Formative Evaluation of 'Take Charge', a Prototype Individual Placement and Support Adaptation for Young Benefit Recipients

Executive summary

Scope of the evaluation

This document presents the results of one of several evaluation activities undertaken to evaluate the 'Take Charge' Individual Placement and Support (IPS) prototype run by the Odyssey House Community Youth Mental Health Service in 2018. For a full overview of all evaluation activities and the integration of the findings from these activities please refer to Wilson, Painuthara, Henshaw, Conlon and Anderson's (2019) "Implementation study of 'Take Charge', a prototype Individual Placement and Support adaptation for young benefit recipients".

This formative evaluation aimed to document the prototype, make recommendations for improvement, explore participants' perspectives on the cultural acceptability of the prototype and examine mechanisms of impact and contextual factors impacting implementation and potential outcomes.

The scope of this formative evaluation was to examine the prototype from an understanding of evidence-based best practice in relation to working with young people with mental health and/or substance use issues and assisting young people in their transition to employment. The evaluation did not examine the extent to which the prototype was consistent with IPS principles and practices, as this was undertaken by a fidelity review which ran in parallel with the formative evaluation. The evaluation drew on semi-structured interviews with participants and relevant staff (at Odyssey House, Work and Income, and Ministry of Social Development in Wellington), on practice observations of the programme, and on a document review.

Referral and recruitment to Take Charge

Some difficulties emerged with the processes of referral and recruitment in the prototype, notably around first contact via a cold call, the programme's association with Work and Income, and using a medical certificate as the main means of determining whether Take Charge would suit a young person. Recruitment gained traction once young people met with the Take Charge team and experienced the kind of relationship and support that would be ongoing throughout the programme. Early meetings between Take Charge team members and some family members were well received.

The participants who were most enthusiastic about the employment support process were those who came into the programme keen to engage. These young people had felt blocked in terms of ways forward for their lives and they saw Take Charge as an opportunity to overcome this. Some participants were less willing or too unwell to take part in Take Charge, and they struggled or disengaged.

Tailoring the programme to each young person's needs is important. To achieve this, it is important to meet each young person 'where they are at' in holistic terms.

Staff roles

The Take Charge programme can be viewed as a mental health support service (offered by the Take Charge co-ordinator) with employment support (offered by an 'Employment Consultant').

The evaluation found that the Take Charge co-ordinator offered high quality pastoral care, which the young people found very helpful; many were genuinely surprised to be offered this level of support. For some it was transformative. One of the main challenges in offering this support was the high level of changeability among participants in terms of their mental wellbeing: this led to challenges for staff in maintaining contact, measuring progress, and managing the high administrative load.

The Employment Consultant worked with a client-led focus, taking a high challenge/high support approach. Some participants responded very well to this, while some found the approach too challenging for their current levels of mental health. The complexity of the Work and Income subsidy for employers was a barrier for some participants.

A key challenge for an Employment Consultant working with young people is that the crafting of transition pathways requires significant identity work: the question 'who do I want to be?' should precede or run alongside the question of 'what do I want to do?' For young people with poor mental health, this can be difficult. Additionally, many have had a disrupted education history and so the opportunity to discover and develop their aptitudes and abilities has often been lost. Enabling identity work and the discovery and development of abilities, as well as broadening narrowed horizons are key elements in helping this group create transition pathways.

For this reason, education should be introduced as an important element of the programme. The emerging literature on IPS implementation for young people supports the inclusion of an education specialist operating alongside employment specialists.

The complexities of context

The context of participants' lives was complex, as was the employment environment they were entering. Bringing this wider context into the analysis enables an understanding that goes beyond the medical model of individual dysfunction to incorporate the structural complexities these young people face.

The workshops

The group setting of the workshops was a challenge for many but a rewarding one. Participants' knowledge of their mental health grew significantly, and they made social connections with peers that lasted beyond the workshops. Staff were adept at managing the workshops, respectful of participants, and flexible according to the needs of the young people. Workshop content would benefit from a stronger integration of culturally diverse material.

Cultural responsiveness

Māori participants responded positively when asked about inclusivity and respect in relation to culture. Non-Māori participants also responded positively about inclusivity in Take Charge, with many commenting that it felt like a place where everyone was accepted and valued for who they are.

A core component of cultural responsiveness is whānau-centred practice. There is some way to go in incorporating whānau-centred practice into the programme: opportunities should be sought to develop contact with, and support for, whānau (broadly understood to include significant adults trusted by the young person) throughout the process and practice of the programme.

Conclusions

Recruitment via cold calling was not in keeping with best practice, emphasising the importance of trusted relationships. Once participants met face-to-face with Take Charge staff, recruitment to the programme improved.

Participants received high quality pastoral support in keeping with internationally accepted best practice. To be culturally responsive this support could become more whānau-centred.

Employment support was offered using a high challenge/high support approach. Those who were more highly motivated to seek work managed this well, but others struggled with the approach taken by the Employment Consultant. This highlighted i) the importance of tailoring the level of challenge (and support) to each young person's needs and ii) the need for the employment support to be adaptive enough to meet the needs of any young person who takes part in Take Charge. Although employment support was client-led, it should be supplemented with strategies to enable the broadening of horizons and building up of vocational imagination.

Participants grew in their understanding and management of their own mental health.

Many aspects of the prototype proved successful and could be upscaled, notably, pastoral care, employment support that appropriately identifies and responds to individual need, the group workshops, and the referral to educational institutions for some participants who had come to an understanding that this was the next stage for them. Suggested modifications are detailed in the four tables in this document.

Upscaling the programme: Recommendations

Referral and recruitment

Face-to-face contact with a trusted person (e.g. GP, social worker, case manager who knows the young person well) will always be the best way to engage a young person with the programme. These are also likely to be useful people to provide information to help to better understand the needs of each young person and how best to respond to them.

Staff roles

Ensure training for the whole team in best practice in the two key domains of the programme: (i) supporting young people with mental health and/or substance use issues and (ii) supporting young people in the transition to employment. Practitioners also need to be able to identify and respond appropriately to the individual needs of each young person. This includes being able to identify the right level of support and challenge for each young person in Take Charge.

Opportunities to involve whānau and family (broadly understood) should continue to be actively sought throughout the programme for Māori and non-Māori.

Including *participation in education* as a successful outcome would accord with best practice in relation to the developmental needs of these young people. A separate education specialist role is recommended.

The administrative load of the programme's processes should be reduced where possible.

Relationships of trust are at the heart of working well with young people. When the team expands each participant and their family or whānau should, as much as possible, work with the same team members throughout.

Context

Care should be taken that the model does not focus exclusively on the individual so that 'the problem' is defined to sit wholly with the young person and their mental health, missing wider contextual factors (the employment environment, employer culture, family/whānau dynamics, personal history).

Workshops

The group setting of the workshops has been beneficial and should continue with due attention being given to the mix (particularly the gender mix) of each group.

It would be useful for workshop content to be reviewed with a best practice lens with a view to its cultural responsiveness and its multidisciplinary and trauma informed content. New employment focused workshops should also be evidence based.

The workshops should find a balance between addressing individualised medical content relating to mental health conditions and following a whānau-centred approach, where the young person is seen as a member of a collective in which the collective's wellbeing enables the individual to achieve quality of life, and to an approach that places the young person with a wider social context.

Cultural responsiveness

To progress the Take Charge service for Māori, a whānau-centred approach needs to be adopted when scaling the programme. This is a relatively new approach that the recent Whānau Ora review panel advised should be embedded within the wider NGO sector (Whānau Ora Review Panel, 2018)

To be culturally responsive it is important that the Take Charge team builds trusting relationships with whānau members, including whichever significant support people are present in the lives of the participants. Opportunities to involve whānau should continue to be sought throughout the programme. In scaling up it is important staff are culturally competent and technically skilled to adopt a holistic approach to supporting whānau aspirations (Te Puni Kōkiri, 2015). Resource and capability need to be provided to the Take Charge team to achieve this.

Apart from karakia and mihi mihi, the content of the Take Charge workshops was not particularly culturally diverse. There is an opportunity to normalise a Māori world view of mental health and wellbeing through the inclusion of Māori research. This would include acknowledging the socio-political and lived experienced of rangatahi and whānau, including the impact of intergenerational trauma because of continued colonisation. Attention on Māori models of mental health and wellbeing that incorporate strengths-based approaches to developing capability should also be included.

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1. Introduction

This document presents the results of one of several evaluation activities undertaken to evaluate the 'Take Charge' prototype. For a full overview of all evaluation activities and the integration of the findings from these activities please refer to Wilson, Painuthara, Henshaw, Conlon and Anderson's (2019) "Implementation study of 'Take Charge', a prototype Individual Placement and Support adaptation for young benefit recipients".

This document provides an overview of the formative evaluation of the Take Charge Individual Placement and Support (IPS) prototype run by the Community Youth Mental Health Service at the Odyssey House Ferry Road site (Christchurch) in 2018. It sits alongside, and draws on, the evidence base for best practice in working with young people with mild-to-moderate mental health and/or substance use issues, and supporting them into education and employment. This evidence base is summarised in a literature scan on these topics in Appendices 1 and 2.

This report was requested to be brief and non-technical to support the timely decision making for the next phase of service design, which fell within a tight timeline of service delivery. A full and detailed verbal report of this formative evaluation was provided at a high-level 'sense-making' session in December 2018.

The Take Charge IPS Prototype

The Take Charge IPS prototype aimed to assist 45 young people aged 18-19 years with mild-to-moderate mental health and/or substance use issues who had been receiving income support from the government.

The prototype was developed by the Community Youth Mental Health Service in partnership with the Ministry of Social Development (MSD), and delivered by the Take Charge team at the Community Youth Mental Health Service. It represented Stage One of a roll out of up to five hundred IPS places over four years, purchased by MSD, to support young benefit recipients with mild-to-moderate mental health and/or substance use issues to improve their wellbeing and find sustainable employment.

One of the key components of Stage One was a formative evaluation to document the prototype as it was being delivered, and to make any recommendations for improvement. This included attention to cultural responsiveness in the delivery of the prototype.

The formative evaluation is the subject of this document. Sitting alongside this evaluation are the following data gathering instruments:

- an IPS fidelity review of the prototype using a standardised instrument
- monitoring of uptake, client retention, activities, and movement into employment
- an assessment of participants' quality of life.

Data from these instruments are reported on separately (see Wilson et al. (2019)).

The formative evaluation team

The formative evaluation was undertaken by researchers from the Collaborative Trust for Research and Training in Youth Health and Development in partnership with Ihi Research (see Appendix 3). The key personnel involved were: from the Collaborative Trust, Dr Jane Higgins, Dr Ria Schroder and Sarah

McKay; and from Ihi Research, Dr Catherine Savage (Ngāi Tahu), Hēmi Te Hēmi (Ngāti Rora, Ngāti Kōroki, Kuki Airani, Mangaiia) and Letitia Goldsmith.

Aims and scope

The formative evaluation was undertaken between July and December 2018. The aims were:

- to document the prototype as it was being delivered
- to make recommendations for improvement
- to explore participants' perspectives on the cultural acceptability of the prototype
- to examine mechanisms of impact and contextual factors impacting implementation and potential outcomes.

The scope of the formative evaluation was to examine the prototype from an understanding of evidence-based best practice in working with young people with mental health and/or substance use issues, and assisting young people in their transition to employment. The evaluation did not examine the extent to which the prototype was consistent with IPS principles and practices as this was undertaken by the fidelity review which ran in parallel with the formative evaluation. This report will not, therefore, provide a detailed comparison between the prototype and the practices and principles of the IPS approach. For that analysis, readers are referred to the integrated report (Wilson et al. 2019).

Evaluation questions

The overarching evaluation questions were:

1. To what extent does the Take Charge IPS prototype reflect best practice for working with young people with mild-to-moderate mental health conditions and/or substance use addictions, to assist them to find sustainable employment and to better manage their mental health?

2. To what extent is the Take Charge prototype able to be up-scaled and what modifications are recommended to allow such scaling to happen?

2. Method

The formative evaluation was qualitative in nature and drew on the following evidence:

- A scan of the research literature covering best practice in working with young people with mild-to-moderate mental ill health and/or substance use issues, and best practice for supporting the transition of young people into employment.

- Twenty-nine semi-structured individual interviews with young people involved in the prototype. These included 14 interviews with participants immediately following their involvement in the workshops, and 15 interviews undertaken three months or more after the workshops had finished.

- Three semi-structured individual interviews with whānau or family members supporting participants.

- Twelve semi-structured individual interviews with staff involved in the prototype: six with the Take Charge team and other Odyssey House staff, four with relevant staff from Work and Income (W&I) in Christchurch and Rangiora, and two with staff from the MSD National Office in Wellington.

- Practice observations of full workshop content for one of the Take Charge intake cohorts.

- A review of Take Charge documents used by the 'Employment Consultant' and the 'Take Charge Co-ordinator' delivering Take Charge.

Recruitment for the 14 interviews with participants immediately following their involvement in the workshops involved approaching two of the 10 participants in the first intake to pilot the interview approach (both of those approached agreed to be interviewed), seven of the nine participants in intake three (five of whom were interviewed), six of the 14 participants in intake four (four of whom were interviewed) and three of the four participants in intake five (three of whom were interviewed).

Recruitment for the 15 interviews undertaken three months or more after the workshops had finished involved approaching six of the 10 participants from intake one (including the two participants from intake one who had agreed to pilot the interviews). Five of these participants were interviewed (one of whom had also participated in the first interview). All seven young people from intake two were approached (six of whom were interviewed). One of nine young people from intake three was approached and interviewed. Three of 14 participants from intake four were approached and agreed to be interviewed. Two of these young people had also participated in the first interview.

Overall, 26 of the 44 young people in the prototype participated in at least one interview. While the proportion of participants approached to be interviewed and who consented to be interviewed was high (26 of 31 approached, or 84 percent), it was not possible to interview those who did not wish to take part in the Take Charge programme. The conclusions and recommendations should be read in this light.

Semi-structured interview guides (Appendix 4) were developed by the formative evaluation team. These were designed to be youth and family/whānau friendly. All interviews were audio recorded and fully transcribed. Interviews with Take Charge participants took place at Take Charge offices and were undertaken by experienced researchers. The data were analysed using structural and thematic coding (Saldana, 2009), and viewed in the context of the evidence-based literature. Sense-making sessions took place with the IPS fidelity review team and with MSD staff (in Wellington).

The formative evaluation team is committed to ethical practice and undertook to ensure that:

- all participation was voluntary
- informed consent was sought and gained from each participant
- the right to privacy and confidentiality was respected
- the dignity and worth of every individual and the integrity of whānau/families and the diversity of cultures was respected
- the young people who were interviewed were given an opportunity to request their transcripts. Those who chose this received them, anonymised, soon after the interview.

3. Findings and analysis

Take Charge and IPS

It was not within the scope of the formative evaluation to investigate the prototype's compliance with IPS, however it will be useful for the discussion that follows to broadly consider the structural differences between the two approaches: Take Charge and IPS.
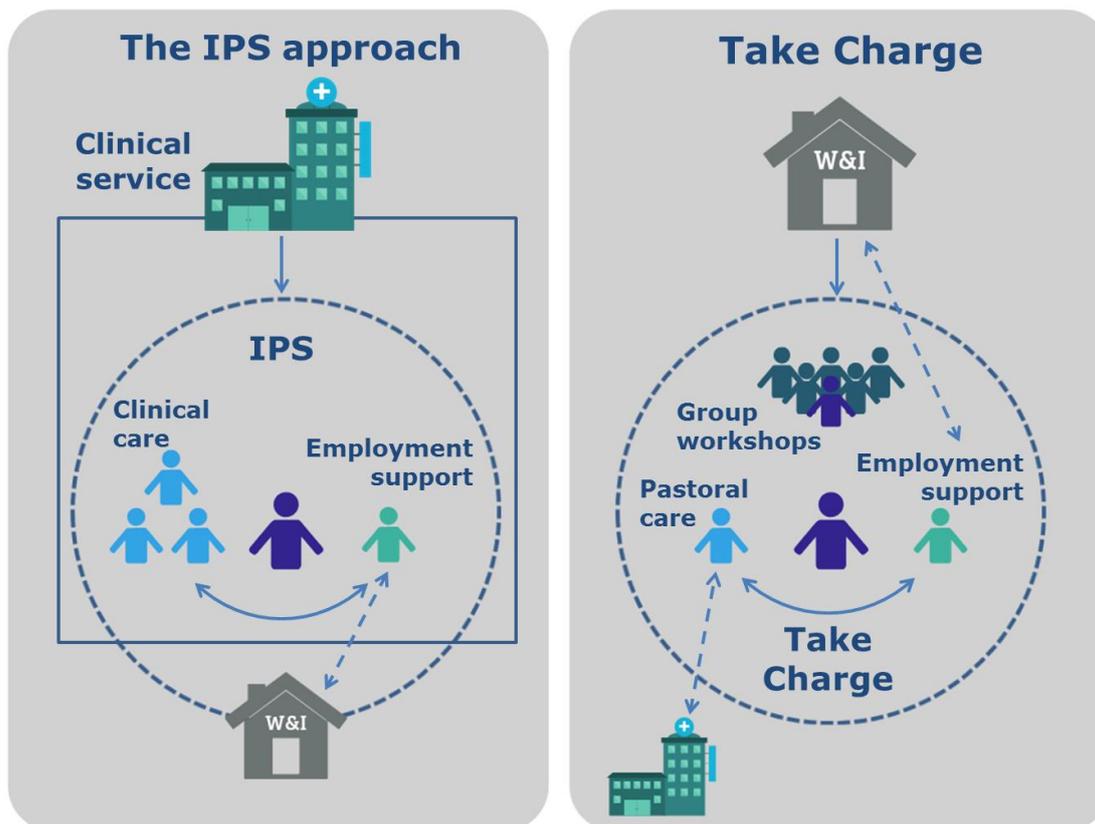
Figure 1: The Take Charge and IPS approaches

For the purposes of the formative evaluation, the key difference between these approaches is that IPS is an employment programme within a clinical service, i.e. clients referred to the clinical service can participate in this supported employment programme within that service. In the Take Charge prototype, one person specialising in employment support works alongside a mental health support worker who is also the Take Charge Co-ordinator. Clients are referred to this team by W&I staff who base their decision to refer on GP assessments of the mental wellbeing of the young person concerned.

These are quite different approaches. The process of referral and the clinical context of the supported employment programme differ significantly.

In the discussion below, the following key aspects of the prototype are addressed: referral and recruitment, staff roles, contextual issues, workshop delivery and content. At the end of each section, issues around upscaling the programme are identified and recommendations about upscaling are made.

Referral and recruitment to Take Charge

Who can/should refer?

There is a best practice principle that 'any door is the right door' when supporting young people, especially those with mental health and/or substance use issues (Health Canada, 2001; Damon 2004; Durie, 1994; Sanders & Munford, 2014; Ungar 2018; Werry Centre, 2013). In other words, if Take Charge is to be a useful programme for a young person to choose to be involved in then whatever path a person takes to get there is a useful path.

In the prototype, referral and recruitment came primarily through one W&I office in Linwood. A few participants also came through the Rangiora office. Staff in those offices judged the suitability of young people for the programme largely based on information from a medical certificate from a GP. Several difficulties emerged with this process:

● Some of the young people interviewed tended to view W&I with some concern and did not always find it a welcoming environment, despite the best efforts of staff.

● The initial method of contact was through a 'cold call' from a W&I staff member on a blocked number. Staff reported a low pick-up rate, perhaps because anxiety was one of the main features of the mental ill health of many of the young people.

● W&I staff only had the doctor's certificate to indicate the type of the mental health issues of the young people they were inviting into the programme. Staff reported that this general assessment from GPs made it difficult to gauge whether the young person did indeed fall into the 'mild-to-moderate' category regarding their health issues. It became clear as the prototype went on that some participants' mental health and/or substance use issues were having a significant impact on their lives.

● Given the changeability of many of these young people, as reported by the Take Charge Co-ordinator, the categories 'mild, moderate and severe' were not always useful, especially when the only information came from a snapshot view of the young person by a GP or W&I staff member, rather than an understanding drawn from a longer-term relationship.

● Staff at W&I and Take Charge reported that recruitment gained traction once potential participants had met with the Take Charge team. Once that face-to-face meeting had taken place, young people reported they were more than likely to want to take part.

● Meetings also took place between Take Charge staff and a small number of whānau and family members. The whānau and family who took part in the evaluation interviews appreciated support when it was offered, but missed opportunities for whānau/family involvement were also noted.

● From an ethical point of view there are some concerns about W&I being the source of the invitation, as at least one of the young people interviewed reported that they did not realise they had a choice to accept or reject Take Charge and some others indicated that 'because it's Work and Income' they felt somewhat obliged to participate.

In the prototype, in the absence of a clinical referral team, clinical assessment fell to the Take Charge Co-ordinator, and only occurred once the young person was already in the programme. None of the participants were excluded at this stage. The judgement about whether they should be enrolled or not was therefore based less on an understanding of the young person themselves and more on whether

they fitted the category of having one of a list of mental health and/or substance use issues (on the basis of a GP report), fell into the correct age group and were in touch with W&I.

Who should be referred?

It is clear from the interviews with participants that the pastoral care offered worked very well for all, while the employment support worked well for some and not so well for others. Those who were most enthusiastic about the employment support were those who came into it keen to engage with the process. This does not mean that they were necessarily ready for job search, although some clearly were, rather, it means that they were keen to get to the point where they would be ready and able to engage in looking for work. These young people had reached the stage where they were frustrated and blocked in terms of ways forward for their lives and they saw Take Charge as an opportunity to overcome this and strike out in a new direction. Some other participants were less willing or simply too unwell to undertake the process in a productive way, and they struggled with it or disengaged.

For the young person to make an informed decision about enrolling, clear information about the programme is needed and should ideally be delivered in a way that the young person can readily engage with and understand (Canada Health, 2010; Werry Centre, 2013). Youth participants who were interviewed reported that their initial meeting with a member of the Take Charge team gave them a much better understanding of the programme than the initial phone call. A whānau member who was interviewed highlighted their wish to be included in this phase of the process.

Tailoring the programme to the young person's needs is important. To achieve this, it is important to meet young people 'where they are at' in holistic terms (cognitive, emotional, social, cultural, spiritual, psychological, physical) and to be attentive to the issues that 'bring them into the room.' (Canada Health, 2010; Damon, 2004; Lerner et al., 2013; Werry Centre, 2013). For some of those interviewed, Take Charge was an excellent match for their needs at that time. While the voices of young people themselves are essential in identifying individual needs, family/whānau and trusted significant others should also, wherever possible, be consulted during recruitment and throughout the programme.

Once the decision is taken to enter the programme, the young person should experience a service that is flexible enough to respond to their own situation: for example, the high challenge/high support approach (a key principle of Positive Youth Development) recognises that 'high challenge' will differ for each person, so presenting a high challenge/high support environment cannot be a 'one size fits all' approach (Wilson & Devereux, 2014).

Upscaling the programme

The formative evaluation was asked to consider the extent to which the prototype could be upscaled and what modifications might be necessary to enable this. We consider this question here and at the end of each of the following sections of this document.

TABLE 1 UPSCALING: REFERRAL AND RECRUITMENT
1. There is a question about whether W&I is the best path for bringing young people into the programme. It can certainly be one path. If W&I offices across the city are to take this up, it will be important to consider how young people are contacted and by whom. Face-to-face contact with a trusted person will always be better than a phone call or a talk with an unknown person. As well, it will be important for staff to be knowledgeable about the programme and this may require some training or induction.
2. Paths to Take Charge could be by way of GPs or other health professionals. One of the challenges in using multiple paths is that health professionals may not know enough about Take Charge to recommend it. If alternative pathways are to be considered, it would be useful to have some discussions with health professionals, such as GPs, about the best way to make the Take Charge option known and available to young people.
3. Evidence indicates that young people do best when the services they access are well connected and collaborate well together. For the referral paths to work well in the interests of young people it will be important for such connections and collaborations to be in place.
4. It will be important to create a process of referral in which the source of referral is able to identify and articulate as much as they can about the needs of the young person to Take Charge staff so that they are able to respond accordingly.
5. Where possible this referral process should involve the young person and their family or whānau.
6. This process is also an opportunity to learn more about the needs of the young person and to identify and include the important sources of support they are bringing with them on this journey.

Staff roles

In the Take Charge prototype, the mental health support worker, who is also the Take Charge Co-ordinator, is taking a role that, in the IPS approach, is a multi-faceted service delivered by a clinical team working on many fronts, of which employment support (through IPS) is one. Take Charge has brought in an Employment Consultant to work alongside a mental health support person: the two work closely together but their roles are clear and separate. The mental health support worker/Take Charge Co-ordinator is not trained in employment support, and the Employment Consultant is not trained in mental health support.

In its prototype form, Take Charge can be viewed as a mental health support service with employment support, rather than an integrated clinical and employment support service.

Pastoral care

The pastoral care role
Once a young person is accepted into the Take Charge programme, the co-ordinator undertakes a brief assessment of their mental wellbeing and creates a mental health treatment plan which records what

support each young person wants, whether they are seeing a counsellor or other mental health professional, whether they want to work, permission for family involvement and other relevant details. Support from then on is driven by the young person, according to their needs. There is a high level of collaboration (daily conversations and scheduled weekly meetings) between the co-ordinator and the Employment Consultant around constructing appropriate support for each young person.

The quality of pastoral care

The evaluation evidence indicates that the Take Charge Co-ordinator offered high quality pastoral care that was strongly in accord with best practice in working with young people with mental health and/or substance use issues.

This support was youth-centred and youth-friendly (Canada Health, 2010; Werry Centre, 2013), and it took a 'whole of person' approach in which young people were accepted and met 'where they were at' in terms of their development and the issues they presented with (Damon, 2004; Durie, 1994; Lerner et al., 2013; Sanders & Munford, 2014). It was strengths-based, flexible according to need, and it took very seriously the importance of an authentic and engaged relationship between each young person and the Take Charge Co-ordinator (Lerner et al., 2013, Sanders et al., 2015). The confidentiality of each young person was honoured, they understood that their participation was voluntary, and their rights were well respected.

The support given was highly responsive in the sense of being offered, as much as possible, when and where each young person needed it, through multiple communication channels including face-to-face meetings, phone calls, text messages, and by accompanying young people to various appointments with other services. While being responsive in all these ways, the Take Charge staff were clear about not offering crisis support; this was explained at an early stage to each young person and they were given details about how to contact a crisis service should they need to.

One of the striking aspects of this pastoral care as it was received by the young people was how many of them reported being genuinely surprised at being offered this level and quality of support. All of the young people interviewed spoke about the Take Charge Co-ordinator with gratitude and enthusiasm. For some, the support offered was transformative in terms of building their confidence; when they had felt themselves blocked and unable to find a way forward, the supportive environment of Take Charge helped them see a way towards managing their mental health and embarking on employment search.

The challenges of pastoral care

Changeability: An important challenge reported by the Take Charge team in working with these young people was their impulsivity and changeability across a range of psychological states and behaviours, including: feeling able to cope or not cope; being in work then disengaging from work; being in relationships then disengaging from those relationships; being completely out of contact with the Take Charge team for weeks at a time and then coming back into contact and seeking support to continue where they had left off. This changeability brought with it several challenges, including:

- a reasonably high level of 'no shows' to scheduled appointments with the Take Charge team

- recognition by the team that it is difficult to measure 'progress' in a linear way

- a lot of time spent by the team following up with young people who had dropped out of contact

- the importance of documenting each change of circumstance insofar as it was relevant to maintaining support. Documentation of each contact was meticulously recorded but the Paua database may not be conducive to easily keeping track of individual case notes that are as dynamic as these are.

Family and/or whānau-centred practice: One important aspect of pastoral care is connection with family and/or whānau. Whānau-centred practice is a core element of cultural responsiveness for young Māori. It recognises the importance of the people around each young person in contributing to their wellbeing. Whānau includes immediate family but extends beyond this group: it can mean extended family, and it can also mean any significant people with whom a young person identifies. Whānau-centred practice focuses on empowering whānau as a whole, rather than treating individuals separately, and recognises that helping whānau to support their young person is a major contributor to wellbeing both for the young person and whānau.

For Māori, a whānau-centred approach is situated in te ao Māori (the Māori world) with practices shaped by whānaungatanga (relationship, kinship) as a tool for connecting and building whānau strengths (Te Puni Kōkiri, 2015). To move toward a more whānau-centred approach the programme would need to incorporate whānau needs and aspirations and be more accessible for whānau.

In the Take Charge programme, each young person was asked at the beginning of their participation whether they wished their family or whānau to be involved. However, there are ways in which this approach could be strengthened. Inviting family or whānau involvement at the recruitment stage (if desired by the young person) would support a family and whānau-centred practice.

Having information available (through pamphlets as well as through conversation) about the nature of the programme and the roles of the various staff would be helpful. Engaging and working alongside whānau successfully is heavily reliant on the cultural competency and technical skillS of staff (Te Puni Kōrkiri, 2015).

Members of the Take Charge team met with family or whānau of those participants who wished for involvement and this was well received by two families of non-Māori young people who were interviewed for the evaluation. They found the Take Charge team to be very supportive. They expressed considerable relief at the nature of the support being offered in relation to: (i) their own increased knowledge and understanding of the mental health and/or substance use issues of their child, (ii) Take Charge offering a skilled person with whom their child could connect, (iii) feeling supported in supporting their child, and (iv) being able to talk with their child about what was going on because of the engagement with the Take Charge team.

By contrast, the evaluation interview with whānau member of a Māori young person, expressed their disappointment at the lack of early and ongoing involvement with whānau. The expectation of the whānau to be a part of their young person's journey needs to be backed by staff, supporting whānau self-management, independence and autonomy (Te Puni Kōrkiri, 2015).

The team's engagement with family or whānau was very much appreciated but it did not happen often. Opportunities should be sought to spread this support throughout the service for both Māori and non-Māori young people.

Employment Support

The employment support role

The Employment Consultant met with participants when they expressed a readiness to embark on an employment search process. The specialist worked alongside them, in a one-to-one setting, to create an action plan in which they identified their goals towards looking for work, as well as barriers and enablers for this.

The specialist encouraged participants to reflect on what kind of employment they would like to pursue, to identify employers that they would consider applying to, to think about why they chose those

employers and then, if they felt able, to go ahead, and with support from the Take Charge team, apply for positions themselves. The specialist gave each young person assistance with their action plan by helping with CVs, letters of application and driver's licences, and met with them in a supporting capacity along the way. The specialist also visited employers identified by the young people when they felt too intimidated to make first contact themselves.

Once employment had been gained, the specialist worked with the young person on a support plan tailored to the circumstances of the young person and their employment situation. If permission was given by the young person, the employer was involved in this plan as well.

In certain cases, when the young person was keen to return to study, the specialist would help them with this. Eight of the 39 young people still engaged in the programme at the end of November 2018 had decided they wanted to pursue tertiary study and were being assisted towards this goal at various sites including Canterbury University, ARA (Christchurch Polytechnic) and in the Whenua Kura (Māori Primary Industries Training) programme. The Employment Consultant also assisted some young people to explore opportunities for voluntary work and work experience.

Alongside working with young people, the specialist followed a clear process in engaging with likely employers and undertook more general employer engagement which included 'testing the waters' with employers by discussing with them the possibility of taking on a young person with mental health issues. The process followed by the specialist was based on the "Effective Employer Engagement" model from Given, an Australian-based organisation. This model has been workshopped in New Zealand in conjunction with the New Zealand Disability Support Network and has been used here by supported employment providers.

(i)   The quality of employment support

The Employment Consultant used a client-led focus in which young people were encouraged to identify and apply for work themselves, if they felt able to do so. The specialist took a high challenge/high support approach. This approach, aligned with scaffolding theory (Wilson & Devereaux, 2014), works when the current level at which an individual is functioning is identified and that person is supported to achieve beyond their current level of functioning in the context of an appropriate high support and high challenge environment. While the principles of scaffolding theory encompassing high support/high challenge environments have their greatest empirical evidence base in educational contexts, they are also seen to be an important element of best practice in working with young people, provided the levels of challenge and support are tailored to the needs of each person (Bishop, Berryman, Tiakiwai & Richardson, 2003; Wayne Francis Charitable Trust Youth Advisory Group, 2011).

The Employment Consultant respected the rights of the young people about whether they wanted their employer to know they were part of the Take Charge programme. Some were comfortable with the employer knowing, and then the specialist would raise the matter with the employer and the young person together. The employment plan that was created to support each young person was designed to fit their circumstances.

The specialist also worked with the young people who wished to return to study, helping them to identify the education path they wished to pursue. This approach of encouraging young people to discover and develop their abilities is in keeping with best practice in helping young people to build a career pathway (Dietrich et al., 2012; Ellison et al., 2013; Hirschi and Lage, 2007; Mahuika, 2007; Massey et al., 2008). This developmental approach was also in evidence when the specialist invited the young people to consider *why* the employers they had identified had appealed to them.

Some of the young people responded very well to the Employment Consultant's approach: they felt able to apply for jobs themselves and they spoke very positively of the Employment Consultant, particularly in terms of the level of support offered and confidence they gained from working in this way. However, some found the approach too challenging for their current level of mental health. This finding suggests the need for further service development to ensure that practitioners can appropriately identify the right level of support for each young person they work with.

The challenges of employment support

Based on the literature, the process for young people developing career pathways is quite different from the process of older people returning to a career after a period of unemployment. Often young people with mental health issues have no employment history and a disrupted history in education. A recent study indicates that among 15-24-year-old New Zealanders who are not in education, employment or training, a significant proportion had used services or treatments for substance use or mental health issues (20 percent and 40 percent respectively) (OECD 2018).

There is a significant amount of developmental identity work that needs to take place if young people are to engage in meaningful ways with the world of work (Bishop & Berryman, 2006; Bottrell, 2007; Gushue, 2005; Reid, 2010; Schawb, 2001; Stahl, 2015; Stokes, 2012). For this to happen, the question 'who do I want to be?' should precede or run alongside the question of 'what do I want to do?' One of the main challenges in supporting young people with mental health issues into employment is that this fundamental work of crafting identity can be significantly impeded by their health issues (Bejerholm and Bjorkman, 2010; Boychuk et al., 2018).

Additionally, for young people who have had their education disrupted, the process of the discovery and development of their own aptitudes and abilities has been truncated. This, together with sometimes difficult family circumstances, often means that their horizons for what is possible can be very limited indeed (Boychuk et al. 2018; McFarlane et al., 2003).

In these circumstances, young people are unlikely to develop a vocational imagination, and the apparently straightforward question, 'what do you want to do?' becomes difficult to answer. Certainly, among the young people interviewed in this evaluation, it was clear that those with more significant mental health issues found this question almost impossible to answer. Even those who did have some thoughts about possible jobs did not think expansively in terms of what kinds of career paths they could follow.

The approach taken by the Employment Consultant did assist some young people in the discovery and development of their abilities: those who were supported to return to study, in particular, but others too. For example, a young woman who decided she would like to explore a trade, and a young musician who was following his passion and was helped to consider this in employment terms through the printing of business cards which he could distribute in search of performance opportunities.

An approach that focuses on encouraging the young person to go out and find a job, while client-led in one sense, can miss what works best for that individual if it does not engage with their developmental needs, or take account of their limited horizons and expectations (Atkins, 2017; Ball et al., 2000; Hodkinson, 2009). The result may be a job in the short term, but it is likely that the opportunity has been missed to engage that young person in a process of career development that will have long-term benefits.

Several of the participants found their own jobs and did not request assistance from the Employment Consultant. Some remained in employment, but some struck difficulties and then tended to drop out of employment rather than bringing in the Employment Consultant to help with a support plan.

As noted, there were also young people for whom the Employment Consultant's approach was too challenging and some of them disengaged from the process altogether. The best practice principles of scaffolding theory (Vygotsky, 1978; Wilson & Devereux, 2014) and positive youth development approaches point to ensuring that each young person is "met where they are at" (Canada Health, 2010; Damon, 2004; Lerner et al., 2013; Werry Centre, 2013). Such an approach is vital to ensuring reductions in disengagement and increases in meaningful engagement.

Finally, the Employment Consultant reported that the process for employers to engage with W&I over the subsidies available for taking on these young people was cumbersome for the employer and not always helpful for the young person: for example, a requirement to work a minimum of thirty hours a week in order to be eligible for the subsidy was a barrier for those who could not yet manage these hours.

TABLE 2. UPSCALING: STAFF ROLES
1. Quality of staff is at the heart of success for this programme. It is essential for the whole team to have training in best practice in the two key domains of the programme: (i) supporting young people with mental health and/or substance use issues and (ii) supporting young people in the transition to employment.   • This will mean adapting the employment support process to take more account of the mental health of the participants and will involve some training for the Employment Consultant in understandings of mental health and substance use issues.   • It will be useful for the whole team to have a good understanding of best practice in working with young people in transition to employment. This will involve understanding how to stimulate 'vocational imagination' and career competencies among young people with mental health and substance use issues who may have very limited horizons and low expectations of themselves.
2. To be culturally responsive it is important that the team builds trusting relationships with whānau, including whichever significant support people are present in the lives of the participants. This may not be immediate family: it could be siblings, or partners, or any adult with whom the young person has a strong relationship of trust. The benefits of involving family, broadly defined, also feature in the emerging literature on delivering IPS to young people (see Appendix 2). Opportunities to involve whānau and family should continue to be sought throughout the programme: at recruitment, in pastoral care, in the workshops and in employment support. These connections may also help keep the young person engaged. In scaling up it is important staff are culturally competent and technically skilled to adopt a holistic approach to supporting whānau aspirations (Te Puni Kōkiri, 2015).
3. Including *participation in education* as a successful outcome would accord with best practice in relation to the developmental needs of these young people. There is also an emerging IPS literature that suggests a supported education pathway is an important adaptation when IPS is targeted towards young people. This literature recommends using a separate Education Specialist rather than combining this role with that of the Employment Consultant.

4. The administrative load of this programme is heavy due, in part, to the changeability of the participants in their needs and their engagement.

    ● It will be important to consider appropriate policies and procedures concerning, for example, how long to keep trying to make follow-up contact with someone who has dropped out of touch. The best practice evidence points to longevity of contact being important in supporting young people, so the ability to maintain contact, and therefore the relationship, will need to be considered, but the resource requirements of this level of support may be considerable.

    ● The database would be more useful if it was more readily updateable for the often-changing case notes and action plans of clients, and more easily searchable for the characteristics and requirements of employers.

    ● It would lessen the administrative load on the co-ordinator if each member of the team updated their own data in the database.

5. A key aspect of best practice in working with young people is the establishment of ongoing relationships of trust. When the team expands it will be important for each young person (and their family, and whānau if Māori) to work, as much as possible, with the same specialists (in mental health support, employment support and education support) throughout their involvement in the programme.

6. Another key aspect of best practice in working with young people is the ability for practitioners to appropriately identify the right level of support and challenge for each person they work with. This will be an essential skill for anyone in the Take Charge team.

The complexities of context

To be responsive to the needs of the young people, it is important to understand the context of their lives, as well as the culture, context and processes characteristic of the local employment environment.

The young people's context
The lives of the young people enrolled in Take Charge tended to be characterised by:

- substandard accommodation or a struggle to find any suitable accommodation at all
- little or no knowledge of how to cook, take exercise, or maintain a healthy lifestyle
- a struggle with finances
- no ready access to transport apart from public transport (which they were often discouraged from using by their levels of anxiety)
- a reluctance (by some) to leave the house
- a disrupted education
- little understanding of their mental health condition, or of mental health more broadly
- family difficulties (for some), including parents with mental health issues.

Many of the young people interviewed did, however, have high levels of motivation. They had grown frustrated with the nature of their lives and took up the Take Charge opportunity because it looked like a chance to do things differently. This motivation was important for enabling them to take advantage of what Take Charge was offering.

The employment context
The young peoples' personal contexts are only part of the picture. In starting on a job search process, they face a culture of employment characterised by reluctance to hire young people because they may

not be as work-ready as employers would like. When this reluctance is coupled with a societal stigmatisation of mental ill health, gaining employment is likely to be an upward struggle for these young people. For those that are Māori this may be compounded through both conscious and unconscious bias significantly limiting their opportunities.

Bringing this wider context into the analysis enables a perspective that looks beyond the medical model of individual dysfunction and brings into the discussion the extent to which employers create on-the-job environments that are tolerant, caring and, to a degree, forgiving, to help these young people learn about working life, discover what they want to do, and put in place steps that enable rather that frustrate them in this process.

TABLE 3. UPSCALING: CONTEXT
1. A wider understanding across the whole Take Charge team of employer engagement processes and employment context and culture will be useful.
2. Care should be taken that the approach adopted does not focus exclusively on the individual so that 'the problem' is defined to sit wholly with the young person and their mental health, and misses wider contextual factors (the employment environment, employer culture etc).
3. Other contexts are also in play, including family and whānau dynamics (both supportive and otherwise), trauma history etc. These should be understood and built into the design and delivery of the programme.
4. Scalability is not only about size, but also about complexity. As the programme grows, the complexity of service operation will also increase.

The workshops

Including the workshops in the prototype was an adaptation on the IPS approach (which tends to offer individualised rather than group support with employment). Generally, they were run by the Take Charge team twice weekly over two-and-a-half weeks for each intake, although for one intake (in Rangiora) the workshop content was covered in two extended sessions. The workshops covered the following topics:

Session One: *Introductions to Take Charge and setting the scene.*

Session Two: *Daily structure/Sleep/ Hygiene/Social media.*

Session Three: *Presenting the best you can be.*

Session Four: *Family systems and how they impact the choices we make.*

Session Five: *Understanding how to identify the signs and symptoms of unsafe alcohol and drug use.*

The group setting
The workshops were provided in a high challenge/high support environment. Many of the young people who were interviewed for the evaluation reported that they initially felt anxious about being in a group setting. Some found it difficult to even leave their house and so the challenge of attending a group was considerable.

But among those interviewed were many who found the experience better than they expected. That they decided to give it a try was attributed to their growing trust in the Take Charge team. Then having made the step to attend, and discovering that they could manage this, they grew in confidence.

They also grew in their understanding of their own mental health. It became evident during the workshops that the participants had little understanding of mental health conditions such as anxiety and depression. Through the workshops, the Take Charge team offered knowledge about mental health, particularly about anxiety, while also normalising and destigmatising it. The benefit of offering this content, in a strengths-based way in a group setting, was that these young people came to see their health issues as more common than they had realised, and as something that others around them shared.

The group setting also gave participants an opportunity for social connection with peers. The Take Charge team commented that participants tended to stay on for at least half an hour after each workshop to socialise with each other; this can be seen as a strong indicator that these workshops were successful in breaking down some of the isolation that these young people had experienced.

The Take Charge Co-ordinator sent out reminders before each workshop and did a great deal to facilitate attendance. But the workshops did not work for everyone and not all participants attended every session, although almost all attended at least one.

The participant mix in the workshops came in for comment from some of the young women who were uncomfortable to find themselves in groups that were predominantly male.

Delivery of the workshops

Observations of workshops by a member of the evaluation team reported good, constructive relationships between the Take Charge staff and the young people.

The workshops opened with karakia, mihi mihi and whakawhanaungatanga through the acknowledgement of the role of whānau and peers. The young people responded well to the connections made by the facilitators between their own life stories and those of participants. The team was alert to the emotional setting of the group, de-escalating tensions when necessary. They drew on participants' existing knowledge to identify strengths in their lives and were strengths-based in their use of language (which was accessible and mirroring), in their normalising and destigmatising of anxiety, and in their constant positive feedback. They were respectful of difference.

They were adept at managing participant inter-relations, encouraging the young people to learn from each other. The young people were initially more comfortable talking with the adult facilitators than with each other, although this changed as they got to know each other better. This initial shyness sometimes led to the facilitators doing most of the talking. Perhaps a higher level of interactivity and action-based participation (as opposed to talking) might overcome this shyness more quickly.

The young people themselves often commented in interviews on feeling heard in the workshops and on the flexibility they were offered; they felt that the facilitators were easy about changing direction according to the interests of the participants who were able to comment on which topics they would like to cover in future workshops.

All those interviewed supported the programme structure combining workshops with pastoral support. This was seen as preferable to having only the workshops or only the individual support.

Content of the workshops

In interviews, the young people reported that they found the content of the workshops useful, although in the three-month follow-up interviews most found it difficult to remember much specific content. Nevertheless, they were often able to mention one or two things they had learned from the workshops that they continued to use as tools for managing their health and social interactions and for structuring their day.

As mentioned earlier, young people came into the programme with very low levels of understanding of mental health. The information offered in the workshops helped them to understand their own anxiety and to normalise it.

Apart from karakia and mihi mihi, the content of the workshops was not particularly culturally diverse. Te Whare Tapa Whā was mentioned but was not strongly integrated into the rest of the content. There is an opportunity to normalise a Māori world view of mental health and wellbeing through the inclusion of Māori research. This would include acknowledging the socio-political and lived experience of rangatahi and whānau, including the impact of intergenerational trauma due to continued colonisation.

The daily structure and family systems workshops came in for favourable comment from some of the young people, while others felt that the addiction and drug use workshop was not relevant to them. The Take Charge staff and some of the young people indicated that other workshop topics might also be useful: suggestions included cooking and nutrition, budgeting, and more employment-focused workshops.

TABLE 4. UPSCALING: WORKSHOPS
1. The group setting has proved beneficial to many participants despite initial misgivings from some. This suggests that it should be continued. Some care should be taken with the mix of young people so that it is not too gender imbalanced. It may be that, depending on the group composition, some content might be better conveyed on an individualised basis (e.g. AOD material).
2. Given the initial shyness and reluctance to engage among many participants, perhaps the delivery of the workshops could encourage even more interactive and participatory activities.
3. It would be useful to cast an evidence-based lens over the workshop content, including in relation to cultural responsiveness. Ideally, this content should be multidisciplinary, and trauma informed.
4. Any future employment-focused workshops should also be evidence-based and co-designed with young people experiencing mental health or addiction issues. These could include: ● an exploratory opening up of the career landscape for these young people for whom horizons are likely to be very narrow ● attention to recent New Zealand-based research on the attitude gap between employers and young people (Auckland Co-Design Lab, 2016). This would be a more realistic and strengths-based starting point for this discussion than the YouTube clip currently used about 'millennials' in interviews which is rather stereotypical and deficit-based ● Attention to Māori models of mental health and wellbeing that incorporate strengths-based approaches to developing capability ● Attention should also be given to the wider labour market and employment context which these young people are entering.
5. The focus of the workshops tends towards an individualised medical model. Given the level of knowledge among these young people, some medical facts are important. Consideration should also be given, however, to acknowledging a more holistic approach where the young person is seen as a member of a collective (family or whānau) in which the collective's wellbeing enables the individual to achieve quality of life, and to an approach that places the young person within a wider social context.

Cultural responsiveness

Whānau-centred practice has been mentioned throughout this report as a key aspect of culturally responsive service delivery for all aspects of the programme. The Te Puni Kōkiri (2015) report 'Understanding Whānau-Centred Approaches' identified five themes of the approach. These themes, anchored in te ao Māori (the Māori world) with practices shaped by whanaungatanga (relationship, kinship), can be used as a tool for connecting and building whānau strengths:

- effective relationships – establishing relationships that benefit whānau
- whānau rangatiratanga (leadership, autonomy) – building whānau capability to support whānau self-management, independence and autonomy
- capable workforce – growing a culturally competent and technically skilled workforce able to adopt a holistic approach to supporting whānau aspirations
- whānau-centred services and programmes – whānau needs and aspirations at the centre with services that are integrated and accessible
- supportive environments – funding, contracting and policy arrangements, as well as effective leadership from government and iwi to support whānau aspirations. (Te Puni Kōkiri, 2015, p. 10)

To progress the Take Charge service for Māori, a whānau-centred approach needs to be adopted when scaling the programme. This is a relatively new approach that the recent Whānau Ora review panel advised should be embedded within the wider NGO sector (Whānau Ora Review Panel, 2018, p.10).

Māori participants responded positively when asked about inclusivity and respect in relation to their culture. None commented that they felt less able to engage with or remain in Take Charge because of lack of cultural engagement. However, none made mention of specific aspects of culture, unless they were prompted by questions in the interviews. In addition, non-Māori participants also responded positively about inclusivity in Take Charge with many commenting that it felt like a place where everyone was accepted and valued for who they are.

The Take Charge IPS prototype is modelled on a programme developed in the United States. To be fit for purpose in a New Zealand setting the programme needs to be contextualised particularly for rangatahi and their whānau. Adopting a whānau-centred approach, recently recommended for adoption across the NGO sector, would ensure that the young person and their whānau are supported through the process of Take Charge to build their own capability and resourcefulness. The Take Charge team needs both resources and capability-building to achieve this.

4. Conclusions

This section summarises the overarching evaluation questions. (Note that the following should be read with the understanding that the evaluation could not interview young people who chose not to take part in the prototype, and only a very small number of family and whānau members were able to be interviewed.)

1. *To what extent does the Take Charge IPS prototype reflect best practice for working with young people with mild-to-moderate mental health conditions and/or substance use addictions?*

Participants received high quality pastoral support in keeping with internationally accepted best practice principles for working with this group. In terms of working in a culturally responsive manner for Aotearoa/New Zealand, this support was not particularly whānau-centred but there were no obvious barriers to it becoming so.

The way participants were initially recruited to the programme was not in keeping with best practice insofar as they received a cold call from an unknown number and were then informed that the call was from W&I. This created anxiety for many and was probably responsible for the initially low take-up rate. However, once participants met face-to-face with members of the Take Charge team, they responded well to the supportive relationship offered to them.

2.   *… to assist them to find sustainable employment?*

Employment support was offered using a high challenge/high support approach. Those who were more highly motivated to seek work managed this well, but some others found the approach taken by the Employment Consultant too daunting. It is important to tailor the level of challenge (and support) to each young person's needs. The high challenge/high support approach recognises that 'high challenge' will differ for each person, so presenting a high challenge/high support environment cannot be a 'one size fits all' approach.

The employment support was client-led, which is one of the principles of IPS. Many of these young people have narrow horizons in terms of their understanding of what is possible; they also have low self-esteem, leading to lowered expectations of their own potential. A client-led approach needs to be supplemented with strategies to enable young people to broaden their horizons and build up a vocational imagination in relation to potential career pathways.

3.   *… and better manage their mental health?*

Because of the pastoral care and knowledge gained in the workshops, participants clearly grew in their understanding of their own mental health and, to a certain extent, in their capacity to manage this. Some learned and practised tools for the management of situations that formerly would have presented challenges for them.

4.   *To what extent is the Take Charge prototype able to be up-scaled?*

Many aspects of the prototype proved successful and could be upscaled, notably, pastoral care, employment support for those in a position to engage with this, the group workshops (although some attention to the mix of participants and some of the content is warranted), and the referral to educational institutions for some participants who had come to an understanding that this was the next stage for them.

5.   *… and what modifications are recommended to be made to this prototype to allow such scaling to happen?*

The suggested modifications are detailed in the four tables in this document.

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6. Appendices

Appendix 1. Effective practices for working with youth with mild-to-moderate mental health conditions

A scan of the literature reveals very little empirical evidence specifically outlining what works well when working with young people. The small amount of research published in this area tends to focus on particular programmes for specific groups of young people, for example homeless young people (Department of Families, Housing, Community Services and Indigenous Affairs, 2012), young people experiencing domestic abuse (Humphreys, Houghton & Ellis, 2008), vulnerable young people (Centre for Social Impact, 2017) and young people with co-existing problems (The Werry Centre, 2013) and tends to provide a summary of key programmes/interventions that have been used with these groups of young people rather than effective practice for working with young people.

Areas where effective practice has been more closely examined, for example youth work (Bruce, Boyce, Campbell, Harrington, Major, & Williams et al., 2009; Martin, 2006) and youth mentoring (New Zealand Youth Mentoring Network, 2016) or where guidelines for practice have been recommended e.g. in general practice (Best Practice Advisory Committee, NZ, 2010) or by the Ministry of Social Development (MSD, 2015), all point to including a number of key components which are summarised below. Much of the evidence from which these best practice principles have stemmed has come from research on youth development and more specifically Positive Youth Development (PYD) (Damon, 2004; Lerner & Lerner et al., 2005) and research on resilience (Masten, 2001; 2014, Resnick, 2000; Rutter, 1987; Ungar, 2008).

A major shift in the way that young people are viewed has been promoted through a PYD approach (Damon, 2004; Lerner et al., 2005). This approach is increasingly shaping youth research, policy and practice (Sanders & Munford 2014) and frequently emerges in conversations about the most effective ways for working with young people. PYD has helped to redefine adolescence from a time of 'storm and stress' (Hall, 1904) where young people are seen as 'problems to be managed' to young people being seen as resources to be developed (Pitman et al., 2001). While PYD approaches recognise the existence of adversities and developmental challenges that may be present for children and young people, it shifts the focus from development being about overcoming these 'deficits' to one which incorporates these challenges alongside the great potential of each young person to promote development of "productive activities rather than at correcting, curing or treating them for maladaptive tendencies or so-called disabilities" (Damon, 2004, p. 15).

One of the core principles that underpins PYD approaches is that every young person has the potential to contribute positively and productively to, and benefit in healthy ways from, the widest ecological contexts with which they identify. In this sense PYD practices emphasise providing services and opportunities that focus on supporting young people to develop a sense of competence, usefulness, belonging and empowerment. PYD strategies focus on giving young people the chance to form relationships with caring adults, to work with their strengths, to build skills, exercise leadership, and help their communities (Damon, 2004).

Increasingly the evidence from both resiliency and PYD research indicates that what matters most when working with youth with mild-to-moderate mental health conditions is like what matters most when working with any young person (Sanders, Munford, Thimasarn-Anwar, Liebenberg & Ungar, 2015). In this sense the focus of the research is not so much on particular 'programmes that work with young people' but the ways of being, viewing and interacting with young people. These key themes are summarised below.

Key themes

Meet young people where they are at (Damon, 2004; Health Canada, 2001; Lerner et al., 2013; Werry Centre, 2013):

- where they are at in their development – cognitive, emotional, social, spiritual, cultural, physical, psychological
- where they are at in terms of what issues they are concerned about/what brings them into the room.

Relationships matter (Bronfenbrenner, 1986; Damon, 2004; Durie, 1994; Masten, 2014; Sanders & Munford, 2014; Ungar, 2018; Wayne Frances Charitable Trust Youth Advisory Group, 2010):

- young people don't develop in isolation, and won't recover in isolation
- relationship/connection with clinician/practitioner matters
- connection to community matters
- connection to family/whānau (whatever format that looks like for a young person) matters
- connection to a significant adult who 'has their back' matters
- meaningful connection to education/training/employment matters.

Any door is the right door (Damon 2004; Durie, 1994; Health Canada, 2001; Sanders & Munford, 2014; Ungar 2018; Werry Centre, 2013):

- remove stigmatisation
- family/whānau-centred
- youth-friendly
- youth-centred
- generic service provision so reason for entry not obvious
- integrated service provision
  - sees a young person as a whole and not just as the problems they might present with
  - able to cater for any/multiple needs
- meaningful engagement
- whole-of-person approach
- culturally responsive
- ensure and respect young person's rights and confidentiality
- trauma-informed approaches
- flexible
- responsive
- no cost.

Strengths-based (Damon, 2004; Lerner et al, 2005; 2013; Ministry of Youth Affairs, 2002; Pittman et al., 2001; Resnick, 2000; Rutter, 1987; Sanders & Munford, 2014; Ungar, 2018; Wayne Frances Charitable Trust Youth Advisory Group, 2010; Werry Centre, 2013):

- focus on overall wellbeing and developing strengths and positive youth development not just reducing problems/symptoms
- problem-free is not fully prepared
- young person is actively involved and has autonomy over the services they engage in
- focus on reducing risk factors and strengthening protective factors.

Models of recovery (Sanders & Munford, 2014; Ungar 2018; Werry Centre, 2013):

- longevity of contact/ability to maintain contact/relationships matter
- multiple outcomes – recovery as a journey, one-off incident to living well.

Ways of being with (Bishop et al., 2003; Health Canada, 2001; Vygotsky, 1978; Wachtel & McGold, 2001; Werry Centre 2013; Wilson & Devereux, 2014):

- flexible
- responsive
- high expectations
- high support/high challenge
- being authentic
- give of self
- be engaging.

Systems focussed (Lerner et al., 2005; Bronfenbrenner 1977; 1986; Ungar, 2018):

- Views the young person within the context of the wider systems within which they exist (biological, family and whānau, community, social, economic, political, and ecological) and acknowledges the role these systems play. This may mean working with any or all of these systems and not solely focussing on the individual.

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Appendix 2. Effective practices for supporting young people to craft transition-to-work pathways

Wide-ranging interdisciplinary research has yielded an extensive literature on young people navigating their way into employment (see, for example, Higgins, Vaughan, Phillips and Dalziel, 2008, for a New Zealand-based overview). Research on young people in need of significant support to move into employment has focused primarily on those who are disadvantaged by disability or socio-economic status, but there is a small, emerging literature on practices supporting young people with mental health issues to move into post-school education and employment (e.g. Boychuk et al., 2018; Ferguson 2018; Ferguson et al., 2012; Rinaldi et al., 2010; Vorhies et al., 2012).

There is a wider literature on supported employment for adults with mental health issues but there are important reasons why this literature is not always applicable to young people. The difference in life stage is significant: young people are in the process of crafting identities and discovering where their aptitudes lie and what their values are. As well, they are in transition from education (possibly a disrupted education) and may be entering the workforce for the first time. These factors mean that their transition pathways into employment are developmental and dynamic (e.g. Ellison et al., 2013).

The importance of identity work: At the heart of the general literature on youth transitions is an understanding that choice-making about employment is a complex, non-linear process embedded in a wider set of choices about identity, including cultural identity, and the pursuit of a desired way of life (e.g. Arnett, 2007; Bishop and Berryman, 2006; Reid, 2010; Schawb, 2001; Stokes, 2012; Vaughan et al., 2006). In simple terms, being able to address the question 'Who do I want to be?' is fundamental to answering the question 'What do I want to do?' The challenge for young people with mental health issues is that they are likely to struggle with identity work, insofar as they struggle with self-esteem, self-awareness and self-efficacy, all of which are important for identity formation and therefore for career decision-making (e.g. Boychuk et al., 2018).

The importance of career development work: A key aspect of the process of crafting a career pathway is the opportunity to explore, discover and develop one's aptitudes and abilities. Ideally, the education system provides this opportunity, but many young people with mental health issues have a disrupted education history. This is likely to mean that they have narrowed horizons and lowered expectations about what is possible for them (Ellison et al., 2013). With the opportunity to explore, discover and develop their abilities, young people are likely to make choices that are attuned to their own preferences in the long term, a situation that may improve the chances of good matching when it comes to further education and employment.

In line with this, Ellison et al. (2013) found benefits from adaptations to IPS that enhanced the career development aspect of the programme when working with young people with severe mental ill health. They found that many of the participants lacked exposure to working adults apart from those in the helping professions and hence their horizons were limited. To address this, a vocational team worked to ensure that participants were exposed to a variety of careers and were supported to think about the kind of career they would like to pursue and to make post-school education, job and career plans on this basis. Boychuk et al. (2018) likewise found that skills development helped young adults with early onset psychosis to identify their interests and abilities and build transferable skills. Ferguson et al. (2018), also observed the importance of offering an array of employment options that capitalise on participants' strengths, experiences and preferences.

Supported education: The adaptation of supported employment programmes to include supported education when working with young people with mental health issues is backed by a growing number of studies and is in keeping with the importance of development for these young people (e.g. Ellison et al., 2013; Ferguson et al., 2012; Killackey et al., 2017; Rinaldi et al., 2010a, 2010b; Robson et al., 2010). Ellison et al. (2013), explore adapting IPS for emerging adults with mental health issues, and conclude that an education specialist should operate alongside the employment specialist. A supported education

adaptation can respond to the life stage of participants and their disrupted education history, enabling choices attuned to abilities and preferences, broadening horizons and lifting expectations. Supported education pathways should work to minimise the risk of participants incurring debt while not achieving their desired educational outcome (Ellison et al. 2015).

Role of family and whānau and social contacts: In the emerging literature on supported employment, there is evidence that family support for young people has a positive impact. Boychuk et al. (2018) found that this support assisted young people in their competency in decision-making by providing validation of their thoughts and feelings as well as advice, information and encouragement. They cite a range of other studies in support of this, including Bowman et al. (2016), Hansen et al. (2018) and McFarlane et al. (2003). A whānau-centred approach has been shown to support young Māori in employment (Dalziel et al., 2017, see also Durie et al., 2010)

Some studies have found that family members sometimes discourage their young people from taking on employment out of concern that this could impact poorly on their recovery (Boychuk et al., 2018; Rinaldi et al., 2010). This in turn tends to reduce the young person's career decision-making competency. These studies highlight the importance of encouraging families to be involved in their young person's recovery including in their vocational development, and this requires some education for families about the mental health condition of their young person and about ways in which they can support them into recovery (McFarlane et al., 2003; Rinaldi et al., 2010).

Regarding social contact beyond the family and whānau, some studies found that peer social support in these programmes had a beneficial effect. A study by Ferguson et al. (2018), comparing a Social Enterprise Intervention (SEI) with IPS when working with young homeless people with mental illness, found slightly stronger positive effects on all mental health outcomes for the SEI, a result that the authors suggest may be due to 'the SEI's use of a team approach to employment that relies on social support among SEI participants [a supportive peer group] and from peer mentors throughout all phases of the intervention' (p.615). Ellison et al. (2013) also found that peer mentors provided a notable benefit although they concluded that this role of peer mentor needed careful specification.

Work experience: While work experience has been found to be a good predictor of positive work outcomes for adults with mental health issues, there is less evidence that this is significant for young people (Rinaldi et al., 2010). Vorhies et al. (2012) explored aspects of this in relation to the building of social and cultural capital among young people with serious mental ill health. They found some support for work experience in that young people who had consistent employment experience valued the self-awareness, professionalism and workplace knowledge that this gave them. It is noteworthy that it is precisely 'soft skills' such as these that are highlighted as a key area of concern in a recent research project on 'the attitude gap' between employers and young people seeking work in South Auckland (Auckland Co-design Lab, 2016).

Importance of skilled staff: it has already been noted in Appendix 1 that it is not so much particular programmes that work with young people, as ways of being, viewing and interacting with them that produce beneficial outcomes. Similarly, in the supported employment literature, Ferguson et al. (2018) concluded that 'the specific type of intervention might not be as important as having an employment program integrated with clinical and case-management services, frequent contact with youth, and ongoing supports' (p.614).

Key themes

Choice-making (e.g. Arthur et al., 2004; Atkins, 2017; Ball et al., 2000; Bottrell, 2007; Hodkinson, 2009; Hughes and Thomas, 2005; Lehmann, 2007; Parente et al., 2003; Smyth and Banks, 2012; Taylor, 2005).

(i) The 'career pathway choice' is not a single choice made once, but multiple choices made over time influenced by:
- Individual agency
- Social structures
- Community, especially family and whānau, as well as larger groups.

(ii) Young people often engage in 'pragmatic rationality' in which decision-making:
- is a process, not a one-off, and is part of the life course
- is part of a wider lifestyle choice shaped by context and culture (including aspirations, world views, values, practices)
- is made in the context of social relationships.

(iii) A key question is: *who* interprets the careers landscape with individual young people? (For example, what expectations do they have? Are these strengths-based? etc.)

Identity work (e.g. Arnett, 2007; Bejerholm and Bjorkman, 2010; Bishop and Berryman, 2006; Bottrell, 2007; Gushue, 2005; Helwig, 2004; Nairn et al., 2012; Reid, 2010; Schawb, 2001; Stahl, 2015; Stokes, 2012; Vaughan et al., 2006).

Identity is not fixed and does not develop in a linear fashion. Identity is:
- relational
- dynamic
- multiple
- contested
- cultural (importance of recognition of this by individuals and systems).

Discovery and development of abilities is key in crafting career paths. (e.g. Claxton, 2006; Dietrich et al., 2012; Ellison et al., 2013; Higgins, 2013; Hirschi and Lage, 2007; Mahuika, 2007; Massey et al., 2008.).

- This involves enhancing young people's learning capacities.
- Enabling them to construct learning identities can lead to the creation of aspirations and the ability to engage with a career pathway.
- Concrete and achievable goals can assist when in the context of identity work, and excellent working relationships with careers educators.

Opportunities and structures are important (e.g. Allen and Hollingworth, 2013; Bishop and Berryman, 2006; Boyd et al., 2002; Brigham and Taylor, 2006; Dalziel et al., 2017; Dawes and Dawes, 2005; Dupuis et al., 2005; Hunter and Gray, 2004; Kintrea et al., 2015; MacDonald et al., 2005; McLaren; 2003, Neblett and Cortina, 2006, Pezirkianidis et al., 2013.).

(i) Families/whānau:
- relationships through which young people craft identities
- trusted sources of information
- emotional and financial support re careers decisions
- aspirations learned and shared.

(ii) Neighbourhoods
- The importance of a sense of future security when making career choices.

(iii) Mentors in both education and employment domains.

(iv) Labour market conditions/employment contexts and cultures.

Emerging literature on supported employment (e.g. Bowman et al., 2016; Boychuk et al., 2018; Ellison et al., 2013; Ferguson et al., 2011; Hansen et al., 2018; Killackey et al., 2017; McFarlane et al., 2003; Rinaldi et al., 2010a, 2010b; Robson et al., 2010; Vorhies et al., 2012.).

Young people with mental health conditions benefit when supported employment programmes include:

- a supported education pathway and specialist
- recognition of the importance of family and whānau and social contacts
- some forms of work experience.

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Appendix 3: About the researchers

The Collaborative Trust is a not-for-profit trust developed in 2003 under the directorship of Dr Sue Bagshaw. The Trust works to achieve a vision of "Healthy well-developed young people in Aotearoa, New Zealand" by providing training, conducting research and evaluation, and informing and influencing policy and practice. Its approach holds young people at the centre of its work and it strives to work in partnership with Māori, value cultural diversity and hold a holistic view of healthy development, which includes wellbeing in the physical, emotional, mental, spiritual, social, family, educational and community areas of life.

Ihi Research is a team of researchers and innovators who believe in social responsibility and delivering positive outcomes for people and their communities. Ihi staff are specialists in social research with special expertise in Māori research. They design and implement community research and consultation, and provide research evaluation to motivate change.

Appendix 4: Interview guides

Take Charge interview schedule: Youth baseline interviews

Key area	Lead question	Spiral or prompt
Introduction	We are a team of people independent from WINZ and from the people running the programme. We are here to listen to you and other young people about whether this programme is working for you and to hear what ideas you have about improving it for other young people.	Complete information and consent
Identity	Can you **tell me a bit about** yourself?	How would you describe yourself? Who is important to you? Why is that? What else is important to you? Why is that? Anything else you'd like to say about who you are?
Aspirations	What goals do you have? What are you working towards? What would you **like to do in your life** if you could? What would you like to do **for a job**?	
Positioning	What would help **young people get into work**? What needs to happen? If you could put more support in for young people to be able to get into work what would that be?	What are the biggest challenges for young people in getting work?
Context	What are your **circumstances at the moment?**	What have you been doing? Have you been looking for a job?

Key area	Lead question	Spiral or prompt
	What does **a job mean for you**? For your family/whānau?	What are the challenges for you in getting a job?
IPS programme	We would like to talk to you now about the IPS (Take Charge) programme, to understand the process and to help improve it for other young people	
Phone call	How did you first hear about the Take Charge Programme? How did the **phone call go**?	Who made contact with you? What was that like for you? What were you told? Did you understand what you were being invited to? What did they hope would happen?
	What made you **decide to say yes**? Did you think about saying no/feel able to say no?	What advice do you have for other young people as they get this phone call and invitation?
	Who most **supported you** most when you were making a decision to take part? (whānau, friends, others?)	What support (if any) would you have liked? From whom?
	What might put other young people off from taking part when they are first told about Take Charge?	Did you feel that it was your choice to take part?
	Do you have suggestions about the **best way to recruit** young people for this programme?	Is there a better way to do this?
Recruitment: Interview	**Before you went**, did you get a clear idea of what you were being invited to?	What did you think was going to come from the interview? What other information would you have liked?
	Did you have **any trouble** coming to the interview?	• making a time to meet? • getting to the interview?

Key area	Lead question	Spiral or prompt
	How did the interview go for you?	• did the interview meet your expectations? • did you feel comfortable? • did you feel able to ask questions? • were you able to take a support person? • how could they improve the interview?
	What were you told about the programme and its purpose? Were you given enough information about the programme?	Any information that you would have liked that was missing?
	Who do you think are the **best people** to conduct these interviews with young people? What did you think **you would gain** (if anything) from doing the programme? Were you able to say freely whether or not you wanted to do the programme?	Any advice about how they should conduct the interview?

Key area	Lead question	Spiral or prompt
Workshops	Thinking about what you thought you would be doing in the workshops and what you would gain from them. Did they meet your expectations?	Anything you weren't expecting? Was this good or bad?
	What did you do in the workshops?	
	What were the **best things** about the workshops?	What did you get out of them? **Anything not good?**
	Which **workshops did you go to?** (show prompt)	[If fewer than five] why did you not go to one (or more) of the workshops?
Workshop content/form	What did you think about the different **topics covered?** (show prompt)	What was most relevant for helping you reach your goals/ help get into work? Why? Anything not relevant? Missing?
	What did you think about the **different mix of activities** in the workshops?	What would you have liked more or less of (i.e. the tutor talking/ group talk/ visual material?)
	On a scale of 1-5 where 1='easy to understand' through to 5=' difficult to understand' what did you think of the **content of the workshops**?	
	Any ideas about how to make the workshops more understandable, helpful or better? To **improve them**?	For helping young people reach their goals?
Skills/ knowledge/tools gained	What did you **learn from** these workshops to help you to reach your goals/ get into work?	Are you using any of these things now? Can you give an example? Ways you might use these things in the future?

Key area	Lead question	Spiral or prompt
How they felt	How did **you feel being** in the workshops?	Included/excluded? Comfortable/uncomfortable? Able to talk/nervous about talking? Could you be yourself in the workshops? Why or why not? What helped you to be yourself? What would have helped you be yourself?
Being in a group	How was it **being in a group** in the workshop? Would you rather do this or one-on-one – why/why not? What did you think about the different mix of people in your group? How well did this mix work for you/for others in the group?	Easy to get along with/talk to? Group size too big/small? How did it add to what you got out of the workshops? Anything not helpful about it? Did you feel included? If so how? Anything else they could have done to help you, or others feel included/respected?
The tutors	What were your **relationships like with the tutors**? What advice would you give to other tutors about the best way to work with young people in workshops like these?	
Inclusion	How well were group members **differences respected** in the workshops - so that everyone felt included?	Can you give examples of what helped people feel included? Could this have been done better?
Support	Who were important **sources of support** for you while doing the workshops? (ie whanau/family and friends) Do you have any **advice for whanau/family and friends** who are supporting young people through these workshops?	Why was this important?

Key area	Lead question	Spiral or prompt
Overall	If anything was a problem for you in the workshop, what support would you be able to get about that?	Was this explained to you?
	Since you first enrolled in this programme – **has anything changed for you** as a result of taking part?	What was most relevant/ helpful? Do you now have a better chance of achieving your goals? Have you ever been on an employment course before? If so was this similar or different? In what ways?
	These workshops are a resource for helping young people to reach their goals. Can you think of any ways they could be **improved**?	Anything not useful? Or not relevant? Not helpful?
	Would you **advise a friend** who was looking for support into a job to do this programme? Why/why not?	

Take Charge interview schedule: Youth three-month follow up

Key area	Lead question	Spiral or prompt
Introduction	We are a team of people independent from WINZ and from the people running the programme. We are here to listen to you and other young people about whether this programme is working for you and to hear what ideas you have about improving it for other young people.	Complete information and consent
Identity	Can you **tell me a bit about** yourself?	How would you describe yourself? Who is important to you? Why is that? What else is important to you? Why is that? Anything else you'd like to say about who you are?
Aspirations	What goals do you have? What are you working towards? What would you **like to do in your life** if you could? What would you like to do **for a job**?	
Positioning	What would help **young people get into work**? What needs to happen? If you could put more support in for young people to be able to get into work what would that be?	What are the biggest challenges for young people in getting work?
Context	What are your **circumstances at the moment?** What does **a job mean for you**? For your family/whānau?	What have you been doing? Have you been looking for a job? What are the challenges for you in getting a job?

Key area	Lead question	Spiral or prompt
IPS programme	We would like to talk to you now about the IPS (Take Charge) programme, to understand the process and to help improve it for other young people	
Phone call	How did you first hear about the Take Charge Programme? Think back to that first phone call. How did the **phone call go**?	Who made contact with you? What was that like for you? What were you told? Did you understand what you were being invited to? What did they hope would happen?
	What made you **decide to say yes**? Did you think about saying no/feel able to say no?	What advice do you have for other young people as they get this phone call and invitation?
	Who most **supported you** most when you were making a decision to take part? (whānau, friends, others?)	What support (if any) would you have liked? From whom?
	What might put other young people off from taking part when they are first told about Take Charge?	Did you feel that you were able to say no to taking part?
	Do you have suggestions about the **best way to recruit** young people for this programme?	Is there a better way to do this?
Recruitment: Interview	**Before you went**, did you get a clear idea of what you were being invited to?	What did you think was going to come from the interview? What other information would you have liked?
	Did you have **any trouble** coming to the interview?	• making a time to meet? • getting to the interview?

Key area	Lead question	Spiral or prompt
	How did the interview go for you?	• did the interview meet your expectations? • did you feel comfortable? • did you feel able to ask questions? • were you able to take a support person? • how could they improve the interview?
	What were you told about the programme and its purpose? Were you given enough information about the programme?	Any information that you would have liked that was missing? Any advice about how they should conduct the interview?
	Who do you think are the **best people** to conduct these interviews with young people? What did you think **you would gain** (if anything) from doing the programme? Were you able to say freely whether or not you wanted to do the programme?	
Since the workshops	We'd like to talk with you about what has happened for you since finishing the workshops. Has anything **changed** for you? In what ways? If anything has changed, **why** do you think this has happened?	• Employment? • Relationships with friends, whānau? • Your own sense of wellbeing/confidence in yourself?

Key area	Lead question	Spiral or prompt
Type of support received after the workshops	If **no change, why** do you think this is?	• What were the barriers
	Before you came on this programme, had you looked for (and found) employment? How was that process for you **finding employment (before starting the programme)?**	
	How have [Name] and/or [Name] helped you to look for employment?	• Practical support • Pastoral support • What helpful? • Anything not helpful?
	What have they done to **support** you?	• In managing your sense of wellbeing about yourself? Can you give an example? • In finding employment? Can you give an example? • In keeping employment? Can you give an example?
Relationship with the employment specialists	How has this process been **different** from previous efforts you have made to get employment?	
	What has it been like to work with an employment specialist ([Name] and/or [Name])?	• What is your relationship like with them?
Skills/ knowledge/tools gained	What **advice** would you give to other employment specialists about the best way to help young people in a programme like this?	
	How have your **cultural** needs been met by the employment specialist?	• In what ways – can you give some examples of how they have done this?

Key area	Lead question	Spiral or prompt
How important/helpful is the ongoing support?	Thinking back to the workshops, would you say that you have used any **skills or knowledge** that you learned in those workshops in the three months since? (give participant workshop prompt sheet) Have **[Name]/[Name] reminded** you about these skills/ knowledge or worked with you further to reaffirm these? Now that you are in the employment process, is there **anything extra** that you wish the workshops had covered? If you had only done the workshops and not received ongoing support after the workshops how would that have been? If you had only received the individual support and not had the workshops before, how would that have been? What has been the **most helpful** for you from the ongoing support you have received in looking for or finding employment? Is there **anything else** that the employment specialists could have done to better support you in findings employment?	How important is the ongoing support for gaining employment? Why? Any advice for how the employment specialists could provide more or different help in the process of finding a job?

Key area	Lead question	Spiral or prompt
Overall	Would you **advise a friend** who was looking for work to do this programme? Why? Why not?	Which parts of the programme do you think would be most helpful for them?
For those in employment	What work are you now in? How is that for you? Has the employment specialist continued to support you? What **kind of support** has the employment specialist offered you in employment? Is there anything you would like the employment specialist to do **differently** to help you now? Do you think that your **employer** has a good understanding of the support process that the employment specialist is offering you? Is there anything more you would like your employer to know about the employment support you are getting? Is there anything you'd prefer your employer didn't know about this process?	

Key area	Lead question	Spiral or prompt
For those not in employment	Where are things at for you around employment now? How is that for you? Has the employment specialist continued to support you? What kind of support has the employment specialist offered you? Is there anything you would like the employment specialist to do differently to help you now?	Barriers to finding employment

Take Charge interview wchedule: Whānau interviews

Key area	Lead question	Spiral or prompt
Introduction	We are a team of people independent from WINZ and from the people running the programme. We are here to listen to you about whether this programme is working and to hear what ideas you have about improving it for young people.	Complete information and consent
Context	Can you please explain a little about your current situation with [Name]?	• Are they living with you? • Do they have regular contact with you? • Have you been involved in helping them apply for work? • Have you been involved in helping them find support for any mental health concerns?
Positioning	In general , what do you think would help young people get into work? What needs to happen?	What are the biggest challenges for young people in getting work?
IPS programme: We would like to talk to you now about the Take Charge programme to help improve it for young people		
Learning about Take Charge	How did you first hear about the Take Charge Programme? What were you told about the programme and its purpose? Were you given enough information about the programme? Was there more you would have like to have been told? What did you think about the programme when you found out about it? Did you have any reservations or concerns about it? Was there anything about the programme that you weren't quite sure about?	 What did you understand was involved? What did you think [Name] might get from the programme? What helped reassure you about the programme?

Key area	Lead question	Spiral or prompt
	Did you have a conversation with [Name] about it? What did you discuss?	
Whanāu involvement	Did the Take Charge team involve you in any of the programme? If so, in what ways? Was this helpful/unhelpful? Why? Are there ways that you would like to have been involved that weren't offered to you? Such as? Would you have any suggestions about how whānau can be (or more) involved?	Did you feel included? Can you give some examples? In what ways is this important/ beneficial for young people and their whānau?
Since beginning the programme	We'd like to talk with you about what has happened since beginning the programme. Has anything changed for[Name]? In what ways? If anything has changed, why do you think this has happened? If no change, why do you think this is? Have you noticed any new skills that [Name] has developed through the programme? What are your thoughts about whether this programme will help or has helped [Name] get into employment?	• What do you think are the barriers to [Name] managing their mental health? • What do you think are the barriers to [Name] being employed? Can you give some examples? What is most helpful? Anything unhelpful?

Key area	Lead question	Spiral or prompt
Relationship with the Take Charge and WINZ staff	We'd like to talk with you about what has happened since beginning the programme. Has anything changed for [Name]? In what ways? If anything has changed, why do you think this has happened? If no change, why do you think this is? What do you think about the support offered • by [Name] and [Name]? • by WINZ staff? What have they done that has been helpful? Is there anything they have done that has been unhelpful? How has this process been different from previous efforts [Name] has made to get employment? What advice would you give to staff on programmes like this about the best way to help young people? Lastly, would you recommend this programme for other rangatahi/ young people and their whānau/family? Why/why not?	

Take Charge interview schedule: Take Charge staff

Key area	Lead question	Spiral or prompt
Introduction	Reiterate that we are a team of people **independent** from MSD and WINZ. The **aim** of this interview is to hear from you about the programme and how it's going.	
Role	Can you tell me a bit about your **role** in this **organisation**?	How would you describe yourself?
	Can you tell me about your **role** in delivering this **pilot** of IPS?	How would you describe your work • in the **organisation** • in the **IPS** programme
IPS	How did **this** particular **programme** come to be happening here in Chch?	What's the story of **Odyssey's** involvement? Of **your** involvement?
	Had you **heard of IPS** before?	What **information** were you given about it by MSD?
	What had you heard about it?	
	Have you received any **training** on the delivery of IPS?	• Did it include the **principles** of IPS? (listed in the research protocol document if it's useful to look at these now) • Did it include the **components** of IPS? • **What else** was included?
	Was the training **useful**?	
	What did that training **include**?	
	Please take a look at **the adaptations** cited by MSD in the Research Protocol document. Do these accord with your understanding of how the programme was to be adapted here? (We'll discuss these and any other adaptations in detail as we proceed.)	
	We'd like to focus on each of the components of the programme separately: recruitment, workshops, ongoing support.	
Recruitment	**What do you do specifically** in relation to recruitment?	

Key area	Lead question	Spiral or prompt
	How did you find this process?	
	Have the recruitment **adaptations** (i.e. 18-19 yrs, mild-moderate health conditions) been implemented from the start?	
	Has any **other adaptation** taken place to the recruitment process?	
	What has been the **process of assessment** regarding whether the young people do have mild-moderate mental health conditions (as opposed to severe)?	Have young people with **severe** mental ill health issues ended up on the programme? **Why** do you think this has happened?
	What do **you think** about this process of assessment?	**How is it working** for you and the team? Do you have any advice about how it should work?
	Would you **recommend** any changes to this process of assessment?	For example, **when** should it be done and **who** should do it (e.g. at Work and Income? At Odyssey House? Other?)
	Aside from assessment, what do you think is **working well** in the recruitment process? What **isn't** working so well?	What are your thoughts on the comparatively **low level** of recruitment?
	Have there been any **unintended consequences** of the way recruitment has taken place? What are these?	Anything unexpected? Good or bad?
	What **advice**, regarding recruitment, would you give:	Do you have advice regarding:

Key area	Lead question	Spiral or prompt
	• to others who might run this programme elsewhere? • to others who might run this programme in a more culturally diverse location? • for the scaling up of this programme? What advice would you give to the people **initially** telling young people about the programme? How important is it that young people are able to **choose** to take part? Why?	• the recruitment **criteria** (being in receipt of a benefit, age range, experiencing mild-moderate mental ill health) • how young people are contacted and **invited** to participate? What might **help or hinder** whether the young person chooses to go onto meet with you and find out more about the programme?
Workshops	**What do you do** specifically in the workshops? What is the **logic behind the content** of the workshops? Has the workshop **content** changed since the start? In what ways? Why were these adaptations made? What do you see as the **purpose** of the workshops? Has the workshop **process** changed since the start? In what ways? Why were these **adaptations** made? Do you think that the **group process** (as opposed to an individual process) was a good idea? Why or why not? What are the **limitations** of the group process? What do you think **worked well** in the workshops? What **didn't** work so well?	Did the IPS programme come to you with any recommendations about what content should be included? If so, is your content **similar** to or **different** from the recommended content? How is the group process working? What do you think of: • the **mix** of young people with different levels and types of mental ill-health? • the **number** in each group (would more or less be better?) • the **diversity** (what do you see this diversity to be and would more or less be better?) What was most **rewarding** about being involved in the workshops? What was most **challenging** about being involved in the workshops? How do you measure whether young people are **benefiting** from these?

Key area	Lead question	Spiral or prompt
	How do you **measure** whether the workshops have been **successful**?	Anything **unexpected**? Good or bad?
		What do you think about **condensing** the content into two sessions?
	Have there been any **unintended consequences** of the way the workshops have been run? What are these?	How were these **addressed**?
	How do you think the changed structure of the workshops in **Rangiora** worked?	What **helps or hinders** young people's attendance?
	Have any **problems** arisen for young people in workshops?	
	If some young people **did not attend** all of the workshops what are your thoughts on why this is?	Examples? How are they using these?
	What aspects of the workshops (e.g. skills/knowledge) do you notice the young people are **retaining** and using?	Do you have advice regarding: • the mix of activities • the mix of people • the process of the workshops • the content of the workshops • the number of workshops • the duration of workshops and also of each set of workshops
	In relation to the skills/knowledge the young people need as they approach employment, are there things you think should be **added** to the workshops?	
	What **advice**, regarding the workshops, would you give: • to others who might run this programme **elsewhere**? • to others who might run this programme in a more **culturally diverse** location? • for the **scaling up** of this programme?	

Key area	Lead question	Spiral or prompt
Support towards employment	**What do you do** in terms of individual support offered to these young people in relation to IPS? **What happens** in your meetings with these young people?	What **kinds** of support are you offering? • in relation to **clinical** mental health support? • in relation to **employment**? • in relation to other forms of support (e.g. **pastoral**)?
	The 'mentoring, social support, and mental health and addiction support' are an **addition to** the overseas form of IPS. Do you think this has been **a good idea?** Why? ⌞SEP⌟	
	Has the support process **changed** since the start? In what ways? Why were these adaptations made?	Is the support you are offering different from what you were expecting to offer in this programme? • Are you offering **more/less** than you originally expected? Such as? • Are you offering **different** support than you originally expected? Such as?
	What do you think is **working well** in relation to this support?	What is most **rewarding** about this support role?
	What aspects of support have been **most important/**used?	Think about this • in relation to clinical mental health support • In relation to employment • In relation to other forms of support
	What **isn't** working so well?	
	Has the **flexi-fund** been a good idea? Why?	What is most **challenging** about the support role? How has it been **used**? Are there **limitations** on what it can be used for? Do you think it could be used **better**/differently?

Key area	Lead question	Spiral or prompt
	Have there been any **unintended consequences** of the way this support has been rolled out? What are these? Given the full scope of your role in offering **support**, do you feel that you have enough **time/ resources/ support** to do this? Are these forms of support **sustainable**? What **advice**, regarding these forms of support, would you give: • to others who might run this programme elsewhere? • to others who might run this programme in a more culturally diverse location? • for the scaling up of this programme?	Anything unexpected? Good or bad? Think about this • in relation to clinical mental health support • In relation to employment • In relation to other forms of support
Institutional relationships	How does your relationship with the **local MSD** work? Do you have any suggestions about how this relationship could work **better**? Some of the young people are **interacting with other services.** How do you work with that in terms of helping the young people? Some young people have been referred to the **crisis team.** How have you worked with that team in these instances? How does **follow up** work in these situations?	• E.g. with recruitment to the programme, access to Dress for Success, other? Do you get to know the situation of these young people only from them, or is there some communication with other agencies about their situation?
General questions	What **qualities** in staff are needed to best run this kind of programme?	• What kinds of experience? • What skill mix?

Key area	Lead question	Spiral or prompt
		• Is diversity in staff important? • What other qualities? • In how they relate to young people?
	How well has the team operated in terms of **cultural responsiveness?**	What do you see as important **aspects** of cultural responsiveness for the delivery of this programme?
	How do you **review and monitor** young people's progress?	What are the signs that the young people are **engaged**?
	Do you have any thoughts on why some young people have **disengaged**? What might be done to **address** this disengagement?	
	What **matters most** for young people with mild-moderate mental ill health in being supported into employment?	
	What **barriers** are you facing to deliver this?	
	What would you like to see in a supported employment programme **if budget was no limitation?**	
	What are your **three key lessons** for MSD (national and local) in running this programme?	

Take Charge interview schedule: MSD staff

Key area	Lead question	Spiral or prompt
Introduction	Reiterate that we are a team of people **independent** from MSD. The **aim** of this interview is to hear from you about the programme and how it's going.	Complete information and consent
Role	Can you tell me a bit about your **role** in MSD?	

Key area	Lead question	Spiral or prompt
IPS	Had you **heard of IPS** before?	What **information** were you given about it?
	What had you heard about it?	
	How did **this** particular **programme** come about here in Chch?	What has been **your involvement** in implementing this in Chch?
	Have you received any **training** on the delivery of IPS? What has been the nature of that training?	Was the training **useful**?
	What was said to you about the way this particular programme differs from the way IPS is usually delivered?	
	Have you been involved in **other similar** programmes before? Such as?	How does this programme **compare** with these others?
	We'd like to focus on your role in the IPS programme.	
Recruitment	What has been your **involvement** in the recruitment process?	
	How did you find this process?	
	Has the recruitment process **been adapted** since the start? In what ways? Why?	
	What do you think is **working well** in the recruitment process?	What are your thoughts on the comparatively **low level** of recruitment?
	What **isn't** working so well?	Anything unexpected? Good or bad?

Key area	Lead question	Spiral or prompt
	Have there been any **unintended consequences** of the way recruitment has taken place? What are these? What **advice**, regarding recruitment, would you give: • to others who might run this programme elsewhere? • to others who might run this programme in a more culturally diverse location? • for the scaling up of this programme? What advice would you give to the people **initially** telling young people about the programme? How important is it that young people are able to **choose** to take part? Why?	Do you have advice regarding: • the recruitment **criteria** (being in receipt of a benefit, age range, experiencing mild-moderate mental ill health) • how young people are contacted and **invited** to participate? What might help or hinder whether the young person chooses to go onto meet with you and find out more about the programme?
	Have you had any involvement other than recruitment?	E.g. in workshops or individual support for the young people? How **different** is the process from the IPS programme as it was initially explained to you? How is the group process working? What do you think of: • the **mix** of young people with different levels and types of mental ill-health? • the **number** in each group (would more or less be better?) • the **diversity** (what do you see this diversity to be and would more or less be better?) How **different** is the content from the IPS programme as it was initially explained to you?

Key area	Lead question	Spiral or prompt
		What is most **rewarding** about being involved in the workshops?
		What is most **challenging** about being involved in the workshops?
		Anything **unexpected**? Good or bad?
		Do you have advice regarding: - the mix of activities - the mix of people - the number of workshops - the duration of individual workshops and also of each set of workshops - the process of the workshops - the content of the workshops - how were these **addressed**? - what helps or hinders young people's attendance?
Support towards employment	What has been your **involvement** in forms of individual support offered to these young people in relation to IPS?	What **kinds** of support are you offering? - in relation to **clinical** mental health support? - In relation to **employment**? - In relation to other forms of support (e.g. **pastoral**)?
	How have you found providing this support?	
	Has the support process **changed** since the start? In what ways? Why were these adaptations made?	How **different** is the support you are offering from the support in the IPS programme as it was initially explained to you? Are you offering **more/less** than you originally expected? Such as?

Key area	Lead question	Spiral or prompt
		• Are you offering **different** support than you originally expected? Such as?
	What do you think is **working well** in relation to this support?	What is most **rewarding** about this support role?
	What aspects of support have been **most important/**used?	Think about this • in relation to clinical mental health support • In relation to employment • In relation to other forms of support
	What **isn't** working so well?	What is most **challenging** about the support role?
	What aspects of the workshops (e.g. skills/knowledge) do you notice the young people are **retaining** and using?	Examples? How are they using these?
	In relation to the skills/knowledge the young people need as they approach employment, are there things you would like to see **added** to the workshops?	
	Have there been any **unintended consequences** of the way this support has been rolled out? What are these?	Anything unexpected? Good or bad? Think about this • in relation to clinical mental health support • In relation to employment • In relation to other forms of support
		Are these forms of support **sustainable**?

Key area	Lead question	Spiral or prompt
	Given the full scope of your role in offering **support**, do you feel that you have enough time/ resources/ support to do this? What **advice**, regarding these forms of support, would you give: • to others who might run this programme elsewhere? • to others who might run this programme in a more culturally diverse location? • for the scaling up of this programme?	
General questions	What **matters most** for young people with mild-moderate mental ill health in being supported into employment? What **barriers** are you facing to deliver this? What would you like to see in a supported employment programme **if budget was no limitation?** How well has the team operated in terms of **cultural responsiveness?** What **qualities** in staff are needed to best run this kind of programme?	What do you see as important **aspects** of cultural responsiveness for the delivery of this programme? • What kinds of experience? • What skill mix? • Is diversity in staff important? • What other qualities? • In how they relate to young people?

Key area	Lead question	Spiral or prompt
	What are the signs that the young people are **engaged**?	
	Do you have any thoughts on why some young people have **disengaged**?	
	What might be done to **address** this disengagement?	
	What are your **three key lessons** for MSD in running this programme?	