Elements of Successful Evidence Centres:

Foundations for a Disability Employment Centre of Excellence.

August 2024

Prepared by the Centre for
Social Impact Swinburne

Acknowledgement of Country

We respectfully acknowledge the Wurundjeri People of the Kulin Nation, who are the Traditional Owners of the land on which the Centre for Social Impact Swinburne is located on in Melbourne's east and pay our respect to their Elders past and present. We are honoured to recognise our connection to Wurundjeri Country, history, culture, and spirituality through these locations, and strive to ensure that we operate in a manner that respects and honours the Elders and Ancestors of these lands.

We also acknowledge and respect the Traditional Owners of lands across Australia, their Elders, Ancestors, cultures, and heritage, and recognise the continuing sovereignties of all Aboriginal and Torres Strait Islander Nations.

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Elements of Successful Evidence Centres: Foundations for a Disability Employment Centre of Excellence.

LIST OF ACRONYMS

AERO	Australian Education Research Organisation
ADA	Americans with Disabilities Act (1990, US)
ADAAA	ADA Amendments Act (2008, US)
ARIIA	Aged Care Research and Industry Innovation Australia*
CfECFW	Centre for Excellence in Child and Family Welfare*
CoE	Centre of Excellence
CoEIDH	Centre of Excellence in Intellectual Disability Health*
CoP	Communities of Practice
CRPs	Community Rehabilitation Providers
CSI	Centre for Social Impact
CSRA	Civil Service Reform Act (1978, US)
DD Act	The Developmental Disabilities Assistance and Bill of Rights Act (2000, US)
DRO	Disability Representative Organisation/s
ICI	Institute for Community Inclusion*
IDEA	Individuals with Disabilities Education Act (1990, US)
IDD	Intellectual and Developmental Disabilities
IPS	Individual Placement and Support – a model of employment support with a strong evidence base regarding people experiencing mental illness
IPS Employment Center	Individual Placement and Support Employment Center*
KT	Knowledge Translation
LEAD Center	Leadership for the Employment and Economic Advancement of People with Disabilities Center*
NTACT:C	National Technical Assistance Center on Transition: The Collaborative
ODEP	Office of Disability Employment Policy (US Federal agency)
PwD	People with disabilities
RIIC	Rural Institute for Inclusive Communities*
RSA	Rehabilitation Services Administration (US Federal agency)

SVRA	State Vocational Rehabilitation Agency (US Federal agency)
TA	Technical Assistance
TTAP	Training and Technical Assistance Program
UCEDDs	University Centers for Excellence in Developmental Disabilities Education, Research, and Service
VEVRAA	Vietnam Era Veterans' Readjustment Assistance Act (1974, US)
VR	Vocational Rehabilitation
VRTAC-QM	Vocational Rehabilitation Technical Assistance Center for Quality Management*
WGEA	Workplace Gender Equality Agency
WIOA	Workforce Innovation and Opportunity Act (2014, US)
YFF	Youth Futures Foundation*

*Denotes CoE used as case study

EXECUTIVE SUMMARY

Context and purpose

In May 2024, the Australian federal government announced a budget commitment of $23.3 million over four years to establish a Disability Employment Centre of Excellence from 2024-25. This study investigates evidence in relation to the ingredients necessary for effective 'evidence centres' as a foundation for the Centre of Excellence.

What is an evidence centre?

Evidence centres have many names but are generally established to 'generate, synthesise, and curate high-quality and rigorous research, data and evaluation with a specific objective to influence and improve the decision-making of policymakers, practitioners, non-governmental organisations, the public, and others' (Puttick et al., 2023, p.9). Broadly, they generate evidence, translate evidence and encourage the use and adoption of evidence.

'Evidence' is a contested term with no single or agreed definition. In this context, it is the information needed to answer questions, solve problems and improve practice. This information can include quantitative and qualitative data and recognise 'different ways of knowing', for example, from lived experience.

Research approach

The research had five stages.

1. Review of submissions to the Disability Employment Centre of Excellence Options Paper from Disability Representative Organisations.

2. Review of the academic literature on effectiveness of evidence centres.

3. Review of 23 existing, successful evidence centres in Australia, US, UK, Canada and New Zealand.

4. In-depth investigation of nine successful evidence centre models through interviews with key personnel and document review.

5. Creation of evidence-based insights through analysis of data.

Overall, there is limited evidence as to the effectiveness of evidence centres as most do not undertake or publish evaluations or impact studies of their work. A further limitation of this study is that a review of the literature from relevant fields such as implementation science and

knowledge translation was out of scope, whereas both fields offer relevant evidence to guide the centre's activities.

Elements of effective design
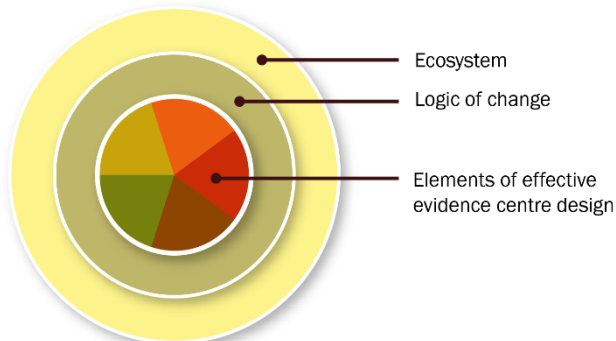
The design of evidence centres should by driven by a logic of the change they aim to achieve within their ecosystem, noting that this may shift and evolve over time. Five core and overlapping elements of centre design are evident from the research: structure; funding and timelines; staffing; implementation; and evaluation. Each element and their sub elements are described briefly below.

Structure
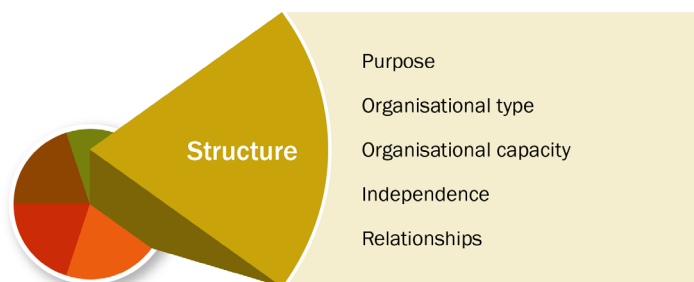
Purpose
A clear purpose, including the actors it seeks to influence, drives centre design and activities. Having a clear audience as well as a clear 'owner' in government helps gain traction for centre work.

Organisational type
Three organisational models were common: 1. Separate incorporation; 2. Program within a host institution; 3. Grandfathering – commencing within a host institution and moving to separate incorporation. Most centres were hosted within institutions with the recognition that this supplied critical organisational infrastructure and enabled rapid output activity upon start up.

Organisational capacity

Evidence centres require a strong backbone of infrastructure including finance, human resources, communications, information systems, and other technology. Infrastructure needed to be 'fit for purpose' and for the audience of the centre, including accessible online learning and communication systems recognising unequal access to technology of different audiences.
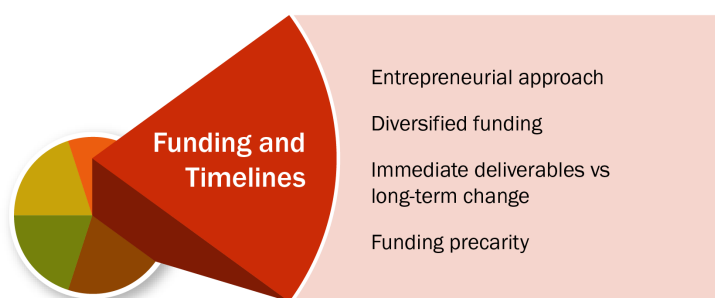
'Independence'

Centres need to be able to set their own direction (strategic independence), be seen to be a neutral advisor, and be transparent in approach. Independence can be seen to be compromised when centres are hosted by other organisations but can be heightened by secure and long-term funding that enables autonomy in agenda setting.

Relationships

Effective evidence centres have strong relationships with key stakeholders which strengthens their independence as well as their influence. Managing relationships requires dedicated resources (such as staffing) and time. Key relationships are with government, the sector, and beneficiaries. Governments are key policy actors that centres seek to influence as well as potential funders. Centres hold different types of relationship with government but need a clear link to or 'owner' in government in order to be effective. Strong relationships were characterised by frequent communication, shared direction setting and joint work. Relationships with the sector are also critical to centre 'change agendas'. Centres need to engage key 'movers and shakers' in the field, as well as organisations and practitioners, with the sector informing the agenda of the centre and the centre responding with valued resources and information. Sector involvement can be in centre governance as well as in delivery of centre activities. Beneficiaries are also an important part of the sector and centres often seek ways to access marginalised voices and to develop effective and tailored communication with and for beneficiary groups.

Funding and timelines

Funding and Timelines

- Entrepreneurial approach
- Diversified funding
- Immediate deliverables vs long-term change
- Funding precarity

Australian evidence centres have an average spend of $9.5M but are diverse in size. Secure funding increases autonomy and a focus on core activities, but most evidence centres manage multiple funding sources and vary activities to suit these.

Entrepreneurial approach

The pragmatics of limited budgets drives innovation and entrepreneurial thinking around funding including a range of income-generating activities and resource sharing strategies.

Diversified funding

Centres typically draw on different revenue sources including core funding from government or philanthropy, competitive grants, fee-for-service contract revenue, income from trading (e.g. fees from accreditation, income from training or sale of resources). Core funding provides necessary infrastructure and key centre roles. These underpin activities funded by project and other funding. Typically, centres have a number of work areas and where these are extensive, these can form their own sub-brands or sub-centres. The clear and holistic purpose of the centre can be fractured by diverse project demands and the need for staff to capture alternate income.

Immediate deliverables vs long-term change

Extended timeframes (e.g. 10 years plus) are needed to bring about the change that centres aspire to. Some centres have extended timeframes of funding, with midpoint evaluations to unlock further funding. However, centres must also deliver change in shorter timeframes and design programs to achieve realistic increments of change. There is a time lag for commencing centres and while there is expectation for rapid delivery, advice to build a deep understanding of sector needs in the first year in order to enhance effective design is in tension with this.

Funding precarity

Long term funding enables a focus on strategic activity, but in most cases, centres have to divert attention and resources to fund raising in order to be sustainable. Faced with limited funding, even when highly successful, centres reduce staffing and align activities to funding opportunities.

Staffing

Staffing levels varied across centres from 5- 140, depending on funding models and cycles.

Roles and expertise

Centres need highly expert or 'best of their field' staff across a range of skill sets and roles including: research; leadership; system change/reform; services development; project management;

implementation science; knowledge translation; training and instructional design; knowledge platforms; grant writing; stakeholder engagement and communications. In addition, staff need 'soft skills' including empathy, commitment, and real-world exposure. Supporting these is organisational infrastructure.

Lived experience

Lived experience was seen as a valued skill/knowledge set. People with lived experience were embedded in evidence centres in a range of different roles, sometimes comprising a significant proportion of staff.

Practice experience

Evidence centres in the field of disability employment strongly emphasised the importance of employing staff with deep practice-informed knowledge. These staff often came with experience as expert practitioners in the sector, understood barriers and solutions within the 'system', and had grounded knowledge of how the 'rubber hits the road'.

Implementation

Implementation

Evidence building
Capacity building
Knowledge translation
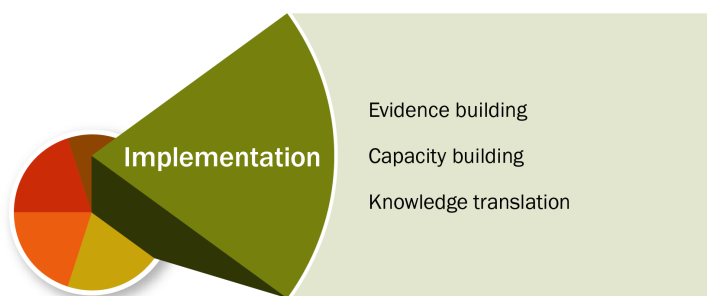
The implementation activities of centres were determined by their logic or Theory of Change, with a strong emphasis on capacity building of practitioners and policy makers, along with evidence building and knowledge translation.

Evidence building

Evidence centres identify gaps in evidence, generate new evidence and synthesise existing evidence, selecting evidence sets as relevant to their change target including using population, program, and policy data. Some centres maintain data portals and provide access to population (including cohort specific) and service data. Online evidence hubs can provide access to publications or syntheses of evidence. A strong focus of centres was in the area of building the evidence base from existing implementation, with a focus on what works and why, often through the use of pilots. Effective evidence centres produce timely, actionable evidence including through monitoring and updating evidence syntheses or undertaking rapid reviews. A tension remains in focusing on evidence building versus moving evidence into implementation.

Capacity building

A core function of evidence centres is building capacity across the ecosystem at the levels of individual, organisational, and systems change. One role of centres is to build the capacity of target users to understand, use and generate evidence. Some do this through building evidence skills in practitioner qualifications or through engaging practitioners in grounded research (e.g. pilots). However, the major focus of centres is building capacity of system actors, organisations and practitioners to use and implement evidence. At the system level, many centres build capacity of system actors (often government officials) through Technical Assistance, the provision of data and evidence-based advice as ways to shape an enabling environment of policies, service system and funding formulas. At the practitioner level, capacity building focuses on increasing effectiveness of practice. At the organisational level, it focuses on building capacity related to effective organisational design and management to support effective practice. US evidence centres commonly utilise Technical Assistance (TA), across different intensity levels, with emphasis on grounded, in situ mentoring and training. All centres deploy a range of strategies alongside TA including formal training, peer learning communities, granting programs and pilots. Across all levels, barriers to capacity building and evidence uptake are significant, notably the organisational barriers that restrict interest in and implementation of evidence-based practice. Repeated evidence internationally and in Australia, strongly emphasised the need for organisational readiness before centres can effectively work with practitioners.

Knowledge translation

Knowledge translation encompasses concepts such as knowledge mobilisation and spans a range of outputs and activities such as online knowledge hubs, toolkits, guides, newsletters and blogs. In general, all outputs need to be designed to be fit for purpose and audience, noting the barriers to access and utilisation of different audiences including lack of suitable technology. A strong emphasis was on grounded examples by or designed with people with lived or practical experience. A knowledge translation strategy and use of personnel with specific expertise were recommended.

Evaluation

Evaluation

Evaluating impact

Evaluating practice change
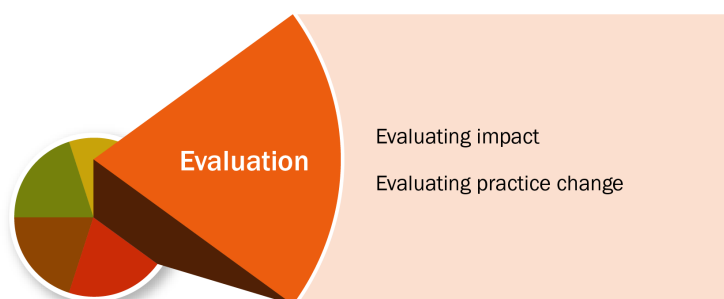
Evaluating evidence centre impact

Three lenses for evaluating impact are: users' knowledge of evidence; changed behaviours of intended users of evidence; and outcome for beneficiaries. However, most centres have found evaluation challenging. In Australia, only 20% had external evaluations, and half used the reach of outputs as a main metric. Additionally, funders did not always provide clear guidance regarding impact evaluation. For many, inadequate data at systems level hampered assessment of effectiveness, along with difficulties associated with the extended timeframes necessary before outcomes were visible. This shifts the focus back to evaluating 'what works' among the range of centre activities by soliciting user feedback.

Evaluating practice change

A common mechanism for assessing impact on practitioner behaviour is via a quality assurance or improvement approach with partners or clients of the evidence centre. Some centres use fidelity measures as an assessment or 'audit' of practice, yielding evaluative data. However, centres recognise the workload impost on practitioners and participating organisations, and propose the approach works best when used to encourage improvements rather than quantify failure.

Insights

While a logic of change should underpin the design of evidence centres, the reality is that their models and features are as much a product of their history and opportunities. Strong evidence for elements of effectiveness is missing, but commonalities of ingredients and of advice are apparent.

Key elements of successful evidence centres

1. **A clear logic of change** identifies activities likely to have maximum effect for target audiences/actors and seeks to build an enabling ecosystem environment across in which change can occur.
2. **Strong connections to the actors they seek to influence** are built through multiple mechanisms including governance roles, collaboration in design and/or delivery of activities, and fostering learning communities.
3. **An entrepreneurial approach** plans for and manages diverse income streams, seeking to maintain clarity of focus across diverse projects or sub=brands.
4. **Offer different intensities of support with evidence implementation** ranging from universally accessible guidance to intensive 'alongside' support.
5. **Use multiple strategies of change and knowledge translation.**

Advice

As highlighted above, evidence centres require a logic of change that shapes the model design and choice of implementation approaches and activities. This logic needs to be based on a deep understanding of the needs of the sector and of the evidence about what will best achieve desired outcomes. This study highlights that the task is not one of simple communication of evidence but of understanding what actions would drive desired change and address the substantial barriers across the ecosystem to its implementation including at the level of policy and funding, service provider and workforce. Any design of a new evidence centre needs to be heavily informed by a detailed analysis of this context as the basis of building a logic of change with realistic goals, stages and well targeted activities.

Evidence centres interviewed provided advice from their own experience. This coalesced around having: good planning based on knowledge of sector needs; clarity of audience; highly skilled staff across a range of expertise; flexibility to adapt; constant feedback and sense-checking from the sector.

In the start-up period, this advice was also relevant with an emphasis on realistic workplans and timelines including time to consult with the sector, supported by open communication with the funder. Trialling strategies before broader roll-out provides an opportunity to learn and adapt. A robust business strategy is needed to plan for sustainability.

INTRODUCTION

This research was commissioned by a private philanthropic foundation following a public consultation in late 2023 about the purpose and organisational model of a potential Disability Employment Centre of Excellence in Australia. The Department of Social Services (DSS), via an Options Paper, canvased a range of Centre of Excellence models and responding submissions offered a variety of commentary on these (Department of Social Services, 2023). In May 2024, the Australian federal government announced a budget commitment of $23.3 million over four years to establish the Centre of Excellence from 2024-25. As announced,

> *'The Disability Employment Centre of Excellence (Centre of Excellence) will develop best practice, evidence-based information to help providers deliver high quality effective employment services and supports to improve disability employment outcomes' (Department of Social Services, 2024, p.1).*

In this context, this research study aims to provide an evidence base to inform further decision making about the model best suited to the proposed aspirations of the Disability Employment Centre of Excellence in the Australian context, and to inform its design. In doing so, it investigates evidence in relation to the ingredients necessary for effective 'evidence centres', encompassing both Centres of Excellence and diversely named centres and institutes. Beyond this immediate context, this review adds to the relatively small literature set focused on the important features in the design of evidence centres.

What is an evidence centre?

Evidence centres take various forms and names in a variety of contexts. A recent review of 58 Australian and international 'evidence institutes' defined them as:

> *'organisations that generate, synthesise, and curate high-quality and rigorous research, data and evaluation with a specific objective to influence and improve the decision-making of policymakers, practitioners, non-governmental organisations, the public, and others' (Puttick et al., 2023, p.9).*

Throughout this report, we will use the term 'evidence centre' to broadly encompass organisations with the above purpose.

Often, evidence centres are formed to address specific societal challenges (Larsen, 2020; Hellstrom, 2018). The research suggests that their value is clustered around four themes:

1. Shifting investment towards interventions that work rather than those that are ineffective,

2. Ensuring practice is effective and impactful,

3. Encouraging more rigorous evaluation and capacity to test, learn, adapt,

4. Catalysing action to tackle complex issues and changing the narrative around the value of evidence (Puttick et al., 2023).

More or less, their work is focused on the activities of 'generate, transmit and adopt' (Gough et al., 2018, p.5), with significant overlap across these activities, described below. Centres:

1. **Generate evidence** to inform both decision-making and practice including creating and synthesising evidence, providing access to what is known, using evidence to describe and draw conclusions about different practices and their comparative value, and building evidence systems including data storage/analysis (Gough et al., 2018, p.5)

   Common strategies and activities reported in the literature (Gough et al., 2018; Puttick et al., 2023; Hylton, 2002) include:

   - Acquiring/managing access to journals and publications,

   - Maintaining and curating searchable online knowledge repositories (e.g. libraries, resource centres),

   - Building approaches to maintain up-to-date evidence,

   - Identifying knowledge gaps and working with partners to address them,

   - Maintaining an active research program, including commissioning new research, undertaking evaluations and synthesising existing knowledge,

   - Building the skills of researchers including through mentorships, staff exchanges and advanced training.

2. **Translate evidence** to target audiences in user-friendly ways including by being transparent about evidence-gathering processes and decisions. This is the broad field of 'knowledge translation' (KT) that encompasses a 'variety of outputs and activities to move high-quality evidence into practice' often with the goal of changing behaviour or practice (Miscinszki et al., 2021, p.2, citing Barwick, Dubrowski, & Petricca 2020).

   Common strategies and activities include:

   - Creating and making available KT outputs, e.g. presentations, publications, lay summaries, videos, online media, newsletters, implementation guidance e.g. toolkits, reports, training, that are accessible to target audiences (Miscinszki et al., 2021),

   - Building and maintaining an evidence centre website to house KT output (Miscinszki et al., 2021),

   - Organising, engaging with, and fostering participation in conferences,

- Hosting and supporting learning collaboratives and communities of practice for specific user groups (Mitchell, 2014; Williams, 2007).

3. **Encourage the use and adoption of evidence**, including building the capacity of user-groups to create and use evidence and implement evidence-based practice (Gough et al., 2018).

   Common strategies and activities include:

   - Lobbying of/advising policy makers through activities designed to help shape public policy, such as preparing policy briefings, submissions and providing expert evidence to government hearings,

   - Providing professional training and education – including workforce training – inhouse or through formal agreements with educational institutions and professional associations. (Hylton, 2002),

   - Providing Technical Assistance and bespoke advice and support (Puttick et al., 2023),

   - Hosting or participating in collaborative networks, e.g. practitioners and researchers; peer-to-peer (Puttick et al., 2023),

   - Designing and implementing knowledge innovation strategies to support and accelerate the adoption and use of evidence.

Overall, evidence centres work as 'intermediaries, working with policymakers, funders and practitioners, to facilitate the use of evidence' (Puttick et al., 2023, p.4) and focus on 'what is working and why' (Puttick et al., 2023, p.23).

What is 'evidence'?

Despite its use in a wide range of contexts, 'evidence' is a contested term. In the context of evidence centres, there is widespread agreement about the requirement for 'quality 'evidence, but diverse views on what constitutes quality and its constituent characteristics such as 'rigour' and 'relevance'.

The recent review of 58 evidence centres evolved a definition of evidence as used by these centres:

> *'Evidence is a pragmatic means to robustly and usefully answer questions, providing decision makers with practical guidance to solve problems and improve outcomes'* (Puttick et al., 2023, p.13).

Internationally, there is also recognition of different 'ways of knowing', particularly from Indigenous and diverse communities, and the value of lived experience in evidence generation and defining evidence (Puttick et al., 2023).

While there are many 'standards of evidence' frameworks, using terms like 'promising' or 'proven' or equivalents to distinguish different levels of confidence in evidence, overall notions of 'evidence' as

understood in international evidence centres are diverse and contextualised with some centres defining evidence pragmatically i.e. 'led by the question to be answered' (Puttick et al., 2023, p.48).

However, given that a key purpose of evidence centres is to drive the use of evidence in implementation (including in both policy and practice) then, ultimately, evidence centres need some process for communicating about relevant distinguishing features of evidence made available so that evidence users can make choices between one approach and another (AERO (Australian Education Research Organisation), 2022). For example, the Australian Education Research Organisation (AERO) focuses on two key concepts: rigour and relevance:

> *'Rigorous evidence is defined as evidence produced using research methods (whether qualitative, quantitative or mixed methods) that isolate the specific impact of a particular … approach.*
>
> *Relevant evidence is defined as evidence produced in contexts that are similar to one's own. Evidence is also relevant when it is derived from a large number of studies conducted over a wide range of contexts, as this suggests that the … approach is not dependent on any particular contextual factor' (AERO, 2022, p.1).*

It should be noted that, internationally, dozens of 'standards of evidence' are in use to support the assessment of the quality of different types of evidence (OECD, 2021).

RESEARCH APPROACH

Research focus

This research aims to identify evidence for particular evidence centre models and practice – including implementation activities – and to provide an evidence base to inform further decision making about the model best suited to the proposed aspirations of the Disability Employment Centre of Excellence, in the Australian context.

As such the overarching focus for the research was to answer the question:

> What are the key elements of successful evidence centre models (both national and international) or other practice-focused centres?

A series of sub themes informed the identification of key organisational elements. The following organisational elements together with their role in enabling the effective work of evidence centres were explored in detail:

- **Organisational structure**: including purpose, organisational type, critical organisational capacities and the role of stakeholder relationships with both government and the sector more broadly.

- **Funding and timelines:** including diversified funding sources, core vs project-based funding and the need to achieve both long-term change and short to medium term outcomes.

- **Staffing**: focusing on critical evidence centre roles and expertise and the importance of both lived experience of disability and of practitioner experience.

- **Implementation**: with a focus on three broad, frequently overlapping, areas of implementation activity, namely: evidence building; capacity building; and knowledge translation.

- **Evaluation:** focusing on evidence centre outcomes including the impact of evidence centre implementation activity on practitioner behaviour.

Research stages

The research approach comprised the following five stages:

1. **Review of submissions to the Disability Employment Centre of Excellence Options Paper.**

    This initial review of all publicly available submissions to the Disability Employment Centre of Excellence Options Paper (DSS, 2023) from Disability Representative Organisations (DRO) aimed to surface the key design features 'that matter' to people with lived experience of

disability. These features, along with research question sub themes, were incorporated into an analytic framework used to capture key information during subsequent research phases.

2. Review of the academic literature on effectiveness of evidence centres.

The second stage comprised a rapid review of meta-reviews focused on key elements of effective evidence centres or reports providing evaluations of specific initiatives. This literature set was wider than the specific foci of this study (i.e., disability employment) and was analysed against the sub themes of the research question.

The research team also sought out and reviewed a small set of evidence on related topics such as: evidence standards; knowledge translation and implementation science; and implementing capacity-building approaches to disability employment. Findings from these analyses informed both the analytic framework and the synthesis of findings.

3. Review and identification of existing, successful evidence centres.

In this third stage, the research team undertook a desktop review and identified an initial list of 23 successful national and international evidence centres for deeper investigation. The analytic framework/data extraction form was used to aid in the capture of key information for each evidence centre. Of the 23 centres, 8 were located in Australia, 10 within the United States, and 5 were based in the UK, Canada and New Zealand collectively. Eleven evidence centres had a specific focus on the employment of people with disability, all of which were located in the United States. Appendix C provides an overview of these 23 evidence centres.

The selection of the initial list of 23 evidence centres was informed by the findings from stages one and two, and by a focus on evidence centres that met one or more of the following criteria:

- evidence centres with a focus on informing best practice and influencing key stakeholders (e.g. service providers, employers, and policy makers),

- evidence centres with a focus on the translation of evidence into best practice and system change,

- evidence centres with examples of engagement with people with a lived experience of disability and/or other intersectional groups such as Indigenous or culturally and linguistically diverse communities,

- evidence centres with a multidisciplinary/multi policy area focus.

4. In-depth investigation of nine successful evidence centre models.

From the set of 23 centres, further selection of a smaller set of centres, or case studies, was informed by consultation with a US disability employment expert with knowledge of relevant evidence centres and by the disability employment sector knowledge of the authors. In the

main, centres were selected due to particular areas of strength or focus (such as on particular cohorts such as rural communities or people with intellectual disability). Also included were centres with recent experience of 'start-up' (i.e. within 1-4 years of commencement) to inform learnings about this stage. Nine evidence centres were selected for deeper investigation via semi-structured interviews with key personnel. Together with a detailed investigation of related online materials and websites, interviews contributed to case studies that aimed to identify common ingredients and learnings that could be used to inform the planning of the Disability Employment Centre of Excellence.

Invitations were extended to and followed up with up to four key personnel from each of the nine evidence centres. Not all personnel or centres responded or agreed to be interviewed, resulting in a total of 12 key personnel representing seven of the nine evidence centres providing interview data. Quotes used throughout this report are coded for anonymity and have been minimally edited to enhance flow and readability. All nine centres were included as case studies, with documentary data relied on where interview data was absent.

Table 1 below provides a high-level summary of the nine evidence centre case studies. Please note that the order of centres in Table 1 does not correspond with the numbers denoting different centres in the quotes that appear later in this report.

Table 1. Overview of the nine evidence centre case studies

Name	Jurisdiction	Purpose	Organisational Structure
Institute for Community Inclusion (ICI)	United States	The inclusion of people with disabilities in all aspects of society	University Centre of Excellence in Developmental Disabilities (UCEDD) hosted within the University of Massachusetts, Boston
Vocational Rehabilitation Technical Assistance Centre for Quality Management (VRTAC-QM)	United States	Enhancing vocational rehabilitation outcomes and service delivery through quality program and resource management	Technical Assistance Center hosted within San Diego State University Research Foundation
Rural Institute for Inclusive Communities (RIIC)	United States	To build access and opportunity for people with disabilities through education, research, evaluation, and service.	University Centre of Excellence in Developmental Disabilities (UCEDD) hosted within the University of Montana

LEAD Center	United States	To facilitate the implementation of the Workforce Innovation and Opportunity Act (WIOA)	Evidence centre hosted within the National Disability Institute, a national not-for-profit organisation
IPS Employment Centre	United States	Supporting people with serious mental illness who want to gain employment as part of their recovery.	Research collaboration hosted within the Research Foundation for Mental Hygiene, Columbia University
Aged Care Research and Industry Innovation Australia (ARIIA)	Australia	Advancing aged care workforce capability by promoting and facilitating innovation and research to improve the quality of aged care for all Australians.	Independent not-for-profit hosted by Flinders University
National Centre of Excellence in Intellectual Disability Health (CoEIDH)	Australia	To be a catalyst for action to ensure people with intellectual disability have improved access to quality, timely and comprehensive health care.	Evidence centre hosted within the University of New South Wales
Centre of Excellence in Child and Family Welfare (CfECFW)	Australia	Advocating for the rights of vulnerable children, young people and families, ensuring their voices are heard, their safety is prioritised, their education is accessible, and connections to family, community, and culture are preserved.	Victoria's peak body for child and family services
Youth Futures Foundation (YFF)	England	To improve employment outcomes for young people from marginalised backgrounds.	Independent not-for-profit and part of the national What Works Network.

5. Creation of evidence-based insights.

The final stage brought together the data analysis with the knowledge of the Australian disability employment sector held by the research team to create a series of evidence-based insights. This step was considered critical to ensure the findings were contextualised in relation to the Australian disability employment ecosystem and thereby have high relevance. The focus is on the components of the identified models that worked well and should be considered in the design of the Disability Employment Centre of Excellence, considering also what should be avoided so as not to duplicate known mistakes. Figure 1 below summarises the research process.
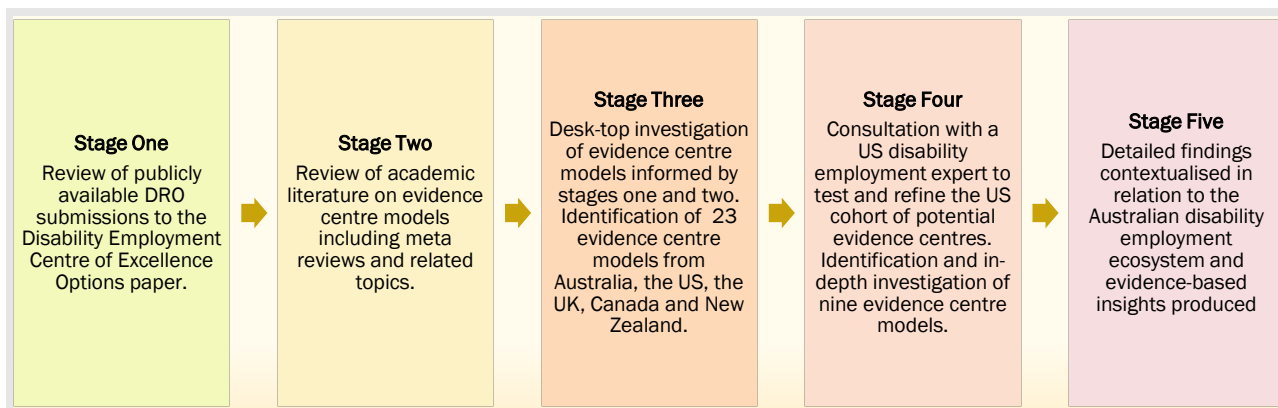
Stage One	Stage Two	Stage Three	Stage Four	Stage Five
Review of publicly available DRO submissions to the Disability Employment Centre of Excellence Options paper.	Review of academic literature on evidence centre models including meta reviews and related topics.	Desk-top investigation of evidence centre models informed by stages one and two. Identification of 23 evidence centre models from Australia, the US, the UK, Canada and New Zealand.	Consultation with a US disability employment expert to test and refine the US cohort of potential evidence centres. Identification and in-depth investigation of nine evidence centre models.	Detailed findings contextualised in relation to the Australian disability employment ecosystem and evidence-based insights produced

Figure 1. Five stages of the research approach

Limitations

There is a relatively limited level of evidence as to the effectiveness of evidence centres (Gough et al., 2018). Much material is descriptive and reflective rather than evaluative. There are few publicly available evaluations of evidence centres, with most commentary focusing on outputs or engagement with outputs. In some cases, this reflects the relative infancy of some centres (e.g. 5 years or less of operation). This means that even meta-reviews of evidence centres were often underpinned by limited evidence.

There are several related fields of evidence that were included only superficially in this review. These include the fields of knowledge translation and implementation science and all they encompass, including training and capacity building. There are large evidence sets about how to design and deliver effective programs of work within these fields that have clear relevance to the effectiveness of evidence centres. For example, in the field of implementation science, there is evidence about what does not work when attempting to move evidence and knowledge into implementation in human service settings. Commonly used strategies are information dissemination and training and yet there is substantial evidence that these do not work if used alone or relied on in themselves (Fixsen et al., 2005). Instead, the evidence points to a more complex set of design thinking for evidence centres including using 'a long-term multilevel approach' (Fixsen et al. 2005, p.70). This might include strategies that focus on practitioners and skills, on program design (and evaluation), on organisational practices, and systems interventions (Fixsen et al., 2005). This evidence focuses attention on both what activities are valuable when moving evidence into implementation, and the design features of evidence centres that have the mandate to do this work. While these fields therefore have strong relevance to the implementation designs of evidence centres, a review of this literature was beyond the scope of this study.

However, this study has been successful in drawing on existing recent reviews of evidence centres and expands this evidence set through inclusion of 23 centres and a detailed examination of nine of these. Qualitative data provides new insights into the logics, challenges and implementation strategies of evidence centres, where this data has been largely lacking to date.

ELEMENTS OF EFFECTIVE DESIGN

A range of elements are called out across the literature and case studies as features of effective design for evidence centres. For the purposes of this study, these elements have been organised below into five core areas: structure; funding and timelines; staffing; implementation; and evaluation. Each area and its respective sub elements intersect with other areas. In this context, the elements described below should be understood as multi-functional, serving many purposes in the logic of organisational design.
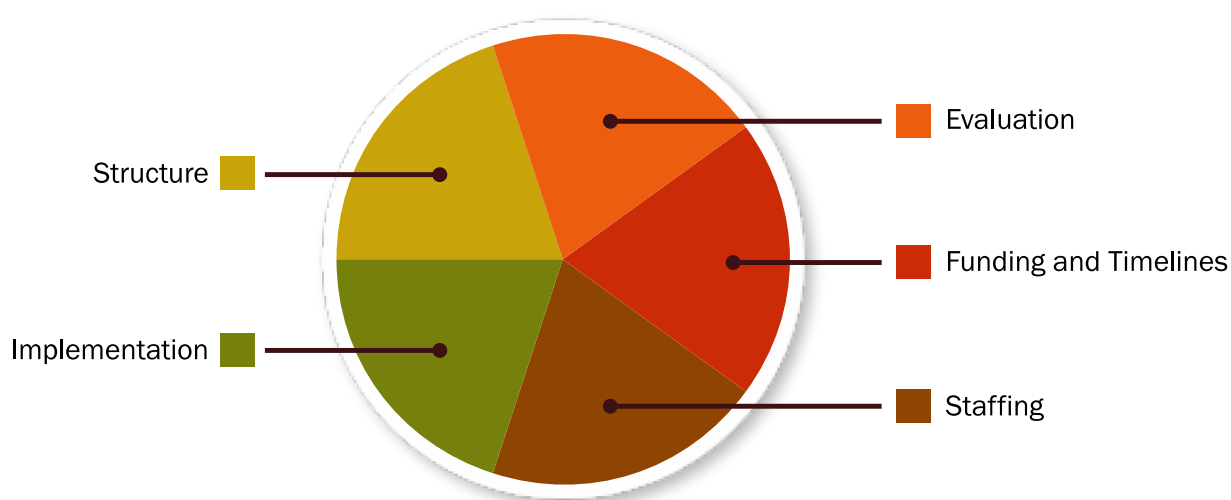
Figure 2. Elements of evidence centre models

An underlying theme of the literature and, to a lesser extent, the interview data is that the design of evidence centres should centre around a logic of change and clarity of purpose (Puttick et al., 2023). Ideally, the logic of change is the driver of organisational/centre design, though it appears that pragmatic contextual and historical factors heavily influence the actual organisational features of each centre.
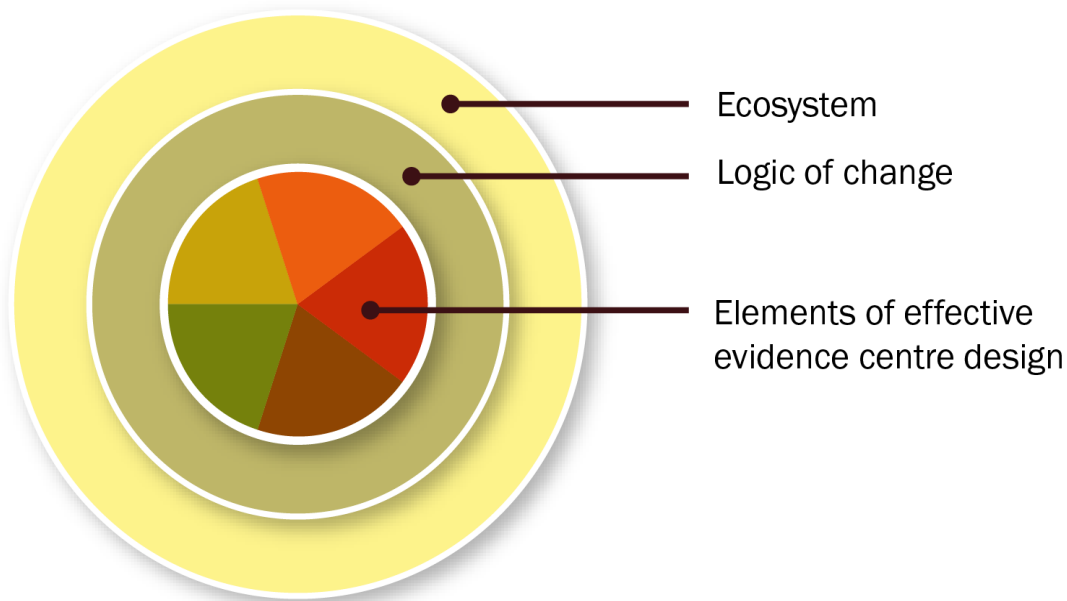
Figure 3. Influences of evidence centre models

While there is substantial discussion about elements external to evidence centres that influence the effectiveness of centres, the discussion below is focused on those elements closest to or within the control of evidence centres. Each element needs to be designed as part of an overall strategy to effect change:

> *'it's strategic thinking around the design, the governance model, and the operations - and making sure that the operational model is going to be workable' (Centre 2).*

Finally, it should be remembered that evidence centres 'are not static', nor should they be, instead they evolve and change over time (Gough et al., 2018, p.12). As such, the below captures a snapshot in the ongoing evolution of evidence centres.

Structure

Figure 4. Five elements of an evidence centre's Structure

There are five key considerations that organise both the literature and interviews/case studies in the broad topic of Structure of evidence centres: purpose; organisational type; organisational capacity; 'independence'; and relationships. All are inter-related.
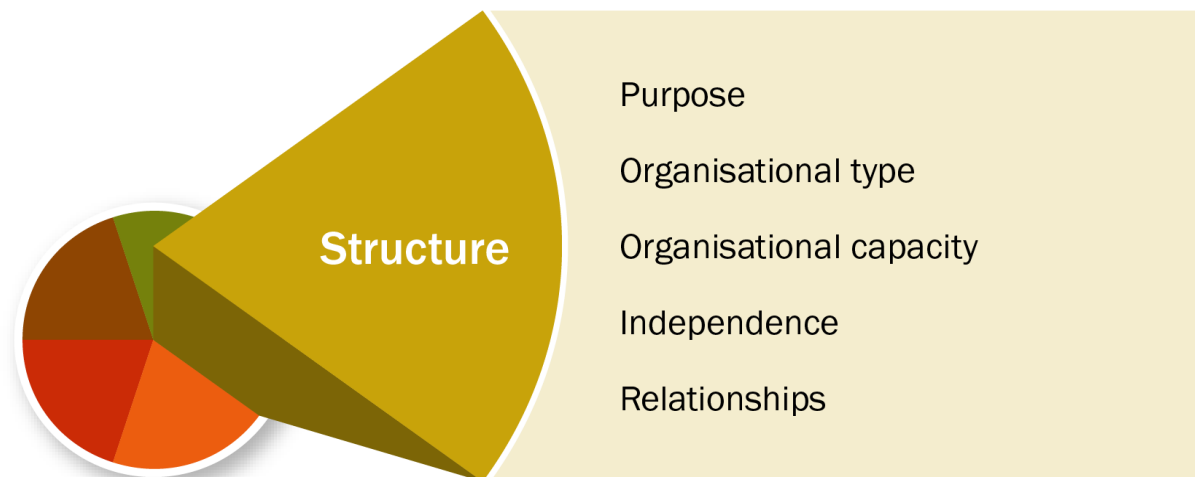
Purpose

Potentially, the driving force for all structural decisions of the centre is its purpose. Clarity of purpose is identified as a key ingredient of effective evidence centres by both the literature (Puttick et al. 2023; Blase, 2009; Hylton, 2002) and interviewees alike. Ultimately, the centre's purpose must be:

> 'clearly defined, with stated target outcomes, audience, and paths to impact. This sets internal and external expectations, fosters a clear method and way of working, helps focus on a specific audience, and creates outputs to meet their needs' (Puttick et al., 2023, p.19).

A clear purpose links to a structured logic of change that in turn predicts the activity of the centre. Some centres use a Theory of Change approach (Puttick et al., 2023; Gough et al., 2018). Whatever the logic model, centres describe the need to be clear but realistic about focus.

> 'it's a matter of where do you want the focus to be when you're doing it? ... [it could be] more on-the-ground with the community providers and NGOs. Or is it going to be work with some of your developmental agencies, or is it kind of both? But again, where's the focus going to be? Where can we best use our resources? Because you can get spread very thin' (Centre 3).

> 'When people say, "why are you guys doing so well?", I would say: know your audience, right. Our audience is the VR program itself. That's why we exist - to provide help for

them. Providers and other entities have demands and we'd love to be a part of those - but our audience, our customer, is the public program. Everything we do has to benefit them. So as much as people might want us to do things – I do get asked a lot of time to do formal research projects, experimental groups, and that would be great - but I can't divert resources to make that happen when we're up against our capacity as it is in providing services to our customer…. And get really good people who can serve that audience, that's a key' (Centre 7).

As Puttick et al. (2023) describe, a clear purpose does not limit a centre to a single topic. Interviewees described common ways that they had disaggregated purpose into 'pillars', programs or streams of work, including through sub-branding mini centres. A useful example in the context of disability employment was that of the Institute for Community Inclusion (ICI). This centre includes four areas of practice/research and, within one of these (i.e. employment), the operation of multiple hubs or sub-brands including: ThinkWork (focused on sheltered workshop reform), ThinkCollege (focused on inclusive college education) and ExploreVR (focused on the vocational rehabilitation service provider and policy system). This approach aims to facilitate navigation for the target audience and provide a mechanism to connect individual project activity.

'Because we have so much going on, … we have internal discussions about – when you get this big, how do we make it easier for people to find the information they need?' (Centre 3).

Puttick et al. (2023) confirm that a broad remit, such as this, needs to be well connected to the sector audience and 'owner' in government in order to maintain relevance. In some instances, centre purpose was aligned with national policy or strategy (such as in the case of the ANROWS centre's alignment to the National Plan to Reduce Violence against Women and Children) (Puttick et al., 2023) but in all cases, the purpose must reflect the priorities of the target community/sector (Hylton, 2002). This theme of constant checking and alignment with sector needs was picked up by interviewees.

'Do embed flexibility across programs and be prepared to change to adapt to what the sector are telling you they need. … make sure that you get that constant feedback and sense-checking from the sector to make sure that you're hitting the mark' (Centre 1).

In this context, while clarity of purpose is important, the purpose can evolve and shift over time as the centre matures or sector needs change (Puttick et al., 2023). However, as some case studies noted, managing the evolving activities within a connected and clear logic over time is an ongoing challenge and 'never ending struggle'.

Organisational type

Both literature and case studies highlight two main organisational types used by evidence centres:

1. **Separate incorporation** and within this, relationships with other organisations, including sponsors, undertaken by way of separate agreements. Sponsor/funder organisations may have a role in governance. This model is deemed to be not as efficient in that it requires separate development of all organisational and governance features (Hylton, 2002). However, separate, stand-alone organisations are seen to be more successful when multiple partnerships are required and enable the opportunity to embed 'partnership' within organisational governance and therefore the DNA of the organisation from the start. Further, the model allows an evidence centre to develop a 'life of its own', independent of constraints of a host organization (Hylton, 2002).

2. **Program within a host institution**, possibly with an advisory board. This model often grows out of an existing program of work, and where the breadth of services and research falls within the scope of the responsibility of a host institution (Hylton, 2002). The host/sponsoring organisation can have a role in governance, for example a seat on the board (Hylton, 2002), or at least some formal connection between the centre and host leadership (Hellstrom, 2018). One case study described that despite governance arrangements being inclusive of stakeholders, ultimately, the host holds decision making power, via the Centre Director as their employee, as well as via related lines of reporting and risk management requirements.

   'With the governance structure the university [as host] will have a fair bit of control in that. And at the end of the day that's the Director's responsibility - they are the ultimate decision maker in so many of the decisions regardless of what the consortia says. Sometimes the call has to be made to meet deadlines. That could create a whole range of friction around that. But if the consortia know that's what they're going into then that expectations upfront. But if they're feeling their way through that - and a lot of those parameters were being set after the funding of it was agreed to - it's a problem' (Centre 2).

   Within the case studies, there were examples of weighing up the pros and cons of these organisational types:

   'Some of the thinking that had to be done - heavy negotiating early - was around where such a centre should rest. Should it be an incorporated NGO model as opposed to a university-based and led centre? It took considerable shift of our sector partners to come to the conclusion that it should be a university-based centre' (Centre 2).

A third type that was identified through the case studies was that of:

3. **'Grandfathering'**, that is, commencing as type 2 above, as a means to quickly leverage the organisational infrastructure of the host to enable early deliverables while simultaneously setting up a separate organisation. One case study centre was established and hosted within a university for a defined period and is currently in the process of transitioning to an

independent organisation (a company fully owned by a university with an independent Board) and will continue to co-locate within the university.

'You can't be a start-up organisation and try and deliver on KPIs without having that grandfathering type of approach. You finally get your agreement signed and they're [i.e. the funder is] like, "Right, when are you going to deliver"? So, I don't envisage that any organisation would have been able to do this without having a large organisation as its sponsor in whatever shape or form that took' (Centre 1).

The process of this centre moving to a more independent legal structure has taken more than 12 months (and is still incomplete) and entails complex negotiations about continued access to university infrastructure (funding, IT (Information Technology), etc), and the set-up of an independent Board, getting an ABN and applying for Deductible Gift Recipient (DGR) status. In this case, the adoption of the grandfather model by the centre reflected their stakeholders' vision and desire for an independent sector-driven institution. This aligns with the observation that centres need to be 'strategic' and able to balance 'immediate user demands and long-term strategic vision' (Puttick et. al. 2023, p.20).

'Essentially, we're a spin-off company of [university], wholly [university] owned, to give the independence that you need. And one of the key things in our consultation, which is public knowledge, is that the sector very clearly didn't want an academic centre of research. It wanted translation, it wanted practical outcomes. And so that was part of achieving that. Yes, you need the rigour, you need the implementation science expertise, but you want that all to be hidden and used in a very pragmatic way' (Centre 1).

This commentary highlights the importance of matching desired outcome with the structure most likely to achieve this.

Organisational type 2, with the evidence centre nested within the host organisation, was the most common model among investigated centres.

Most centres across the 23 included in this study were nested within universities, a theme echoed in the literature. In addition to the provision of basic organisational capacity/infrastructure (discussed below), case studies highlighted both advantages and disadvantages to this host location. Advantages included being able to access expertise, both in terms of being 'surrounded by really smart committed people' (Centre 7) and having research capacity external to the centre being 'readily available when we need it' (Centre 7) in a way that compensated for the centre's lack of time or resources to undertake key research activities. In the Australian context, universities as host also provide a ready-made tax-deductible (DGR) status important to unlock certain funding types. One case study interviewee spoke of the credibility of universities and the pre-existence of trusted relationships with key parties.

'I think - although I have no evidence of this - I think state agencies trust universities more for this kind of training and Technical Assistance than they would if it were a government agency. I think maybe they have a little more respect for the universities' (Centre 7).

On the other hand, case studies also spoke to increased bureaucracy within the host organisation and time delays in decision making.

'Being a start-up, you don't want to have to do everything for yourself - HR, finance, all of those things. But then tying yourself to a behemoth of an organisation comes with its own challenges when you're trying to be agile and a start-up organisation as well. So, it's a double-edged sword in that regard' (Centre 1).

'So, we're all university employees which is a benefit - a benefit and a curse. There are really wonderful pieces to that. It does mean though we are bound by the limitations of large-scale offices that require a lot of paperwork and details. And things that I want to just say okay to take a lot longer to work through' (Centre 6).

Case studies also highlighted the necessity of investing effort in changing host policies and procedures to make them compatible with centre goals, such as around the employment of people with intellectual disability or suitability of systems to practitioners.

'We've had to really push the boundaries with the university. Some of the hurdles we've encountered are to do with the nature of the work and the context in which we work in. Of course, that would look different in an NGO... We've got a blanket exemption [to employ people with a disability] which is great. But just to get to that point, and to work through basic HR incompatibility with people with cognitive disability at a university level, it's extraordinarily tedious - doing your onboarding, doing your mandatory training. You can imagine all the stuff [which is not accessible for this cohort]' (Centre 2).

'I think the instructional design, learning management systems, et cetera - of the university - need to be fit for purpose. And the universities are probably quite risk-averse in terms of cyber security. And in our sector, two factor authentication and complex systems for people who have ... [low level vocational qualifications] becomes an absolute nightmare. So, all of those things need to come into play in terms of that' (Centre 1).

Not all centres reported strong integration with their university host, with some US centres operating largely independently, which calls out questions of 'whether a university affiliation makes sense - what is the role within the university?' (Centre 3).

Organisational capacity

Regardless of organisational type, evidence centres require basic infrastructure and organisational capacities. Hylton (2002) describes these key capacities as:

1. 'financial administration, accounting and auditing,

2. human resources, including recruitment, staff training and development, and personnel administration,

3. internal and external communications programs, including publication programs and public education programs,

4. access to advanced technology,

5. access to libraries and resource centres,

6. financial and other resources to carry out key research activities' (p.10-11).

These elements were also highlighted by several interviewees who commented on the, often invisible, infrastructure required to set up and run evidence centres.

'A good business infrastructure - that's the other piece. Ours is very complicated. We have really good physical staff who keep us on track and all that kind of stuff. It's a key piece of this as well' (Centre 3).

'I'm glad I stuck to my guns, because I now realise that the intensive setup and infrastructure required to effectively drive such a thing, could, in our instance, only have been achieved within a university context with all that fabric of good grants management and a responsible financial management, excellent legal services, contractual management, et cetera. An early consideration for us was where to host' (Centre 2).

'The biggest advantage is going after funding - having an infrastructure for funding – well, for everything. I don't even have to think about human resources, and all of that stuff, through the university. And having the ability to go after and manage grants - that's all really, really important' (Centre 7).

Ultimately, any organisational infrastructure, whether provided by the host or built from scratch, needed to be 'fit for purpose' (Centre 1), considering its suitability for use by various employee groups and stakeholders of the centre. In the Centre 1 case study, IT and online capacities were of particular importance. This Centre required accessible, easy to navigate online learning platforms as users came with a range of digital skills and, in some cases, limited access to digital technology.

During the start-up phase of evidence centres, having ready access to pre-existing infrastructure was identified in case studies as a mechanism to enable early deliverables to be achieved. Balanced with this was frequent advice from case studies to 'start small' and be ready to adapt and change.

'Start small and expand. Don't try to deal with 20 new programs to start up. It's too hard to' (Centre 4).

'Just try as much as possible not to create a big bureaucracy. And build from the grassroots up' (Centre 7).

'Independence'

'Independence' is a label used to describe various concepts in the evidence centre context including the notion of 'strategic independence' (being able to set own direction and strategy) (Puttick et al., 2023), independence of organisational type (as in type 1 above), being 'unbiased' in the approach to interpreting and applying evidence (Gough et al., 2018), and 'transparent' in decision-making (Hellstrom, 2018).

'Strategic independence' is one of Puttick and colleagues' six key elements to achieve impact and focuses around 'acting as a neutral advisor, free from perceptions of bias or external pressures, such as those imposed by funders' (Puttick et al., 2023, p.5). 'Being "strategic" implies engagement with funders and stakeholders while preserving the freedom to communicate evidence', and 'balancing immediate user demands and long-term strategic vision' (Puttick, et al., 2023, p.20).

Managing these issues of 'independence' are heightened when the evidence centre sits within a host organisation (type 2), e.g. in terms of how priorities are set and how funds are allocated etc. (Hylton, 2002; Larsen, 2020). Larsen (2020) identifies the constraints of managing a 'dual logic' or 'diversity of missions' when embedded in a higher education institution where the centre's driver of targeted societal impact may not be consistent with drivers in the higher education institutional setting. Similarly, Micsinszki et al. (2021) provide an example of this in their identification of barriers to knowledge translation in higher education settings, where the academic tenure and recognition system privileges limited forms of knowledge production such as peer reviewed publications over user-friendly knowledge translation outputs.

There are a range of strategies that are seen to foster 'independence', even within organisations nested within host institutions. Secure and long-term funding (more than two years) enables autonomy in agenda setting and in defining core activities across the longer term (Larsen, 2020; Puttick et al., 2023). This makes centres less dependent on shorter term project-based funding and coercion from the host, for example higher education institutions (Larsen, 2020).

Another key strategy to foster 'independence' from a host organisation is via relationships, described below.

Relationships

Relationships are a core mechanism of 'independence' in that they offer a mechanism to bring external players into the centre's decision making and agenda setting, for example via formal roles in

governance (such as Board or Advisory Committee). However, relationships, or 'connectedness' as described by Puttick et al. (2023), are also a mechanism for achieving impact in that they can function to collectivise effort around shared goals (Hellstrom, 2018), influence and involve decision makers, and enable access to trusted expertise and advice (Puttick, et al., 2023). Hellstrom (2018) argues that building these relationships increases system capacity.

> *'Relationships are so important, and building relationships with all the different systems you work with' (Centre 4).*

Centres progress different kinds of relationships with key stakeholder groups: government; the sector/field; as well as with beneficiary groups and communities (described below). Broadly, interviewees reported significant time impost in building and managing relationships, often requiring dedicated staffing with specific expertise, targeting different audiences with different strategies:

> *'So, there's a few things that are happening in an early phase that are sort of more stakeholder engagement pieces, which help us cement those relationships. It's not perfect. It never will be. And it's really, really difficult, I think, to coordinate across, nationally, across multiple jurisdictions, multiple professional groups that we have to meet and do some work with and for. And with so many different audiences. We have people with intellectual disability, families and carers, disability professionals, health professionals of all sorts, of all crafts, including dentists, pharmacists, social workers, allied health, medical, nursing, et cetera. So many disparate groups, so it is hard. That's a huge challenge' (Centre 2).*

Relationship to/with government

Consistent with the variety of organisational types discussed above, evidence centres can engage in various relational models with government (noting that in many cases, government is also a funder as well as the key policy actor that centres are seeking to influence or build capacity of). Relationship types include:

- Direct management by government (i.e. type 2 above),
- Arms' length management by government,
- Separate but with grant funding from government,
- Collaborative work with government,
- Active relationships (Gough et al., 2018, p.53).

As centres of evidence frequently seek to engage government (at the relevant tier) as policy actors, there are both advantages and disadvantages of different relationship types. Gough et al. (2018), speaking of UK What Works Centres, argues that independence from government is generally seen as an advantage but comes with potential loss of opportunities to influence policy systems (p.12), and where complete independence from government leads to irrelevance (Puttick et al., 2023). Several

studies highlight the importance of collaboration with government to maximise influence, and link effectiveness of such relationships to clarity of centre purpose/mission which enables clear identification of an 'owner' within government (Puttick et al., 2023; Gough et al., 2018). One mechanism that might balance independence with engagement is non-voting representation of government on the Board or topic committees (Puttick et al., 2023).

While being seen as a compliance arm of government was not considered favourable, examples from the UK show that centres can take on some functions of government such as setting evidence-informed professional standards or managing accreditation against these (Gough et al., 2018). Other centres have direct roles through the contracted provision of key advice, such as 'evidence on demand for Ministers' (Gough et al., 2018, p.52), and through direct and close relationships with politicians and officials (Gough et al., 2018). Both of these approaches were also seen in some US case studies in our study,

Overall, case studies, particularly those in the US, echoed the importance of strong relationships with government as key ecosystem actors.

> *'We communicate. We have regular team meetings on Zoom. We get together physically once a year for a few days' (Centre 7).*

One US evidence centre described an example of relational contracting where the centre has a co-operative agreement with government and, as a result, have a close working relationship to attain common goals, almost as 'an extension of what the [government] agency is doing' (Centre 5):

> *'We [government and Centre] have a regular meeting every week and we go through the agenda of what we're working on and what's coming up. So, it's an opportunity to do some strategic planning. There's a formal work plan that is developed, but there's a lot of fluidity to it' (Centre 5).*

Consistent with the themes in the literature, this kind of close and collaborative relationship is seen as necessary and productive to meeting the goals of influencing the ecosystem to increase the economic empowerment of people with disability.

> *'So, we're at the federal level but our tentacles are reaching out for our pilots [run by the evidence centre] that inform policy. Now through those pilots, just for example, we're now meeting with the regulators at the federal level and we're sharing resources. Our information's going into their newsletters, to all the banks across the country. Their information is going out in our newsletters and through our webinars. So, it's really a joint exchange if you think about it. We're helping them, they're helping us, as we try to work at the local level to create change' (Centre 5).*

Despite these advantages, not all evidence centres have this level of relationship, with others taking a more advocacy and advisory role such as feeding into policy consultations alongside sector partners (Gough et al., 2018).

Relationship to/with the sector/field

The literature repeatedly discusses the importance of strong relationships with the field or sector. This can include policy makers, practitioners, and beneficiaries (for example, people with lived experience of disability). Across the literature, evidence centres foreground sector or industry perspectives which increase both relevance of activity as well as being a mechanism for increased autonomy from the host organisation, such as higher education institutions (Larsen, 2020). As described by one case study, despite sitting within a host organisation (as a grandfathering arrangement):

> *'We're very much industry-led rather than academic, university led - so meeting the sector needs rather than what the university thinks the sector needs' (Centre 1).*

Sector relationships are seen as critical to the 'change' agendas of centres, in order to 'create pathways for cross-sector learning, brokering and managing challenging relationships, often between competing stakeholders' (Puttick et al., 2023, p. 21). In this vein, Puttick et al. (2023) describe the importance of engaging key decision makers and 'change makers' or 'movers and shakers' (p.21) and see this as key to effective evidence centres.

> *'I think we were looking for a way to have a centre that brought together lead knowledgeable people - knowledgeable and respected people within the world of disability who understood systems, and who understood policy, and could help bridge the two' (Centre 5).*

> *'For us, it (the structure) was two tiers. It was at the level of a <u>partner</u>, which was more formalised. We believe these people are critical to implementing work, translational work, and also driving reform. And then <u>collaborating organisations</u> - that had a broader relevance and connection with the sector that we're trying to influence - was absolutely critical' (Centre 2).*

Gough et al. (2018) highlight the importance of 'pull' approaches, where the centre sets the direction around the identified need from the sector, rather than 'pushing' research out to the sector as a post-hoc activity. Co-design of both purpose and outputs with key audiences is emphasised by Puttick et al. (2023) as well as in the case studies and is enabled by ongoing engagement. One centre discussed this ongoing engagement with other academic researchers, outside the centre, as part of the field they sought to influence:

> *'Well, for us, we want to be connected with researchers who keep working and researching disability employment. And left to their own devices they might not research what we really need to know. And so, we like to be involved in trying to feed them ideas about what we should do and how we should do it. And then we like to be part of the research projects. It was always present [in the development of the specific disability employment approach] this marriage between research and practice - and we just wanted to continue that' (Centre 4).*

This all speaks to using relationships as the mechanism to ensure relevance of focus and approach. One strategy is to engage the sector in the governance and advisory structures of the centres. 'Sectorally-mixed governing boards' are common (Hellstrom, 2018, p.549). Australian case studies included those that were based on a consortia of sector organisations, led by a host, where consortia members were contracted to deliver parts of centre activity.

> 'There's an overarching agreement [the university as host] has with the [funder]. So, [the university] is responsible for delivery. Now, under that, there's a consortium agreement, so it's a uniform agreement for consortium members that contains the workplan, the role of each entity in each bit of the work, at a detailed level, and the budget that goes with that, with great clarity over if we get into trouble here, what do we do, how do we deal with it. So, there's a vehicle inbuilt in those agreements to deal with any concerns that [the university] may have about its collaborating organisations in this entity. So that's the safety net' (Centre 2).

However, case studies discussed complexities of these consortia arrangements including the importance of establishing common purpose and values, then mechanisms for establishing delineations of roles (and delivery activities), and decision making.

> 'That commonality of purpose needs to be addressed first … the whole values and behaviours and expectation piece and getting commonality across all those consortia members around that and understanding what that means to their core business as well, and what becomes Centre business versus [their] core business and the separation around that or no separation around that' (Centre 2).

The timing of these stages is complex. One interviewee advised establishing 'the centre with all its purpose, values, constructs' and bringing in the consortia after this by virtue of them being able to demonstrate their alignment with and commitment to 'the platform everybody else is going to work from' (Centre 2).

> 'As you're bringing people in, you're bringing them into the values and belief and behaviour construct that's already been established. And they can then also go, "Well actually that works, or it doesn't". And you're getting greater alignment' (Centre 2).

While sector representation in centre governance is common, stakeholders also play other roles in centres. As Gough et al. (2018) describe, in the UK context, 'professional practitioners are major partners as well as users' of the work of several centres (p.54). In particular, practitioners can play roles as co-evaluators/researchers and co-developers of knowledge translation products such as user-guides and toolkits (Gough et al., 2018).

A wide range of strategies are used including creating formal roles for sector members within the centre including:

- Large scale programs for sector involvement in the evidence centre. For example, the National Institute for Health and Care Excellence (NICE), UK involves 110 lay members and 122 patient experts in work with researchers on outputs and strategy,

- Sector members as 'champions', such as in the Student Champion Scheme and Senior Fellows approach of NICE, UK, or 'evidence champions' and 'advocates' i.e. police officers who promote and embed evidence-based practice in policing, in the What Works Centre for Crime Reduction, UK,

- Formal networks, such as Research School Networks used by the Education Endowment Foundation, UK – a What Works centre,

- Sector implementation leads, as used by What Works Wellbeing, UK (Gough et al., 2018).

However, in reviewing the UK What Works centres, Gough et al. (2018) concluded that the logic of why and how different groups are included is immature and rarely visible. They recommend 'greater specification on how and why particular users and beneficiaries are selected and prioritised, and the nature of engagement with evidence that the Centres are hoping to achieve' (p.9).

Relationships with beneficiaries (for example, people with disability and their supporters)

Beneficiaries are an important part of the sector, both as represented by their representative bodies and as individuals or groups. Both the literature and case studies identified the need to prioritise marginalised voices by using methods that don't reinscribe power and knowledge hierarchies (Puttick et al., 2023).

> 'I'm sure there's no surprise - and you've heard it before - but involve people with disabilities at every step along the way. Who is on your advisory team, who are you getting information from about their experience so that it's tailored to what they need and want?' (Centre 6).

Some centres stressed the need for strategy to engage with the needs and voices of those *most* overlooked and hardest to reach:

> 'There's the perennial: "talks lots, talk often". Lots of communication. And really getting to those [people with disability] with more complex needs. And even within consortiums, they actually don't understand that level, because - especially advocacy groups - they're not dealing with that level. They're those silent voices. They're the ones that have only got paid supports' (Centre 2).

Centres used a range of novel strategies to do this including through employment of people from beneficiary groups, roles in governance, as well as bespoke communication and knowledge dissemination strategies (such as information flyers in food aid delivery). One centre highlighted the importance of connecting to families of people with disability (their target beneficiary group) and offered a direct communication mechanism on their centre website.

'I think it's really helpful to try to educate them [families and family organisations] on what you're doing and try to get their buy-in as well. We've always tried to do that – there's a place on our website where you can contact us with a question, and I've always gotten a stream of emails from family members wanting to know how we can help their family member work. And then I try to connect them to a program. And I'm really glad we have that for the family members. [We've also] been doing webinars through this major family organisation and that's really increased the number of family members and people with lived experience who contact me wanting access to an [employment] program, which is great … So, I guess all the different stakeholder systems - it makes sense to work with them' (Centre 4).
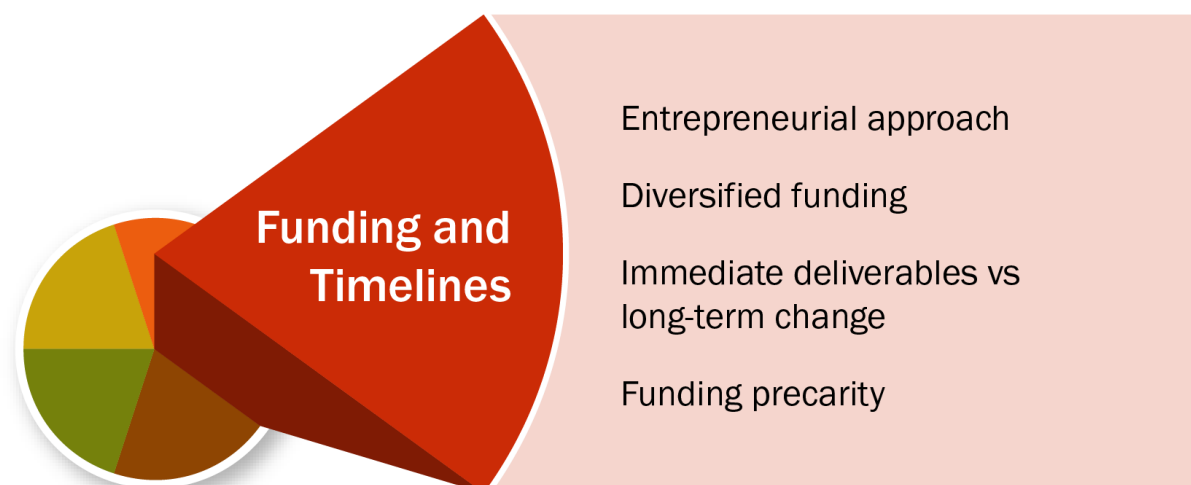
Funding and timelines

Figure 5. Four elements of an evidence centre's Funding and timelines

Evidence centres operate on a diverse set of funding and revenue sources. According to Puttick et al., (2023), evidence centres in Australia have an average annual spend per centre of $9.5M (with a range spanning $2M to $33M p.a.). While government is rarely the sole funder (in only 35% of centres reviewed), it provides some level of funding to 90% of evidence centres in Australia (Puttick et al., 2023). As discussed above in Structure, centres can retain strategic independence while receiving government funding, and receipt of government funding may be a mechanism to maintain relevance to government (Puttick et al., 2023).

Secure funding is identified as a mechanism of both increased autonomy and flexibility in agenda setting (Larsen, 2020) and increased focus on core activities rather than project-based work (Puttick et al., 2023). However, funding is rarely, if ever, secure or adequate thus requiring centre funding models to evolve over time. Centres are required to manage the tensions this causes.

Entrepreneurial approach

For most centres, achieving long-term financial stability requires an entrepreneurial vision/mindset and organisational capacity (i.e. back of house business infrastructure and staff).

> *This 'is the vision of one of our former directors who was an entrepreneur at his heart - we are in never ending development mode here all the time. We keep an eye on the latest grant announcements, we're always looking at things. I think to build these kinds of centres, again, context matters. But I think the ones that have run well here in the States have at least had some kind of entrepreneurial vision for, "Okay, how do we sustain ourselves as a business?"' (Centre 3).*

The pragmatics of limited budgets drives innovative and entrepreneurial thinking around funding.

'But you've got to work out what can you feasibly do with a budget which has to go to setup and operations, part of which has to go to workplan. Can you really achieve everything that needs to happen in the sector? Clearly not. So, you need to look for innovative ways and try and stimulate applicants [for evidence centre funding] to come up with this and build them into their application and fore planning' (Centre 2).

In practice throughout centre operations, this meant employing a range of income-generating and resource sharing strategies. At a staffing level, this often led to independent self-managing/funding teams focused on finding financing for sets of activities, discussed further below.

Diversified funding

Multiple funding and revenue sources

In the context described above, evidence centres typically draw on different revenue sources which vary across the lifecycle of the organisation. Sources include core funding from government or philanthropy, competitive grants, fee-for-service contract revenue, income from trading (e.g. fees from accreditation, income from training or sale of resources).

'So, you're probably wondering how we pay for all this stuff? We have a core grant, and we are completely self-supporting. Our primary funding source is competitive grants from the public sector. Our federal government has a relatively robust grant funding operation. So, there are always new things coming out on disability that we always look at – we look at a lot of different things. So, that's part of it. We have contracts with many, many states. That work has really grown over the last several years. That's another way we get funding. So, we do a little bit of private foundation work, a little bit of fee-for-service work. But really, those (competitive government grants and contracts) are our primary funding sources - and we are completely self-funded' (Centre 3).

'So, the way we fund our learning community now is by providing training and technical assistance programs to states, or countries that want us to give them that service. And we also provide online courses for [disability employment] specialists, for supervisors, for fidelity reviewers. We have a short one for mental health practitioners, one for peer specialists' (Centre 4).

'I've always conceptualised the centre as being like base funding to do some good work, but of which many things need to be built. So, I've been strategising about building additional components through [Commonwealth government research] funding - whether that's things like an additional centre of excellence... We have other bigger funding schemes of five-year cycles of grant funding or big philanthropy' (Centre 2).

Core vs project funding

Core funding provides the capacity to leverage other funding. Core funding ensures basic infrastructure and operations are funded, which provides capacity to generate other activity.

> *'And what we do structurally is use that seed money essentially to pay for the people in our office who do work for all of the projects. So, our IT, our proposal developers, our people who do the payroll and reimbursement and things like that, as well as the director, and a few other staff here and there. And then we use that to leverage the core funding into between $4 and $6 million dollars a year of additional funding'* *(Centre 6).*

Typically, centres define key work areas (called 'pillars' by one case study) and devolve delivery to teams (sometimes based within delivery partners). Across multiple centres in the US, these 'pillars' of activity function as sub-brands or sub-centres, often having their own identity separate from or within the host centre. Core funding is required to provide underpinning infrastructure including the roles that hold the teams and work areas together. In the case of one Australian case study, this includes the centre's Inclusion Manager. In a US case study, this includes a role to support the sector/community advisory mechanism.

> *'Our colleague is funded through the core budget to facilitate our advisory council, to make sure we have the right people on it, representing the right agencies and the right communities. But also connecting with those of us at the [centre] doing work, so that we're presenting at every meeting saying, "This is what we're working on. Does that hit the mark? Or can we use you to help engage people for a focus group"'* *(Centre 6).*

Any activity outside of core funding is potentially ad hoc and may or may not align well with the vision and needs of the centre. If reliant on project funding, centres will not be able to pursue important projects even when well aligned if they are not successful in securing this funding.

> *'We didn't do this research… I think we've applied for a couple of grants along those lines. Never got them. …. But I think it's a really rich area of research that's really needed'* *(Centre 3).*

> *'But I think the other thing to know about why it's hard for the researchers and the service providers and all of that to work together, is that our funding is all different. And so, when we write a proposal, that directs what we do. So, what I've done over the years has been influenced by who am I contracted with to do what'* *(Centre 6).*

Case studies highlighted the difficulty of maintaining a holistic vision and connections across separate activities when funding atomised activity.

> *'I think part of the challenge is we get so project driven, and we've got to get this done, get that done. … And we've actually been doing some restructuring to connect everybody across the board and learn common topics and common areas because we*

can get so caught up in day-to-day: "We've got to get this done, that done". What kind of ultimate impact is this having on the field? And I think that's always a little bit of a challenge of this work' (Centre 3).

As noted by another case study, holding the connections across the parts is extremely difficult.

'There are 65 employees... We all work on our own little projects. So, it's hard to have that global overview, but the idea is that the research we are doing informs the service that we are providing. And that both of those [research and service] are evidence based in the training that we provide ... So, the goal is interconnectedness among research, service, and training. In actuality that is incredibly hard to do, because we're all so passionate about our individual projects' (Centre 6).

This highlights the tension between funding-driven projects (i.e. being entrepreneurial where responsibility for funding devolves to specialist teams and team leaders) and maintaining an overarching shared purpose/collective impact. As described by one centre,

'[Our director is very] thoughtful about, "Does this fit with our strategic needs? And do we have the staff to do this right now?" We shouldn't just be going after stuff – it's like, being strategic about how you're building, what funding you're going to get and what your funding is going to be. Whether it's just going to be, "Okay, here's your funding, go," or whether it's going to be more of an entrepreneurial model, or mixed' (Centre 3).

It should be noted also that core funding is not always stable. Changes of funding also changes both overall direction and immediate deliverables. In one case, despite having a lengthy track record, changes in government funding design necessitated a significant change of direction for one evidence centre.

For most centres in this study, while core-funding was a key element (sometimes enduring and evolving as in the case of RIIC, ICI and VRTAC-QM in the US), each centre still needs to leverage the core funding as part of a broader and blended long-term funding strategy. The need for entrepreneurial activity/soft money also shapes the way programs are designed and developed. This requires organisational flexibility (including from government funders) and the capacity to learn and adapt. It can also create additional challenges in the form of siloed teams who need to focus on bringing in the money and delivering outcomes leading to less collective focus on long term impact.

Immediate deliverables vs long-term change

Advice from case studies suggests that centres need time (10 years plus) to create change with funding available to support that timeframe. Over these necessarily extended timeframes, different evaluative mechanisms can be linked to funding cycles that offer opportunities for consecutive funding. Several US case studies were in receipt of 'three plus two' year funding contracts.

'I would say we want a 10-year funding cycle, and we can evaluate this on an ongoing basis. We have what we call 'three plus two'. So that means after three years of our five-year funding cycle we're re-evaluated, and [government] says "Yes, you're doing well enough to continue to get funded". So, we don't have to recompete for funding. They just evaluate it. I would give yourself [the Australian Disability and Employment CoE] lots of time because we're 10 years post the passage of Workplace Innovation Opportunity Act here in the States, and there are still many programs that aren't fully implemented yet - and so the agencies have not transitioned to them as fully as they need to' (Centre 7).

This context of recent legislative change meant the need to both explain legislative direction and build skills to enact it. The length of time to achieve change was discussed given changing entrenched systems is complex and lengthy work.

'It takes a long time to turn a ship. It doesn't happen overnight, and that's a frustration. You want things to happen, and you get frustrated when you find several years later, you're still working on the same thing - and why hasn't it been fixed yet? And there's so many reasons that that happens - systems have been around for so many decades, they are cemented in the way they do things with the best of intentions doing it the way they've been doing it, and through lack of experience with people with disabilities - perhaps a lack of understanding of what is possible, perhaps a disbelief that some people with disabilities can actually work. So many different factors that all come together and create challenges to moving faster as one would like to move' (Centre 5).

'I was lucky enough to get two transition model demonstration grants. And so that spanned a time period of six years. So, with the different grants we were able to put some seed money into schools. Like nothing huge, but like $10,000, and provide training... They were trying strategies, they were demonstrating. It was a significant amount of money, but it wasn't enough to change a system' (Centre 6).

Against the backdrop of the need for longer time horizons and realistic timeframes of funding, is the need for immediate and short-term change. Key to this tension is recognising the importance of incremental change (Hylton, 2002), and being realistic about what can be achieved particularly during the early years. Case study data aligns with Hylton's observation that 'The vision may be broad and ambitious, but each step along the way must be reasonable and attainable' (Hylton, 2002, p.10).

'Make sure you're not biting off too much to start with. And have a staggered approach to whatever you roll out as a program of work making sure that you start with a couple of really key points, build them well, and build up trust and reputation and engagement with your stakeholders. And then as I said, bolt on more as you go along rather than trying to deliver everything all at once. And so, whether that be topic by topic, or

whether that be pillar by pillar, whatever works for you, but I think recognising that you can't do all things at once. But also, then allowing yourself to make early mistakes in a smaller space early on and test things well before rolling things out too broadly' (Centre 1).

'Has the Centre appropriately geared the timeline of their workplan to reality as opposed to trying to excite everyone and responding to the urgency of the need? Which, to be frank, is my instinctive way of responding - I always think we can do much more. And I've learnt a lot' (Centre 2).

For those case studies currently or recently in 'start up' phase, they had learnt that the time-lag of commencement is substantial and likely to be under-estimated:

'I think this startup is the riskiest phase. Putting into place all the stuff that we need to do at an operations level, and employing people takes time. In our field, I think we're underpowered in terms of workforce and academic leadership, but also, some people do good work. So, there's an actual delay in finding the right people, which I underestimated, I think, on reflection. I was optimistic that we'd just draw all these people out and it would all be easy. Key people take time.' (Centre 2).

Added to this is advice to 'go slow' on commencement in order to build knowledge of the sector, the needs and the best mechanisms for change.

'In the first year you'd want to be out there exploring before you start implementing things. I think that's the one thing I've really learned from the national centre is that it is worth it to take some time and gather information about what is going on, what people want, and how to support that in an effective way before you jump in' (Centre 6).

Funding precarity

Long-term funding provides the certainty to develop ambitious and long-term strategic thinking, enabling innovation and focus on core work rather than being constrained by the need to focus on fund raising - a task that requires resources that could otherwise be deployed in the delivery of core centre responsibilities (Gough et al., 2018;, Puttick et al., 2023). Without the security of funding, some evidence centres reported an uncertain future due to funding precarity. In many cases, it was not viable to expect revenue to flow from the target sector given its own level of funding insecurity and inadequacy.

'It's the sustainability piece moving forward - but that's not unusual in government to stand up things and then not fund them on an ongoing basis. And so that needs to be part of the strategy - how to not rely on a single source of government funding for sustainability. And again, it's something like 70% of [sector] organisations are in the

red, so it's not a sector that's flush. … but that's the reality of where we're working in terms of the sector that we support' (Centre 1).

As discussed above, funding precarity had effects on being able to undertake work in the prioritised areas as, inevitably, centre staff had to 'follow the money' and align projects to funding opportunities:

'So that autonomy at the PI [Principal Investigator] level is striking, is a little different I think than other places that I've worked at. I think the other factor that drives that is that we're all soft money funded. The PIs and the project directors are responsible for the most part for bringing in their own money. So that pushes where you go and what you get to do' (Centre 6).

In the face of a lack of funding, centres inevitably reduced operation scope and size. Despite being an evidence centre with a large number of associated randomised control trials, and significant domestic and international engagement and uptake of evidence-based practice, one Centre reported no underpinning funding. This suggests that effectiveness does not necessarily beget funding.

'Well, [we're down to] one full time researcher, and one part time researcher right now. And then me, three trainers, an administrative assistant. We used to have a communications person and we used to have a fourth trainer - which we could really use. But it's been a long time since we've had [philanthropic] funding, and so now we're not funded, nobody funds us to do the work that we do. It's basically just the training contracts that we get that support us. We've always got one foot dangling over the financial cliff' (Centre 4).

Staffing

Figure 6. Three elements of an evidence centre's Staffing

Centres of Excellence require 'a core group of highly expert, interdisciplinary staff, including Indigenous knowledge experts. These individuals must be recognised as experts in their field by their respective communities' (Hylton 2002, p.10).

While staffing levels vary considerably starting with 5 at IPS, through 30 at ARIIA, 65 at the RIIC and 140 at ICI, all centres have some research capacity. Some centres reported considerable variation month to month in terms of staff quantum. Staffing (quantum and roles) is inextricably linked with funding models, the availability of soft money and the centre's appetite for, and ability to engage in, entrepreneurial income-generating activity.

Roles and expertise

Centre's require different teams of specialist staff with diverse technical and 'soft' skills, and a range of backgrounds - including lived experience - to deliver their programs of work and fulfil their mission.

Technical and content skills

While research skills are fundamental to evidence centres, since all do some level of research, a range of other expertise is identified by interviewees. This includes:

- Leadership: '*You need good leadership. … Do you have, within the leadership team, depth and knowledge that will carry the initiative, that it's not individual dependent*' (Centre 2)

- System change and reform expertise: '*I've got a team that's driving systems change and reform. That's not quite advocacy, but it's similar. It's pairing the strengths of advocacy with the know-how of the health sector. And how sectors work or don't work together - and what needs to be done to drive those strategic conversations*' (Centre 2),

- Services development,

- Project management (linked to sector and grounded implementation knowledge),

- Implementation science: *'You need them to be able to talk to a frontline worker and explain that in language that's meaningful - and if they can't do that then they're not the right person for you'* (Centre 1),

- Knowledge translation: *'They can take some pretty high-level information and create items that are much more accessible to everyone'* (Centre 6),

- Training, including instructional designers, online learning experts, and learning management system experts: *'Particularly in the early days, where things are messy and it's a start-up, you really do need dedicated people that are there to support the participants [in training programs] - not just to tick a box and enrol them and move on because it's a naïve workforce and a new area. So, there's a lot of handholding went into supporting people - supporting organisations even'* (Centre 1),

  'What we're doing literally here, right now, is doing distance learning - we do never-ending course creation, things like that. That infrastructure needs to exist. You have a registration process for people to sign up for activities and all of those kind of things' (Centre 3).

- Knowledge exchange (using IT platforms),

- Management – including specialities such as Indigenous lead and Inclusion lead: *'Keeping track of the workplan across those four teams and for strategic issues - including developing the full workplan, deciding budget allocations for the workplan. And strategy - the overarching strategy of the centre'* (Centre 2),

- Proposal/grant writing,

- Stakeholder engagement (across all activities and governance processes): *'One or more people who can provide that depth of understanding of the sector, who have the relationships with the sector, who can mobilise the right people to contribute and to partner in this initiative, is absolutely critical. If you don't have that capacity to work together on a complex problem and design of the solutions through those multiple inputs, it simply won't work.'* (Centre 2),

- Communications: Puttick et al., (2023) identified the requirement to be able to consider different audiences, speak the right language for each stakeholder group and recognise different levels of evidence literacy. *'In terms of underlying infrastructure for a centre like this, we have some kind of marketing and communications - something that's basically the infrastructure for formatting publications, running your websites'* (Centre 3)

As discussed above in Structure, Hylton (2002) identified a range of necessary organisational capacities. These encompass critical back-of-house roles in order to deliver their front-of-house programs. Each of these require appropriate personnel, whether located within the centre, at delivery partners or within the host organisation (depending on the structure of the organisation). They include:

- financial administration, accounting and auditing,

- human resources: recruitment, staff training and development, and personnel administration,

- internal and external communications,

- IT,

- information management (library/repository skills) (Hylton, 2002).

The recruitment of staff with appropriate skills, and the ability to build the necessary infrastructure, is seen as not only key to effectiveness but also efficiency of operations:

> 'You want people not spending time on things they're not really experts on, trying to create websites and things like that, and then they get bogged down. So, because of our size, we've got a pretty robust group– we actually have a studio here, believe it or not, we'll film interviews and create some of our online courses. That's a relatively recent development, but we do a lot of that kind of content development. We have staff in social media and also staff that just do a lot of our publication reviews. I'll write stuff, but they do the editing and then they do the formatting and the distribution to get it online' (Centre 3).

Soft skills

Interviewees called out a range of 'soft skills' necessary for centre staff: energy, curiosity, interpersonal skills and willingness to learn.

> 'You need people with a lot of energy - a lot of interpersonal skill which is probably the most important. I think a willingness and wanting to understand, people who [are] curious about how businesses operate - and are willing to go in and ask questions and determine what the needs are and then find ways to fill them. And being able to articulate all of that. That's why I think this is so incredibly complex because you're asking a lot. But yeah, I think it starts with interpersonal skills and willingness to learn and grow' (Centre 7).

> 'And have empathy, or lived experience, or real-world exposure to what it's actually like to be a disability worker in the community. It's about making sure you keep it real, but with that rigour underpinning it' (Centre 1).

Genuine commitment to/belief in the centre purpose/mission is considered key by interviewees.

'I think that people have a lot of trouble envisioning certain people working - You're looking for a team of people who have a vision, who really can think beyond doing custodial work or that believe only people who have this degree, or credentials should be working ... That's why having examples and success stories of people who do have more complex disabilities and situations - but got the right support or had the right job matched or some combination of things - is important. But if you can find people who have a history of having that vision or who can really articulate something, that would be important' (Centre 5).

This is consistent with the evidence base in relation to factors affecting the employment of people with disability, where high expectations of supporters about employment is an established factor contributing to outcomes (Kirby et al., 2019; Kregel et al., 2020).

Lived experience

Lived experience was seen as a valued skill/knowledge set. Interviewees highlighted the importance of having people with lived experience embedded throughout the centre in a range of different roles/capacities.

'I think it's extremely important for credibility to have the involvement of people with disability as advisors, shaping policy, and as part of governance - but also, I think, in terms of understanding what their experiences have been. We have this professor - she's involved in one of our projects - and she's a woman with a disability. What she brings is really pushing the needle around understanding what the client experience is. Because what you hear from state agencies is going to be different - maybe markedly different - than what you hear from people actually experiencing the services. And I think that's a critical piece of it' (Centre 7).

'Probably half or more of the staff are people with lived disability experience, people with disabilities themselves, and that makes a difference' (Centre 5).

Practice experience

A consistent theme across interviewees running evidence centres related to disability employment was that of the need to employ staff with deep practice-informed knowledge.

'I was thinking about the skillsets you need for staff. We have generally found that we start with content experts and we teach them how to do Technical Assistance and training. And we've tried it the other way and it doesn't work, to be honest. The best staff are people who have been on the ground and done this work and have spent time with non-profits, with NGOs, or whoever it might be, or worked for some of the public

systems at a local level. Because if you've lived and breathed it, you're much better at being able to help others do it' (Centre 3).

'I think people who've been trained to do vocational rehabilitation…. usually, it's always a career for some people, they were an employment specialist, they became a supervisor, then they became a state trainer. So, it's kind of like their career path' (Centre 4).

'Every one of us who works in the centre comes from VR - within the Vocational Rehabilitation system…As much as I love my professors here – I would never hire one of them to provide Technical Assistance, right. I would hire a VR person who has a reputation of excellence in knowing what they're doing and in all the things that are really important for what our centre does' (Centre 7).

This was often reflected in the work they'd done in building the capacity of people who worked in the employment support system, drawing on their grounded experience as direct support professionals, or running programs, or starting agencies.

'Something that wasn't just theoretical. You've been down where the rubber meets the road, and there's a different level of understanding. I think when you've been in the system working with the people, you understand the barriers that you bump into when you're trying to change the system to do something a different way' (Centre 5).

'You've got to have people who understand and have done the work. There's this deep knowledge of disability in our Centre staff, and that knowledge is based on years of experience of working with people with disabilities. In some cases, they are people with lived experience of disability and understanding the system – in my perception it makes a huge difference' (Centre 5).

However, there was also recognition that, depending on the context, there may not be sufficient staffing available. Two strategies were reported by case studies: 1. 'Stealing' practice 'geniuses' from the sector; 2. Recruiting a "unicorn" from another sector who can 'get it'.

Overall, finding people to match this array of skills required is understood to be a challenge which necessitates finding people with multiple skills and enabling flexibility within roles so as to enable diverse skill sets to be deployed as needed.

'Make sure that you employ a diverse range of people with a really rich mixture of lived experience skills, academic skills, delivery skills - in terms of whether that be content, workshops, stakeholder engagements, whatever you need. And try and find people that wear multiple hats because you need a bit of everything. And obviously things ebb and flow. So being able to draw on people's different skillsets is really, really valuable - because that gives you that flexibility to change when you need to' (Centre 1).
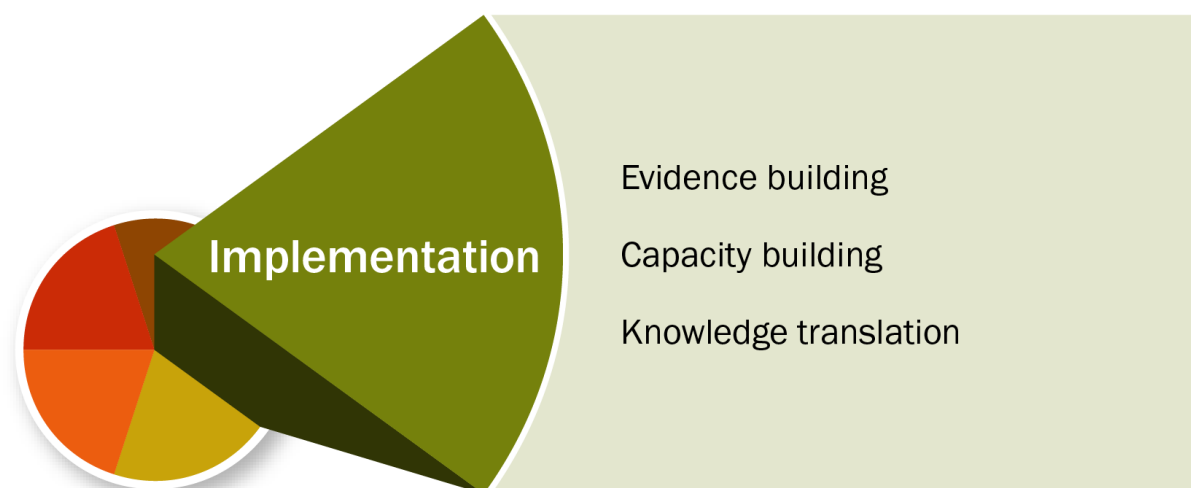
Implementation

Figure 7. Three elements of an evidence centre's Implementation

A strong focus of evidence centres reviewed (and part of the rationale of their selection into this study) was that of influencing practice (in the area of social services) to increase targeted outcomes. This work occurs across different segments of the ecosystem and encompasses a complex logic of change. This logic of change is central to the design of activities for evidence centres. Some evidence centres use (or are developing) a Theory of Change and program logic approach (Gough et al., 2018; Puttick et al., 2023), with many having overarching strategic planning. One example in the field of employment is the Youth Futures Foundation (UK) established in 2019. The Foundation provides a common logic that focuses activities across three key areas of change to increase employment for their target cohort: 1. Changing the employment system; 2. Creating opportunities with employers; 3. Building capacity with practitioners[1]. Current activities (five years post commencement) within this logic of change then focus on:

- Growing knowledge of the barriers to employment that specific groups of the cohort face,

- Building understanding of promising interventions,

- Testing interventions,

- Evolving evidence tools to ensure they are useful,

- Engaging and influencing key actors who can make change happen,

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[1] https://youthfuturesfoundation.org/about-us/about-youth-futures-foundation/

- Providing a platform for and integrating voice and experience of the cohort (Youth Futures Foundation, 2023).

The following discussion has chosen to thematise three broad areas of activity within the implementation element of evidence centres, noting that all overlap: evidence building; capacity building and knowledge translation. As one interviewee explained, across these activities an 'infrastructure' for implementation is needed:

'We've got a capacity-building workplan that is building some of the elements of understanding of what needs to be done. And we're trying to develop the basic infrastructure that will support how we do it - everything from establishing clinician networks, to educational and training material, and working out how we will house that and promote it' (Centre 2).

Evidence building

Using different types of evidence

As forecast at the beginning of the report, 'evidence' is a term with a wide definition, and evidence centres use different kinds of evidence across their briefs depending on the purpose of its use. This is consistent with Gough et al. (2018), with case study centres reporting the use of program data, population data, evaluative data, and other types of evidence in their work.

'There are different kinds of evidence that are useful for different kinds of things. And when you're talking about trying to teach a system how to do something differently, it just seems like you need to be down in the system doing it. That is not in any way to negate the importance of other kinds of evidence. We certainly also look at and utilise other evidence as we promote various policies. We've done a lot of work on Customised Employment, for example, where we are promoting the programmatic evidence that we have collected around that particular strategy as well as on the Individual Placement Support form of Supported Employment. We will promote and make sure that people know about that. But the kind of research and policy implementation that we are doing to inform policy development, it's a different kind of evidence building: What's going to work in this system? How do you move a system when you're working with the street level bureaucrats? It's people who are where the rubber meets the road where it's actually happening' (Centre 5).

Puttick et al. (2023) suggest that evidence centres differ in terms of whether they produce primary (i.e. new) evidence or synthesise existing evidence. For example, Puttick et al. (2023) discuss the value of mapping and synthesising the evidence base to identity gaps and reduce duplication in the commissioning of new evidence. One example of this is the Youth Futures Foundation's 'Youth Employment Toolkit' (Appendix A) which synthesises the available, high-quality evidence on the

impact, cost and effectiveness of seven common interventions for youth employment, drawing on more than 700 articles. The online interface shows a quick summary of each intervention type across several metrics. The synthesis is updated with new evidence periodically.

Overall, among the case studies, most evidence centres do some level of both producing new evidence and synthesising and curating existing evidence.

Table 2. Knowledge-generating activities from the case studies

Evidence Centre case studies*	Access to academic journals	Providing online resource hubs	Activities to generate new evidence including pilot projects	Data Portal
VRTAC -QM		x	x	
ARIIA	x	x	x	
IPS Employment Centre		x	x	x
ICI		x	x	x
LEAD Centre			x	
YFF		x	x	x
RIIC			x	x
CfECFW	x	x	x	

*CoEIDH not included due to current 'start up' phase

Some of these strategies are explored further below.

Data portals and online evidence/resource hubs

A portion of case studies maintained data portals and provided a mechanism for users to access population and service level data. These encompassed different variations of raw data sets and 'live' data, data analyses, visualisations and data dashboards, and access to publications. In most cases, a level of interactivity and filtering of data is possible (see Appendix A: 'Online data portals'). For example, the Institute for Community Inclusion (ICI) in the USA manages StateData which holds data related to employment for a specific target cohort: people with intellectual and developmental disabilities.

A different example is that of the Evidence and Gap Map of the Youth Futures Foundation (UK) (Appendix A) that captures global evidence for intervention to increase youth employment. The map is searchable in various ways, and currently includes more than 987 intervention evaluation studies, 31 systematic reviews, 593 impact evaluations and 370 process evaluations, and is updated when new studies are published.

While some case study interviewees commented on the use of these systems by their own centre staff/researchers, there is no data about the effectiveness of these approaches. Overall, the purpose is to curate an evidence set as one mechanism of building the evidence.

Focus on what works - evidence from the ground

By far, the largest focus of discussion in interviews was on the work of centres in building the evidence base from existing implementation. Case studies echoed the literature (Gough et al., 2018; Puttick, et al., 2023) in focusing on what works and why.

> *'Another thing we do is lots of research around what works and why it works and how it works. We took that Rapid Engagement concept and looked at the correlation between speed and employment outcomes over the last three years across the nation. We found very clearly that from the date of the application to the date the person receives services - in this case when you write a plan - there's a direct correlation between the speed with which they achieve that goal of getting a plan and getting services and the likelihood that they exit in employment. And we looked at it from every which way you could possibly look at it really because we knew what people were going to ask' (Centre 7).*

Others were building evidence through targeted research to address knowledge gaps:

> *'There's a brand-new project that I'm working for the Department of Labor, where we're doing research on nine higher performing agencies around the country in Customised Employment, and we're interviewing them intensely and writing up case studies about how do they pay for Customised Employment, what's led to their success? And then the next step is to bring together a forum, hopefully in September in DC, of the experts on Customised Employment - like 25-30 people from around the country together and really hammer out what changes would have to happen. Customised Employment's been beat up because we don't have a good evidence base. There's not a lot of research on it. So, what would have to happen to say this is a viable strategy? What kind of service definition … would have to be in place so states could do this? What kind of funding and what kind of capacity building in professional development?' (Centre 6).*

A number of case study centres discussed running pilots as a mechanism of evidence building (and of practitioner capacity building). Pilots are implementation studies that can have a variety of research foci:

> *'Right now, they're in the second year of three pilot programs per year. So, this will be six pilots where we are trying to leverage the workforce system and a different requirement of a different law … And by leveraging these pilots where we're connecting job centres and banks or financial institutions at their local level, we are creating*

career pathways, we're creating increased knowledge of financial literacy, we're enhancing the provision of financial literacy in the pilots. So, we're at the federal level, but our tentacles are reaching out for our pilots that inform policy' (Centre 5).

'We created a recruitment and pilot program and recruited four states who were having particular issues then identified and implemented multiple personnel/human resource strategies with them over the course of a year to help them develop a recruitment and retention plans, succession plans and all kinds of things to address current and future needs. That involved not only creating a pilot program on how to make that happen, but also doing research on vacancy rates and its impact across the VR program' (Centre 7).

Not all case study centres had a large focus on evidence building, with some reporting that their primary focus was on translation and capacity building, with as little as 10-15% of their time spent on evidence building. However, most, if not all, built on their knowledge of what works for whom via piloting of initiatives and evaluating their effectiveness.

Timeliness of evidence

Puttick et al. (2023) argue that mature evidence centres 'produce actionable, "delivery-ready" evidence' (p.23), which clearly ties to both capacity building and knowledge translation activities discussed below. A key feature of effective evidence creation is its timeliness and responsiveness to sector needs (Puttick et al., 2023). In some instances, case studies reported achieving this by maintaining a data monitoring and reporting brief:

'We have this Employment First movement in the States. And so, one of the things we've done, and something I do a lot of, is tracking what's going on with that - what's emerging there. … We'll get called in, for example, by various federal or state committees to just discuss implications of different things. So, our staff will occasionally testify, "Here are what our findings are. Here are the things we're looking at. Here's what the data's telling us." …So, that's definitely being informational about policy' (Centre 3).

In other instances, case study centres had adopted strategies for rapid evidence review. In one case study, the funder had built this requirement into the centre's workplan of deliverables as a mechanism to ensure government had timely access to the latest evidence.

'There's a formal workplan that is developed, but there's a lot of fluidity to it. We even have, as part of the workplan, something that I've called rapid turnarounds where we get a request for something, and we need it right away. Then I'll go to [evidence centre] and say, "Well, can you help me with this?" And they'll do whatever the research is to help get the information that I need to develop the response' (Centre 5).

Balancing evidence creation with implementation

In the end, the tension remains between evidence creation, curation and translation and achieving the uptake and application of evidence in grounded contexts of service delivery that drive outcomes. While all centres continued to generate evidence in various ways particularly in response to evidence gaps, as discussed above, the larger focus of their work was on evidence use.

> *'The time for research is over and the time for action is about 10 years ago. So, it's that sort of really pragmatic assistance that the industry really clearly wanted. And I think again they just were making the point that millions of dollars go into research and they weren't seeing any benefits from that. So, wanting to build staff capability as the on the ground experts to make changes in their context that worked well for them, that are evidence-based' (Centre 1).*

Capacity building

Both the literature and the case studies discuss the pivotal purpose of evidence centres in building capacity across the ecosystem at the levels of individual, organisational, and systems change (Hellstrom, 2018). Pitted against this strong focus of evidence centres is the reality of grounded barriers to change (i.e. capacity building) such as a lack of sector resources and time to allocate to participate in implementing change.

> *'I think that unfortunately you do start preaching to the converted because they're the ones that have the capacity and the headspace. And then you have to find ways to make some of the middle of the curve - or even the tail end of the curve - see that they need you or can use you. And you don't want to do that with a big stick, so it's hard to do that. I think the positive thing that drives us is that the feedback that we get is amazing...So once they're in, they're converted. But getting them through the door is hard because they can't see - because they're drowning - how stepping away will be beneficial. You know, short-term pain for long-term gain. And so, it is about making sure that you're solving their problems, not the problems that you think they have. Again, recognising that the organisations that need the most help quite often, like I said, are just drowning so they can't even see above their day-to-day emergencies to ask for help, or to know what sort of help is needed and useful' (Centre 1).*

This highlights a tension discussed by several interviewees between driving an evidence agenda and being responsive to grounded issues and levering in the evidence and change strategy less overtly.

A range of more formal capacity building approaches are discussed below.

Capacity building for generating and using evidence

While one role of evidence centres is to generate, curate and make evidence accessible to users, this is of little value if users lack the capability to understand and use evidence well. In this context, much

of the literature discusses the role of evidence centres in building the capacity of target users to understand, use and generate evidence (in various forms) (Puttick et al., 2023; Gough et al., 2018; Hellstrom, 2018) and, at a more fundamental level, 'instilling a culture of enquiry in frontline practice' (Gough et al., 2019, p.7). Building capacity in relation to evidence therefore has a wide remit, encompassing attitudes towards research, technical skills to understand and use it, and behavioural aspects such as motivation to use evidence. Gough and colleagues highlight that such a lens sharpens attention on building capacity of all stakeholders via:

> *'Engagement activities that support knowledge mobilisation mechanisms (such as access to evidence, skills to enable use) and address behavioural needs (such as creating opportunities and motivation to consider research) (Gough et al., 2018, p.8, citing Langer et al., 2016).*

Examples from the UK What Works Centres include work to embed understanding of evidence-based practices within core qualifications frameworks for practitioners, as well as 'master classes' or other training in skills such as research appraisal (Gough et al., 2018). While Hellstrom (2018) recognises the role of formal education and training of potential evidence users, he and others suggest that there are more applied ways that users can build skills in research, particularly via being involved in doing it 'in situ' (Gough et al, 2018). One focus for evidence generation in situ is via piloting and evaluating initiatives and involving practitioners in this. One example of this 'in situ' approach to building research skills is ARIIA's Innovator Training Program (Appendix A). The program is designed to enable both individual employees and teams to investigate, understand and address workplace issues by using best-practice evidence to create, test and evaluate solutions.

Capacity building for implementing evidence

Gough et al. (2018), in reviewing the What Works centres in the UK, found that evidence centres tend to shift work focus over time from an initial focus on 'aggregating, synthesising and providing access to evidence' to 'interpreting research (e.g. producing actionable guidance) and on supporting uptake and application of evidence' (p.7). This focus on building capacity to implement or take action based on evidence has multiple areas of focus, discussed below.

Building capacity of systems

Evidence centres frequently aim to influence policy and investment as key parts of the ecosystem that shape outcomes for target beneficiaries (Gough et al., 2018; Puttick et al., 2023). This was a common logic presented in case study interviews (particularly of those in the US focused on increasing employment of people with disability). Gough et al. (2018) summarise the logic for this focus as due to the critical role of the system in shaping the target sectors (and practitioner work within these). This is a theme repeated across interviews.

In this context, many centres focus on building the capacity of systems actors, for example through Technical Assistance (TA) or the provision of data and evidence-based advice, to develop 'enabling

environments for addressing issues' (Blase, 2009, p.2). In the US, funding for Technical Assistance is divided into three levels: Universal, i.e. access via websites and resources; Targeted, i.e. time-limited TA on a specific issue; and Intensive, i.e. involving a longer term workplan to support specific capacity building, often involving substantial 'alongside' work.

> *'I would say that the proportionality [of activities] kind of varies. I mean it is overwhelmingly heavily on the direct provision of Technical Assistance – I would say it's almost evenly proportioned between Intensive and Targeted type Technical Assistance. And that means that most of the time we are directly working within [government] agencies in some form trying to help them accomplish something, fix something, achieve something' (Centre 7).*

Given that in the US, responsibility for the delivery of direct employment services to people with disability sits with State jurisdictions, governed by federal law (see Appendix B), a substantial proportion of Technical Assistance activity is directed to State actors. Some case studies focused on policy-related capacity building targeting senior management within state-based public systems. This was strategic in nature including how the state jurisdiction could best leverage federal funding to improve (state-wide) outcomes. Capacity-building at this level involves the creation of the soft infrastructure - including the data, policies, funding formulas, service system, model development, specialist staff - needed to leverage funding opportunities to deliver federal policy priorities.

> *'We have these public systems, and we work directly with staff in the vocational rehab system, who are at a higher level, or in the developmental disabilities system. And we talk to them about, "The federal law says this, the funding source is this. What are your policies, where is there flexibility? What do you need to think about changing in terms of getting better outcomes?" ...I'll give you an example - we're doing some work right now with a state on Customised Employment, which is a very intensive service. ... We're helping them build a whole structure for adult Customised Employment services. So, we're looking at what kind of policies are you going to have to implement this? How are your field staff going to do this? How are we going to develop a whole training structure and a quality assurance structure?' (Centre 3).*

Often, this system-level capacity building is one of systems design focused on questions of effectiveness and efficiency:

> *'On the bigger scale ... where should you [the State authority] spend your money? How - where is the best investment of the public vocational rehabilitation dollar that results in positive outcomes for people?... What we hope for in the midst of providing all of this, is that we have efficient, effective, well-run organisations at the state level that provide the highest quality of service to individuals - and inspire them and support them to achieve their highest maximum, right level of potential at work, in the community and at home' (Centre 7).*

In addition to building capacity of system level actors, evidence centres also work to influence system change more broadly. Several examples of this were provided across case studies. One example involved driving a directive from federal government into operational form at the state level:

> *'It was a huge coup that [evidence centre] helped, that [federal government] could not have done it without the [evidence centre] who helped at every step of the way. But the genesis of it was really ... the White House... they wanted this blending and braiding [of funding from different sources to support disability employment] and additional collaboration coordination across the systems ...And so I immediately brought [evidence centre] into that work group. And we actually have a policy product which nine federal agencies signed on from the very head person promoting the importance of blending and braiding and sequencing. So now the [state] agencies have that policy. And so now you can work on how do you operationalise it? How do you make it real?' (Centre 5).*

A second example is a mix of top-down and bottom-up activity to influence systems by building a new national approach:

> *'So, this communication problem, this period of performance issue, became so great that we are now trying to figure out a way to develop a system that will address it on a larger scale across the country for all states ... I was mentioning Rapid Engagement, that's a systemic change that we're trying to make so that it is not unique to each agency but has a whole slew of policies and procedures and partnerships and all kinds of stuff that needs to occur' (Centre 7).*

In many instances, the examples given had arisen from grounded evidence that was filtered upwards by the evidence centre that then worked at the system level to contribute to the understanding of the system change initiative. In other instances, the evidence centre acted as a 'bridge' between levels:

> *'And the work we do is both policy-related - looking at national federal and state policies in terms of disability - and then practical implementation at the ground level. There's a massive network of non-government organisations, non-profit organisations that do a lot of the work. And we do a lot of work with those organisations' (Centre 3).*

As with other levels of capacity building, systems intervention work is both planned and responsive (i.e. builds out of common issues from the ground).

Consistent with the literature and discussion elsewhere in this report, the issue of organisational readiness or the presence of an 'enabling environment' was raised in relation to barriers to effective systems level capacity building. One evidence centre described the need to check that the system 'infrastructure' was adequately established to support implementation following system level capacity building. In one example, capacity building involved training system level actors in a key evidence-based practice but the need for development of other system level features was also identified:

'There is the basic training on Customised Employment that's obvious and needed. But what we also found early was that you can't just go into a state agency and train in Customised Employment. You have to look at the infrastructure, you have to look at policies, you have to look at their relationship with other agencies - if they have memorandums of understanding where they can sequence services or even braid funding. Do they have those kinds of cooperative arrangements we think are important' (Centre 7).

In the UK context, Gough et al. (2018) characterise the 'systems' in which evidence centres are working as having 'weak track records and cultures of engaging with research' and not being 'structured in a way that is receptive to research evidence' (p.11). This ties back to the discussion in the Structure section that highlights the importance of a relationship to government and the need for a clear 'owner' within government to connect the centre's work to change in the system.

Building capacity of organisations and practitioners

A repeated discussion in the literature is the role of evidence centres in 'ensuring practice is effective and impactful' (Puttick et al., 2023, p.4). This often includes guidance to practitioners 'to help to identify and use approaches that can help improve their work' and creating 'communities of understanding' (Puttick et al., 2023, p.4).

A range of common strategies across case studies are captured in Table 3 and further discussed below (and in Appendix A).

Table 3. Capacity building activities from the case studies

Evidence Centre case studies*	Professional Training	Technical Assistance	Collaborative Networks and Communities of Practice	Innovation Strategies including granting and pilot projects
VRTAC - QM	x	x	x	x
ARIIA	x		x	x
IPS Employment Centre	x	x	x	
ICI	x	x	x	x
LEAD Centre	x		x	x
YFF			x	x
RIIC	x	x	x	x
CfECFW	x	x	x	

*CoEIDH not included due to current 'start up' phase

However, despite this heavy focus on workforce capacity building, evidence centres also discuss a range of barriers to capacity building including organisational readiness, staff turnover, staff workload, and, at the individual level, practitioner resources and literacy.

> *'But if you're going to be an organisation that supports the sector you need to try and make that as equitable as possible in terms of access. We're certainly not working in a field where everybody has access to a desk, and a computer, and a camera and all of those sorts of things. And if they're lucky enough to even have a phone that's fancy enough to be able to download some of the software - quite often one of the practical barriers that we have is people's phones are old and they can't be updated with the new requirements to load a new app. So, you're talking about pretty simple sorts of things that become massive issues if you're trying to reach a sector if that's their level of either tech capacity or savviness' (Centre 1).*

Technical Assistance (TA)

> *'Technical assistance (TA) has long been a standard, over-arching strategy for assisting, states, agencies, family members, and practitioners with building capacity for service and system change initiatives' (Blase 2009, p.1).*

Technical Assistance (TA), commonly used by evidence centres in the US (see Appendix B), comprises both different strategies as well as being used widely across the ecosystem as a change strategy, targeting any or all of systems level actors, organisations, and practitioners (Blase, 2009). It is 'a common strategy for encouraging and ensuring the uptake of new knowledge and information' (Blase, 2009, p. 11). TA requires a 'functional partnership' between trainer and partner which is best enabled:

> *'when the scope of the change initiative is clear, the resources match the scope of change, and when the TA strategies (e.g., Intensive, Basic) match the desired outcomes' (Blase 2009 p.11).*

As introduced in the above section on capacity building of systems, TA comprises different levels/strategies (Blase 2009). Basic TA focuses on explaining the innovation/practice (i.e. the 'what'). This is appropriate when the capacity to implement the practice is within practitioners' abilities, and the 'enabling' context of funding, policies and infrastructure is in place so that all that is required is the knowledge of the 'what' to implement (Blase, 2009). Basic TA may be able to be supplied via 'timely, accurate, accessible information' (Blase, 2009, p.2). By contrast, Intensive TA is required when: 1. new knowledge, skills and competencies are required to implement new practice, 2. support is needed to ensure it is implemented with fidelity (the 'how'), and 3. other changes are

needed (e.g. to funding, policies, regulations) to create the environment that enables the new approach. Given this multi-level work, intensive TA requires a cycle of 2-5 years (Blase, 2009).

Interviewees gave frequent examples of TA work within evidence centres and, within this discussion, frequently interrogated the logic of selecting and shaping different approaches to TA activity:

> *'[when doing] Technical Assistance with either government agencies or service providers or both, [you need to be] thinking through a model about how to do that effectively - what kind of model do we want, what do we mean by best practices in terms of delivering those services? And now let's figure out how to best do Technical Assistance. How do we want to deliver it in a way that's effective? And frankly, it's something that we continue to evolve and change and think about' (Centre 3).*

One of the key themes in both the literature and in interviews was the importance of building organisational capacity as a pre/co-requisite to building practitioner capacity. Blase (2009) suggests that the evidence shows:

> *'TA that develops both individual capacity at multiple levels (e.g., practitioner, coach, administrator) and organisational capacity (e.g., funding, policy) increases the sustainability and quality of system and service change' (Blase, 2009, p.10).*

Likewise, there was substantial confirmation in interviews that organisations need to be 'ready' to support practitioner capacity building, including with the provision of adequate resources (Blase, 2009), or the delivery of TA is ineffective and the practice outcome stymied by organisational barriers. This was also a finding of a trial of a Training and Technical Assistance Program (TTAP) for Disability Employment Service providers in Australia in 2011 (Marsh et al., 2012). This study found that, while the TTAP led to some movements towards changes in provider organisations that would increase beneficiary outcomes, ultimately 'offering technical assistance to services that are not yet ready to implement change is unlikely to be successful' (Marsh et al., 2012, p.3). In both the US (Blase, 2009) and Australian (Marsh et al.,2012) contexts, elements of organisational 'readiness' for successful engagement in TA were found to be:

- direct commitment of organisational leaders and recognition of the need for change,
- sufficient allocation of time and resources,
- alignment with current initiatives and organisational systems (e.g. internal reporting),
- a plan of action/implementation,
- the development of an enabling organisational environment 'so that the new skills that are being created amongst staff can be applied' (Marsh et al., 2012, p.4).

As discussed above, the alignment with macro systems, such as outcome requirements of government funders, was also a necessary factor affecting success (Marsh et al., 2012). This study also found that a lead time of 1-2 years was necessary before positive changes would manifest (Marsh et al., 2012).

Many interviewees reinforced this focus on organisational readiness. For example, the IPS Centre utilised a 'site readiness checklist' and may also utilise formal agreements with management documenting the agreement to free up staff and take them out of front-line tasks.

A differing focus of organisational capacity building was identified in two evidence centres within the study. Over time, and at the behest of the funder, they had shifted focus from educating and training staff about quality services, to a focus on organisational level activities that influence outcomes. This included a focus on building organisational (i.e. VR provider) capacity related to financial management and systems for managing program performance. In this context, the evidence centre addresses:

> *'What management strategies or techniques result in improved outcomes and improved services for people with disabilities and how can you help VR programs? How can we as a Technical Assistance system help VR programs implement those practices – identify them and implement them - and then evaluate their effectiveness and then modify them through basically what amounts to quality improvement?' (Centre 7).*

One centre discussed different drivers for organisational engagement in capacity building in the context of mechanisms that increased willingness of disability employment services to adopt evidence-based practices. In both instances, drivers came from the broader ecosystem of policy and funding:

> *'Or what have you learned in those Technical Assistance models in terms of – how do you engage these groups who may not necessarily be driven there? We've done it a lot of different ways. Some have been more successful than others. In some cases – like our project in Minnesota, they actually were giving grants out - money out to the providers. That motivates them. Some of the work we've done in Massachusetts was driven by the fact that the state said, "We are no longer funding sheltered workshops." So, they get driven by a policy change. "Okay, we need help to change our services. We're not going to be able to do this anymore." What motivates them is [recognition that] "this is a business model that we can't continue, and so, what do we do differently?" ... I think a lot of this has to do with, where are these organisations are at in terms of pressures regarding funding, regarding outcomes, regarding where they stand currently?' (Centre 3).*

Such discussion highlights the push-pull factors affecting uptake of capacity building initiatives such as Technical Assistance, with many case studies reporting resistance to TA in some areas.

At the level of offering Technical Assistance to practitioners, a mix of approaches is used including virtual or online training (for some or initial components) and site-based 'alongside' work supporting practitioner implementation. Consistent with the literature (Blase, 2009), site-based or face to face work is highly valued.

'I think site-based works best too - I think doing some of that side-by-side work. But what's important is getting the supervisor to do it with you' (Centre 4).

Several case studies discussed the strategy of ensuring both the practitioner and their supervisor were involved in Technical Assistance, with the intention of getting 'supervisors to become trainers and coaches' (Centre 4).

Effective TA is based on strong relationships and can require substantial time commitments.

'I think it helps to have really good relationships with people. That's a major focus for the trainers - to build relationships so that you'll get calls, or you'll get invited in, and they won't see you as a stress … And you can do some things virtually … And then some stuff you have to be there to do, so you want to be there at least once a month' (Centre 4).

There is overlap between training and Technical Assistance, given training can be embedded within TA, but in general TA offers a more contextualised and applied focus in situ.

'What's going to be your combination of doing training versus Technical Assistance - which is a never-ending challenge we see. People always want training, and I always want to say, "You really need Technical Assistance"' (Centre 3).

'We have really moved further and further away from didactic training - and more working side by side with people. Because people can go to training and understand what you're saying, but that doesn't mean they're going to change their practice. And a lot of it has to do with confidence about trying a new strategy' (Centre 4).

Training

Virtually all evidence centres reviewed in this study offered some form of training to practitioners, sometimes embedded as part of TA or separate from it.

'I think they [in-person TA and online learning] just go hand in hand. For a lot of states as soon as specialists are hired, they have them sign up for an online course for practitioners. So, they're signing up right away for the online course. The online course - there's reading materials which gives you a good foundation for the model, there's videos to watch, and then they're given assignments. And the assignments are direct service assignments. So, they're starting by listening to things and then going out and practicing - so using practical skills to practice. And then they're responding back to an instructor - so they're posting their assignment and getting feedback. So, it's great if that's going on simultaneously where they're actually doing the work too' (Centre 4).

Despite there being a substantial body of evidence in relation to factors influencing effectiveness of training (for example see Fixsen et al., 2005), most interviewees focused on practical issues such as availability of practitioners, workload factors, literacy, technology access and staff turnover.

'And again, recognising that the churn [of personnel] across organisations, and even out of the sector and even into [an aligned sector] is massive as well. So, you lose capacity that way as well' (Centre 1).

'So constantly trying to adapt to the point where it's even just your best guess of how much engagement can you get from someone in a really busy sector on a weekly basis that is meaningful to progress what they need to do - but is not stretching them so far that they can't commit to the time? And the answer is: there is no one size fits all. Because we've had groups of people that did a three-week compressed training course - but that was because they had an urgent problem that they needed to solve and they had the organisational commitment and they were ready - versus most people who prefer a six or a 10-week program because that's as much as they can squeeze into their already 150% workload' (Centre 1).

As described by the above case study, there is a need to be flexible in training design and 'meeting the sector where they're at in what they need' (Centre 1). One example was the need to deliver face to face workshops to respond to the request of some organisations who wanted to enable mass attendance;

'...that's because a certain part of the sector has the capacity to free up that many people at once. Smaller organisations would never be able to let 10 people do a training session in one go for two and a half days because the wheels would fall off their business as usual' (Centre 1).

Another evidence centre reported the need to offer high frequency training as a response to high staff turnover in the sector. This meant offering basic training on a three-weekly cycle with two online time offerings to suit different time zones.

In recognition of the low education and mixed literacy levels of practitioners in one sector, one evidence centre discussed the need for carefully designed and scaffolded training:

'It's just about scaffolding that all and staggering priority topics - and building a good quality product that has a really clear, specific focus. And then keep bolting on more additions and more offerings as you go along. ...making sure that the content is scaffolded in a way that doesn't alienate people who are starting from a lower base point' (Centre 1).

As with Technical Assistance, the lack of organisational readiness was identified as a major barrier to implementing evidence-based practice as the desired outcome of training and capacity building:

'And we have definitely recognised that the organisational readiness is quite immature in the sector. And so, with all good intent and great passion, things don't get sustained and don't get supported because people are just worrying about filling the next roster

shift rather than having the time and headspace to think about how to do things better'
(Centre 1).

Communities of Practice/collaborative networks

Peer networks, learning communities and Communities of Practice (CoP) are used as strategies to build individual, organisational and ecosystem capacity through knowledge sharing and targeted capacity building. Models include both synchronous (both online and face to face events) and asynchronous (via online platforms) approaches. These strategies were highly valued by interviewees as reinforcing an approach to mutual learning. Speaking about the International IPS Learning Community (Appendix A), a community of 29 US states and seven countries engaged in implementing Individual Placement and Support (IPS), the evidence centre described the value of this network.

> *'I think creating a culture of learning - a learning community even within your own centre - so that people can share information with each other. I cannot begin to tell you how much that means, within each state and within the greater international wider community. It's just so important that people have a safe place to talk over challenges, and people can help brainstorm strategies to help each other out, sharing information, sharing training materials. Everybody's doing that, everybody. Nobody holds back. It's not as though anybody's being possessive about what they've created. It's like, "You want a PowerPoint on working with people in the justice system, here it is, take it. Do what you want with it. Modify it. Don't need my name on it. Use it for your own purposes"' (Centre 4).*

Similarly, speaking of other CoPs (Communities of Practice), another evidence centre explains their value:

> *'They're [CoP] just really excellent vehicles to get folks in there talking with each other. We just facilitate the conversation, and we have guests in sometimes that will highlight what they're doing. ... And they basically teach each other as much as possible. They are a really good use of time because you can have a lot of people at once across the country. They share policies, they share all kinds of stuff. The website allows them to communicate on a discussion board, but they don't even use it. They just call each other or text each other or do whatever, but there's all kind of ways that they support each other. It's great. I get nothing but positive feedback from people in those groups' (Centre 7).*

These strategies are used to support actors at all levels of the ecosystem. For example, the State Employment Leadership Network of the Institute for Community Inclusion in the US (Appendix A), is one of multiple networks and CoPs run by the evidence centre and, in this instance, targets actors at the system level of the ecosystem.

'About 18 years ago, we felt that a lot of the state development - the disability agencies - had stalled in terms of employment. We partnered with the national association for the state development disability agencies and formed something called the State Employment Leadership Network. So, states actually pay us to be members of that network. And it serves as an expertise network...we have monthly meetings with each of the states, we provide assistance and guidance to them, we also get together monthly... It's a peer-to-peer network. We have an annual meeting where they all get together in person.... It's really sustained itself... States come and go, but we basically have, at any one time, usually about 25 states that are members' (Centre 3).

In this paid membership model, the evidence centre acts as the key resource to inform and respond to the focus set by the network. While evidence is limited, the centre reported that external evaluation of the State Employment Leadership Network found that member states had made more progress in relation to employment of people with disability than non-member states.

One evidence centre operated multiple CoPs, both ongoing and time-limited around a specific topic of interest:

'Online communities are such good opportunities for agencies. Any state agency can join. We developed a website allowing them to become a member and then we have regular meetings, we share information. We meet by Zoom once every other month or once a quarter or sometimes once a month. They can be very time limited. When the State Plan was due - every program every four years has to do a State Plan - six months prior to that the centre created a State Plan Community of Practice. For six months, once a month, we went through what the requirements were for each part of the State Plan. There were probably like 50 to 60 people who attended every meeting, and it was 48 states – 48 out of 50 states is a big deal' (Centre 7).

Examples of ongoing CoPs run by the Vocational Rehabilitation Technical Assistance Centre for Quality Management (Appendix A) include: a Rapid Engagement CoP with around 100 members meeting every other month; Innovative Practices CoP; and Case File Review CoP.

In Australia, the Aged Care Research and Industry Innovation Australia (ARIIA) centre offers an Innovation Network (Appendix A) to alumni of centre programs and training – typically practitioners. The network offers ongoing access to resources, training modules, project management tools and monthly online drop-in sessions. However, change resulting from such approaches is stymied by a range of factors:

'But the engagement in that has been harder to sustain. And it is hard, when a single individual comes from an organisation, for them to feel like they can continue to participate' (Centre 1).

A complementary approach has been the development of 'themed' CoPs around national scale problems, focusing again on alumni from themed rounds of the ARIIA Innovator Training program (Appendix A). However, the reach of the strategy of networks and CoPs is necessarily limited, particularly if restricted to alumni from centre activities. One centre argues that the focus of such activities is not reach but support for practitioners to sustain evidence-based practice.

> *'Again, it's small. In the [thousands of sector] workers it's a tiny drop in the bucket so far. But it's a start and it's somewhere. And like I said, it's about building sustainability into those people' (Centre 1).*

Finally, evidence centres themselves can form a CoP as in the case of the Knowledge Translation Consortium run by the LEAD Center in the US (Appendix A), which supports centres to work together to build their own knowledge translation (KT) capacity and share KT frameworks and evidence.

Granting, partnering and piloting programs

Evidence centres use diverse strategies to build capacity via grounded engagement in problem solving/solution building and innovation. In one centre, a blend of training with grounded problem solving was used:

> *'We had a training program to build capacity - I don't like the word training but I'm stuck with it. But it's a capacity building and coaching and co-design program where we support the participants from organisations to identify and unpack problems, and then identify what, if any, best practice evidence is out there to support those problems. And then challenge them with the process of adapting, adopting, and applying that into their context - because they're always very disappointed that they don't get a nice little box with a ribbon on it that is going to insert directly into the slot that they need. And then it's all about the sustainability: the translation, the implementation piece, and the sustainability. So, we built online modules for those and ran that program. And then from there, we very much recognised that there was appetite in larger organisations to take whole teams through and focus on much bigger problems at an organisational level rather than potentially a continuous improvement grassroots level' (Centre 1).*

A further iteration here has been the shift to moving to work with teams of senior personnel within single organisations to 'tackle organisation-wide issues' (Centre 1). However, in doing so, the capacity building focus has shifted away from the explicit use of evidence to a focus on project-level outcomes where evidence-based tools have been the means to realise this goal.

> *'We still try and coach and use all of the content and tools that we have developed, but we do it in a more sneaky way. ...and so sometimes, not always, the project is just a vehicle for their learning. And if the project falls over but you've developed up the*

individual's capacity to go and apply those skills to business as usual, or a new project, then we count that as a win' (Centre 1).

A key logic underpinning this approach is the recognition of the need for 'a massive mindset shift to then give people the autonomy or skills to solve problems for themselves and do things in a different way' (Centre 1), which then provides the foundation for more mature application of evidence.

Another applied learning approach is that of 'Solution Sprints' used in the What Works Cities centre. This 6-to-12-week virtual learning opportunity 'provides local government leaders with the support and strategies to accelerate the implementation of interventions' in specific contexts (Puttick et al., 2023, p.25).

Grants programs and pilots are two key initiatives that also act as mechanisms to support capacity building via an implementation and 'solutions-focused' approach.

'As part of the influencing policy, we recognise that there would be a need to do what we call these mini pilots where we were exploring particular areas of potential policy impact - documenting and demonstrating what's possible through these little mini pilots - and then trying to take that to the system as a whole through a range of different policy actions. Policy actions can be at the legislative level, like influencing legislation up on Capitol Hill' (Centre 5).

Across the nine case studies, three managed clearly visible grants programs for the sector focused on supporting research initiatives, pilots and 'ideas' incubation (Appendix A). Gough and colleagues (2018) also highlighted an approach to grant making of one centre where it invested in projects with existing evidence for the intervention (termed 'disciplined innovation' p.107). As well as driving capacity building through implementation, this kind of grant making in turn influenced the investment of government.

Knowledge translation

The literature uses a variety of terms to encompass the broad concept of moving evidence into action. These include concepts of knowledge mobilisation or 'knowledge to action' (used in the UK What Works centres review by Gough et al., 2018 and citing Best, 2010), knowledge translation (also known as knowledge translation and engagement) and behaviour change more broadly. For the purposes of this study, we will use the term 'knowledge translation' (KT) to encompass all these concepts:

'Knowledge translation (KT) is a term used to describe the variety of outputs and activities to move high-quality evidence into practice (Barwick, Dubrowski, & Petricca, 2020) ... Overall, KT is defined here as the activities and outputs that are developed to exchange knowledge with various stakeholders, often informed by KT theory and in partnership with stakeholders' (Micsinszki et al., 2021, p.1).

To some extent, all evidence centre activities, including the relationships they hold with stakeholders (reported in the Structure section of this study), feed into this area.

> 'So, knowledge translation is, obviously, the cornerstone of a Technical Assistance Centre. And if you can't take the research and the knowledge that you're using and help translate it into practice, I mean you're just in the wrong business' (Centre 7).

While a review of KT literature was beyond the scope of this study, one case study centre had completed a review of its strategic approach to knowledge translation (Micsinszki et al., 2021). This review made recommendations for childhood disability-focused research centres in relation to KT, suggesting that:

- The development and use of a KT framework is important to guide and evaluate KT activities, and needs to be applied on a 'project-by-project basis',

- Outputs of KT need to be available and accessible to different audiences. This also applies to websites that need to be easily navigated and searchable,

- Barriers to KT, at the individual, organisational and systems level, need to be identified and mitigated, and

- Sustained evaluation, informed by KT science, is needed across the KT strategy and its outputs (Micsinszki et al., 2021, p.14).

In particular, Micsinszki et al. (2021) identified the difficulties of evaluating the impact of KT activities, noting that:

> 'Capturing the progress of KT activities and their impact is critical, but few resources exist for research organizations to systematically evaluate these' (Micsinszki et al., 2021, p.1).

Additionally, the skillset of the evidence centre to do effective knowledge translation has been called out in both the literature and the case study interviews. Micsinszki et al. (2021) identified the lack of skills of researchers at one highly regarded evidence centre in this regard:

> 'Although there is an appetite to move knowledge into practice, researchers do not always have the necessary tools to do so, and some found it challenging to fit KT into their general work' (Micsinszki et al., 2021, p.11).

This challenge was tackled by case study evidence centres in a range of ways. One centre created targeted roles for KT filled by employees with significant skills:

> 'I'm about, "how do we take that evidence and give it to the people so they can understand it"? So, I'm really proud that on our research and training team we have two people who are dedicated to knowledge translation and are really skilled at it, and really impressive in how they can take some pretty high-level information and create

items that are much more accessible to everyone. There's a Supreme Court decision that talks about how people with disabilities have the right to live in community. And they took the decision and turned it into a two-page resource that I have now been asked for no less than ten times from people in the state - from people who are very, very smart in these arenas who say, "I've never really been able to explain this decision in the way that you have"' (Centre 6).

As a specific skill set, the employment of KT practitioners was seen as a valuable asset for evidence centres. However, while Micsinszki et al. (2021) found that staff in their evidence centre strongly endorsed the importance of identified KT roles, funding and resources to dedicate to KT activities (and to fund KT roles) was largely lacking. In our study, one case study had lost their only KT and communication role due to reduced funding.

A different strategy is that, discussed above in relation to CoPs, of forming a Knowledge Translation Consortium across evidence centres in a similar field. Critical in this approach for the organising centre was that this strategy was 'baked into the design of the centre' (Centre 5) so that a focus on high quality KT was core. The Knowledge Translation Consortium covers many topics, including best practice in KT.

As identified by Micsinszki et al. (2021), case studies recognised the challenge of catering to multiple and diverse targets of their knowledge translation:

'We try and engage people at all the levels - the people who are on the front line, the people who have to make decisions at the mid-level, the policy makers too. So even as we design our webinars and things like that, we try and make it accessible to a broad audience, because that's who joins. We can never anticipate who's going to be part of it, but I think we do reach all of those. ... So, it's a balancing act' (Centre 5).

A key principle underpinning KT design in this context is 'making it real' for those needing to apply the knowledge. This involves a strong focus on grounded examples, 'every day' guidance, and 'snackable content' (Centre 6):

'The Centre has developed an implementation guide that other states and other workforce systems could use. And, in all of our webinars, we have state examples … several states talk about what they've done, what they've struggled with, where their successes have been. So, we try and build state examples into everything we do that other states can look at and say, "Oh, so you created this policy, or this legislation, or these partnerships, or this formal agreement." Whatever it is, we try and come up with examples that seem to be replicable or could be brought to scale by another jurisdiction' (Centre 5).

'And then we bring in those people from Missouri or Illinois or Iowa or wherever, and we bring them into webinars, or we bring them with us to conferences, trainings and

they can actually talk about it to make it real for people. The idea is, again, you're out touching the roots, right? You're touching where the rubber meets the road, as opposed to being at an ivory tower' (Centre 5).

Given that one aspect of the logic of change is that of motivating use of evidence and behaviour change, several case studies talked about their role in building expectations of success and a culture of high expectations. In the context of the disability employment field, this meant providing examples that people with disability *can* work.

'If you can get people to [understand that] the point of our mission is to help these people get back to work, this is what we're looking to do, and … bring it down to the basics. Always bring it back. And that's where those stories – constantly telling stories about people returning back to work, success stories and sharing those' (Centre 4).

'And many of our webinars and on our website, we highlight success stories, so we try and let people with disabilities speak on webinars. We have a section of the website to highlight success stories' (Centre 5).

As suggested by the previous quote, a common consideration in knowledge translation is the involvement of users or people with lived experience in the output design.

'We're working with an organisation [i.e. parents organisation] to try and to ask them to guide the development of materials for families who aren't sure that their family member can work, should work. We still also have some segregated programs - and families are on the fence as to whether or not they want to do that. We are trying to have other families advise us for what the issues are' (Centre 5).

Below, we summarise some of the most common KT strategies and outputs across evidence centres reviewed (noting that Communities of Practice and learning communities have already been discussed in relation to capacity building).

Table 4. Knowledge translation activities from the case studies

Evidence Centre case studies*	Outputs including toolkits and newsletters	Website	Communities of Practice and learning communities	Conferences and Public Forums
VRTAC -QM	x	x	x	x
ARIIA	x	x	x	x
IPS Employment Centre	x	x	x	x
ICI	x	x	x	x
LEAD Centre	x	x	x	x

YFF	x	x		x
RIIC	x	x		x
CfECFW	x	x	x	x

*CoEIDH not included due to current 'start up' phase

Knowledge hubs

While called diverse things, or not named at all, case studies typically offered some kind of central and public set of resources and information. A typical platform or repository for these was a website, though case studies varied in the sophistication and depth of these. For example, the Knowledge and Implementation Hub of the Aged Care Research and Industry Innovation Australia (ARIIA) centre (Appendix A), includes a set of 500 curated resources on key topics; learning modules; newsletters and blogs; evidence summaries and access to other research databases. This range of output and linkages is typical. Some centres, such as ARIIA, collect data on usage to assist in understanding interest areas of users. This is consistent with the literature that suggests that 'reach' and usage data of such resources has typically formed the bulk of evaluative reporting of evidence centres (Gough et al., 2018).

Toolkits and guides

A common and frequent strategy of evidence centres is the development of guidance and toolkits to support the implementation of evidence-based practice. For example, the Explore VR knowledge hub (ICI), brings together tools and resources on promising and emerging vocational rehabilitation strategies for people with disability. Not all toolkits and guidance targets practitioners, with some targeting the primary beneficiary cohort such as people with disability. For example, the US LEAD Centre developed the Financial Toolkit for People with Disabilities (Appendix A) to support their journey into work. It addresses important questions and things to consider at each stage of the employment journey: considering how to find meaningful work; pay negotiation and saving income; how income may impact social security payments; how to upskill and find suitable training; and healthcare coverage. These kinds of guides also function to select and curate a list of links to relevant tools, resources, videos, and helplines.

Newsletters and blogs

Most evidence centres offer a subscription-based newsletter of some kind. Newsletters, such as the "LEAD On" Newsletter (Appendix A), typically share news and research updates, policy changes, funding announcements, and upcoming events. Some evidence centres identified the need to deeply consider and select appropriate strategies for reaching target audiences:

> 'In our rural communities, we have to get creative, because not everybody is online, not everybody is going to look at our website, not everybody's going to sign up for the

newsletter. So, what can we create to make sure that this information goes out to those communities as well?' (Centre 6).

This rurally focused evidence centre utilised a range of 'targeted mailings' depending on the topic and the intended audience. This included mailing newsletters to specific professional groups, such as diabetic educators or school nurses, as relevant to the topic. One innovative example was placing an information flyer into emergency relief food packs to access 'a population that we would never meet' (Centre 6).

'Rather than saying we're going to send it to every [organisation] and they're not going to look at it - but really: this topic for this population and being very conscientious about that choice. We have a team that gets together to brainstorm exactly that. How do we get all of the information about our services and our research to different populations?' (Centre 6).
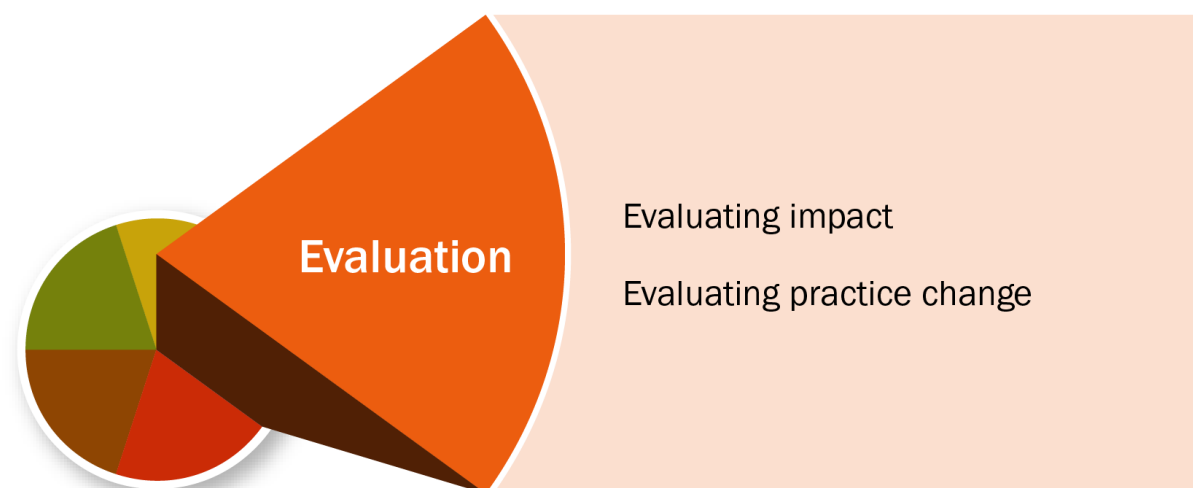
Evaluation

Figure 8. Two elements of an evidence centre's Evaluation

Evaluating the impact of evidence centres

In their discussion of What Works centres in the UK, Gough et al. (2018) identified three main lenses for assessing impact of evidence centres:

1. Users' knowledge of evidence/research findings,

2. Behaviours of intended users of evidence (e.g. policy makers or practitioners),

3. Outcomes for ultimate beneficiaries.

However, while there may be an assumption that centre activities can increase user knowledge of evidence which will positively change policy maker or practitioner behaviour and, in turn, lead to outcomes for beneficiaries, this logic largely remains untested. In this context,

> *'The majority of evidence centres find measuring their overall impact challenging. The most sophisticated can demonstrate how their work has influenced government spending or improved outcomes' (Puttick et al., 2023, p.15).*

The literature highlights significant limitations in evaluative data related to effectiveness of evidence centres. In Australia, of the 20 centres reviewed by Puttick et al. (2023), half evaluated impact based on reach (e.g. resource download, event attendance) and only four (20%) had external evaluations, largely based on process measures. Internationally, the picture is similar, with evidence centres using metrics such as citations as evaluative evidence. Commentary from interviewees suggested funders of evidence centres themselves may be unable to develop a clear evaluative approach. However, Puttick et al. (2023) identify that some centres in the UK and more in the US also include behaviour change metrics, particularly in relation to changed policy behaviour.

Interviewees discussed a diverse approach to evaluation activities focusing variably on the end-goal for beneficiaries, outcomes from specific projects and grants, and feedback from target audiences engaging in activities like training. To some extent, this was dependent on targeted funding, for example, where centres received a specific evaluation budget related to activities (e.g. Centre 7 where the funder assigns 10-15% of total budget to evaluation). Ultimately, evidence centres were clear about their target outcome:

> 'So, from the beginning I would just say this is all about employment, that's why we're here. We're going to measure it, we're going to train, we're going to see what needs to be done, but at the end of the day it's, "What have we done to impact the numbers in terms of people with disabilities getting jobs?" and just being laser beam focused on that' (Centre 7).

However, interviewees reported that some difficulty in evaluation of impact connected to inadequacies in national data systems related to the target group and desired outcomes.

> 'So how do you deal within the metrics that support the value of the work, or its impact? So, you can do - there's soft metrics and there's kind of harder metrics. At the moment, as a population group, the harder metrics are very difficult to obtain at the national level. There is no dataset that catches people with intellectual disabilities as a population. The initial build of the National Disability Data Asset isn't going to get us there either, disappointingly. But we're pushing - kind of incorporating - the right dataset so we can see at a population level. And that's the true indicator isn't it' (Centre 2).

As a consequence, advice from international interviewees was to strengthen national data systems as part of the work of evidence centres.

> 'I guess one of my questions would be, what kind of data system do you currently have in Australia for tracking employment of people with disabilities? ... Ours are still hit or miss - but I think that's one key piece because that's going to be key to even just tracking your outcomes. Those systems need to be strengthened, not only for your purposes but for the purposes in general' (Centre 3).

> 'One of the areas of work then becomes – how can we work with the system and educate the system about the importance of the data collection? Because it is important, and it documents the change ultimately in terms of service to people with disabilities' (Centre 5).

Given the broader ecosystem focus of many evidence centres, it is not surprising that their consideration of impact encompasses societal changes to which they feel they have contributed:

> 'I like to think we've had some impact in terms of the evolution that I've seen over the past 30 years. I've been doing this work in terms of employing people with disabilities –

a lot less conversation about <u>whether</u> these people should work, and a lot more conversation about, "Let's figure out <u>where </u>they can work", and all of that' (Centre 3).

'We have moved significantly away from sheltered workshops in the United States, and that's continuing to expand. We have no sheltered workshops in [US state], and we were certainly a part of moving that forward. So, I think that kind of evidence, you certainly see public policies that continue to emphasise increased employment ... I would like to think that we have been part of this conversation both in influencing moving in that direction, but also helping to implement all those things' (Centre 3).

While these sorts of claims lack a firm evidence base in relation to the evidence centre's work, other informants anticipated a stronger level of alignment of impact to evidence:

'And then, obviously, there are basic metrics around: do we have specialised health services in each jurisdiction, in each local health district, how are people utilising services and accessing services? So, there's basic information about the types of services offered, the degree to which policy at a jurisdictional Commonwealth level incorporates the needs of this group - because we're doing baseline policy work with other work that we're doing, we can actually measure a change over time. We can measure inclusion of core capabilities that we're developing for future doctors, nurses and allied health, dentistry and other professionals. We can collect that information directly from universities in the future. So, we'll measure any shift in those kind of training initiatives. So, there are some things that we can get good statistics on' (Centre 2).

Some centres highlighted the difficulties of measuring impact, particularly as outcomes emerge over time including, possibly, across a timeframe beyond the lifespan of the evidence centre.

'And so, a lot of times what we end up evaluating is did we do what we said we were going to do? Did the agency implement the strategies and practices that we worked with to implement and then is there some way that we're measuring how that is impacting them, even if we can't do it just yet? So, a good example is Rapid Engagement – that's an easy one because we can look at whether or not people were found eligible and had a plan developed faster than they did last year. And that's a pretty easy one to compare data on. But whether and how that resulted in them increasing their employment rates takes time to get because many of them are still getting services. So, they haven't gone to work yet, or they haven't exited the program– so all I can really measure is did it speed things up? And three years from now did it make a difference? So, you have to be around long enough to measure that' (Centre 7).

'One of the frustrations of doing Technical Assistance is you're never quite sure, and you may not see those changes next week, next month' (Centre 3).

Added to these difficulties of the extended timeframe of outcomes attainment, is the difficulty of both accessing relevant data (often via a partner agency) as well as attribution.

'So, we have what we call project measures, and we have to work with 'x' number of states. We have to provide 'x' number of Technical Assistance events, but, more importantly, what we do is try and measure how the work we're doing has changed what's happened in the agency itself. And that is a challenge. Because just getting data from agencies is a challenge. And then tying directly to what we did rather than some other global force out there that's not easy to do' (Centre 7).

'But then, of course, people leave. The persons we were working with are no longer there and we have to retrain people so it's not an easy thing – trying to get any kind of concrete evaluation data is difficult' (Centre 7).

While Puttick et al. (2023) focus on the need to evaluate the overall impact of evidence centres in their external environment, most literature more directly focuses the need for a more internally focused evaluation of centre activity. In this context, there are calls for mixed methods to understand "what works", and mechanisms for soliciting stakeholder feedback and evaluation of information dissemination strategies (Hellstrom, 2018; Hylton, 2002; Larsen, 2020; Puttick at al., 2023).

Evaluating practice change

A common mechanism for assessing impact on practitioner behaviour is via a quality assurance or improvement approach with partners or clients of the evidence centre. In the disability employment arena, a key strategy for the application of evidence and for the ongoing evaluation of practice is the use of fidelity scales. These are widely used in the US in relation to practices like Individual Placement and Support (IPS). Fidelity measures are ultimately an assessment or 'audit' of practice, yielding evaluative data. In this context, they have been linked, in some jurisdictions, to payment/funding:

'In [US state] people are funded according to whether they reach good fidelity or not. States will have different markers - like they [VR providers] could get a certain amount of money at fair fidelity, a certain amount of money at good fidelity, a certain amount of money at exemplary fidelity. So, it incentivises. I see it as a double-edged sword. On the one hand it definitely motivates people, on the other hand people get a little bit wonky. But money's there on the line - so, it's kind of like there's this pressure that's unreal for some programs. So, it makes it really difficult, and it can make it harder for leadership' (Centre 4).

This is one mechanism for realising a link between 'good performance' and funding, called for by one US case study centre. However, such an approach can have negative or unanticipated consequences

and, ideally, evaluation is linked to further support for continuous improvement rather than being a punitive, summative measure:

> '*I would say the secret sauce is that it's [fidelity assurance is] not an audit. We never want to consider it an audit - it's a quality improvement tool, and we've come from that approach. So, if I come in and I do a review with a site I'll work with them beforehand because I want them to be successful. The [fidelity] scale's been validated that the better your fidelity, the better the outcomes are. So, I want them to be successful so we see more people go to work - and they know that. I will come in and I'll join their team meetings with them, I go out to lunch in the afternoon, we talk over clients, we talk over how to help them' (Centre 4).*

However, centres have had to reflect on the value of this approach in prompting sustainable engagement in evaluative activity and reflection. Fidelity measures can be seen as lacking the contextual elements of the 'on-the-ground experts' (Centre 3):

> '*I think we are somewhat careful with fidelity scales … I think fidelity scales certainly have their place and certainly we use them, but I think it's also recognising that the subjectivity of collecting that information can also be challenging as well. We're not making widgets here, as we always say' (Centre 3).*

In addition, fidelity measures are recognised as being 'a lot of work' (Centre 3) and an activity that is hard to sustain:

> '*What else do we do for quality assurance? We keep going back and doing fidelity reviews. Some of the states and countries are tapped out on fidelity reviews - they cannot keep up with annual reviews anymore. And so, my colleague and I worked on this quality improvement tool, which involves one person visiting - and I think they can probably get it done in maybe seven hours, and then the report is super short to write. I was shocked to find out that [even though] people had been doing fidelity reviews for years, it still took them a day to write that report. But this one I think is going to be an hour, 90 minutes if you're really, really careful. So that's something that programs could use - like maybe do a fidelity review one year and then next year do this QA (Quality Assurance) [quality assurance] thing just to help prevent drift. And then the next year do fidelity again' (Centre 4).*

Ultimately, any evaluative mechanism, such as fidelity reviews, have to be meaningful and offer a learning opportunity. If they are not seen in this light by practitioners, the value of any evaluative approach is limited:

> '*So sometimes you just try to give them [employment service providers] enough information that they realise maybe they're not doing exactly what they thought they were. And sometimes they just want the score, they don't really care about doing good*

IPS practices - and in those cases I would just try to help them with a fidelity action plan. And if they don't want to work on things, if they say, "No, we're already good in this area, we're already good", then I would just part ways and say, "This Technical Assistance is for people who want to make progress, and if you already have it figured out, then you do your thing" because it's a lot of time for people, for the agency and for the fidelity reviewer. So, if people aren't going to do it in good faith you've really got to cut bait' (Centre 4).

Not all centres use fidelity assessments as an evaluative method. Others report building in evaluation processes around each piece of work or project related to the workplan and project logic.

'We're doing that more and more - when we're working, for example, with an organisation, we will rate them on different areas when we start with them and at the end we'll rate them again, and also have them do self-evaluations. I don't think we necessarily compile those data globally, although as we get more consistent with those approaches, I think we definitely want to do more of that' (Centre 3).

'So, we clearly identify our activities, outputs and outcomes. We clearly identify our measurement and then we actually walk through that logic model - on usually a monthly and later maybe a quarterly basis - with the agency to gauge where their progress is and how far along we are in delivering the activity. That's really helpful to just keep everybody on track - and it's not just our accountability which is great and helpful, but it's theirs too. The agency needs to be accountable for accomplishing what they've asked us to help them with' (Centre 7).

INSIGHTS

According to Puttick et al. (2023, p.5) from their review of 58 evidence centres (UK, Canada, US, Australia), there are six key elements of effective evidence centres: 1. Clarity of purpose; 2. Strategic independence; 3. Connectedness; 4. High quality evidence; 5. Effective communication; and 6. Meaningful impact measurement. While aspects of these were echoed in our study, others were also salient to answering the question: 'What are the key elements of successful Centres of Excellence? '

Evidence centres in this study all have varied origin and survival stories and, to a large extent, are a product of these and the contexts in which they operate. Some, especially those of greater longevity, highlight strengths in how to evolve and have learned how to best create change over time within their contexts. The younger evidence centres (including two with only 4 or less years of operation) highlight early design thinking which may reflect a cleaner logic of change; however, these also have met hurdles that required adaptation. In this context, there is no definitive evidence of what makes evidence centres work as each is an amalgam of many factors and logics. However, there was consistency across some themes and advice for future centres.

Key elements of successful evidence centres

Logic of change

Centres have strategic plans or a formal theory of change and program logic to guide their activities. Within this, activities target parts of the ecosystem that require change through interventions they expect will have best effect. Activities/interventions used vary depending on the audience and change desired. A strong focus of a logic of change should be creating the enabling conditions, environment and ecosystem to enable the implementation of the evidence. This logic influences all other elements of centre design.

Strong connections to the actors they seek to influence

Centres use multiple methods of building strong connections and relationships with those parts of the ecosystem they are seeking to change. This can be through roles in governance structures, through knowledge translation communities, through user engagement in knowledge translation outputs, partnering in evidence building activities, and a host of other strategies. Targeted actors may also be funders or commissioners of centre activities through a variety of funding mechanisms. This level of tie-in to the work of funders and system actors creates direct engagement in ownership of the activities and the results. Some centres also have a strong connection to beneficiary groups and provide roles for them in centre activities such as knowledge output development or as trainers and

providers of Technical Assistance. Strong relationships are critical to fostering engagement and behaviour change among targeted actors.

An entrepreneurial approach

Centres have diversified funding and know that this is required if they are to survive. In the main, most have 'core' funding onto which they build other sources of funding for diverse activities. Those that do this well maintain a clarity of focus, sometimes through sub-branding of programs of work or knowledge hubs.

Offer different intensities of support with evidence implementation

Centres offer diverse modes and intensities of engagement. Typically, this includes 'do it yourself' style guidance and information (on websites, in toolkits and resources), as well as training programs, and more intensive embedded or 'alongside' activity supporting actors to design and implement change.

Use multiple strategies of change and knowledge translation

Centres use a very wide array of strategies to support evidence generation, translation and implementation. Considerations of scale or reach are held alongside the need for intensive guidance inside each actor's context (at different levels of the ecosystem).

General advice

Interviewees from evidence centres provided advice from their own experience. This coalesced around the following elements:

1. Listen before acting – start with needs analysis and engagement,

2. Know your audience – keep focus tight,

3. Get good people – hire for reputation in practice excellence (not too many traditional 'academics' who aim to publish),

4. Have range of expertise: lived experience; academic research; training delivery; translation and communications; IT,

5. Embed flexibility in centre activities (be nimble),

6. Get constant feedback and sense-checking from sector.

Lessons for start-up phase

'As with any start-up ... it was all a bit of a big experiment as to what landed well with the sector and what didn't. ... And so, my advice is to not lock yourself in, have enough flexibility that you're sector-informed and evidence-informed and walk the talk, rather than commit to something and just keep on delivering it regardless' (Centre 1).

As highlighted above, evidence centres require a logic of change that shapes the model design and choice of implementation approaches and activities. This logic needs to be based on a deep understanding of the needs of the sector and of the evidence about what will best achieve desired outcomes. This study highlights that the task is not one of simple communication of evidence but of understanding what actions would drive desired change and address the substantial barriers across the ecosystem to its implementation. Barriers have been highlighted in the area of policy, funding and service models, as well as organisational capacity which, in the context of fostering employment of people with disability, sit at both the level of employment service provider and employer. Finally, barriers are also found at the level of individual practitioners, for example a workforce with low level qualifications and mixed access to technology, and in the personal and contextual circumstances facing individuals with disability. Any design of a new evidence centre needs to be heavily informed by a detailed analysis of this context as the basis of building a logic of change with realistic goals, stages and well targeted activities.

Advice from the interviewees for this 'start-up' phase emphasised the following themes.

Evidence centre team/partners

1. Open and regular communication with funder,

2. Realistic/achievable workplans,

3. Realistic timelines – including in the recruitment of key staff,

4. Build in time to consult and understand sector-priorities, simultaneously building trust,

5. Trial small, learn and adapt (to reduce cost of failure) and bolt on additional areas when ready,

6. Develop a robust business strategy - consider what happens if/when the core funding ceases.

Funders

1. Open and regular communication with the centre,

2. Support the delivery of achievable workplans and outcomes by the centre,

3. Sense check timelines with the centre particularly around the initial establishment of governance and organisational structure, and delivery of major activities,

4. Identify and resolve potential barriers to centre success including internal accounting and budget allocation processes,

5. Encourage and enable continuous centre learning and adaptation.

CONCLUSIONS

In this study, evidence centres have common and different characteristics and each claim value in what they do. They each design and offer a similar but different set of implementation activities, and with diverse actors in mind. As they evolve, and test different activities, they adapt and revise approaches to better fit the context and the barriers to change they encounter across the different levels of their activity. Inevitably, this diversity of activity, of change targets and of evolution of design makes evaluation of effectiveness of evidence centres difficult. As a result, there is only thematic evidence about the characteristics that appear to make them 'work'.

Despite different views on the primary purpose of evidence centres and, indeed, what constitutes 'evidence' necessary to underpin them, the literature and informants in this study all reinforce the inter-dependence of centre outcomes on the ecosystem within which they sit and how they interact with this system. This is a strong commentary of Gough and colleagues' review of What Works centres in the UK:

> *'Allan Best's work on 'knowledge to action' systems captures this principle well, in highlighting that knowledge mobilisation activities and processes don't work in isolation, but sit within complex systems outside of research, with multiple actors and influences, each with their own priorities, motivations, processes, timescales and world views (e.g. policy, improvement, funding, accountability systems) (Best, 2010). An implication of such a 'systems' model is that the effectiveness of intermediary organisations is a function of how well they integrate with external organisations and the systems in which they operate' (Gough et al., 2018, p.20).*

While there is limited evidence about the features that are necessary for an effective evidence centre, there is evidence to suggest that unless systemic issues are simultaneously addressed, their effectiveness will be significantly compromised. In the context of disability employment, structural elements shape the employment of people with disability and continue to act as barriers to employment, and similarly act to enable or constrain the implementation of 'best' practice in employment support provision. For example, while studies have evidenced four key practice elements as necessary for employment outcomes for people with intellectual disability (1. Personalised client assessment; 2. Individualised job development and placement; 3. Intensive job site training and support; and 4. Ongoing support throughout the course of the individual's employment) (Kregel et al., 2020), these may be hindered by funding guidelines, legislation and policy. In addition, interviewees in this study repeatedly identified barriers to practitioner implementation of evidence. These were located at the practitioner, organisational and systems level; all of which failed to create an enabling environment for the intended practice.

It is our view that a too dominant focus on sector capacity building remains a risk for the effectiveness of an Australian Disability Employment Centre of Excellence unless paired with ongoing structural

analysis linked to policy and program design advice to government. Each of the case studies evidenced this kind of activity across the ecosystem in which it worked as a logic of the change they were striving to make 'where the rubber hits the road'. Unfortunately, all evidence suggests that a singular focus on any part of the ecosystem will be insufficient to generate change.

As articulated by one interviewee: 'The amount of money we [government] spend...in not getting outcomes is astronomical' (Centre 7). The task now is to use the evidence about what is constructing the problem the Disability Employment Centre of Excellence is seeking to solve and design a logic of change activities that such a Centre could reasonably and effectively deliver.

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APPENDIX A: CAPACITY BUILDING INITIATIVES

This appendix provides a selection of capacity-building initiatives delivered by the nine evidence centre case studies. It is designed to highlight the diversity of approaches and is not intended to be an exhaustive list of all initiatives.

Training (online and in person)

Initiative: Innovator Training Program

Organisation: Aged Care Research and Industry Innovation Australia (ARIIA): Australia

Focus: Advancing aged care workforce capability by promoting and facilitating innovation and research to improve the quality of aged care for all Australians.

ARIIA's Innovator Training Program (ITP) is designed to support the aged care workforce by providing individuals and teams with the skills and knowledge needed to identify and implement solutions to an identified workplace problem. The ITP for individuals is facilitated online with learning enabled via self-directed learning modules and online workshops with support provided by ARIIA's aged care specialists. The ITP for teams is tailored to meet the needs of each workplace with training comprising a mix of online learning and face-to-face workshops.

Initiative: Aged Care Partnering Program

Organisation: Aged Care Research and Industry Innovation Australia (ARIIA): Australia

Focus: Advancing aged care workforce capability by promoting and facilitating innovation and research to improve the quality of aged care for all Australians.

ARIIA's Aged Care Partnering Program is designed for anyone with "an innovative idea that has the potential to make an impact in Aged Care". Project ideas are assessed on the problem they aim to solve for aged care, how innovative they are and the potential to benefit the sector more broadly. Successful applicants work with research and industry experts to develop their project idea, potentially through to a funding application. The program comprises facilitated intensive workshops and individual online meetings with all Aged Care Partnering Program participants supported and connected to other innovators through the ARIIA Innovation Network

Initiative: Training Courses: Learn Practice and Network

Organisation: Individual Placement and Support (IPS) Employment Centre: United States

Focus: Supporting people with serious mental illness who want to gain employment as part of their recovery.

The IPS Employment Centre offers online and in-person courses for a wide variety of participants including IPS practitioners, supervisors, Vocational Rehabilitation counsellors, agency leaders, state leaders, and IPS trainers. Courses offered include "IPS for non-employment practitioners", a short online course designed to introduce IPS to non-employment practitioners including counsellors, therapists and housing specialists, and "IPS Leadership Training" an in-person training focussed on IPS implementation and sustainability strategies and designed for IPS leaders, IPS trainers, IPS fidelity reviewers, and agency leaders with oversight over IPS programs.

Initiative: Innovative Guided Rehabilitation Employer Engagement Training Series

Organisation: Institute for Community Inclusion (ICI): United States

Focus: Inclusion of people with disabilities in all aspects of society

Forming part of ICI's ExploreVR Knowledge Hub, the Innovative Guided Rehabilitation Employer Engagement Training Series (iGREET), is designed for Vocational Rehabilitation (VR) professionals who engage with employers. By building employer engagement skills and knowledge within the VR system iGREET aims to increase employment opportunities for individuals with disabilities. iGREET comprises four learning modules, and can be delivered in two formats, online as a self-paced course and as a virtual, instructor-facilitated, classroom style course.

Initiative: Roadmap to Inclusive Career Pathways

Organisation: The National Centre on Leadership for the Employment and Economic Advancement of People with Disabilities (LEAD): United States

Focus: Facilitate the implementation of the Workforce Innovation and Opportunity Act (WIOA)

The LEAD Centre's online Roadmap to Inclusive Career Pathways is an interactive training tool for workforce professionals and service providers that support people with disabilities to find and maintain meaningful employment. The roadmap includes five key 'drivers of change' that are essential 'pit stops' on the road towards secure, meaningful, and inclusive careers for people with disabilities. Within each driver of change, service providers are offered online training, tools, and relevant resources categorised into key focus areas and strategies. These include blogs, examples of better practice research and case studies, online toolkits, self-paced eLearning modules, national frameworks and guides/factsheets, and links to national technical assistance resources, as well as summarised FAQs focused on common roadblocks or questions service providers may encounter.

Initiative: Leadership Education in Family-centred Healthcare

Organisation: Rural Institute of Inclusive Communities: United States

Focus: Increase access and opportunities for people with disabilities

In partnership with the Utah Regional Leadership Education in Neurodevelopmental Disabilities (URLEND), The Rural Institute helps to deliver training to future professional leaders in the US healthcare sector, from medicine and dentistry to social work, health administration and speech pathology. The goal of the training program is to ultimately improve healthcare provided to youth with disabilities and children with complex health care needs. Training is provided over a nine-month period and includes webinars and seminars, clinical supervision and research. Training is built upon a strong evidence-base, with a family- and community-centred, culturally sensitive approach.

Initiative: VR Training Portal

Organisation: Vocational Rehabilitation Technical Assistance Centre for Quality Management (VRTAC-QM): United States

Focus: Enhancing vocational rehabilitation outcomes and service delivery through quality program and resource management

VRTAC-QM's Vocational Rehabilitation (VR) Training Portal provides a comprehensive collection of self-paced learning modules, recorded webinars, and other resources for a range of VR professionals including managers, administrators and counsellors. Training offered includes "Rapid Engagement in Vocational Rehabilitation", a practical look at how VR counsellors can apply rapid engagement strategies in their work to keep individuals with disabilities actively engaged throughout the VR process, and "The Data Literacy Training Series", a three-part course designed to enable VR administrators, managers, and counsellors to increase VR data literacy and data quality throughout their organisation.

Initiative: Training Services

Organisation: The Centre for Excellence in Child and Family Welfare (The Centre): Australia

Focus: Advocating for the rights and wellbeing of children, young people, and families in Victoria and Tasmania

The Centre offers a range of online and in person training and professional development programs designed to strengthen the capacity of organisations to provide services that best suit the needs of vulnerable families and children. A suite of core trainings for the sector includes "Young Person Violence in the Home (YPVITH)", a six-hour workshop - delivered online or in person - designed to support the development of foundational knowledge for professionals working directly with young people and their families, and "Cultural Awareness Training", a 3.5 hour online workshop delivered in

partnership with the Victorian Aboriginal Community Services Association Limited (VACSAL), that aims to equip participants working in the community services sector with the knowledge and skills needed to effectively engage and support First Nations people and their community. The Centre also offers customised professional development and training packages to meet the specific needs of organisations working with children, young people and families. All customised offerings can be delivered in person at locations across Victoria and Tasmania, or virtually online.

Technical assistance

Initiative: Program and Performance Quality Management

Organisation: Vocational Rehabilitation Technical Assistance Centre for Quality Management (VRTAC-QM): United States

Focus: Enhancing vocational rehabilitation outcomes and service delivery through quality program and resource management

The VRTAC-QM provides quality management technical assistance to State Vocational Rehabilitation Agencies (SVRA) looking to build organisational and individual knowledge, skills, and abilities in the delivery of Vocational Rehabilitation programs. Technical assistance can focus on a targeted and specific area of need or be provided as part of a broader, intensive technical assistance agreement. This technical assistance offering aims to improve service delivery and participant outcomes by building agency capacity to implement effective data practices, evidence-based decision-making, improved policies and procedures and robust quality assurance activities.

Initiative: Fiscal and Resource Quality Management

Organisation: Vocational Rehabilitation Technical Assistance Centre for Quality Management (VRTAC-QM): United States

Focus: Enhancing vocational rehabilitation outcomes and service delivery through quality program and resource management

The VRTAC-QM provides quality management technical assistance to State Vocational Rehabilitation Agencies (SVRA) looking to increase organisational and individual knowledge, skills, and abilities in VR fiscal and resource practices. Technical assistance can focus on a targeted and specific area of need or be provided as part of a broader, intensive technical assistance agreement. With a focus on assisting SVRA's to establish a strong fiscal foundation and implement improved fiscal policies and procedures, including robust internal controls, this technical assistance offering aims to help SVRAs decrease financial reporting errors, improve program monitoring and enhance service delivery and employment outcomes.

Initiative: Consultation Services

Organisation: Individual Placement and Support (IPS) Employment Centre: United States

Focus: Supporting people with serious mental illness who want to gain employment as part of their recovery.

The IPS Employment Centre provides technical assistance that can be tailored to the specific needs of any project at the agency, state, or country level. IPS technical assistance is designed to support the implementation of the IPS model of supported employment for people with serious mental illness and includes IPS supported employment training, IPS fidelity review and report writing, training and IPS leadership training. In addition to these supports, the technical assistance offering for representatives from states, countries, and regions includes access to implementation planning, supervisor training, and quarterly meetings with an IPS supervisor.

Knowledge Translation Initiatives

Initiative: Knowledge and Implementation Hub

Organisation: Aged Care Research and Industry Innovation Australia (ARIIA): Australia

Focus: Advancing aged care workforce capability by promoting and facilitating innovation and research to improve the quality of aged care for all Australians.

ARIIA's Knowledge and Implementation Hub (the Hub) provides open access to over 500 resources on a range of priority topics for the aged care sector including clinical governance, technology in aged case, and staff burnout. Resources include Knowledge Connect, ARIIA's quarterly newsletter, learning modules, knowledge blogs, aged care research evidence - including easy access to the PubMed research database - and evidence summaries on the sector as a whole, including specific, sector-priority topics. Hub content is informed through ARIIA's work with the sector to identify key issues and with specialist evidence advisory groups to review current research. The Hub collects user data to better understand user interest in specific topics as well as user pathways to the site.

Initiative: ExploreVR

Organisation: Institute for Community Inclusion (ICI): United States

Focus: Inclusion of people with disabilities in all aspects of society

ICI's vocational rehabilitation knowledge hub, ExploreVR, provides vocational rehabilitation (VR) agencies with access to a range of VR research, related data, and tools for planning, evaluation and decision-making. Designed to support improved employment outcomes for people with disabilities, resources include a series of VR Toolkits bringing together tools and resources on promising and

emerging VR strategies as well as research articles, webinars, online training and *Review VR Briefs,* a series of user-friendly snapshots of VR data.

Initiative: Progressive Employment Web Portal

Organisation: Institute for Community Inclusion (ICI): United States

Focus: Inclusion of people with disabilities in all aspects of society

The Progressive Employment (PE) model is a dual-customer, team approach that uses work-based learning strategies to meet the needs of businesses and jobseekers with barriers to employment. The PE model focuses on jobseekers with disabilities, including those with the most significant disabilities, and other barriers to employment, including limited to no work history, corrections involvement and substance abuse issues. Located within the ExploreVR knowledge hub, ICI's Progressive Employment Web Portal serves as a hub for research about the Progressive Employment Model, dissemination of resources, training and technical assistance for model implementation.

Initiative: Education Resource Hub

Organisation: The Centre for Excellence in Child and Family Welfare (The Centre): Australia

Focus: Advocating for the rights and wellbeing of children, young people, and families in Victoria and Tasmania

The Centre's Education Resource Hub provides a range of easy-to-use resources for professionals working with children in care to support educational engagement. The resources are based on evidence and can be used to inform conversations with carers and educators to help children in care stay connected to learning. The Education Resource Hub also provides information about current and relevant training, webinars, forums and information sessions.

Initiative: NDIS Resources Hub

Organisation: The Centre for Excellence in Child and Family Welfare (The Centre): Australia

Focus: Advocating for the rights and wellbeing of children, young people, and families in Victoria and Tasmania

The Centre's NDIS Resources Hub provides easy access to resources designed to assist child and family services workers supporting families to access and navigate the NDIS. The resources comprise topic-based collections of guides and documents about the NDIS, including Commonwealth and Victorian Government publications, and publications from support organisations for people with a disability and their carers. The resources selected for inclusion in the NDIS Resources Hub are clearly written and practical. Topic-based collections of resources within the NDIS Resources Hub include

"Overview of the NDIS", "Disability Advocacy and Support Groups" and "The NDIS and CALD (culturally and linguistically diverse) communities".

Initiative: Financial Toolkit for People with Disabilities

Organisation: The National Centre on Leadership for the Employment and Economic Advancement of People with Disabilities (LEAD): United States

Focus: Facilitate the implementation of the Workforce Innovation and Opportunity Act (WIOA)

In collaboration with the Office of Disability Employment Policy, LEAD centre developed the online Financial Toolkit to help people with disabilities secure their financial future with advice and resources to help prepare for work; start and maintain their employment; navigate losing or changing jobs; and plan for retirement. The Financial Toolkit breaks down important questions and things to consider at each stage of the employment journey, considering how to find meaningful work; pay negotiation and saving income; how income may impact social security payments; how to upskill and find suitable training; healthcare coverage and more. Relevant tools, resources, videos, and helplines are listed through the Toolkit.

Initiative: LEAD On! Newsletter

Organisation: The National Centre on Leadership for the Employment and Economic Advancement of People with Disabilities (LEAD): United States

Focus: Facilitate the implementation of the Workforce Innovation and Opportunity Act (WIOA)

The LEAD Centre's monthly subscription-based email newsletter is an initiative that enables LEAD to share their latest news and research updates, as well as general policy changes that are relevant to people with disabilities and their families. The Newsletter contains blog articles, links to podcasts and other resources, and general updates from the Centre, summarising knowledge and events in an accessible format.

Initiative: Evidence and Gap Map

Organisation: Youth Futures Foundation: United Kingdom

Focus: Meaningful employment for young people excluded from the labour market

The Youth Futures Foundation has established the world's largest interactive map charting global evidence for intervention to increase youth employment. The Map offers a visual representation of available evidence and evaluation on interventions that aim to support and increase youth employment, as well as the gaps or limitations that exist in the knowledge base. The Map is developed to be easy-to-use and is accompanied by user guides; searchable via a filter feature that enables results to be filtered according to features like cohort, intervention or outcomes; and

interactive, enabling the user to access the original evidence source and an accompanying individual study report published by the Foundation. As of December 2023, the Map included 987 intervention evaluation studies, 31 systematic reviews, 593 impact evaluations and 370 process evaluations. The Map is updated as new studies are published.

Initiative: The Youth Employment Toolkit

Organisation: Youth Futures Foundation: United Kingdom

Focus: Meaningful employment for young people excluded from the labour market

The Youth Futures Foundation online Youth Employment Toolkit summarises the body of evidence on seven key interventions, each aimed at increasing youth employment and considering the impact, cost and effectiveness of these interventions. In collaboration with Monash University, the Centre for Evidence and Implementation and the Institute for Employment Studies, researchers conducted Rapid Evidence Assessments (REAs) on over 70 research studies to summarise the evidence on better practice interventions and inform the policy, practices and decision-making of relevant policy makers, intermediaries, practitioners and employers.

Initiative: General Quality Management of Organizations

Organisation: Vocational Rehabilitation Technical Assistance Centre for Quality Management (VRTAC-QM): United States.

Focus: Enhancing vocational rehabilitation outcomes and service delivery through quality program and resource management.

VRTAC-QM's online resource repository, General Quality Management of Organisations, brings together a collection of resources, including books, web-based resources, blogs and podcasts to support the work of VR management professionals. Resources include in-depth information on popular Quality Management Systems used in industry, resources for managing organisations by distance - including remote supervision - and various learning resources exploring effective leadership practices.

Online Data Portals

Initiative: The Open Data Lab

Organisation: Institute for Community Inclusion (ICI): United States

Focus: Inclusion of people with disabilities in all aspects of society

ICI's Open Data Lab - an interactive web portal and part of the ExploreVR knowledge hub - provides Vocational Rehabilitation (VR) agencies with access to a range of VR and related data sets, data

visualisations and data analyses. Users are able to download raw data sets, explore live data, upload and share their own VR data and request a customised data analysis.

Initiative: StateData

Organisation: Institute for Community Inclusion (ICI): United States

Focus: Inclusion of people with disabilities in all aspects of society

Funded in part by the Administration for Community Living, US Department of Health and Human Services, StateData allows users to find, sort, and analyse data related to employment for people with intellectual and developmental disabilities (IDD). StateData users can select different types of analysis using chart generation tools, and access publications that analyse critical issues related to employment of people with disabilities. The site enables access to data from state and federal agencies including state IDD and mental health agencies, vocational rehabilitation data from the federal Rehabilitation Services Administration, as well as data from the U.S. Census Bureau and the U.S. Department of Labor.

Initiative: Disability Counts

Organisation: Rural Institute of Inclusive Communities: United States

Focus: Increase access and opportunities for people with disabilities

In partnership with the Research and Training Center on Disability in Rural Communities (RTC: Rural), the online Disability Counts dashboard has been developed to improve access to and knowledge around rural disability data, to help inform service providers, researchers and policy makers. The Disability Counts dashboard is searchable, interactive and accompanied by downloadable data sets and additional resources.

Initiative: Data Dashboard

Organisation: Youth Futures Foundation: United Kingdom

Focus: Meaningful employment for young people excluded from the labour market

Youth Futures Foundation hosts a collection of data dashboards summarising and presenting data related to the youth labour market (with data directly updated from the UK's Office for National Statistics) and the Foundation's latest research. The Dashboard is interactive and searchable; visualises historic trends; and links to related research reports and downloadable data sets.

Communities of Practice, online networks

Initiative: ARIIA Innovation Network

Organisation: Aged Care Research and Industry Innovation Australia (ARIIA): Australia

Focus: Advancing aged care workforce capability by promoting and facilitating innovation and research to improve the quality of aged care for all Australians.

ARIIA's Innovation Network is open to anyone who has participated in ARIIA's Innovator Training Program or the Aged Care Partnering Program. The Innovation Network supports members to implement their project and continue their learning through access to resources that include core Innovator Training Program modules and Extension Topics and project management tools. Hosted monthly online drop-in sessions provide members with the opportunity to discuss their project with ARIIA staff and connect with other members.

Initiative: State Employment Leadership Network

Organisation: Institute for Community Inclusion (ICI): United States

Focus: Inclusion of people with disabilities in all aspects of society

ICI's State Employment Leadership Network (SELN) is a membership-based network of state intellectual and developmental disability (IDD) agencies and operates on a paid subscription model. Launched in 2006 as a joint program of the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the Institute for Community Inclusion (ICI) at the University of Massachusetts Boston, the SELN supports states to improve integrated employment outcomes by bringing together state developmental disability agencies for sharing, educating and providing guidance on practices and policies around employment. SLEN members meet monthly to discuss relevant topics and share updates and emerging strategies.

Initiative: Employment Learning Community

Organisation: Institute for Community Inclusion (ICI): United States

Focus: Inclusion of people with disabilities in all aspects of society

ICI's Employment Learning Community (ELC) assists state agencies to improve their systems and services so as to increase inclusive, competitive employment for individuals with intellectual and developmental disabilities (IDD). ELC members have access to resources - webinars and briefs - on emerging and promising employment and agency practices. The ELC convenes two to three communities of practice annually providing opportunities for members to engage in time-limited, intensive work on issues that support state-level systems-change including employer engagement,

funding, and transition from school to the community. Five to ten states also receive technical assistance to develop and support a state-level consortium to assist in local employment systems change.

Initiative: Progresive Employment Learning Collaborative

Organisation: Institute for Community Inclusion (ICI): United States

Focus: Inclusion of people with disabilities in all aspects of society

Sitting within ICI's ExploreVR knowledge hub, the Progressive Employment Learning Collaborative (PE LC) brings Vocational Rehabilitation (VR) practitioners and researchers together in a cross-state forum to solve problems, identify and apply solutions, and measure outcomes and results through research and evaluation activities. Led by ICI and five (currently) participating state Vocational Rehabilitation (VR) agencies that are implementing the Progressive Employment model, the PE LC promotes peer-to-peer exchange of knowledge and ideas, identifies disparities and implementation barriers, and identifies solutions for State Vocational Rehabilitation Agencies implementing the model. The PE LC is an integrated knowledge translation (KT) strategy that aims to increase communication, enhance PE model replication, encourage problem-solving, and inspire strategies for sustainability.

Initiative: Knowledge Translation Consortium

Organisation: The National Centre on Leadership for the Employment and Economic Advancement of People with Disabilities (LEAD): United States

Focus: Facilitate the implementation of the Workforce Innovation and Opportunity Act (WIOA)

The LEAD Centre facilities the Knowledge Translation (KT) Consortium which brings federally funded Training and Technical Assistance (TA) Centres across the US together to learn and connect. Each Centre has a unique priority focus in disability employment, but all share the common goal of improving employment and economic outcomes for people with disabilities. The KT Consortium gives the Centres a platform to network and connect; share updates on their priorities, insights and own implementation of KT; and develop shared KT frameworks for evidence-based resources and training opportunities. Any federally funded TA Centre can apply to join.

Initiative: The International IPS Learning Community

Organisation: Individual Placement and Support (IPS) Employment Centre: United States

Focus: Supporting people with serious mental illness who want to gain employment as part of their recovery.

The IPS Learning Community was established in 2001 and currently includes 29 US states, districts and counties, and seven countries/regions outside the US, including New Zealand, England and

France. Members of the IPS Learning community learn from and support each other by sharing good practice and ideas for how to fund IPS programs, use fidelity and employment outcomes to guide technical assistance, and expand IPS services across their regions. Members of the IPS Learning community receive discounted rates for IPS Employment Centre online training programs as well as access to fidelity report-writing tools and other resources.

Initiative: VRTAC-QM Communities of Practice

Organisation: Vocational Rehabilitation Technical Assistance Centre for Quality Management (VRTAC-QM): United States

Focus: Enhancing vocational rehabilitation outcomes and service delivery through quality program and resource management

VRTAC-QM hosts a number of communities of practice providing Vocational Rehabilitation (VR) professionals from state VR agencies with the opportunity to meet and engage around a common goal or concern, share best practices, develop and discuss areas of interest, and build a sense of community. Communities of practice are established in response to sector-identified areas of need and support members to explore a specific area of VR-practice, over the short, medium or longer-term. Current VRTAC-QM communities of practice include the Customised Employment Community of Practice (CoP) in which state-based VR Agencies learn about and share approaches regarding the development, implementation and evaluation of customised employment pilot projects and the Fiscal Management Community of Practice a virtual space for VR professionals to share knowledge and explore questions around fiscal management and operational-decision making with topics including regulatory requirements, fiscal forecasting, program spending and end-of-fiscal-year considerations.

Initiative: Kinship Care Network

Organisation: The Centre for Excellence in Child and Family Welfare (The Centre): Australia

Focus: Advocating for the rights and wellbeing of children, young people, and families in Victoria and Tasmania

Hosted by The Centre in partnership with Kinship Care Victoria the Kinship Care Network (the Network) supports members representing 28 service providers to build both their capacity and their alignment across the kinship care sector. The Network provides members with opportunities to collaborate, collectively advocate on reforms and policy, and engage with current research, practice and policy.

Granting and partnering programs

Initiative: Research Grants Program

Organisation: Aged Care Research and Industry Innovation Australia (ARIIA): Australia

Focus: Advancing aged care workforce capability by promoting and facilitating innovation and research to improve the quality of aged care for all Australians.

ARIIA's Research Grants Program was established to fund high quality research projects that addressed gaps in aged care workforce capabilities and knowledge. The program, which is now closed, comprised six funding rounds offered until 2024 with grants up to a maximum of $160,000 AUD and mandatory co-contributions. Research funded included the project 'Employee Burnout: Resilience and Recovery as Employee Retention Strategy in Residential Aged Care'. Delivered by the Royal Freemasons' Benevolent Institution in partnership with Macquarie University, the research aimed to develop and implement a sustainable, multi-level, capability-building initiative in the residential aged care workforce to support managers and employees in recovering from burnout. A total of 60% of ARIIA research grants were offered to projects developed through the Innovator Training Program and/or Aged Care Partnering Program.

Initiative: ARIIA x MDPP Ideas Incubator Grant

Organisation: Aged Care Research and Industry Innovation Australia (ARIIA): Australia

Focus: Advancing aged care workforce capability by promoting and facilitating innovation and research to improve the quality of aged care for all Australians.

The ARIIA x Medical Device Partnering Program (MDPP) Incubator Grant program is designed to support the development of early-stage products or product innovations for the aged-care sector. Successful applicants are able to draw on ARIIA x MDPP expertise in mechanical and electronics engineering, firmware design and basic application development to develop their product or innovation. There is a $5,000 in-kind co-contribution and a co-contribution cash amount of $5,000 (ex GST) for all approved projects.

Initiative: Community Investment Fund

Organisation: Rural Institute of Inclusive Communities: United States

Focus: Increase access and opportunities for people with disabilities

The Rural Institute established the Community Investment Fund (CIF) in 2015 to fund innovative projects that directly support local community members with disabilities. The CIF has an annual application process and is open to any local organisation, not-for-profit or individual that has an

innovative idea that centres, is informed by, and aims to improve the inclusion of people with disabilities in the community.

Initiative: Development and Impact Grants Program

Organisation: Youth Futures Foundation: United Kingdom

Focus: Meaningful employment for young people excluded from the labour market

The Youth Futures Foundation established their Development and Impact Grants in 2020 to test, evaluate and expand upon effective initiatives that help support young people from marginalised backgrounds into meaningful, secure work. The Foundation's Development Grants are available to not-for-profit voluntary or community-sector organisations that are developing, designing or delivering smaller-scale or early-stage projects, while the Impact Grants assist organisations to evaluate their projects and build upon the evidence base of the sector. In 2020, the Foundation awarded £15.2 million to 140 organisations across the UK. The Foundation's Grants Program is currently on pause.

Embedding and enabling user engagement

Initiative: Consumer Advisory Council

Organisation: Rural Institute of Inclusive Communities: United States

Focus: Increase access and opportunities for people with disabilities

The Rural Institute's Consumer Advisory Council (CAC) is comprised of around 15 people with disabilities and their families, alongside industry experts who together meet quarterly to guide and inform the direction, priorities, and activities of the Institute. The CAC is a directive of the Developmental Disabilities Act of 2000, which requires all Centres to establish a CAC made up of a member majority of people with developmental disabilities. Members with disability and their families are paid for their contribution and time.

Initiative: Youth Participation Architecture and Youth Participation Wheel

Organisation: Youth Futures Foundation: United Kingdom

Focus: Meaningful employment for young people excluded from the labour market

The Youth Futures Foundation has formally embedded a person-centred approach across their governance structure and Foundation activities through the inclusion of youth participation at multiple levels. At the governance level, the Foundation has established a Youth Participation Architecture to include young people on their Board of Directors, Grants Committee, Future Voices Group (FVG) and alumni. This ensure the voices and experiences of young people are directly impacting the business plan and strategic vision of the Foundation. At the programmatic level, the Foundation has adapted a

Youth Participation Wheel, inspired by the work of Roger Hart, to define and decide upon the level of youth participation best suited to different activities and projects. This ensures youth participation across Foundation activities is not a 'set and forget' approach, but intentionally chosen with the context of each activity in mind. It also enables the Foundation to formally measure youth participation. All young people engaged with the Foundation are paid for their contributions and time.

Initiative: Future Voices Group

Organisation: Youth Futures Foundation: United Kingdom

Focus: Meaningful employment for young people excluded from the labour market

In partnership with The British Youth Council, the Youth Futures Foundation has recruited a group of 20 diverse young people to frame and inform the work of the Foundation over a period of two years, with a commitment of 11 hours each month to the Foundation. These young people have lived experience in key issues that impact the mental health, wellbeing and employment outcomes of their peer groups and communities and are involved across all pillars of the Foundation's organisational strategy, research, stakeholder engagement and campaigning.

APPENDIX B: DISABILITY EMPLOYMENT IN THE UNITED STATES

'While the Centre of Excellence is a commendable initiative, on its own it cannot address the systemic and structural barriers that prevent economic participation by people with disability. Labor market exclusion calls for coordinated action beyond disability specific and employment specific policy and practice, acknowledging intersectional disadvantage. The Centre must be part of a coordinated strategy across multiple levels - social policy, legislative, social security, education, employers - to ensure genuine and lasting change' (Melbourne Social Equity Institute, 2023, p.2.).

Introduction

Considering that any Centre of Excellence (CoE) operates within the social, cultural and economic landscape it exists within, it becomes imperative to understand these contexts that ground the Centre as a tangible entity, and both enable and constrain its efforts. Given five of the nine CoE models reviewed operate within the United States (and so within its unique policy, legislative and economic systems), what follows is a summary of the complex ecosystem that is Disability Employment in the US, considering the federal laws that govern disability employment practice and the services established to support jobseekers, employees, and employers within the sector.

Unemployment figures in the United States

Across 2023, the unemployment rate of working age Americans aged 16-64 years with a disability was over double (7.7%) the rate of unemployment of Americans without a disability (3.5%) (Bureau of Labour Statistics, 2024). When considering hours of employment and income, the disparity in un/underemployment is even greater for individuals with intellectual and developmental disabilities (IDD); and even greater still for Black individuals and females with IDD (Winsor et al., 2021). For those with disability who are employed in the labour force, they are more likely to work part-time (28%) than their American counterparts without disability (15%), and more likely to work in service positions with lower pay, poorer benefits, and poorer career progression (DoL: Bureau of Labour, 2024). A total of 13 million adults of working age receive Social Security disability benefits (APSE, 2019) and it has been estimated that there is a talent pool of over 10.7 million people with disabilities who are being excluded from the workforce (Accenture, 2018). People with disability have experienced pervasively higher rates of un/underemployment than people without disability with compounding impacts - Americans with disability are less likely to complete higher education and more likely to live in poverty (Winsor et al., 2021; DoL: Bureau of Labour, 2024).

Employment First model

Historically in the United States, as in many OECD/G20 countries, the policy focus supporting people with disabilities has been segregated employment - where individuals with disability are either excluded from mainstream employment and employment services and placed in sheltered employment (on sub-minimum wage and often with little opportunity for career progression) or provided with disability benefits on the assumption that they are unable to work (ILO & OECD, 2018). Disability benefit systems in G20 countries have historically not been flexible enough to enable and encourage people with disabilities to work and maintain liveable income; often, eligibility for benefits required a perceived ineligibility to work (ILO & OECD, 2018).

However, across the last three decades in the United States, the Employment First model has become an increased focus at the state (Winsor et al., 2021) and national level (Hall et al., 2007). Employment First refers to the idea that employment in the 'competitive integrated' workforce should be the first and preferred option for people with disability receiving assistance (Winsor et al., 2021). Employment First is grounded in the assumption that people with disability can, want to and are ready to work, and should not have to prove their 'readiness' for employment (APSE, 2019). Employment in the mainstream, competitive workforce offers decent, meaningful work with fair wages and the opportunity for person-centred career advancement for all employees (Winsor et al., 2021). This approach centres the individual, honours their right to agency and self-sufficiency, and promotes access to individualised and appropriate wrap-around employment supports that may be required for individuals to successfully gain and maintain meaningful employment (Winsor et al., 2021; APSE, 2019).

Despite not yet achieving an overarching national coordinated policy in the US, 31 states have successfully passed Employment First legislation, 32 states have State Agency Administrative polices or regulations in place, and a further 16 states have Employment First Executive Orders (as at September 2023; APSE, 2019). The Association of People Supporting Employment First (APSE) is the national peak body for an Employment First approach in the US and has been focused on progressing and expanding the approach since its establishment in 1988. A move towards inclusive employment is reflective across OECD countries generally, with the Sustainable Development Goal 8 (SDG 8; established in 2015) for the United Nation's 2030 Agenda for Sustainable Development incorporating full and productive employment and decent work for all. Target 8.5 explicitly mentions people with disabilities and the urgent priority for them to receive fair and equitable earning: "equal pay for work of equal value" (UN, 2015).

Disability employment in Federal laws

Perhaps most notable to the US disability employment ecosystem, and in some ways contrasting to the Australian system, is the range of legislative policies that govern the operations and practices of employers and organisations. There are multiple key federal laws in the US that protect people with

disability in employment and outline how employers of people with disability must lawfully operate, considering their day-to-day service provision, funding, and resource allocations. Each of these laws have the same goal (to remove barriers to employment faced by individuals with disabilities and shift societal attitudes) however not all laws are applicable to all employers and the exact application depends on whether an employer is within the private or public sector; their number of employees; and any existing federal contracts the employer may need to uphold. It is worth noting that, despite this legislative underpinning, there are clear calls for continued emphasis and strengthening of the policies that prioritise and protect people with disabilities' right to meaningful, safe and appropriate employment (Winsor et al., 2021). A non-exhaustive summary of current employment laws as related to disability and anti-discrimination follows (DoL: OEDP, 2024):

- **Americans with Disabilities Act** (ADA) came into effect July 1990 and was amended in 2008 as the ADA Amendments Act (ADAAA) (came into effect January 2009). The ADA guarantees equal opportunities for individuals with disabilities, with two sections specifically relating to unemployment.

- **Workforce Innovation and Opportunity Act** (WIOA) was signed into law in July 2014. The WIOA is aimed at helping jobseekers access support, training, and education to match with employers and secure high-quality competitive integrated employment. The WIOA requires each state to align their public workforce development programs to coordinate the needs of jobseekers and employers over 4-year plans. Partner organisations (semi-funded by US departments) help facilitate the development and implementation of these plans.

- **Rehabilitation Act** of 1973 authorises funding for disability-related purposes, including state vocational rehabilitation (VR) programs, independent living programs, training and research, and the National Council on Disability. The Rehabilitation Act also includes three sections prohibiting discrimination against individuals with disability from specific employers related to/contracted by federal agencies.

- **Individuals with Disabilities Education Act** (IDEA) of 1990 protects the rights of children with disabilities to access free and appropriate public education, early intervention, and education supports where required to meet their individual needs and prepare them for future independence and employment.

- **Vietnam Era Veterans' Readjustment Assistance Act** (VEVRAA) of 1974 prohibits discrimination against covered veterans with disabilities and requires certain employers with federal contracts to provide equal employment opportunities.

- **Civil Service Reform Act** (CSRA) of 1978 applies to federal agencies and aims to promote equal opportunity in federal personnel actions and prohibit discrimination against applicants and employees with disabilities.

Implementation of legislation and employment services

In the US, there are two key programs that help to deliver and improve employment support services to jobseekers with disabilities: Vocational Rehabilitation (VR) Agencies and Technical Assistance (TA) Centres. In broad summary, VR agencies deliver on the ground services to people with disability, and TA centres aim to improve service provision via training and assistance to VR agencies and other relevant service providers to ultimately improve employment outcomes for people with disabilities.

VR agencies are state-based organisations operating via federal authority under the 1973 Rehabilitation Act, amended by the WIOA of 2014 (Winsor et al., 2021) and funded through the US Department of Education's Rehabilitation Services Administration (RSA). The 78 VR agencies that are operating in the US are designed to provide jobseekers with disability with appropriate services and support to gain and maintain employment. Of the 78 VR agencies throughout the US, 34 serve individuals with all types of disability ('combined' VR agencies); 22 serve blind or visually impaired individuals (blind VR agencies); and 22 serve individuals with all other disabilities ('general' VR agencies) (DoE: RSA, 2024). In addition to the state VR agency system, there is also a separate state IDD agency system. Each US state or territory has an agency dedicated to supporting individuals with IDD via general community and home services, service coordination, and employment services which are often delivered by Community Rehabilitation Providers (CRPs) under contract (Winsor et al., 2021). Though IDD agencies fund ongoing supports, VR agencies will typically help in the initial stage to source and match an appropriate employment placement for a jobseeker with IDD. However, local IDD agencies and VR agencies may collaborate when required and the exact use of an IDD or VR agency may depend on the local agency staff and individual jobseeker (The Arc, 2018).

Each year throughout the US, VR agencies provide support to over one million people with disability (Winsor et al., 2021) and are funded via an annual budget of $3 million (Tansey et al., 2023). VR agencies employee VR counsellors who hold an in-depth understanding of the various laws and regulations as they relate to jobseekers with disability. VR counsellors work as a moderator or facilitator between a jobseeker or employee and their prospective or actual employer. Eligible jobseekers develop an Individualised Employment Plan in collaboration with a VR counsellor that outlines their employment goals and the services they will receive to progress these goals. VR services may include career counselling; financial support for additional training; post-education transition support; transportation; customised rehabilitation; supported employment services; and work-based learning experiences or job coaching (Tansey et al., 2023). The Rehabilitation Act specifies certain funding and resource allotments for VR agencies; for example, VR agencies must allocate 15% of public funds into pre-employment transition services for students eligible under Section 504 of the Act, while Section 511 requires that individuals receiving subminimum wage undergo annual career counselling (Winsor et al., 2021).

The VR program can be described as an "integral part of the broader national workforce development system" and is broadly thought to be effective and successful in terms of outcomes (Tansey et al.,

2023: 50). For example, in 2003, individuals who gained competitive employment through VR partnerships with existing businesses had an 85% job-retention rate after one year (US Dept. of Education, 2005). Yet, the un/underemployment rate of people with disability remains pervasively high and outcomes of VR agencies vary greatly across states. The VR system is particularly complex to navigate for both employee and employer - common complaints are that applications can take a long time and appropriate employment matches are not always found, and health issues remain a consistent barrier for jobseekers (Winsor et al., 2021). Research has shown that states that have the most successful outcomes, like Washington D.C., have been found to have common characteristics including "clearly defined goals and data collection, strong agency leadership, interagency collaboration, ongoing training and outreach, communication through relationships, local control and flexibility, and respect for innovation" (Cohen, Butterworth, Metzel, & Gilmore, 2003).

To navigate the complexity of the system, Technical Assistance (TA) centres help to build capacity of VR agencies; assisting them to navigate and correctly apply the federal laws that govern disability employment practice and improve employment outcomes for Americans with disability. Technical assistance is designed to increase the skills and knowledge of VR counsellors and other qualified persons, educators and providers who offer services and support to jobseekers or employees with disabilities, and TA centres have been established to centralise and increase training to these professionals, enabling them to provide high-quality services and facilitate individual and community change (Tansey et al., 2023). There are over 200 TA centres across the US, though not all have a strict focus on disability policy. As one example, the US Department of Education's Office of Special Education Programs (OSEP) funds a TA Network of over 50 centres to implement the Individuals with Disabilities Education Act (IDEA). There also exists a National TA program through the US Economic Development Administration that funds projects that provide TA of a national scope.

There are three levels of TA offered across TA centres: 'universal,' or broad; 'targeted,' or specific; and 'intensive', or tailored. All levels of TA are evidence-based and focused on practical capacity-building; both targeted and intensive TA involve some level of in-person or remote engagement. Universal TA is free, publicly available and considers multiple stakeholders' needs in a general nature. It may include online factsheets or briefing documents, recorded and archived webinars or workshops, or online library resources. Targeted TA is proactive and based upon common identified needs of the State and stakeholders. Typically, VR agencies request targeted TA from a centre to assist with a short-term, identified problem or goal. In contrast, intensive TA is tailored, sustained support to VR agencies to problem solve a long-term, complex or systematic issue. Through intensive TA, VR agencies commit to shared goals and outcomes over a period of time (e.g. years) and commit their efforts and resources to achieving large-scale, organisational change.

Funding and Federal investments

Funding for disability employment services is largely short-medium term (maximum 4-5 years) and administered through individual US departments so it is challenging to understand the overall scope and priorities of disability employment funding. In general, however, recent federal investments have clarified intent towards the Employment First approach and a clear push for employment in the competitive integrated labour force. For example, from 2010-2018, the US Department of Labour (DOL) awarded grants of $139 million to 55 projects in 30 states focused on improving the education, training and employment outcomes of individuals with disabilities (the Disability Employment Initiative (DEI)) (Winsor et al., 2021). Across 2011-2021, the US Administration on Intellectual and Developmental Disabilities (AIDD) provided multi-year funding to 14 states to improve employment opportunities and outcomes for individuals with IDD, with a focus on system collaboration (Winsor et al., 2021). In general, and across OECD countries recently there has been increased investment into employment services to reduce unemployment, but "the share of the total amount of disability funding going to rehabilitation and employment support averages around 5% - compared to around 33% in the [mainstream] unemployment system" (ILO & OECD, 2018).

In terms of administering funding, Medicaid is the largest federal source of funding for disability employment and other community services in the US, including services for both competitive integrated employment and segregated employment activities. Each state has its own state plan for funding, as well as a state agency that designs and administers this plan (Winsor et al., 2021). States are able to use their funding flexibly under the general federal guidelines, however a recent change in 2014 - the Community-Based Settings Rule - specified that Medicaid-funded services would need to focus on community engagement activities, including integrated competitive employment, and shift away from segregated activities, including segregated employment (Winsor et al., 2021). This reflects another shift towards an Employment First approach upheld by US legislation and continues to solidify federal intent.

The Social Security Administration (SSA) supports disability employment services through specific programs that are geared towards increasing incentives (or enabling flexibility) to work for individuals receiving Social Security Disability Income (Winsor et al., 2021). These programs include benefits counselling to understand the relationship between benefits, employment and earning more income; and specific incentives that allow an individual to exclude certain income and expenses from total reported income (as related to their benefits). Despite the intent of these incentives to increase flex between benefits and employment, the uptake of some of these incentives has been lower than expected and participation is inconsistent (Winsor et al., 2021).
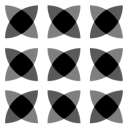
APPENDIX C: SUMMARY OF 23 EVIDENCE CENTRES

Number	Name	Jurisdiction	Focus	Organisational structure
1.	Aged Care Research and Industry Innovation Australia	Australia	Advancing aged care workforce capability	Independent not-for-profit hosted by Flinders University
2.	Centre of Excellence in Child and Family Welfare	Australia	Advocating for the rights of vulnerable children, young people and families	Victoria's peak body for child and family services
3.	National Centre of Excellence in Intellectual Disability Health	Australia	Improved access to health care for people with intellectual disability	Evidence centre hosted within the University of New South Wales
4.	Workplace Gender Equality Agency	Australia	Gender equality in Australian workplaces	Independent, federal statutory agency located within the Department of Prime Minister and Cabinet
5.	Balit Durn Durn	Australia	Improved health and wellbeing of Aboriginal and Torres Strait Islander people.	Victoria's peak body for Aboriginal health and wellbeing
6.	Grattan Institute	Australia	Informing Australian policy through research	Independent, not- for-profit and registered charity
7.	Centre of Research Excellence in Disability and Health	Australia	Identifying cost-effective policies that improve the health of people with disability in Australia.	Evidence centre hosted within the University of Melbourne

Number	Name	Jurisdiction	Focus	Organisational structure
8.	Centre for Evidence and Implementation	Australia	Informing policy and practice through research	Evidence centre hosted within University of Melbourne
9	IPS Employment Centre	United States	Supporting people with serious mental illness through employment	Research collaboration hosted within the Research Foundation for Mental Hygiene, Columbia University
10	Institute for Community Inclusion	United States	Supporting the inclusion of people with disabilities in all aspects of society	University Centre of Excellence in Developmental Disabilities (UCEDD) hosted within University of Massachusetts Boston
11	LEAD Center	United States	Facilitating the implementation of the Workforce Innovation and Opportunity Act (WIOA)	Evidence centre hosted within the National Disability Institute, a national not-for-profit organisation
12	National Technical Assistance Center on Transition: The Collaborative	United States	Supporting service delivery to secondary students and out of school youth with disabilities.	Technical Assistance Centre and collaboration comprising seven universities
13	Rural Institute for Inclusive Communities	United States	Building access and opportunity for people with disabilities.	University Centre of Excellence in Developmental Disabilities (UCEDD) hosted within University of Montana

Number	Name	Jurisdiction	Focus	Organisational structure
14	Vocational Rehabilitation Technical Assistance Centre for Quality Management	United States	Enhancing vocational rehabilitation outcomes and service delivery through quality program and resource management	Technical Assistance Center hosted within San Diego State University Research Foundation
15	Vocational Rehabilitation Technical Assistance Center for Quality Employment	United States	Improving the capacity of State Vocational Rehabilitation (VR) agencies to support quality employment outcomes for people with disabilities	Technical Assistance Center hosted within the University of Wisconsin-Madison
16	WISE	United States	Expanding employment opportunities for people with intellectual and developmental disabilities.	Private, not for profit organisation
17	Disability Employment TA Centre (USA)	United States	Providing technical assistance to Administration on Disabilities (AoD) grantees to improve employment/ economic outcomes for people with disabilities	Federally funded US national agency
18	National Institute on Disability, Independent Living and Rehabilitation Research (USA)	United States	Supporting a program of national and international research into the rehabilitation of people with disabilities	Federally funded US national agency

Elements of Successful Evidence Centres: Foundations for a Disability Employment Centre of Excellence

Number	Name	Jurisdiction	Focus	Organisational structure
19	Social Care Institute for Excellence	England	Supporting the use of the best available knowledge and evidence about what works in social care practice.	Independent not-for-profit and registered charity
20	Youth Futures Foundation	England	Improving employment outcomes for young people from marginalised backgrounds.	Independent not-for-profit and part of the national What Works Network.
21	Centre for Excellence for Children's Care and Protection	Scotland	Supporting the rights and well-being of children and young people and teenagers.	Evidence centre hosted within University of Strathclyde
22	CanChild	Canada	Generating knowledge & transforming lives of children and youth with developmental conditions and their families. conditions	Evidence centre hosted within McMaster University
23	Ngā Pae o te Māramatanga	New Zealand	Creating the foundations for flourishing Māori futures and bringing about transformative change for Māori communities.	Evidence Centre hosted within University of Auckland