth is that IPS specialists are unable to predict who will be successful at work. In Foundry Works!, we believe that anyone who has goals related to work and/or study should have an opportunity. We put the goals of young people first and problem solve ways to make these come to fruition.

The Foundry Works! specialist encourages participants to develop confidence to succeed. Work/study provides incentives to make healthy choices. The specialist advocates for participants' rights to try working a job or succeed in school. The Zero Exclusion Criteria principle also applies to people already enrolled in Foundry Works! who lose their jobs. If a participant quits or is fired from a job, the specialist offers help with another position, regardless of the reason that the job ended. As participants work, they learn more about what is expected of employees and which jobs suit them best.

When a job ends, the specialist talks with the participant about what was learned from the job without being judgmental, and they share hopeful messages about the next job. They offer to help with another job search right away. Likewise, if someone needs to withdraw from school, the specialist helps them identify what they learned about being successful in school and offers to help with education or training again.



### **3.2.2 Focus on competitive mainstream work/study**

The IPS model connects young people with regular jobs and mainstream educational programs. Foundry Works! specialists focus on competitive jobs, rather than those created specifically for people who have disabilities. Many people choose work in order to be part of their communities and to focus on their strengths. Young people, especially, do not want to feel disabled and should be encouraged to use their abilities to work in regular jobs. Competitive jobs meet the following criteria:

- Jobs for which anyone may apply and not jobs that are set aside for people who have disabilities;
- Positions in which the worker earns the same wages as his co-workers. Wages are always minimum wage or more; and
- Jobs that do not have artificial time limits imposed by the employment program.

Some young people change their goals frequently because they have limited knowledge about careers and are unsure what they will enjoy. In these situations, the Foundry Works! specialists are flexible and focus on what the participant says they want. The specialists try to understand what they enjoy, what motivates them and what has contributed to their past successes, so that they can eventually help narrow down their choices. When participants do not take steps to pursue education or employment, the specialist consults with the rest of the Foundry team to determine how best to support the them.

### **3.2.3 Individual preferences are important**

At Foundry Works!, we prioritize the goals of young people. We aim to understand their needs and preferences and work to match the care plan accordingly. This includes working at the pace that is important to young people and including relevant people and resources to help them achieve their goals for work/study.

This might also include taking time to research a particular job interest with a participant, even when the specialist is unsure if they have the qualifications for the role. Through the research process, they can collaboratively learn what steps are needed to make the youth competitive for their top choice job.

## Can friends and family be involved?

Foundry Works! specialists may include family members or close friends in some appointments, with the participant's permission. The purpose is two-fold—to inform friends or family members about IPS and the role of work/study in recovery and, when appropriate, to enlist them as supports for the participant's career goals.

At Foundry Works!, we recognized that each family is different. The specialist assesses the best role for the family, as viewed especially through the participant's perspective. The specialist asks each participant about a family member or support person to include in career planning meetings. The specialist provides the support person with information about IPS and asks about possible good job matches, how the participant learns best and what supports could help them with work and school.

With permission from the participant, the specialist may collaborate with teachers, professors, continuing education instructors, counsellors or staff from a post-secondary school's accessibility office. The purpose is to discuss how to best support students. It is common for young people to be present for these meetings.

### 3.2.4 Using a team approach

The success of Foundry Works! depends heavily on integration. This includes mental health practitioners, primary care providers, high school counsellors and teachers, housing teams, vocational rehabilitation counsellors and others working together to help young people accessing Foundry services with work and study goals. Foundry Works! specialists are asked to attend regular team meets and intentionally integrate work/study and health care plans. All members on the Foundry team play a key role in the success of the program. Whether providing case management, peer support, referrals or 1:1 counselling, all members of the Foundry team are essential to the success of the program.

### 3.2.5 Providing personalized services

Foundry Works! specialists may help youth meet with other service providers at the centre or in the community to help achieve their work/study goals. This may be attending walk-in counselling, meeting with an Elder, participating in local wellness planning, talking to a peer support worker or getting help with applying for financial aid for school. We recognize that each centre and community offer unique services that can help the success of youth participating in Foundry Works!. We look forward to learning about the local and centre-level resources that support each community.

### **3.2.6 Rapid job search/educational exploration**

Rapid job search and educational exploration always begin immediately. Foundry Works! aims to contextualize the interventions around the opportunities available in the community. It also works closely with youth to ensure that motivation is maintained throughout.

### **3.2.7 Building relationships with employers and educators**

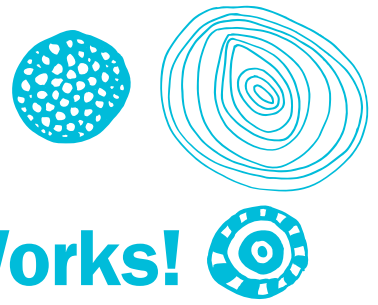
Foundry Works! specialists systematically build relationships with employers in their local communities. They learn about the business needs of employers and introduce employers to qualified job seekers (with permission from job seekers and according to employers' preferences). They also meet in person with educators (with student permission) to plan education supports. They may also work with local post-secondary institutions to plan connection into training and education opportunities.

### **3.2.8 Individualized and ongoing supports**

Work and study supports at Foundry are individualized and ongoing as needed and desired. We recognize that young people have unique needs. Many may not want a career right away, while others are ready to take a first step on a career path. We recognize that young people want to seek out different opportunities to find the work or study plan that works for them. As a result, support in this program is not restricted to an intervention time period. Our team aims to be present when needed, including celebrating successes and making adjustments to services as needed, recognizing the ebb and flow nature of mental health and recovery.

## **3.3 Conclusion**

Help with career planning, jobs and education is critical to young people. They may avoid an interruption in their working lives by learning how their interests relate to different jobs, getting help with school and jobs and recognizing their transferable skills. IPS is an evidence-based approach to helping people with employment. Foundry Works! specialists, supervisors and mental health/housing practitioners follow IPS practice principles to help people achieve their work and study goals.



## CHAPTER 4:

# Implementing Foundry Works!

## 4.1 First steps

To implement Foundry Works! at a centre, the centre manager and FCO connect to discuss the program and begin project planning. This may include:

- Discussing the overall Project Charter;
- Establishing a funding stream;
- Establishing the physical space in which team members will work; and
- Establishing the timeline for hiring.

## 4.2 Establishing Foundry Works! team

FCO will work closely with each centre to:

- Develop the job description;
- Hire Foundry Works! specialists;
- Support hiring and onboarding (see Appendix C.1); and
- Connect the centre team with the Foundry Works! Community of Practice.

## 4.3 Onboarding process

Once the centre's Foundry Works! team is hired, their first week of onboarding may include:

- Attending training sessions (EMR, Toolbox);
- Learning Foundry Works! procedures and becoming familiar with templates, reporting structure, tracking tools, etc.;
- Receiving items on new hire checklist (see Appendix C.1); and
- Attending Foundry meetings and becoming familiar with other staff's roles.

## 4.4 Introducing centre staff to Foundry Works! program

FCO will provide each centre manager with an overview of Foundry Works!. We recommend that they review the program objectives, services offered and principles of IPS with all staff at their centre.

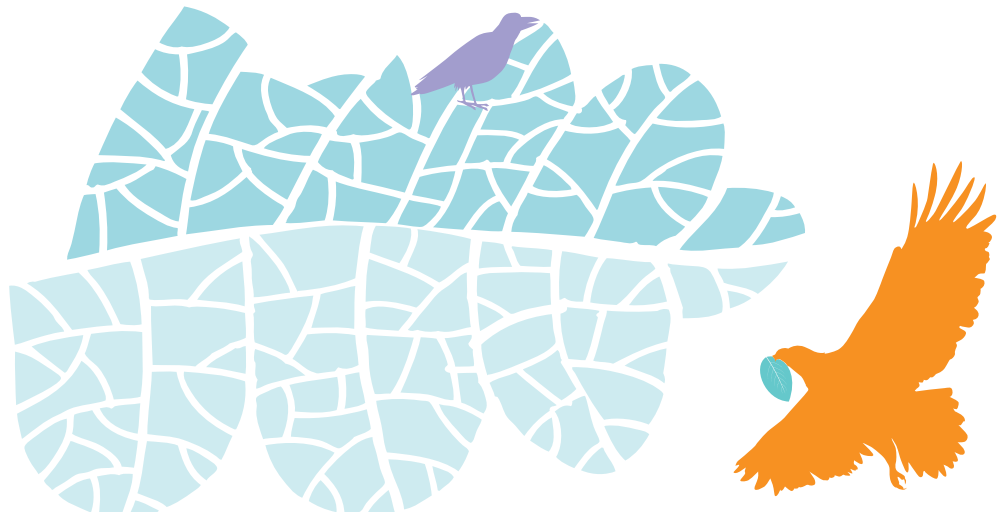
We recommend that managers:

- Explain the importance of embedding the Foundry Works! program in the centre;
- Describe the network of centres using a similar model;
- Explain that the model has over 30 years of evidence behind it;
- Review the referral process and eligibility criteria; and
- Answer their questions and concerns.

If there are any questions that the centre manager is not able to answer, the Foundry Works! Project Manager at FCO is available to assist.

## 4.5 Conclusion

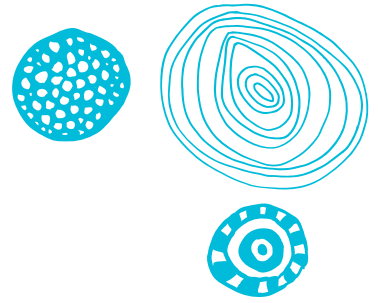
The FCO team will help each centre be prepared for the launch of Foundry Works!. We recognize this is a new process for all of us. We look forward to collaborating to build a process that works for every centre, every community and the Foundry network.



## CHAPTER 5:

# Connecting with Community Partners

---



## 5.1 Community partners

Identifying existing and potential partners in each community is key to the success of the Foundry Works! program. These partners include youth housing, schools, youth community centres, health care centres and other youth services. All members of a Foundry centre team may be asked to describe Foundry Works! to a community partner and educate them about the program. Foundry Central Office (FCO) will work with each centre to ensure that staff are equipped with sufficient information about the program to answer questions from community partners.

Once the program is established and running, we recommend that each centre develop a strategy to engage community partners in Foundry Works!. This may include asking to post posters at their space or inviting them to the centre for a tour. This may also be developing a social media strategy to inform the community about the new resource in town and the value add it may have in the community.

It is strongly encouraged that any community engagement plan be carefully co-designed with youth and families. FCO and local engagement teams are here to support all aspects of this planning and co-design process.

## 5.2 Employment service providers

We anticipate that each centre team will establish relationships with local community employment teams. British Columbia has over 100 WorkBC centres and dozens of programs led by non-profit organizations. In each community, it will be important to scan the services in the community and explain how Foundry Works! is unique. By identifying and meeting other employment service providers in the community, we can identify gaps and maximize program efficiencies.

## 5.3 Sources of guest speakers

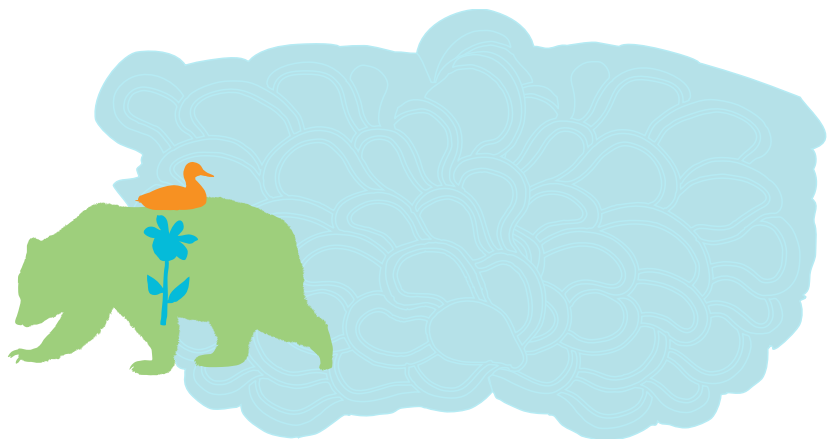
Part of the Foundry Works! program includes inviting guest speakers to present at Foundry, either in person or virtually. This may include a diverse range of speakers including:

- Youth and family leaders;
- Elders and community leaders;
- Employers with tips and tricks to gain employment in the community;
- Training institutions (i.e., post-secondary);
- Individuals in a job that aligns with participants' medium/long-term interests or that could inspire them (e.g., having a dental assistant speak to the entry-level roles and steps they took to get where they are);
- Presenters who can provide desired certification (e.g., First Aid); or
- Presenters who can speak in greater detail about topics not directly covered by program staff (e.g., public speaking, youth rights in the workplace, etc.).

Guest speakers may be paid a fee or honourarium, depending on each centre's budget. Please see Appendix C.2 for standard operating procedures for guest speakers.

## 5.4 Conclusion

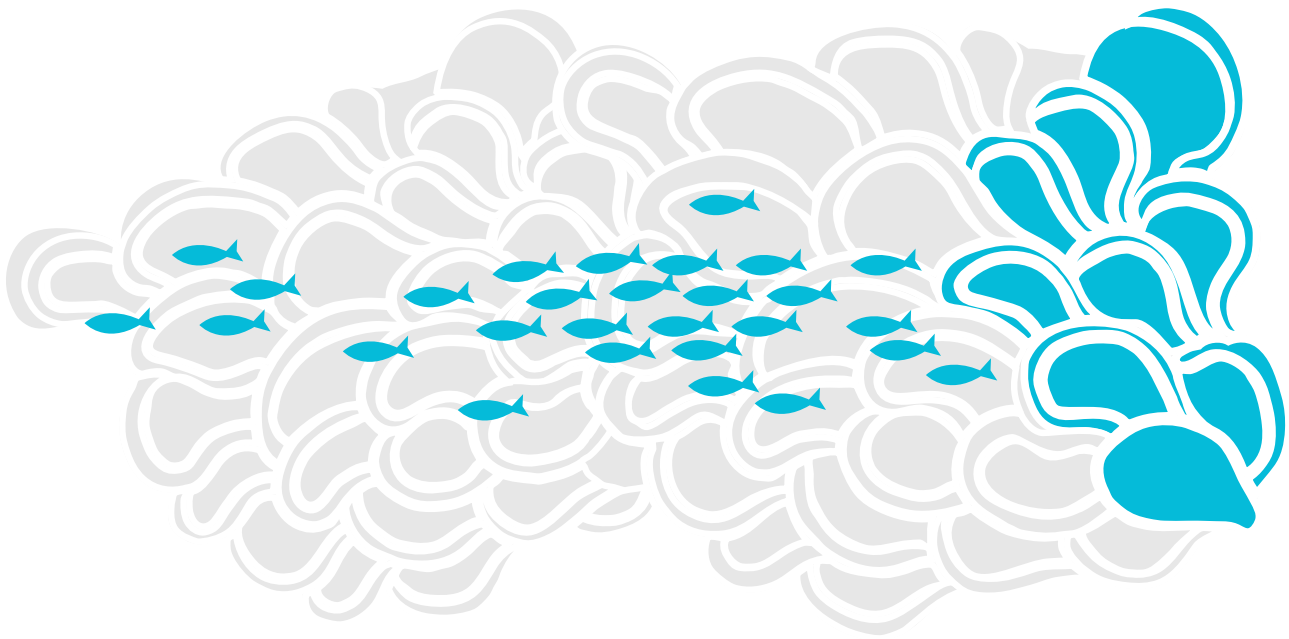
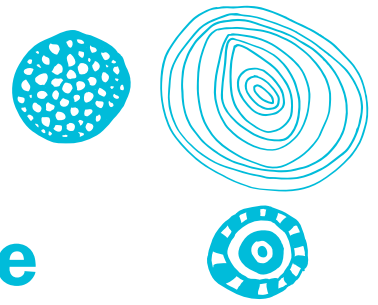
Each community is different and brings together different resources, expertise and wisdom. FCO will support all communities to bring in a range of speakers who can support the unique needs of their young people. Foundry Works! aims to be a leader in community engagement and innovation. The success of the program depends heavily on how Foundry Works! collaborates with others in the community to support the work/study goals of young people. We recognize that the employment market and training landscape can change rapidly. Strong partnerships will ensure the success of Foundry Works! and the outcomes of the participants.



## CHAPTER 6:

# Welcoming Youth into the Foundry Works! Program

---



## 6.1 Recruitment and marketing

Recruitment will be specific to each centre. It may include posters, social media posts and word-of-mouth strategies. To meet the needs of our funders, it is essential that centres follow the marketing guidelines for Foundry Works!. The FCO team will support all questions around marketing the program in each community.



## 6.2 Referral

Each centre is encouraged to work with FCO to develop a workflow plan that meets the needs of their community. Referrals can come from many sources, and it is important to document where young people are finding out about Foundry Works!.

Referrals may come from the following sources:

- **Toolbox:** The first place a participant may be flagged is at the front end of the care trajectory. If a youth is flagged in Toolbox during their first visit to a centre, front desk staff will be trained to ask whether or not they have work/study goals. They will have the option to self-refer at this point.
- **Other service providers:** A participant may be given a referral from any service provider at Foundry or in the community (see Appendix B.1 for a sample referral form). This can include physicians, nurses, allied health professionals, peer support workers, Elders or any other community partner.
- **Online:** Youth can also access Foundry Works! through Foundry Virtual BC. Staff will support them to either access work/study services from the provincial virtual service team or through a connection with a local Foundry centre to begin their journey.
- **Friends or other youth:** It is common for other young people to refer friends to the program, especially if they have had success themselves.
- **Community members:** It is also common for teachers, sports coaches and community leaders to refer young people to this program. The way in which community members are made aware of Foundry Works! is up to each centre.

## 6.3 Eligibility

All the young people entering the Foundry centre or seeking employment opportunities will complete the Not in Employment, Education or Training (NEET) assessment. If they answer “No” to being employed (are employed less than 15 hours per week) and “No” to being in full-time school (are in school less than 15 hours per week), they will be flagged for follow-up by the Foundry Works! specialist. If they are not in school, training or work, they are eligible. If they are interested in participating, they are eligible.

## 6.4 Screening

When a youth is referred or self-refers to Foundry Works!, the specialist connects with them to discuss the program and confirm if they are eligible and interested in participating. This could be a phone call, a virtual meeting or an in-person meeting.

The specialist follows these steps:

- **Confirms NEET:** Reviews their answers to the NEET assessment (completed when they first connected with Foundry) to make sure they are eligible. If they are not, refers them to another suitable employment program, as appropriate, and connects with the referring service provider to update them, if applicable.
- **Asks about other programs:** Asks if they are already enrolled in another employment program. If they are, lets them know that they are not eligible for Foundry Works!, unless they withdraw from the other program. The specialist asks about their experience in the other program and explains how participating in Foundry Works! might be different, to help guide their decision.
- **Describes Foundry Works!:** Gives an overview of the program and the services offered:
  - » One individual session per week;
  - » Between sessions, texts and emails about job leads, resume edits, etc.; and
  - » Workshops that integrate employment skills with wellness topics.
- **Determines interest:** Explores what supports they are looking for, what type of employment they hope to obtain and what barriers they have faced. Answers their questions to determine if they'd like to move forward with joining the program.
- **Collects SIN:** Asks the youth for their Social Insurance Number (SIN) and any other information required for enrollment.
- **Explains next steps:** Lets the youth know when to expect to hear back about starting the program.

## 6.5 Enrollment

Once the youth's eligibility has been confirmed, the specialist completes any required documents to enrol them in Foundry Works!. These documents may change over time, depending on the requirements of the specific funders of the program. The specialist contacts the youth to confirm they have been enrolled in the program and schedules their first appointment.

## 6.6 Setting up payments

The specialist will set the participant up for a wage subsidy or living allowance if that is part of the specific plan for that youth. Banking information may be needed in order to transfer funds to the participant.

## 6.7 Administration

The Foundry Works! program relies on strong project management and coordination with FCO. The Foundry Works! team at each centre will be responsible for:

- Collecting and processing data required for reporting to funders. The FCO team will support this process.
- Documenting minutes at Foundry Works! team meetings.
- Keeping participant information up to date.
- Updating tracking system with details about participants' attendance, completion of tasks, outcomes and any other metrics required. These metrics may change over time, depending on the requirements of the specific funders.
- Tracking participant payments, if applicable.

## 6.8 Tracking Costs

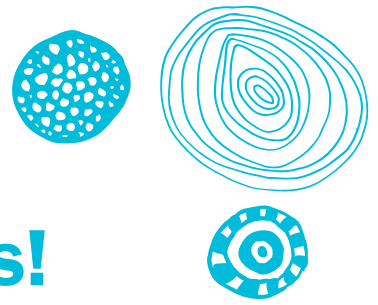
Each centre will establish a process for:

- Tracking all program costs;
- Tracking all participant expenses;
- Keeping all receipts;
- Comparing costs with their budget; and
- Invoicing FCO for all costs and expenses.

The FCO team is available to support this process and answer questions.

## CHAPTER 7:

# Delivering Foundry Works!



## 7.1 Individual sessions

### 7.1.1 Before the initial session

Before meeting with a participant for the first session, the Foundry Works! specialist prepares by reviewing:

- Information from Toolbox;
- Information from the EMR; and
- Assessments made by other practitioners (e.g., Intensive Case Managers, youth workers, counsellors, etc.).

### 7.1.2 Initial session

During the initial session, the Foundry Works! specialist introduces their role and breaks the service down into three areas:

- **Work/study profile:** Assists the participant in building a work/study profile including resume, cover letter, responses to interview questions and plan for approaching employers;
- **Supports and tools:** Offers the participant supports and tools for managing life stressors and mental or physical health concerns. Covers resources offered by the program and ways to connect them to other resources such as housing supports and income assistance.
- **Job development services:** Explains the program's approach to developing relationships with employers to streamline the application process and clearly understand the employer's training and onboarding processes. Shares that the specialist remains connected with them as needed when employment begins, to support with transition and any early difficulties that may arise.

Depending on the complexity of the participant's needs and their specific preferences, the specialist can start an employment assessment or wait to start it in a future session.

### 7.1.3 Subsequent sessions

The Foundry Works! specialist will meet with the participant regularly in sessions customized to meet their needs.

In the first few sessions, the specialist will get to know the participant by asking a series of standardized, open-ended questions to learn about their lives, their history and their work/study goals. To guide their discussion, the specialist may use tools such as an employment supports form (see Appendix A.1 for a template), a job profile form (see Appendix A.2 for a template) and the more detailed IPS Career Profile form (see Appendix B.2 for the form and Appendix B.3 for tips on using the form).

The following topics may be discussed gradually over several sessions, depending on the participant's needs and preferences:

- **Motivation to work:** Financial independence, structure, sense of contribution.
- **Supports:** What they are looking for and what formal and informal supports they already have.
- **Barriers:** What has prevented them from reaching employment goals, including mental health and substance use.
- **Education and training:** Highest grade or degree completed, subjects they like and disliked, experience socially in school, if they left high school whether they would like support to graduate.
- **Work experience:** What they did/didn't like about positions/industries.
- **Strengths and talents:** Skills and qualities they have that may be applicable in a work situation.
- **Type of employment:** Specific jobs they are interested in, preferred work schedule, preferred work location.
- **Accommodations:** a disability or physical limitations that work needs to accommodate for.
- **Other supports needed:** Transit pass, work-appropriate clothing, access to a computer to work on resume and cover letter and submit applications, access to a phone employers can call.
- **Marketing themselves to employers:** Whether they would like the specialist to speak to employers on their behalf or they would like to take that step themselves and whether or not they want to disclose any of their health concerns (see Appendix A.5 for a plan for approaching employers and Appendix A.6 for a disclosure script).

Together, the specialist and the participant take the following steps:

- **Plan:** Set action items (“homework” or “home practice”) and deadlines (see Appendix A.3 for an action plan template and Appendix A.4 for a sample action plan).
- **Schedule:** Set date and time for next meeting.

In follow-up sessions, the specialist takes the following steps:

- **Check in:** Starts with a general psychosocial check-in (day-to-day activities, changes in mental health, any other updates). If recent mental health surveys were completed, discusses any concerning decreases or positive developments, as appropriate.
- **Identify challenges:** Focuses the session on a predominant challenge, as appropriate. Allows the participant space to share and then offers support and resources.
- **Review:** Goes over tasks from previous session and discusses successes and barriers, e.g., procrastination, poor sleep, anxiety, low mood, low motivation, etc. (see Appendix A for resources that can be used in workshops or individual sessions). Together, agree on next steps.
- **Guide:** Provides psychoeducation as needed, e.g., introducing the connection between thoughts, feelings and behaviour; teaching how to recognize “thinking traps”; exploring ambivalence about work.
- **Collaborate on a task:** May dedicate a whole session to completing a task together, such as a writing a resume or conducting a mock interview, rather than assigning as action items, if the participant prefers (see Appendix A for resources that can be used in workshops or individual sessions).
- **Plan:** Brings forward new ideas such as training courses and job leads. Listens to participant’s new ideas for job interests. Discusses challenges that may arise at work and documents a plan of action (see Appendix A.7 for a template). Together, problem solve and set SMART (Specific, Measurable, Achievable, Relevant, Time-bound) goals for the following week (see Appendix A.3 for an action plan template and Appendix A.4 for a sample action plan).
- **Schedule:** Sets date and time for next meeting.

### 7.1.4 After the session

After each session, the specialist takes the following steps:

- **Track:** Updates tracking system with details about the participant's attendance, completion of tasks, outcomes and any other metrics required. These metrics may change over time, depending on the requirements of the specific funders of the program.
- **Update:** Makes notes in Toolbox and the EMR, as appropriate.
- **Consult:** Consults with the participant's care team (within Foundry and/or externally) to ensure supports are effectively divided among service providers (e.g., the Foundry Works! team is providing emotional support and coping techniques but not trauma counselling).
- **Engage:** Stays in touch with the participant between sessions, as appropriate, to share job postings, workshops or other updates.

## 7.2 Employment skills and wellness workshops

Besides individual sessions, Foundry Works! also offers workshops that integrate employment skills with wellness topics.

A community of practice approach will be used to deliver the workshops. Foundry Works! specialists from centres across the province will collaborate to select topics, develop and adapt presentations and draw on each other's experiences from individual participant sessions.

The specialists will also have the flexibility to develop workshops that support the specific needs of young people in their community.

Sample workshop topics include:

- Values and Goals
- Resumes and Job Searching
- Coping Strategies
- Interview Skills
- Disclosure and Accommodations
- Preparing for Workplace Challenges

With the support of FCO and their centre team, the specialists will make sure the following steps are taken, to maximize the effectiveness of the workshops:

- **Invite:** Share workshop topics, guest speaker names and workshop details with Foundry Works! participants (see Appendix B.4 for a sample workshop invitation email).
- **Promote:** Ensure that workshops are promoted within their centre, through Foundry Virtual BC and online, to broaden the reach of the Foundry Works! program to more young people. Priority is given to program participants, but other young people may be given the opportunity to attend.
- **Share:** Send participants the workshop handouts, either before or after the workshop, as appropriate (see Appendix A for resources that can be used in workshops or individual sessions).
- **Remind:** Send participants reminders to attend, as workload allows.
- **Track:** Note participant attendance on centre EMR and Toolbox.
- **Evaluate:** Follow up with participants for feedback and ideas for future sessions.
- **Engage:** Discuss the workshops and handouts with participants in individual sessions, as appropriate.

## 7.3 Job development

The Foundry Works! specialist contacts employers to learn about their company and their hiring needs and to share the Foundry Works! model and services (see Appendix B.5 for details on connecting with employers and Appendix B.6 for a sample employer contact script.)

The specialist tracks their interactions with employers, so that information can be shared across the team and across the Foundry network (see Appendix B.7 for a sample employer contact log).



## 7.4 Team meetings and consultation

The Foundry Works! specialist may participate in several types of meetings:

- Foundry Works! team meeting - focuses on reviewing participants together, ideally with supervising clinical staff, to share successes and challenges, share jobs and training opportunities that might fit their participants' needs and to suggest clinical approaches or resources;
- Foundry Works! operational meeting - focuses on operational and administrative aspects of the program (e.g., budget and expenses, reporting periods and expectations, etc.) and any adjustments that may be needed; and
- Case consult meeting – includes the participant and their other care team members, focuses on streamlining services and providing clinical support and insights in addition to the Foundry Works! specialist's expertise.

## 7.5 Tools and resources

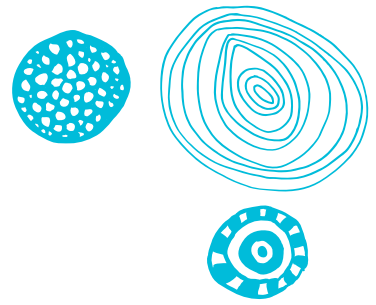
The Foundry Works! team has handouts and other resources available to support the specialist's work. More resources will be added as the program grows.

Resources include:

- Sample resume (see Appendix A.8)
- Handout on resume types (see Appendix A.9)
- Decisional balance worksheet (see Appendix A.16)
- Personal plan worksheet (see Appendix A.17)
- Job interview questions and tips for answering them (see Appendix A.13 and Appendix A.14)
- Disclosure script (see Appendix A.6)

## CHAPTER 8:

# Providing Support to Participants



## 8.1 Developing career goals with youth

In accordance with IPS practice principles, when discussing career goals with young people, their preferences are honoured. The Foundry Works! specialist seeks to hear and draw out the participant's employment goals, using open-ended questions, and guide next steps they can take together.

- **Ask about their ideal job—customer-facing, non-customer-facing, type of company, service or product—and explore the idea together:**
  - » If not an entry-level role, ask about the participant's previous experience and education;
  - » Offer to research their first choice job and share any industry knowledge, such as particular certificates or training that may be required;
  - » Provide hope and invest in the stated goal; begin brainstorming steps they can take to move towards this goal (e.g., informational interviews, training, internships, etc.); and
  - » Ask about their interest in looking for a second choice role that they may be able to enter more readily, depending on the participant's immediate need to work. This job could provide experience required for the first choice role, could help the participant work towards recovery/mental health goals, could help to fund school required for future career goals, etc.
- **If the participant is unable to state an ideal job, the specialist can:**
  - » Ask what they have enjoyed/not enjoyed about previous roles, volunteer experiences or lived experiences;
  - » Offer to do a vocational assessment;
  - » Make suggestions based on labour market knowledge; and
  - » Collect suggestions from the participant's case manager, family or other supports who can speak to their strengths and work creatively with the specialist and the participant to brainstorm options.
- **Explore other life goals that may relate to employment, such as reducing substance use, supporting their family, gaining independent housing, etc.**

## 8.2 Including families

When working with participants, it is important to consider the context that they live in. This includes considering their household environment and who, if anyone, may be affected by or have commentary on their returning to work. The participant's stated goals and reasons for working are seen as the specialist's prioritized source of information guiding services; however, it is useful to inquire with the participant if they would like to include anyone who is close to their employment journey. The specialist may ask the participant, "Who is an important person in your life?" or "Whose opinions do you trust?"

The specialist can suggest a meeting where the support person could provide ideas about supports or possible jobs. The specialist and the participant work together to plan the meeting and decide what is shared and what is kept confidential. Often these trusted individuals may be able to name strengths in the participant that they may find difficult vocalizing or recognizing. The specialist can also take this time to explain their role to the support person and reassure them that support will be provided throughout the participant's transition back to work, i.e., not terminated as soon as the participant obtains employment.

The participant may decline the offer to include a family member or support person, and the specialist will respect this choice. The specialist may decide to delay a conversation around family supports until greater trust and rapport have been established, rather than at the initial session.

## 8.3 Collecting work/study histories

The specialist will learn more about the participant by discussing their work/study history. They may review the participant's resume, discussing gaps in employment and what they enjoyed or disliked about each of their employment and educational experiences.

Participants may feel shame about not having many previous work or study experiences. The specialist can offer compassion towards what has prevented the participant from accessing such opportunities and empathize but also reframe their shame as a desire to work (e.g., "You feel as though you're a bit behind and making up for lost time, and I also hear that employment may not have been an option for you back then. It sounds like you had and do have a real desire to work.") The specialist can highlight the participant's resilience in asking for help and being engaged in exploring their employment goals now.

It is important for the specialist to understand that participants may need assistance piecing together their vocational histories and that this process may be emotionally triggering, particularly for those participants who have experienced displacement, abandonment or traumas limiting their ability or desire to recall. The specialist can help create a narrative that the participant is comfortable with. For example, when speaking with an employer or when completing a cover letter, the participant may be comfortable with more general language such as, “I took some time off from school/employment to focus on supporting my family/to focus on my health.”

## 8.4 Providing information about benefits

The Foundry Works! specialist helps the participant understand the benefits that are provided through the program, notes those that the participant is interested in accessing and follows up to get them connected. The specialist will also take note of the support organizations that the participant is already accessing and the contacts at those organizations. The participant may sign a Release of Information if it is mutually determined that it would be beneficial to bring that support person in on the participant's employment search.

The following are sample benefits:

- Transit pass
- Funding for short-term training
- Funding for clothing and hygiene supplies needed for work
- Connection to Ministry worker for income assistance
- Connection to housing support resources

The specialist will consult with colleagues and research other external resources that meet the participant's needs. It is important for the Foundry Works! team to determine which services lie outside of the program's offerings, with attention paid to the work capacity and specific training of the specialist.

The specialist reassures the participant that they can always inquire about resources throughout their time together. The participant's needs may change and/or the participant may not be comfortable disclosing their needs to the specialist right away.

## 8.5 Discussing disclosure

In the context of discussing the participant's barriers to employment and the challenges they have faced in previous work, the specialist can explore whether they would be comfortable disclosing this information to a prospective employer. The specialist educates participants on the benefits of disclosing – to explain gaps in employment, to encourage employers with equitable hiring practices to consider their application, to gain accommodations on the work site which may make them more successful and to feel authentic in their story and not need to 'hide' what they are experiencing. The potential risks and deterrents from disclosing are also discussed. It is recognized that there is still a stigma surrounding mental health concerns, gaps in employment and high school non-completion.

The participant is provided with options throughout the discussion:

- Whether to disclose at all;
- When to disclose (in a cover letter, before submitting an application, in an interview, after an interview);
- Who is disclosing (the specialist may do so on the participant's behalf if they prefer);
- What is being disclosed (speaking in general terms or using specific language such as a particular diagnosis);
- What accommodations are being requested, if any;
- Whether to disclose the other supports the participant has in place; and
- Ideas for what the employer might do to best support the participant.

The specialist honours the participant's wish to disclose or not, only making suggestions or expressing concerns when the participant's non-disclosure raises safety concerns for them or others on the job site. The participant is reassured that if an employer were to reject them on the basis of their disclosure, this is evidence of an employer not being a good fit for the participant's needs.

## 8.6 Scheduling appointments

The specialist attempts to be flexible to meet the participant's scheduling needs. Typically, they will offer a one-hour meeting every week, with the participant and the specialist potentially agreeing to send each other job postings or send an occasional text message between scheduled meetings. The specialist will offer extra support when the participant has an upcoming interview, when they are starting a new job or when they have a pressing job maintenance need (e.g., experiencing distress at work). Sessions can be extended to once every two weeks or more, as mutually agreed, as the work progresses.

The nature of these scheduled appointments will vary. While some participants may want to engage in writing a cover letter together and apply for a job on their own, others may require a more direct and simplified connection to employment where the specialist will have previously contacted a potential employer. In the latter case, meetings may be used to update the participant on work opportunities the specialist has sourced as well as prepare for interviews, arrange for accompanied interviews, acquire interview clothing, practice emotional regulation skills, discuss sleep hygiene, etc.

If the participant loses their position, the specialist continues to work with them to obtain employment again.

## 8.7 Discharging participants

Generally, once a youth has begun working steadily, the specialist will transfer services to the participant's own self-maintenance and established care team, such as a counsellor, and emphasize the participant's options should they need assistance (e.g., drop-in counselling, crisis line, etc.).

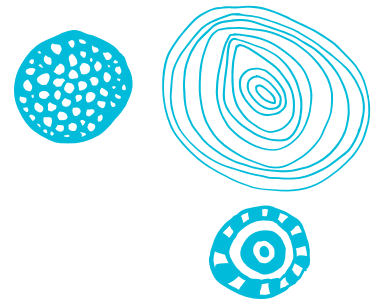
Depending on the requirements of the specific funders of the program, the definition of working steadily could vary. It could be a specific number of hours or months employed.

Participants are held accountable for attending scheduled appointments. If they miss multiple appointments or the specialist cannot reach them after multiple attempts, the specialist will consider sending a service hold letter (see Appendix B.8). This is at the specialists and team's discretion; mental health ebbs and flows, and if there is capacity to have clients sit temporarily inactive on the specialist's case load, this is more in keeping with the IPS model.

To reapply for the program, the participant is encouraged to connect with the Foundry Works! specialist when they are ready.

## CHAPTER 9:

# Supporting Education



The Foundry Works! program also offers youth support with pursuing continuing education. This includes going back to complete their high school diploma or college/university degree and could include enrolling in certified courses or trainings that build their skills and get them a step closer to achieving their employment goals. Each centre will allocate training funds to participants based on specific local needs.

Here are examples of training that participants in Phase 1 of the Foundry Works! program registered in:

- FOODSAFE Level 1
- Cosmetology training
- Serving It Right
- Basic Security Training
- First Aid
- CPR
- Barista training

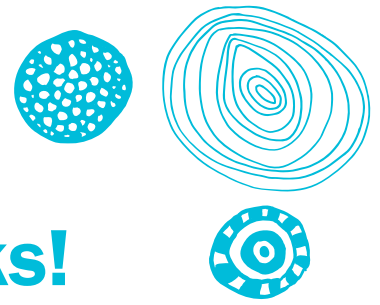
Other examples of education include:

- Completing BC Certificate of Graduation or BC Adult Graduation Diploma
- Registering in post-secondary education



## CHAPTER 10:

# Evaluating Foundry Works!



Foundry's commitment to evaluation and to offering evidence-based practice means we are keen to capture learnings and outcomes as we implement Foundry Works!. There are two types of evaluations:

- Data gathered for funders; and
- Data gathered to support ongoing quality improvement efforts and sharing of innovations across the Foundry network.

Funder Data	Foundry Data
Employment outcomes	Quality of life
Education outcomes	Recovery
Training outcomes	Mental health
Metrics on employability skills sessions	Distress
Metrics on employment partners	Life satisfaction
	Youth satisfaction with the program

We look forward to working closely with each centre and our provincial virtual service team to learn about the implementation process and outcomes and to co-design ways to share this knowledge more broadly.

For more details, please see Appendix D.2.





# Tools and Resources

Visit [foundrybc.ca/foundry-works-guide](https://foundrybc.ca/foundry-works-guide) to access these appendices.

## Appendix A: Tools for Foundry Works! Participants

- A.1 Template: Employment Supports
- A.2 Template: Job Profile
- A.3 Template: Action Plan
- A.4 Sample: Action Plan
- A.5 Plan for Approaching Employers
- A.6 Disclosure Script
- A.7 Template: Action Planning for Job Maintenance
- A.8 Sample: Resume (under development)
- A.9 Types of Resumes (under development)
- A.10 Resume Sections (under development)
- A.11 Resume Terms Resource (under development)
- A.12 Sample: Cover Letter
- A.13 Job Interview Questions (under development)
- A.14 Job Interview Questions – With Tips for Answering (under development)
- A.15 Template: Role of Control Tracking
- A.16 Template: Decisional Balance Worksheet
- A.17 Template: Personal Plan

## Appendix B: Tools for Foundry Works! Specialists

- B.1 Sample: Referral Form
- B.2 Template: Career Profile
- B.3 Career Profile Tip Sheet
- B.4 Sample: Workshop Invitation Email
- B.5 Connecting with Employers
- B.6 Sample: Employer Contact Script
- B.7 Sample: Employer Contact Log
- B.8 Template: Foundry Works! Service Hold Letter

## Appendix C: Procedures

- C.1 Onboarding
- C.2 Standard Operating Procedures for Guest Speakers

## Appendix D: Research and Evaluation

- D.1 Research (under development)
- D.2 Evaluation Plan (under development)

# Contributors

Foundry wishes to express our gratitude for the contributions and support of the following individuals:

**Diana Alqutub**, Foundry Central Office

**Skye Barbic**, Foundry Central Office & Department of Occupational Science and Occupational Therapy, UBC

**Jayde Boden**, Foundry Central Office

**Sasha Boniface**, Foundry Virtual BC

**Renee Cormier**, Foundry Central Office

**Stefanie Costales**, Foundry Central Office

**Rick Dubras**, Foundry Central Office

**Alayna Ewert**, Foundry Central Office

**Pam Fennell**, Foundry Central Office

**Krista Gerty**, Foundry Central Office

**Warren Helfrich**, Foundry Central Office

**Adelena Leon**, Department of Occupational Science and Occupational Therapy, UBC

**Steve Mathias**, Foundry Central Office

**Suhail Nanji**, Foundry Central Office

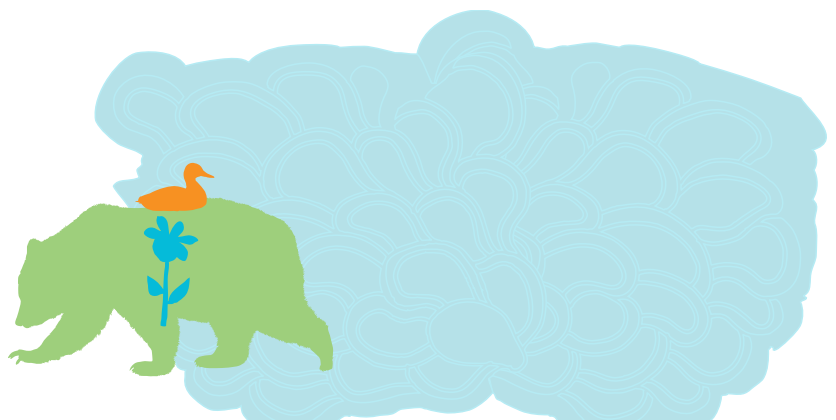
**Holly Sawchuk**, Foundry Central Office

**Rebecca Sharma**, Foundry Central Office

**Kelly Sutton**, Foundry Vancouver-Granville

**Karen Tee**, Foundry Central Office

**Haley Turnbull**, Foundry Central Office



# References

- 1 Patel V, Chisholm D, Parikh R, et al. Addressing the burden of mental, neurological, and substance use disorders: Key messages from Disease Control Priorities, 3rd edition. *Lancet*. 2015;387(10028):1672-1685.
- 2 Statistics Canada. The Canadian Community Health Survey: Mental Health 2012. 2012. Available at: [www.statcan.gc.ca/daily-quotidien/130918/dq130918a-eng.htm](http://www.statcan.gc.ca/daily-quotidien/130918/dq130918a-eng.htm). Accessed August 19th, 2016.
- 3 Mokdad AH, Forouzanfar MH, Daoud F, et al. Global burden of diseases, injuries, and risk factors for young people's health during 1990-2013: A systematic analysis for the Global Burden of Disease Study 2013. *Lancet*. 2016;387(10036):2383-2401.
- 4 Canadian Institutes for Health Information. Child and Youth Mental Health in Canada. 2018. Available at: [www.cihi.ca/en/child-and-youth-mental-health-in-canada-infographic](http://www.cihi.ca/en/child-and-youth-mental-health-in-canada-infographic). Accessed November 20th, 2018.
- 5 Kozloff N, Jacob B, Voineskos AN, Kurdyak P. Care of youth in their first emergency presentation for psychotic disorder: A population-based retrospective cohort study. *The Journal of clinical psychiatry*. 2018;79(6).
- 6 Brimblecombe N, Knapp M, Murguia S, et al. The role of youth mental health services in the treatment of young people with serious mental illness: 2-year outcomes and economic implications. *Early intervention in psychiatry*. 2017;11(5):393-400.
- 7 Hetrick SE, Bailey AP, Smith KE, et al. Integrated (one-stop shop) youth health care: Best available evidence and future directions. *The Medical journal of Australia*. 2017;207(10):S5-S18.
- 8 Cosh S, Zenter N, Ay ES, et al. Clinical decision making and mental health service use among persons with severe mental illness across Europe. *Psychiatric services*. 2017;68(9):970-974.
- 9 Loos S, Clarke E, Jordan H, et al. Recovery and decision-making involvement in people with severe mental illness from six countries: A prospective observational study. *BMC psychiatry*. 2017;17(1):38.
- 10 Kutcher S. Facing the challenge of care for child and youth mental health in Canada: A critical commentary, five suggestions for change and a call to action. *Healthcare quarterly*. 2011;14 Spec No:14-21.
- 11 Kirby ML, Keon WJ. Mental Health, Mental Illness and Addiction: Overview of Policies and Programs in Canada. Ottawa, ON: The Standing Senate Committee on Social Affairs, Science and Technology; 2004.
- 12 Hansen H, Stige SH, Davidson L, Moltu C, Veseth M. How do people experience early intervention services for psychosis? A meta-synthesis. *Qualitative health research*. 2018;28(2):259-272.
- 13 Tindall RM, Simmons MB, Allott K, Hamilton BE. Essential ingredients of engagement when working alongside people after their first episode of psychosis: A qualitative meta-synthesis. *Early intervention in psychiatry*. 2018;12(5):784-795.
- 14 Henderson JL, Cheung A, Cleverley K, et al. Integrated collaborative care teams to enhance service delivery to youth with mental health and substance use challenges: Protocol for a pragmatic randomised controlled trial. *BMJ open*. 2017;7(2):e014080.
- 15 Kelly E, Fulginiti A, Pahwa R, Tallen L, Duan L, Brekke JS. A pilot test of a peer navigator intervention for improving the health of individuals with serious mental illness. *Community mental health journal*. 2014;50(4):435-446.

- 16 Saunders NR, Gill PJ, Holder L, et al. Use of the emergency department as a first point of contact for mental health care by immigrant youth in Canada: A population-based study. *CMAJ : Canadian Medical Association journal = journal de l'Association medicale canadienne*. 2018;190(40):E1183-e1191.
- 17 Gill PJ, Saunders N, Gandhi S, et al. Emergency department as a first contact for mental health problems in children and youth. *Journal of the American Academy of Child and Adolescent Psychiatry*. 2017;56(6):475-482.e474.
- 18 Government of British Columbia. B.C.'s Mental Health and Substance Use Strategy 2017-2020. 2017.
- 19 Cano SJ, Pendrill LR, Barbic SP, Fisher WP. Patient-centred outcome metrology for healthcare decision-making. *Journal of Physics Conference Series*. 2018;1044(1):012057.
- 20 Gondek D, Edbrooke-Childs J, Velikonja T, et al. Facilitators and barriers to person-centred care in child and young people mental health services: A systematic review. *Clinical psychology & psychotherapy*. 2017;24(4):870-886.
- 21 Bee P, Gibbons C, Callaghan P, Fraser C, Lovell K. Evaluating and quantifying user and carer involvement in mental health care planning (EQUIP): Co-development of a new patient-reported outcome measure. *PloS one*. 2016;11(3):e0149973.
- 22 Canadian Institutes for Health Research. Strategy for Patient-Oriented Research. 2016. Available at: [www.cihr-irsc.gc.ca/e/41204.html](http://www.cihr-irsc.gc.ca/e/41204.html). Accessed September 6th, 2016.
- 23 Barbic SP, Leon A, Manion I, et al. Understanding the mental health and recovery needs of Canadian youth with mental health disorders: A Strategy for Patient-Oriented Research (SPOR) collaboration protocol. *International journal of mental health systems*. 2019;13:6.
- 24 Bond GR, Drake RE. Making the case for IPS supported employment. *Administration and policy in mental health*. 2014;41(1):69-73.
- 25 Ellison ML, Klodnick VV, Bond GR, et al. Adapting supported employment for emerging adults with serious mental health conditions. *The journal of behavioral health services & research*. 2015 Apr;42(2):206-22.
- 26 Statistics Canada. Employment and unemployment. 2015. Available at: [www.statcan.gc.ca/tables-tableaux/sum-som/I01/cst01/health71a-eng.htm](http://www.statcan.gc.ca/tables-tableaux/sum-som/I01/cst01/health71a-eng.htm).
- 27 Gore FM, Bloem PJ, Patton GC, et al. Global burden of disease in young people aged 10-24 years: A systematic analysis. *Lancet*. 2011;377(9783):2093-2102.
- 28 Wittchen HU, Nelson CB, Lachner G. Prevalence of mental disorders and psychosocial impairments in adolescents and young adults. *Psychological medicine*. 1998;28(1):109-126.
- 29 Mattila-Holappa P, Joensuu M, Ahola K, Vahtera J, Virtanen M. Attachment to employment and education before work disability pension due to a mental disorder among young adults. *BMC psychiatry*. 2016;16:143.
- 30 Cheng T, Kerr T, Small W, Nguyen P, Wood E, DeBeck K. High prevalence of risky income generation among street-involved youth in a Canadian setting. *The International journal on drug policy*. 2016;28:91-97.
- 31 O'Dea B, Glozier N, Purcell R, et al. A cross-sectional exploration of the clinical characteristics of disengaged (NEET) young people in primary mental healthcare. *BMJ open*. 2014;4(12):e006378.
- 32 Campbell K, Bond GR, Drake R. Who benefits from supported employment: A meta-analytic study. *Schizophrenia Bulletin*. 2011;37(2):370-380.
- 33 Drake RE, Whitley R. Recovery and severe mental illness: Description and analysis. *Canadian journal of psychiatry Revue canadienne de psychiatrie*. 2014;59(5):236-242.

- 34 Chan KK, Mak WW. The mediating role of self-stigma and unmet needs on the recovery of people with schizophrenia living in the community. *Quality of life research : an international journal of quality of life aspects of treatment, care and rehabilitation*. 2014;23(9):2559-2568.
- 35 Hale DR, Bevilacqua L, Viner RM. Adolescent health and adult education and employment: A systematic review. *Pediatrics*. 2015;136(1):128-140.
- 36 Hoffmann H, Jackel D, Glauser S, Mueser KT, Kupper Z. Long-term effectiveness of supported employment: 5-year follow-up of a randomized controlled trial. *The American journal of psychiatry*. 2014;171(11):1183-1190.
- 37 Mueser KT. What will the next generation of psychosocial treatments look like? In: Silverstein SM, Moghaddam B, Wykes T, eds. *Schizophrenia: Evolution and Synthesis*. Vol 13. Cambridge, MA: MIT Press; 2013.
- 38 Mueser KT, McGurk SR. Supported employment for persons with serious mental illness: Current status and future directions. *L'Encephale*. 2014;40 Suppl 2:S45-56.
- 39 Bond GR, Drake RE, Luciano A. Employment and educational outcomes in early intervention programmes for early psychosis: A systematic review. *Epidemiology and psychiatric sciences*. 2015;24(5):446-457.
- 40 Latimer E, Lecomte T. [Individual Placement Support (IPS) for people with severe mental disorders : An approach to favor in Quebec?]. *Sante mentale au Quebec*. 2002;27(1):241-267.
- 41 Swanson SJ, Courtney CT, Meyer RH, Reeder SA. Strategies for integrated employment and mental health services. *Psychiatric rehabilitation journal*. 2014;37(2):86-89.
- 42 Tsang HW, Chan A, Wong A, Liberman RP. Vocational outcomes of an integrated supported employment program for individuals with persistent and severe mental illness. *J Behav Ther Exp Psychiatry*. 2009;40(2):292-305.
- 43 Knapp M, Patel A, Curran C, et al. Supported employment: Cost-effectiveness across six European sites. *World psychiatry: official journal of the World Psychiatric Association (WPA)*. 2013;12(1):60-68.
- 44 Corbiere M, Lanctot N, Lecomte T, et al. A pan-Canadian evaluation of supported employment programs dedicated to people with severe mental disorders. *Community mental health journal*. 2010;46(1):44-55.
- 45 Lecomte T, Corbiere M, Leclerc C. [Evidence-based interventions in psychiatric rehabilitation: which ones should we prioritize and why?]. *Canadian journal of psychiatry Revue canadienne de psychiatrie*. 2014;59(4):196-202.
- 46 Mental Health Commission of Canada. Changing directions, changing lives: The mental health strategy for Canada. Calgary, AB. 2012.
- 47 Kane JM, Robinson DG, Schooler NR, et al. Comprehensive versus usual community care for first-episode psychosis: 2-year outcomes from the NIMH RAISE early treatment program. *The American journal of psychiatry*. 2016;173(4):362-372.
- 48 Mueser KT, Penn DL, Addington J, et al. The NAVIGATE program for first-episode psychosis: rationale, overview, and description of psychosocial components. *Psychiatric services*. 2015;66(7):680-690.
- 49 Amundson N, Goddard T, Joon Yoon H, Niles S. Hope-Centred Interventions with Unemployed Clients. *Canadian Journal of Career Development*. 2018;17(2):87-98.
- 50 Bond GR, Drake RE, Becker DR. An update on Individual Placement and Support. *World Psychiatry*. 2020;19:390-391.





• **F O U N D R Y.**  
WHERE WELLNESS TAKES SHAPE

[info@foundrybc.ca](mailto:info@foundrybc.ca) | [foundrybc.ca](http://foundrybc.ca)