

# Navigating Supported Employment and Education Services for Youths During COVID-19 and Severe Weather Events

Amanda Kwan, M.Sc., Kim Conroy, M.A., Keri Barron, M.A., Nadia Nandlall, Ph.D., Srividya N. Iyer, Ph.D., J. L. Henderson, Ph.D., Skye Barbic, Ph.D.

In 2021, the British Columbia (BC) Interior experienced a series of unprecedented disasters, ranging from extreme heat and wildfires to catastrophic flooding and evacuations. Along with these severe weather events, BC was affected by COVID-19 outbreaks and public health restrictions. Despite these challenges, communities worked to ensure that youths who are at risk for increased mental health challenges continued to have access to services that

promote well-being, such as individual placement and support programs for supported employment and education. This Open Forum presents program considerations and adaptations in Foundry Penticton, one of 12 province-wide integrated youth hubs, to ensure service delivery during acute and chronic disasters.

*Psychiatric Services* 2023; 74:434–436; doi: 10.1176/appi.ps.20220281

The British Columbia (BC) Interior experienced major disruptions to work and school activities as a result of both the COVID-19 pandemic, which started in early 2020 (1), and ongoing climate change-induced extreme weather events (e.g., uncontrolled wildfires and resulting smoke pollution, record-breaking heat, and catastrophic flooding). These events resulted in unexpected challenges for youths and their families, such as loss of job and income, destruction or evacuation of homes and communities, and social isolation. These compounding effects contributed to further deterioration of youth mental health; therefore, communities prioritized evidence-based programs that support youth well-being. Although these programs are not specifically designed for disaster management, calls have been increasing for them to be responsive and flexible to acute and chronic disasters to ensure sustained service delivery. Using the rural community of Penticton as an example, this Open Forum seeks to illustrate adaptations that have enabled continued program implementation and service delivery for youths during this challenging period. All research activities described in this Open Forum have been approved by appropriate governing ethics boards, including those at the University of British Columbia (H20-03719), the Centre for Addiction and Mental Health, and the Douglas Research Centre.

## COMMUNITY CONTEXT

Situated in the southern BC Interior between two lakes, the community of Penticton is home to >4,000 youths and

young adults (2). Foundry Penticton, one of 12 province-wide integrated youth hubs, provides a range of health care and social services (e.g., primary care, counseling, substance use disorder treatment, supportive housing, supported employment, and peer support) to the population of 12–24-year-olds that resides in Penticton as well as the surrounding subcommunities within the South Okanagan Valley. All Foundry programs and services are accessible through a physical hub located within central Penticton, which serves as a “one-stop shop” for all programs that support youth well-being. Service providers within the hub (e.g., clinicians, peer support workers, youth and family navigators, and individual placement and support [IPS] specialists) embody the “every door is the right door” motto, meaning that when a young person is connected to one worker or program, the person can expect seamless connection to other hub-based supports.

Foundry Work & Education (FWE) is a new supported employment and education program for youths who are not currently in education, employment, or training and who are at risk for greater long-term challenges such as mental illness, low self-esteem, social withdrawal, and low socioeconomic status (3). Based on the model of IPS adapted for youth (IPS-Y), FWE is guided by eight key principles: competitive employment or mainstream education, systematic job development, rapid job search, integrated services, benefits planning, zero exclusion, time-unlimited supports, and individual preferences (4). These principles

ensure low-barrier access for all youths who are interested in work or study regardless of their work or study readiness, are supported in their well-being and work or study, are securing well-paying or mainstream jobs or study placements, and are receiving individualized care tailored to their specific situation, needs, and goals. Although it is well documented that IPS improves employment outcomes (5, 6), this evidence is predominantly limited to specific circumstances and populations, such as adults with early psychosis (7), posttraumatic stress disorder (8), or mood and anxiety disorders (9). A need remains to understand how IPS/IPS-Y programs work for youths in the Canadian context who experience a range of mental health and other difficulties; moreover, there is also a need to understand how IPS/IPS-Y programs can be sustainably implemented, especially during times of major disruptions, such as climate change-induced disasters.

## ORGANIZATIONAL CONSIDERATIONS

The hub-based system for delivering health care and social services at Foundry Penticton aligns with the IPS principle of work and study support and mental health care integration espoused by the IPS model. Foundry Penticton prioritizes an enhanced level of integration across all its programs and services and service providers, allowing for seamless delivery of care to all youths who interact with the hub, regardless of their first point of contact.

Consider the scenario where a youth enters the hub and connects first with housing support. Heightened COVID-19 restrictions had resulted in the youth's losing her job, in turn leading to the subsequent challenge of keeping up with rent payments. The youth talks about how helpless this situation makes her feel and is overwhelmed and unsure about what to do. The housing-support staff mentions FWE, and the youth is immediately connected with an IPS specialist down the hall who provides employment supports. Within weeks, the youth is employed again. However, within months, Penticton is covered with smog from wildfires, and parts of the community are on fire evacuation alert, elevating the youth's levels of fear and anxiety. The IPS specialist notices the deterioration of the youth's mental health and walks her down the hall to a counselor who provides mental health supports.

This example (based on amalgamated youth experiences) illustrates the bidirectionality of FWE's integration within the wider hub and underscores the potential benefits that a personal transfer between services can have in providing seamless care to meet a youth's immediate and ongoing needs. Although service providers typically work within a specific program or service stream, the strong working relationships that organically result from enhanced hub integration encourage collaborative brainstorming, problem solving, and coordinated efforts of care to ensure continued engagement of youths with services and the provision of responsive support during climate change-induced disasters.

## PROGRAM FIDELITY AND ADAPTATION

A common practice during the implementation phase of evidence-based programs such as IPS/IPS-Y is assessing fidelity to determine alignment between the program in practice and the original evidence-based protocol. Fidelity reviews provide a standardized way to determine specific areas that can be strengthened to improve the quality of services (10). IPS-Y fidelity assessments examine 25 components of supported employment and 10 components of supported education in the categories of staffing, organization, and services. Programs with high fidelity are associated with better work and study outcomes (10).

Knowledge has grown around the implementation of IPS/IPS-Y programs, but less is known about how to ensure their sustainability within diverse communities (11). Moreover, limited attention has been given to the sustainability of programs within the context of acute and chronic disasters, such as epidemics or pandemics and extreme weather events. Although the goal of high program fidelity is ideal in theory, in practice, strict adherence to fidelity may affect sustained implementation by putting pressure on service providers and reducing youth engagement by creating or reinforcing barriers (e.g., a strict focus on providing community-based services may restrict access for youths living in rural subcommunities with limited access to transportation).

On the basis of previous experience and feedback, Foundry Penticton adapted certain FWE components to intentionally deviate from IPS/IPS-Y recommendations. For example, IPS recommends at least two IPS specialists who engage exclusively in vocational activities (10), and FWE opted to introduce an IPS peer specialist in place of an additional IPS specialist. Youth populations have distinct needs, often resulting in youths' perception of traditional health care and social services as unfriendly, unreceptive, or stigmatizing (12). IPS peer specialists are peer support workers who are typically young adults from the community with lived experience in areas such as mental illness or substance use and are therefore viewed as more understanding, credible, and trustworthy (13). Their role within the IPS unit encourages both peer support and vocational activities.

Consider the scenario where a young person is brought into the hub by a parent or caregiver because of concerns about social withdrawal and depressive behavior. The youth's family was recently displaced after their community was damaged by flooding and evacuated. The youth is connected to a counselor and referred to FWE but does not engage much with either service provider. Because the youth is currently not in school, he often comes by the hub to sit and draw during the day. The IPS peer specialist notices this and decides to sit and talk to the youth. Over time, the youth begins to feel more comfortable, and when it is suggested that he attend a group painting night, the youth agrees. Afterward, the youth feels positive about the experience and more comfortable sharing the challenges of suddenly and unexpectedly being relocated. The youth's relationship with the IPS peer specialist can now transition from exclusively peer support to also include school supports.

This example (again based on amalgamated youth experiences) illustrates how the IPS model can be flexibly applied to accommodate the unique needs of the community and population served. This flexibility is vital for communities such as Penticton's, especially during times of disaster that may require them to support youths and families from outside the program's typical service area (e.g., families that have been displaced by fire or flooding events). This transient population is exceptionally vulnerable, creating an intersection of even higher risk for displaced youth populations. IPS peer specialists are uniquely positioned to build and foster relationships based on shared experience and understanding with youths in order to support the youths' immediate and basic needs as well as career exploration and long-term work or study goals.

## THE NEED FOR NEW KNOWLEDGE AND SHARED LEARNING

Although FWE remains in an early implementation stage, numerous events in Penticton have already created demand for flexibility in the adaption from the IPS/IPS-Y protocol. The dynamic sustainability framework offers a potential model for balancing program fidelity with community needs and context. The framework suggests a more iterative approach that involves continuous learning, innovation, and adaption alongside research to determine a program's fit within community context and impact on outcomes (14). Although it is valuable to draw from the IPS/IPS-Y protocol for many program components, a critical need exists to tailor FWE to local contexts to reduce local barriers for youths and improve engagement and outcomes. Of note, although Foundry Penticton is currently part of two communities of practice across three partner networks (Foundry BC Network, Pan-Canadian Lift Network With Youth Wellness Hubs Ontario, and ACCESS Open Minds), which support rapid and real-time exchange of knowledge for IPS practices, more opportunities need to be created to enable cross-community sharing and multisectoral decision making focused particularly on how to build staff and program capacities to ensure that health care and social services can continue to serve youth populations across diverse contexts and needs.

## AUTHOR AND ARTICLE INFORMATION

Department of Occupational Science and Occupational Therapy, Faculty of Medicine, University of British Columbia, Vancouver (Kwan, Barbic); Foundry Penticton, Penticton, British Columbia (Conroy, Barron); Margaret and Wallace McCain Centre for Child, Youth & Family Mental Health, Centre for Addiction and Mental Health, Toronto (Nandlall, Henderson); Department of Psychiatry, McGill University, and ACCESS Open Minds, Douglas Research Centre, Montreal (Iyer); Foundry, Providence Health Care, Vancouver (Barbic). Send correspondence to Dr. Barbic (skye.barbic@ubc.ca).

The Lift/Futur en tête project is funded by the Government of Canada's Future Skills Centre (<https://fsc-ccf.ca>). The Lift/Futur en tête project, which includes the Foundry Work & Education program at Foundry Penticton, is funded by the Future Skills Centre. Partners within the wider Foundry British Columbia network may also receive funding from Service Canada or the British Columbia Ministry of Social Development and Poverty Reduction. The authors thank their collaborative partners

for efforts to create a system that supports the well-being of young people across British Columbia and Canada, notably the Lift/Futur en tête research and implementation team, the Lift/Futur en tête youth advisory team, the Foundry central office team, and the authors' partner sites involved in implementing Foundry Work & Education/Lift. The authors are also grateful to Nate Aubie and Tiffany Jaeger and the staff at Foundry Penticton, who have been champions in ensuring that youths continued to have access to health care and social services during the challenges of 2021.

The authors report no financial relationships with commercial interests.

Received May 27, 2022; revision received July 21, 2022; accepted July 29, 2022; published online November 2, 2022.

## REFERENCES

1. Cucinotta D, Vanelli M: WHO declares COVID-19 a pandemic. *Acta Biomed* 2020; 91:157–160
2. Census Profile, 2016 Census—Penticton, City [Census Subdivision], British Columbia and Okanagan-Similkameen, Regional District [Census Division], British Columbia. Ottawa, Statistics Canada, 2017. <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?Lang=E&Geo1=CSD&Code1=5907041&Geo2=CD&Code2=5907&SearchText=Penticton&SearchType=Begin&SearchPR=01&BI=All&TABID=1&type=0>. Accessed June 27, 2022
3. Henderson JL, Hawke LD, Chaim G: Not in employment, education or training: mental health, substance use, and disengagement in a multi-sectoral sample of service-seeking Canadian youth. *Child Youth Serv Rev* 2017; 75:138–145
4. Swanson S, Becker D, Bond G, et al: IPS supported employment for transition age youth: helping youth with serious mental health conditions to access jobs, education and careers. *Psychiatry Inf Brief* 2020; 17:1143
5. Drake RE, Bond GR, Goldman HH, et al: Individual placement and support services boost employment for people with serious mental illnesses, but funding is lacking. *Health Aff* 2016; 35:1098–1105
6. Fadyl JK, Anstiss D, Reed K, et al: Effectiveness of vocational interventions for gaining paid work for people living with mild to moderate mental health conditions: systematic review and meta-analysis. *BMJ Open* 2020; 10:e039699
7. Erickson DH, Roes MM, DiGiacomo A, et al: "Individual placement and support" boosts employment for early psychosis clients, even when baseline rates are high. *Early Interv Psychiatry* 2021; 15:662–668
8. Davis LL, Leon AC, Toscano R, et al: A randomized controlled trial of supported employment among veterans with posttraumatic stress disorder. *Psychiatr Serv* 2012; 63:464–470
9. Hellström L, Bech P, Hjorthøj C, et al: Effect on return to work or education of individual placement and support modified for people with mood and anxiety disorders: results of a randomised clinical trial. *Occup Environ Med* 2017; 74:717–725
10. Becker DR, Swanson SJ, Reese SL, et al: Supported Employment Fidelity Review Manual: A Companion Guide to the Evidence-Based IPS Supported Employment Fidelity Scale. Hanover, NH, Dartmouth Supported Employment Center, 2015. [https://ipsworks.org/wp-content/uploads/2017/08/ips-fidelity-manual-3rd-edition\\_2-4-16.pdf](https://ipsworks.org/wp-content/uploads/2017/08/ips-fidelity-manual-3rd-edition_2-4-16.pdf)
11. Shelton RC, Cooper BR, Stirman SW: The sustainability of evidence-based interventions and practices in public health and health care. *Annu Rev Public Health* 2018; 39:55–76
12. Hawke LD, Mehra K, Settapani C, et al: What makes mental health and substance use services youth friendly? A scoping review of literature. *BMC Health Serv Res* 2019; 19:257
13. Gopalan G, Lee SJ, Harris R, et al: Utilization of peers in services for youth with emotional and behavioral challenges: a scoping review. *J Adolesc* 2017; 55:88–115
14. Chambers DA, Glasgow RE, Stange KC: The dynamic sustainability framework: addressing the paradox of sustainment amid ongoing change. *Implement Sci* 2013; 8:117