



Strengthening the IPS Workforce: Designing a Competency-Based IPS Workforce Development Framework for Headspace Centres in Australia

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Abstract

Purpose This project aimed to develop the Individual Placement and Support (IPS) Workforce Development Framework to address challenges in IPS workforce availability, capacity, and capability in headspace centres across Australia, with the goal of improving vocational recovery outcomes for young people with mental ill-health.

Methods A mixed-methods approach informed the development of an IPS Competency Framework and an aligned IPS Workforce Development Framework. Data were collected through workforce surveys, focus groups, interviews, and a literature review. Participants included IPS vocational specialists, supervisors, headspace centre and lead agency managers, and experts from the broader vocational and IPS sectors. A comprehensive options paper and Theory of Change guided the design of the IPS Competency Framework and IPS Workforce Development Framework.

Results The workforce assessment revealed capability gaps, variations in recruitment practices, concerns about career pathways, and staff retention issues. Considerable diversity in vocational specialists' backgrounds and experience, along with a lack of clearly defined competencies for the role, was also apparent. In response, an IPS Competency Framework was developed outlining six core competency domains and four foundational values necessary for IPS vocational specialists working with young people with mental ill-health. The IPS Workforce Development Framework defines flexible, scalable strategies such as training and credentialing, peer-to-peer learning, strengthening recruitment processes, and career pathways, aligned to the identified competencies.

Conclusion The competency-based IPS Workforce Development Framework offers a comprehensive, system-level response to workforce challenges and marks an important step towards strengthening the IPS workforce in Australia. Ongoing evaluation will be essential to refine its implementation and improve IPS delivery for young people.

Keywords Individual placement and support (IPS) · Workforce development · Youth mental health · Competency framework · Vocational support · System-level workforce planning

Background

The evidence-based individual placement and support (IPS) model is recognised for its effectiveness in helping people with mental ill-health find competitive employment [1, 2].

The IPS model combines vocational support with mental health care and offers personalised, one-on-one assistance to people pursuing their employment goals [2].

In 2016, the Australian Government allocated funding to trial the IPS model in 14 headspace centres. The program expanded to 24 centres in 2019, and a further 26 centres in 2021. As of 2025, 50 centres across Australia offer IPS. Headspace centres provide integrated care to young people, aged 12 to 25 years, addressing mental health, general health, substance use and vocational needs [3]. The IPS program in headspace is delivered by 37 independent organisations (lead agencies) who are responsible for managing the 50 headspace centres involved in the trial. Orygen, the Western Australian Association for Mental Health (WAAMH)

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and headspace National each deliver program support functions which include project management, fidelity reviews and workforce training and development.

A 2019 evaluation of the IPS trial within headspace centres highlighted its success while also revealing challenges, including staff recruitment and retention. Variations in background, experience and attributes of IPS vocational specialists were identified as both obstacles and facilitators to the trial's effectiveness [4]. Previous studies in the United States and the Netherlands also identified insufficient training, lack of competency and staff turnover as factors impacting IPS outcomes in participants' competitive employment rates [5, 6].

Research on the vocational support workforce more broadly has investigated how job practices, personal attributes and competencies impact the effectiveness of various vocational support programs. For vocational specialists supporting people with intellectual and developmental disabilities, a scoping review in the United States identified competencies across four domains: program core values/principles application; individualised assessment and planning; community research and job development; and workplace and related supports specific to disabilities [7]. Effective strategies to support service users in this context include providing performance feedback, reinforcing behaviours incrementally, offering verbal instruction and practice, breaking down tasks into manageable steps and establishing job routines [8]. For transition-age youth with disabilities, qualitative research highlights the importance of traits such as principled optimism, cultural competence and business-oriented professionalism [9].

In relation to IPS, which is specifically designed to support people with mental ill-health, the key practices necessary for delivering services are outlined in IPS fidelity scales. Adherence to these scales predicts better outcomes for service users and safeguards the integrity of the model [10, 11]. However, fidelity scales primarily focus on the presence and quality of the model's structural components, rather than on the day-to-day practices or nuances of service delivery [12, 13]. In practice, effective IPS vocational specialists build strong working alliances with jobseekers, address negative work experiences, integrate basic psychological treatment principles and educate employers [14].

Research on the personal traits that influence the performance of IPS vocational specialists has identified several key characteristics that enhance their effectiveness, such as initiative, persistence, empathy, team orientation and professionalism [15]. The ability to establish a strong working alliance—promoting hope, empowering people and helping jobseekers find meaning in employment—further underscores the significance of relationship-building in IPS [16].

Several efforts have been made to compile competency models for IPS vocational specialists. For example, a study

investigating competencies crucial for job development tasks within IPS identified six domains: time management, advocacy, building partnerships with consumers, teamwork, face-to-face communication and networking [17]. A more comprehensive model, the Behaviours, Attitudes and Knowledge of Employment Scale (BAKES), was developed by Corbière et al. [2014], and includes 90 items across 12 subscales, such as job search strategies, adapting to workplace culture, and managing relationships with employers and mental health professionals. Building relationships with employers and providing a supportive, jobseeker-centred approach were identified as key to vocational success in IPS [18]. IPS Grow, a UK-based organisation supporting the provision of IPS services, has also developed a competency framework, which is supplemented with a learning curriculum for IPS specialists [19].

Collectively, the research on practices necessary for delivering IPS services converges on two core domains: technical delivery skills (e.g. job development, employer engagement and integration with clinical teams) and relational practice attributes (e.g. hope-orientation, persistence and professionalism). These practices are typically articulated either through fidelity tools or generic competency models. However, a competency framework specifically tailored to vocational specialists supporting young people with mental ill-health—one that incorporates education pathways, early career exploration and the involvement of families—had not been identified.

This gap is important because, consistent with developmental, vocational and youth mental health literature, effective IPS delivery to young people requires competencies that extend beyond job placement skills alone. Young people are typically engaged in exploratory career phases [20, 21], frequently move between education and employment [22, 23], and often rely on families as key enablers of vocational engagement and sustainability [24]. Embedding these elements within the IPS Competency Framework therefore reflects the realities of youth vocational recovery and differentiates youth-focussed IPS workforce development from adult-oriented models.

Similarly, we did not identify an IPS workforce development framework that extends beyond training and educational content to include workforce planning, recruitment strategies, career pathways, professional development and other initiatives to support workforce growth and address known challenges affecting the IPS workforce.

In 2021, Orygen started the design process, with collaboration and input from various stakeholders—individuals and organisations who may affect or be affected by the project—to develop the IPS Workforce Development Framework for headspace. The purpose of this was to address challenges in IPS workforce availability, capacity and capability in headspace centres in Australia. This paper presents the

results of a consultation-informed workforce design project undertaken to develop a competency-based IPS Workforce Development Framework for youth mental health services. The project used an options paper and a Theory of Change to synthesise workforce needs and translate empirical findings into practical strategies spanning workforce planning, recruitment strategies, career pathways, professional development and other initiatives to support workforce growth. The Capability, Opportunity and Motivation model of behaviour change (COM-B) [25] was applied as an integrative design lens to ensure that proposed strategies addressed both individual and system-level enablers of workforce capability, rather than as a parallel analytic framework. Key outputs include the IPS Competency Framework and the IPS Workforce Development Framework, specifically tailored to vocational specialists working with young people receiving care in headspace centres.

Methods

Design

A mixed-methods approach was used to develop an options paper and Theory of Change. Stakeholders were also engaged in the development of a competency framework and design of an aligned workforce development framework for the IPS workforce in headspace. The goal was to collaboratively address issues related to workforce availability, capacity and capability. The approach ensured that proposed solutions were responsive to the needs of IPS vocational specialists, the 37 lead agencies delivering the program in headspace centres, and the existing operational guidelines, goals and direction of the program's primary funder, the Australian Government.

Setting

This project investigated the needs of IPS program staff in 50 headspace centres across Australia, where IPS services for young people are provided. It involved coordination with the 37 lead agencies that operate the local headspace centres and with the two partner organisations, Western Australian Association for Mental Health and headspace National, funded to deliver other elements of the IPS program in headspace.

Participants

The project engaged IPS vocational specialists, IPS supervisors and headspace managers and leadership from each lead agency (including clinical service managers, operational managers and headspace centre managers). Stakeholders from both partner organisations and industry experts from

the Career Development Association of Australia and the Career Industry Council of Australia also provided input into the design of the framework.

Data Collection

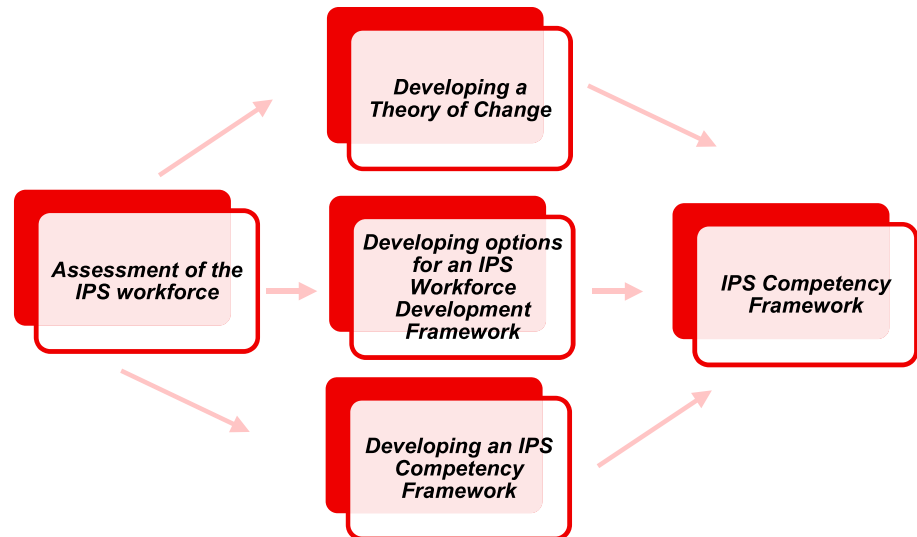
Data collection occurred between October 2021 and June 2022, at a number of time points related to specific project milestones, and included the following:

- An anonymous online survey conducted in October 2021 with both full-time and part-time IPS vocational specialists at the 50 headspace centres delivering the Department of Social Services (DSS)-funded IPS program. The survey aimed to explore their roles, backgrounds, confidence and knowledge related to their work, what they perceived to be the barriers and enablers in their roles, and their professional development needs. The opportunity to participate was advertised through the headspace National IPS newsletter distributed to all 50 headspace sites.
- Eight focus groups with IPS vocational specialists and headspace clinical service managers and four interviews with key stakeholders were conducted during October 2021. The focus groups lasted 1.5 h and the interviews up to one hour, following a semi-structured question guide. These discussions explored perspectives on vocational work within youth mental health services, identified opportunities for workforce development, discussed barriers and enablers of the IPS program in real-world settings. A further five focus groups were conducted in March 2022 to provide feedback on the draft IPS Competency Framework.
- An anonymous online survey conducted in June 2022 with managers in various roles at headspace centres, focusing on recruitment challenges and retention issues. The survey was sent directly to full-time and part-time managers at the 50 IPS headspace centres.
- A review of academic and grey literature on IPS workforce development was conducted during January 2022.

Data Analysis

Stages of the design process for the IPS Workforce Development Framework, beginning with the assessment of the IPS workforce and progressing through the development of the options paper, Theory of Change and IPS Competency Framework, culminating in the creation of the IPS Workforce Development Framework, are presented in Fig. 1. Arrows indicate how findings from each phase informed the next stage of development.

Fig. 1 Stages of the design process for the IPS workforce development framework



Assessment of the IPS Workforce

Data from the IPS vocational specialist survey, the manager survey and the focus group consultations were analysed to identify IPS workforce development needs. Quantitative survey data were analysed using descriptive statistics. Qualitative data from open-ended questions underwent thematic analysis to identify themes related to workforce experience. Focus group and interview transcripts were de-identified and analysed using Braun and Clarke's six-phase reflexive thematic analysis [26]. This process included familiarisation with the data, identifying codes, grouping them into themes, defining and naming final themes, and selecting illustrative examples for each theme.

The weaving approach [27] was used to integrate quantitative and qualitative data, allowing for comprehensive extraction of relevant information from all collected data. In this approach, findings from both data strands are interlaced around common themes rather than presented separately, enabling a more cohesive and contextualised understanding of the results. This process focussed on synthesising data related to identifying needs in the IPS workforce.

Developing Options for an IPS Workforce Development Framework

To design a workforce development framework that addressed the findings in the assessment of the IPS workforce, a Theory of Change was developed. A Theory of Change provides a structured description of how and why desired changes are expected to occur, outlining the sequence of outcomes and the mechanisms through which activities and strategies are anticipated to produce those outcomes. This Theory of Change outlined the desired outcomes for IPS vocational specialists and the broader IPS system, along

with strategies to achieve these outcomes. Informed by the COM-B model of behaviour change [25]—which conceptualises behaviour (B) as the result of the interaction between Capability, Opportunity and Motivation—it recognised that building capability within the IPS workforce alone would not suffice. Viewing the problem through a COM-B lens also enabled the identification of strategies that extend beyond individual training to address structural enablers of IPS competencies, such as position descriptions, supervision and other organisational supports. An effective workforce development framework required structural changes to create opportunities for vocational specialists to apply best practices and foster motivation to apply the IPS model and associated capabilities.

Data from interviews and focus groups with key stakeholders and managers were used to identify options for IPS workforce development. These options were then assessed against the domains of the Theory of Change to ensure alignment with the desired outcomes for IPS vocational specialists and the broader IPS context. This process highlighted the need for a competency framework, which would enable the workforce development framework to work towards consistent definitions of an IPS workers' required skills and achieve the goals set out in the Theory of Change.

Developing an IPS Competency Framework

To address the identified need for a tailored IPS competency framework for supporting young people with mental ill-health, several sources were used. Firstly, the 25-item Supported Employment Fidelity Scale, adapted by Waghorn and Lintott [2011] [28] from Becker et al., [2008] [29] was utilised as a foundation for identifying relevant competencies aligned with the fidelity framework requirements for IPS providers in Australia and New Zealand [30, 31].

Next, a review of academic and grey literature was conducted to analyse existing vocational specialist competency frameworks in terms of their structure and content.

The draft document was then subject to feedback via interviews and focus groups with IPS vocational specialists, IPS supervisors, headspace centre managers and other key stakeholders. These data were used to review and refine the structure and content of the IPS Competency Framework. The qualitative analysis of this data followed the approach described in the “Assessment of the IPS workforce” section.

Results

Sample Characteristics

The IPS workforce survey received 72 responses out of an estimated 116 staff across headspace centres. Nine responses were excluded because the respondents either did not work directly in IPS or had incomplete data. This left 63 eligible

responses, comprising four IPS supervisors/managers, two supervisors in shared roles and the remainder IPS vocational specialists. Most respondents (38, 60%) had been in their role for less than one year, followed by 14 (22%) for 1–2 years, 10 (16%) for 3–5 years and 1 (2%) for more than five years. In terms of location, 22 (35%) were based in metropolitan areas, 36 (57%) in regional areas and 14 (22%) in rural or remote areas (Table 1).

The survey of managers received 25 responses out of 45 invited participants, including 14 clinical service managers, with the remaining participants in various management roles at headspace. Due to the sample size and role diversity, all managers were grouped together for analysis. Participants were spread across different states and territories, with 16% based in metropolitan areas, 76% in regional areas and 4% in rural or remote areas (Table 1).

Eight focus groups, seven with IPS vocational specialists and one with headspace clinical service managers, were conducted with a total of 41 participants. Additionally, four key stakeholder interviews were carried out with representatives

Table 1 Sample description

IPS vocational specialists (n = 63)	n (%)
Length in role	
< 1 year	38 (60%)
1–2 years	14 (22%)
3–5 years	10 (16%)
> 5 years	1 (2%)
Location (could select more than one response)	
Metropolitan	22 (35%)
Regional	36 (57%)
Rural/remote	14 (22%)
Previous role (n = 55)	
Employment service provider	22 (40%)
Youth, disability support or community support worker	11 (20%)
Qualified career practitioner	2 (4%)
Human resources	2 (4%)
Other	18 (33%)
Highest level of education (n = 55)	
≤ Year 12	7 (13%)
Certificate I–III	4 (7%)
Certificate IV-diploma	18 (33%)
Advanced diploma/associate degree bachelor/undergraduate degree	6 (11%)
Postgraduate certificate, diploma or degree	13 (24%)
	7 (13%)
Managers (n = 25)	
Location (could select more than one response)	
Metropolitan	4 (16%)
Regional	19 (76%)
Rural/remote	2 (8%)

from headspace National, the Western Australian Association for Mental Health, the Career Development Association of Australia and the Career Industry Council of Australia. Further consultations with these groups were conducted following the development of the draft IPS Competency Framework and IPS Workforce Development Framework.

Assessment of the IPS Workforce

As a result of the workforce needs assessment, four key areas were identified:

1. Capability gaps;
2. Variations in recruitment practices;
3. Career pathways; and
4. Challenges with staff retention.

Capability Gaps

The data revealed variability in the educational backgrounds and experiences of IPS vocational specialists, ranging from Year 11 or below (4%) to postgraduate qualifications (13%), with the majority holding Certificate IV or diploma-level qualifications (33%) (Table 2). Vocational specialists came from diverse fields, predominantly employment services, youth work or community services. While most expressed confidence in their skills and capabilities, rating themselves highly on key competencies, only 61% felt they had access to adequate ongoing training and only 57% believed their initial training was sufficient (Table 2).

Focus groups highlighted variability in training across sites and varied skillsets, with gaps identified in areas such as understanding young people's mental health needs, employment and education placement skills, and delivering the IPS model.

Variations in Recruitment Practices

Recruitment practices varied significantly across headspace centres, with inconsistencies in position descriptions, salaries and the availability of training. Survey data showed that 64% of managers had difficulty finding candidates with the necessary skills, and 48% highlighted challenges due to insufficient program funding for competitive salaries (Table 3). Focus group participants and interviewees noted the lack of a competency framework for IPS vocational specialists and variation in what is offered to potential IPS candidates across headspace sites has led to inconsistent job advertisements and impacted candidate quality. They recommended standardising job descriptions, pay scales and recruitment resources to improve recruitment outcomes.

“[There are] issues with recruitment. Inconsistent advertising across lead agencies... varying salaries... where the recruitment is targeted.” (Stakeholder interview).

“[A draft competency framework] would be very helpful for clinical service managers... helping for recruitment, interview processes, job ads.” (Stakeholder interview)

Career Pathways

Although IPS vocational specialist survey respondents expressed positive aspects of working in IPS and felt valued by the broader headspace team, they identified unclear career pathways and limited career progression opportunities as key issues (Table 2). When asked about barriers to engaging in professional development opportunities, nearly half of the respondents (48%) reported unclear pathways and training availability and 42% cited limited career progression opportunities as barriers. These survey findings were strongly reflected in the qualitative data. The focus group participants shared that career mobility within headspace is often restricted by the need for clinical qualifications, leaving few options for vocational specialists beyond the supervisor role, a role often already occupied by colleagues. This lack of upward mobility, combined with unclear pathways for transferring IPS skills to other fields, contributes to attrition as IPS vocational specialists seek opportunities elsewhere.

“Either I move onto another company or I move sideways.” (IPS vocational specialist, focus group)

“Being a supervisor, I'm starting to feel like I've hit a ceiling. What do I do next?” (IPS supervisor, focus group)

Challenges with Retention

Retention challenges were significant, with 74% of managers reporting that IPS vocational specialists remain in their roles for less than two years, and 26% reporting that IPS vocational specialists stay for less than one year (Table 3). Key factors perceived to influence turnover included limited career progression (36%), salary concerns (28%) and personal reasons (28%) (Table 3). Vocational specialists cited isolation, particularly in small teams, and the need for better networking and professional development as important retention factors. Manager survey respondents and focus group participants suggested further education and training opportunities, improved salary structures, clearer career

Table 2 IPS vocational specialist survey, n (%)

Confidence in IPS vocational specialist practice (ordered by n) Item-level sample sizes vary (n = 53–57) due to missing responses. Only the five highest and five lowest endorsed items are shown	n (%) agree/ strongly agree
Understanding employment and education opportunities locally	57 (90%)
Working with young people experiencing mental ill-health	56 (89%)
Developing effective job-seeking tools (e.g. resumes, digital profiles)	54 (100%)
Developing and maintaining employer relationships	54 (86%)
Career guidance and career plan development	53 (98%)
Navigating welfare benefit systems (e.g. Centrelink)	45 (85%)
Supporting employers to support young people in the workplace	44 (81%)
Navigating the Australian education system	42 (78%)
Supporting re-engagement in secondary school	39 (74%)
Supporting young people with dual diagnosis	39 (74%)
Experience as an IPS vocational specialist (n = 51) n (%)	n (%)
Senior management is supportive of the IPS program	47 (92%)
Colleagues respect the skills I bring to the service	46 (90%)
Young people understand my role is focused on vocational support	43 (84%)
My role is clearly articulated	40 (78%)
Other headspace staff understand my role	36 (71%)
I have access to adequate ongoing training	31 (61%)
I get adequate vocational work supervision	31 (61%)
I received sufficient training at role commencement	29 (57%)
Perceived organisational support for the IPS role (n = 51)	
No	1 (2%)
Yes—a little	12 (24%)
Yes—a lot	38 (75%)
Professional development needs of IPS vocational specialists (n = 52)	
Tailored accredited training (e.g., Cert IV, post-grad qualifications)	42 (81%)
Short courses	37 (71%)
IPS-specific conferences	35 (67%)
IPS-specific certification/credentials	34 (65%)
Supervision/mentoring	24 (46%)
Regular in-house networking	22 (42%)
IPS internships or traineeship programs	20 (38%)
Scholarship opportunities	19 (37%)
Communities of practice	17 (33%)
Involvement in research	16 (31%)
Barriers to engaging in professional development (n = 52)	
Cost	35 (67%)
Time	28 (54%)
Unclear pathways and training available	25 (48%)
Limited career progression opportunities	22 (42%)
Lack of support from my employer	4 (8%)
Not interested	1 (2%)

Table 3 Manager survey, n (%)

Recruitment criteria for IPS vocational specialists (n = 25)	n (%) agree/ strongly agree
Experience working with young people	25 (100%)
Written communication skills	25 (100%)
Information management skills	25 (100%)
Ability to work with diverse stakeholders	25 (100%)
Employer engagement skills	24 (96%)
Career development skills and experience	24 (96%)
Experience supporting people with mental ill-health into employment	21 (84%)
Coaching skills	20 (80%)
Experience undertaking vocational assessments	16 (64%)
Knowledge of mental health and disability programs, policy and legislation	14 (56%)
Experience working in clinical or similar settings	7 (28%)
Barriers to filling IPS vocational specialist roles (n = 25) n (%)	
Lack of candidates with appropriate skills or experience	16 (64%)
Insufficient funding for salary to compete in local job market	12 (48%)
Low volume of applications	12 (48%)
Conflicting clinical service manager responsibilities and priorities	7 (28%)
Inefficient or unclear recruitment systems	5 (20%)
Limited understanding of recruitment pathways for IPS roles	4 (16%)
Limited understanding of the IPS vocational specialist role	2 (8%)
Note. Respondents could select more than one option	
Suggested improvements to recruitment processes (n = 25)	
Recommended pay scale for IPS vocational specialists	23 (92%)
Targeted recruitment campaigns	22 (88%)
Recruitment factsheet for clinical service managers	21 (84%)
IPS supervisor participation in interviews	18 (72%)
Post-interview debriefs with IPS supervisor	18 (72%)
Standardised benefits and salary packaging	17 (68%)
Standardised job advert and position description	14 (56%)
Standardised interview scoring guide	12 (48%)
Centralise recruitment and induction	11 (44%)
Standardised interview process and questions	10 (40%)
Additional support needs for managing IPS vocational specialists (n = 25)	
Training and support for clinical service managers	19 (76%)
Centralised recruitment and induction resources	18 (72%)
Feedback on IPS staff engagement in workforce development	18 (72%)
Regular peer meetings for IPS managers	12 (48%)
Estimated role tenure of IPS vocational specialists (n = 23)	
Between 6 months and 1 year	6 (26%)
Between 1 and 2 years	11 (48%)
Greater than 2 years	6 (26%)
Perceived reasons for IPS vocational specialist attrition (n = 25)	
Better career pathway elsewhere	9 (36%)
Salary expectations	7 (28%)
Personal reasons	7 (28%)
Relocation	5 (20%)

Table 3 (continued)

Perceived reasons for IPS vocational specialist attrition (n = 25)	
Career change	4 (16%)
Unclear role expectations	3 (12%)
Insufficient funding for cost of living	2 (8%)
Travel or lack of flexible work	1 (4%)
Dissatisfaction with workplace/management	0 (0%)
Isolation or lack of early	0 (0%)
Other (high administrative load, poor fit for the role, performance issues, difficulty managing mental health disclosures)	5 (20%)
Factors supporting retention of high-quality IPS vocational specialists (n = 25)	
Further education and training opportunities	16 (64%)
Salary increase	15 (60%)
Formalised qualification and/or scholarship	14 (56%)
Clearer career pathway	13 (52%)
Additional benefits (e.g. vehicle)	10 (40%)
Higher professional recognition	8 (32%)
Housing or relocation subsidies	6 (24%)
Stronger professional community	6 (24%)
Greater public recognition	4 (16%)
Improving cultural safety and wellbeing	4 (16%)

pathways and better support for supervision as key retention strategies. (Table 3).

“Hands down I would have gone to work in another site [for a shadowing opportunity]. It would have been so great for starting up, learning tips and tricks and different perspectives on delivery.” (IPS vocational specialist, focus group)

“It would be great to be mentors at other sites. There is a ceiling. We’ve lost two thirds of our staff to [specialist organisation].” (IPS vocational specialist, focus group).

Developing Options for an IPS Workforce Development Framework

The development of the workforce development framework began with creating a Theory of Change, recognising that improving IPS delivery and vocational recovery outcomes for young people required addressing both the IPS workforce and the broader context in which they operate, including headspace, health systems, and employment and education settings (Fig. 2). This was used to evaluate workforce development options and assess alignment with desired outcomes. Options were categorised across four areas: qualifications and credentialing, peer-to-peer learning, recruiting the IPS workforce and career pathways. Once the preferred options were established, the IPS Competency Framework was developed to inform the design of the workforce

development activities. The preferred options were then outlined in the IPS Workforce Development Framework.

Qualifications and Credentialing

The assessment of the IPS workforce highlighted the need for clearer qualification and credentialing pathways for IPS vocational specialists (Table 2). Various options were explored, including developing an IPS-specific accredited course, adapting existing accredited courses, creating scholarship opportunities and micro-credentialing. While formal qualifications were considered, they did not align with all domains of the Theory of Change due to the broad educational backgrounds held by IPS vocational specialists, and the cost and time required to create or adapt accredited training for a relatively small cohort of IPS vocational specialists that would meet accredited course eligibility requirements. Additionally, despite support for accredited training in survey responses, vocational specialists expressed low interest in accredited training at the time of consultation due to perceived limited transferability outside the sector.

In contrast, micro-credentials emerged as flexible, cost-effective solutions, offering formal recognition of competency through assessments aligned to the IPS Competency Framework and for use as recognition pathways into a variety of accredited training courses. Micro-credentials are able to be constructed quicker than accredited courses, allowing the ability to offer general and advanced level training to maximise engagement from a broader group of learners.

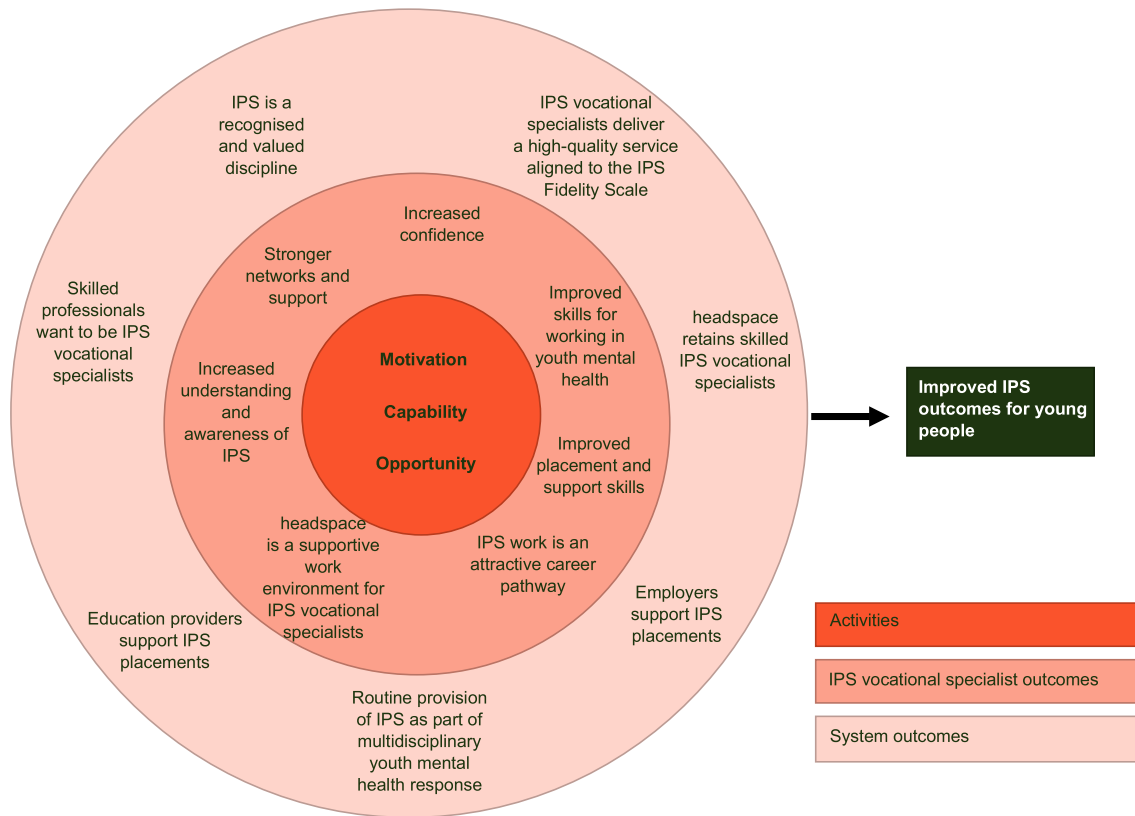


Fig. 2 IPS workforce development theory of change

Orygen developed nine core micro-credentials that can be completed individually to target specific learning needs or undertaken as a complete program, resulting in completion of the Core skills to deliver IPS program. Three advanced micro-credentials were also developed to support further skill development and career advancement (Box 1).

Peer-to-Peer Learning

Peer-to-peer learning options included piloting a Professional Support program, enhancing the Communities of Practice, regular conferences and mentoring (Table 2, focus groups). In the focus groups, several IPS vocational specialists reported feeling isolated in their non-clinical role, indicating that engagement with external support from professionals with an understanding of the IPS program and/or vocational recovery would be highly valued.

Professional support—a program broadly modelled on clinical supervision but focussed on vocational practice—was identified as an option to provide monthly, confidential one-to-one sessions for vocational specialists and IPS supervisors. These sessions would be facilitated by professional support facilitators employed by Orygen and aimed to encourage reflective practice.

Strengthening the Communities of Practice offered by headspace National was recommended by integrating workshops focussed on workforce development needs identified by IPS vocational specialists. These workshops could be linked to educational opportunities, such as micro-credentials. Another suggestion was integrating IPS activities into the national headspace conference hosted by headspace National, which would enable networking, learning and recognition of excellence through an awards program. Mentoring was also proposed as an opportunity for established IPS program staff to mentor vocational specialists in newer sites.

Among the peer-to-peer learning options, enhancing Communities of Practice, incorporating IPS activities into conferences and providing professional support and mentoring were identified as cost-effective and scalable strategies to strengthen the IPS workforce. A professional support program was developed and facilitated by Orygen. Piloting mentoring with a small group of vocational specialists could also offer valuable insights into the effectiveness and scalability of this type of support within the program.

Recruiting the IPS Workforce

Assessment of the IPS workforce revealed inconsistencies in IPS vocational specialist roles across sites, including

Core Skills to Deliver IPS

1. Micro-credential 1: *Work with young people.*
2. Micro-credential 2: *Work effectively in a clinical mental health setting.*
3. Micro-credential 3: *Use knowledge of the local labour and education market to support young people.*
4. Micro-credential 4: *Facilitate career exploration and goal setting activities.*
5. Micro-credential 5: *Support young people to prepare for employment or education opportunities.*
6. Micro-credential 6: *Support young people to secure and maintain employment or education.*
7. Micro-credential 7: *Raise awareness of the Individual Placement and Support (IPS) program.*
8. Micro-credential 8: *Apply ethical principles to IPS practice.*
9. Micro-credential 9: *Develop and maintain professional competence.*

Advanced Skills to Deliver IPS

10. Micro-credential 10: *Develop IPS supervisor skills and facilitate career development.*
11. Micro-credential 11: *Undertake a self-assessment fidelity review.*
12. Micro-credential 12: *Champion the local IPS program.*

Box 1 Micro-credentials

variations in salaries and recruitment practices (Table 3). Standardised position descriptions based on the IPS Competency Framework, alongside uniform recruitment materials, an indicative pay scale and recruitment support for managers, were recommended (Table 3). A national recruitment campaign and centralised job repository were also suggested to build awareness of available roles.

Improving induction and training processes across sites was also highlighted, with shadowing teams from other headspace sites suggested to provide practical insights for new vocational specialists. The IPS Competency Framework offers an opportunity to standardise these processes.

These recommendations align with the Theory of Change, with standardised recruitment guidance and a national education and recruitment campaign identified as suitable options. This includes promoting IPS roles to potential candidates by developing content that provides a clear overview of the role and disseminating job opportunities through established communication channels. It also involves developing standardised recruitment materials, including position descriptions and an indicative pay and benefits scale, and creating resources to assist hiring managers throughout the recruitment process.

Improving Career Pathways

IPS vocational specialists reported limited career pathways and said they would benefit from clearer growth opportunities (Table 2). Options discussed included professional support and mentoring, training, advocacy, research and fidelity review roles, with a small number of focus group participants also considering opportunities to transition into centre management. Career development coaching was also considered, including career counselling and exposure to professionals through networking. Stakeholders acknowledged that as the IPS model continues to expand within headspace, further career development opportunities are likely to emerge.

The approach aligned with the Theory of Change in providing an accessible avenue for vocational specialists to build higher-level competencies and feel prepared to step into emerging roles was to introduce advanced micro-credentials (Box 1).

Developing an IPS Competency Framework

The needs assessment of the IPS workforce revealed challenges for the IPS model at headspace including the absence

of a tailored competency framework that clearly defined the skills and capabilities required for IPS vocational specialists supporting young people. Competency frameworks can support managers to recruit suitable candidates and are useful for vocational specialists to evaluate their own strengths and areas for development.

To address this, the Supported Employment Fidelity Scale [28] was reviewed to identify key competencies necessary for meeting IPS fidelity criteria. These included performing the six phases of employment service (intake, engagement, assessment, job development/placement, job coaching, follow-along support), integration and collaboration with mental health treatment teams and key government income support staff, engaging with employers and ensuring supervisors provided outcome-based supervision.

A review of international and national competency frameworks for roles in similar sectors—Career Industry Council of Australia, International Association for Educational and Vocational Guidance, Association of People Supporting Employment, Association of Community Rehabilitation Educators [30–33]—was conducted to align the IPS Competency Framework with existing professional standards in similar sectors. These frameworks distinguish between core competencies—skills, knowledge and attitudes required across settings—and specialised competencies specific to particular roles or client groups, although none were IPS-specific. The only IPS-specific framework we identified was from the UK [19], which organises competencies into eight domains, each detailing core skills.

Further consultations with stakeholders underscored the importance of adapting the competency framework for youth mental health. Stakeholders recommended a tiered framework reflecting the progression of competencies from entry-level to supervisory roles and providing a roadmap for ongoing development. They suggested an outcome-focussed framework guiding IPS vocational specialists and supervisors in assessing skills and identifying areas for improvement, while providing pathways for additional training and career advancement.

“Not just a workforce entry framework – a performance framework with role expectations and how much continuing professional development you should do.” (Stakeholder interview)

“For career pathways, there need to be tiers within roles.” (Stakeholder interview)

Focus group participants highlighted key qualities for effective IPS vocational specialists, including building rapport with young people, having experience in youth mental health, addressing specific needs such as substance use and neurodiversity, fostering community and employer relationships, demonstrating strong organisational and

communication skills, and understanding clinical contexts and collaboration with clinicians.

The skills and competencies identified through the review and consultations formed the foundation of the final IPS Competency Framework, which outlines competencies across six key domains:

1. Working with young people experiencing mental ill-health;
2. Working in a clinical mental health setting;
3. Working with employers and education providers;
4. Career planning and support;
5. Delivering IPS; and
6. IPS career pathways.

In addition to the practice-based competencies, the framework includes four core values essential for effective IPS practice:

Empathy—ability to understand and empathise with young people, their families and supporters.

Flexibility—ability to work flexibly in response to young people’s changing and emerging needs.

Learning-focussed—ability to integrate learning and continuous improvement into your work.

Confidence—ability to engage confidently with young people, other staff, employers, education providers and community members. See Supplementary Information 1

While these values may be recognised across helping professions, within this framework they are operationalised as context-specific competencies required for delivering IPS in youth mental health settings, including working with families, education providers and multidisciplinary clinical teams in alignment with IPS fidelity requirements.

Discussion

This project aimed to design a workforce development framework to support the IPS workforce in headspace centres across Australia. A comprehensive framework was developed encompassing strategies to address IPS workforce capacity, capability and availability (see Supplementary Information 2). The framework comprises four key focus areas: training and credentialing; peer-to-peer learning; strengthening recruitment processes and pathways; and career pathways. It was informed by data and insights gathered directly from those working within the IPS program in headspace, alongside program and clinical service managers, lead agency representatives and program partners. Through a consultation-informed design process, the project produced

both the IPS Competency Framework and the IPS Workforce Development Framework tailored to the headspace context.

One of the challenges in developing the framework was the diversity of skills, training and educational backgrounds of the IPS workforce in Australia. Given that working as an IPS vocational specialist in Australia does not require formal qualifications or a specific occupational background [34], vocational specialists enter the role from varied backgrounds, with different levels of education and experience and bring unique skill sets to their roles. Consistent with IPS guidance, the developed framework does not prescribe formal qualifications or specific academic pathways as prerequisites for IPS vocational specialists; instead, it adopts a competency-based approach that can be applied across diverse educational and professional backgrounds.

The IPS Competency Framework developed through this project provides consistent guidance on the skills and competencies required to be an effective IPS vocational specialist. Unlike existing national and international frameworks relevant to the field, which primarily focussed on general employability support or specific disability sectors [30–33], the IPS Competency Framework for headspace extends these approaches by embedding youth mental health, education pathways, early career exploration and family involvement within a unified structure. This represents a significant step towards the professionalisation of the IPS vocational specialist role, which remains a need despite several decades of development [7]. The framework allows vocational specialists to identify their strengths and opportunities for development and helps hiring managers recruit the appropriate workforce according to set standards and expectations. Aligning the IPS Competency Framework with the IPS fidelity scale ensures that workforce development activities will support vocational specialists and headspace centres to maintain high fidelity to the IPS model. The fidelity scale therefore anchors the technical practice domain in established IPS evidence, while insights from stakeholder consultation and existing competency research informed the broader structure of the competency framework and workforce development strategies. This is important as IPS service quality directly affects outcomes for young people [10, 11].

The IPS Competency Framework outlines competencies in six domains and is unique in its focus on competencies for working within youth mental health settings and addressing the need for advanced career pathways in the growing IPS field. Existing frameworks [30–33] largely emphasise technical skills and knowledge but give limited attention to the personal attributes that enable effective practice. The IPS Competency Framework addresses this gap by recognising, consistent with previous research [9], that competencies are strengthened when combined with personal characteristics—whether acquired or innate. Four essential values for

successful IPS vocational specialists were highlighted as integral parts of the IPS Competency Framework: empathy, flexibility, learning-focussed and confidence. These values and competencies reflect recovery-oriented IPS practice, including recognising young people's strengths and capabilities and using recovery-oriented language when supporting young people experiencing mental ill-health.

Guided by the competencies and values outlined in the IPS Competency Framework, the IPS Workforce Development Framework presents a holistic approach for the professional growth of the IPS workforce that encompasses a broad range of strategies and initiatives to meet organisational and sector needs. Previously, some professional bodies, while developing competency frameworks, also outlined curricula for upskilling IPS vocational specialists, such as the curriculum developed by IPS Grow in the UK [35]. There are also online and in-person courses for IPS professionals, such as those offered by the IPS Employment Center [36]. The approach taken in this project was based on evidence that workforce challenges in IPS would not be resolved solely through didactic training, but requires broader system-level and capacity-building strategies. Instead, it should include systematic follow-along and capacity-building activities for both vocational specialists and supervisors [37]. Additionally, there was a need to address challenges in the broader system, such as IPS vocational specialist recruitment, retention, career pathways and personal growth in the profession, particularly considering the diversity of the IPS workforce. The workforce development components were therefore designed to respond directly to these challenges, including strengthening recruitment processes through standardised position descriptions and recruitment materials, supporting greater consistency in remuneration guidance, and creating structured professional development pathways such as advanced micro-credentials for vocational specialists seeking leadership or specialised roles. Thus, flexibility was a key feature addressed in the development of the IPS Workforce Development Framework. For example, micro-credentials present a flexible but structured program to upskill the IPS workforce, while components such as professional support and mentoring offer a cost-effective, person-centred way to address the diverse needs of both IPS vocational specialists and supervisors.

Together, these components provide practical guidance for services and program leaders responsible for implementing IPS. For example, the framework can inform recruitment criteria for vocational specialists, guide workforce capability development through structured training and mentoring activities, and support system-level workforce planning aimed at improving the attraction, development and retention of IPS specialists.

Currently, the IPS Workforce Development Framework is being implemented across the 50 headspace centres in

Australia that deliver the IPS program for young people with mental ill-health. Evaluation of the program is required to inform the effectiveness of its components in improving the skills and confidence of IPS vocational specialists, enhancing recognition of their role as an appealing career pathway, and increasing understanding and awareness of IPS among potential vocational specialists.

Additional measures of success should include improving headspace's ability to foster a supportive work environment for IPS vocational specialists, improving IPS vocational specialists' ability to deliver high-quality services aligned with the IPS Fidelity Scale and improving the attraction and retention of skilled professionals who aspire to become IPS vocational specialists. Other important outcomes include IPS becoming a routine component of a multidisciplinary youth mental health response including IPS being acknowledged and valued as a discipline, and employers and education providers actively supporting the placement of young people with mental ill-health, especially through employment support programs such as IPS.

Limitations and Broader Applicability

The design process and resulting frameworks were developed specifically within the headspace context and reflect the organisational structures, funding arrangements, and youth mental health service environment unique to Australia. As such, the direct adaptability of the activities (e.g. micro-credentials) developed in the IPS Workforce Development Framework to other settings would require a moderate level of modification. However, the principles underpinning the framework—co-design with service providers and a comprehensive approach that extends beyond training and educational content to include workforce planning, recruitment strategies, career pathways, professional development, and other initiatives supporting workforce growth and sustainability—are broadly applicable. Other jurisdictions or services implementing IPS can adapt the framework by aligning the competency domains and workforce strategies with their local systems, governance and training requirements.

Peer specialist roles, while increasingly emphasised in youth mental health and IPS literature, were not a primary focus of this project, as they were not identified through the consultation process as a key workforce development lever within the headspace IPS model at the time of design. Consideration of peer roles within IPS workforce development represents an important area for future research and implementation.

The survey of IPS vocational specialists included self-reported ratings of their confidence in key practice domains, which may be influenced by social desirability bias and may not fully reflect actual competency levels in practice. Alternative approaches to examining workforce capabilities

include empirical studies that investigate associations between employment specialist competencies and employment outcomes [17, 38, 39]. The present study did not aim to identify competencies predictive of employment outcomes, but rather to develop a workforce development framework informed by practitioner and stakeholder consultation within the headspace context. The evaluation of the IPS Workforce Development Framework will provide an opportunity to further examine workforce development outcomes using additional data sources related to workforce capability and service delivery.

Conclusion

The competency-based IPS Workforce Development Framework for headspace represents a significant step towards addressing the diverse needs of Australia's IPS workforce in headspace. Its comprehensive approach, grounded in the experiences and needs of those in the field, provides a robust framework for the professional growth and development of both the IPS workforce and the IPS program itself.

Beyond its relevance to the headspace context, the IPS Workforce Development Framework provides a practical, system-level model for addressing IPS workforce challenges that are commonly faced by government funders and service leaders, including recruitment, retention, capability development and career progression. Its implementation across 50 headspace centres demonstrates its operational feasibility, while the underlying principles—co-design with service providers, workforce planning beyond training, and alignment with local governance and funding arrangements—are transferable to other jurisdictions and service systems delivering IPS.

The ongoing evaluation of its implementation will be crucial in refining and validating its components, ultimately contributing to the improved delivery of IPS services for young people with mental ill-health and improving their vocational recovery outcomes.

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Declarations

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Ethical Approval The project received ethical approval from the University of Melbourne Human Research Ethics Committee (Ref 2022–22997-35727–3, LNR 4C). Informed consent was obtained from all individual participants included in the study.

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