

**Title** Adapting the Individual Placement and Support Model with homeless young adults

**Authors** Ferguson, K. M., Xie, B., & Glynn, S.

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**Target Population** Homeless young adults (age 18-24) with mental illness

**Key Words** homelessness, employment, young adults, mental illness

**Brief Description** This study found that an adapted version of the Individual Placement and Support (IPS) Model can increase employment outcomes (i.e., ever-worked rate, working-at-follow-up rate, monthly work rate) in young adults with mental illness who are homeless as compared to usual-services.

## Article Summary

Because unemployment rates among young adults who are experiencing homelessness are high (66-71%), interventions that provide access to resources can help to prevent social and labor exclusion. Although many evidence-based practices address competitive employment, very few were developed for youth with mental illnesses and homelessness. This study found that one-on-one long-term support is necessary to help such youth transition into competitive employment.

The pilot study, published in *Child Youth Care Forum*, adapted the Individual Placement and Support (IPS) model to address unemployment among young adults with mental illness who are homeless. The IPS is an evidence-based program that helps individuals with mental illnesses gain competitive employment. This model incorporates seven employment principles (i.e., zero exclusion, integration of vocational and mental health treatment services, competitive employment, benefits counseling, rapid job search, follow-along supports, and preferences).

Participants were a convenience sample of 36 young adults with mental illness experiencing homelessness in one city. They were aged 18-24, spoke English, had a clinical diagnosis of either Generalized Anxiety, Post Traumatic Stress Disorder, Major Depressive Episode, Mania/Hypomania, Antisocial Personality Disorder, or Alcohol/Substance Use Disorder, and signed a form expressing a desire to work. A pre-post, self-comparison, quasi-experimental design was used to compare IPS participants to a control group on six employment outcomes (i.e., ever-worked rate, working-at-follow-up rate, monthly work rate, weekly hours worked, weekly income, and employment type). These data were collected through interviews. Twenty participants were in the treatment group. The control group received usual-care services, which included health education, academic services, employment services, case management and therapy, and creative arts services.

Ferguson and colleagues demonstrated that compared to usual-services, IPS participants showed improvement on several measures. Young adults who participated in IPS were significantly more likely to work at some point during the 10-month study than the control group, with 85% of the IPS group having worked at some point compared to 37.5% of the control group. Additionally, IPS-participating youth reported significantly higher working-at-follow-up rates, with 66.7% of IPS participants reporting work at follow-up compared to 25% of the control group. Finally, IPS participants worked a significantly greater number of months throughout the study, average of 5.20 months compared to 2.19 months for the control group. No significant difference was found between the groups on weekly income or weekly working hours.

The promising results of this pilot study have two main limitations. First, the IPS group was significantly less likely to be living on the streets. Second, the control group had a much lower rate of retention compared to the IPS group (50% versus 90%). Despite these limitations, further research is warranted.

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Study results demonstrated that adapting the program to fit community needs was effective. The younger population involved in the study was employed at a greater ever-worked rate (85%) as compared to the ever-worked rate of older adults (61%) who participated in previous IPS studies. Researchers demonstrated that collaborating with experts, partnering with experienced individuals, and providing feedback throughout the process assists in operating the program successfully. Using a long-term individualized approach to combining employment and clinical services can improve quality of life for youth who are experiencing homelessness. Researchers noted that the IPS program may be adapted for use in treatment programs, community and vocational colleges, as well as other local job centers.

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