

Helping make ends meet? Understanding the impacts of BC's annualized earnings exemption on people living with mental illness

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CMHA BC Division
905-1130 West Pender Street
Vancouver, BC, V6E 4A4
Tel: (604) 688-3234 or 1-800-555-8222
Fax: (604) 688-3236
www.cmha.bc.ca

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INTRODUCTION

Over 50% of recipients of BC's Persons with Disabilities (PWD) benefit have been diagnosed with a mental illness.¹ Not all people with mental health-related problems desire to work, but many do, both as a means to increase their income and to support their recovery and wellbeing. People who rely on PWD benefits, which fail to provide an adequate standard of living for many, require additional income in order to have secure housing and enough money to cover other basic necessities.

While mandatory employment obligations can be harmful, choice-driven employment with evidence-based supports can have significant benefits for people experiencing mental health-related problems. The way in which the Ministry of Social Development and Poverty Reduction treats employment and income obtained through employment can impact people's ability, desire and opportunities to work. In January 2015, BC became the first province in Canada to allow people who are earning income and receiving disability income assistance to calculate their earnings on an annual basis, as opposed to a monthly basis. This initiative is called the Annualized Earnings Exemption (AEE).²

This paper has three main objectives:

1. To understand the impact of the AEE and paid employment on the direct experiences of people in receipt of PWD benefits who choose to work;
2. To understand the rationale for and policy-making process used to implement the AEE; and
3. To propose recommendations to better support the employment of people experiencing mental illness.

METHODOLOGY

In order to understand the impetus, process and impact of the AEE policy, we (1) held a focus group of individuals currently using the AEE to learn from their expertise and experiences; (2) interviewed government and organizational stakeholders involved in discussions during the development and roll-out of the AEE; (3) carried out a short literature review with respect to the connections between mental health and employment; and (4) analyzed earnings data provided by the Ministry of Social Development and Poverty Reduction (the "Ministry") since the AEE was introduced.

We had six focus group participants who self-identified as having experienced mental health-related problems. The information gathered at the focus group was not intended to be representative of every person's experience under the AEE, although the participants in the project came from a diverse range of backgrounds and perspectives. The participants ranged in age from 34 to 57; four identified as men and two as women. One participant identified as being of South East Asian descent, two as being of South Asian descent, one of Northern African descent, and two as European or North

American descent. Three participants reported they sometimes did not having enough income to meet their basic needs, one reported economic security and two did not answer that question. All but one participant were employed in paid part-time work at the time of the focus group, and one was working full-time. The participants were all designated as a “person with disabilities” under the *Employment and Assistance for Persons with Disabilities Act* and had been for periods ranging from less than two years to 19 years. All participants reported living and working in the Lower Mainland of BC.

Qualitative interviews were also carried out with key Ministry staff involved in the planning and implementation of the AEE, as well as with staff from several disability or anti-poverty advocacy non-governmental organizations (NGOs) that were engaged by Ministry staff during the process.

BENEFITS OF PAID WORK

Project focus group participants identified many benefits of paid employment that fell into a number of categories:

- Paid work is an important source of income to supplement PWD benefits: Participants reported that their employment income allowed them to structure their finances with a regular pay cheque; it enabled them to provide for their families, take vacations, visit family and friends, or use their leisure time how they wanted because it gave them the funds to do so; and it enabled them to save money for the future.
- Paid work is valuable for social inclusion and community participation: Participants reported that employment allowed them to form relationships and build social networks; meet new people; make plans because they had financial security to do so; and learn new skills.
- Paid work contributes to self-worth and confidence: Participants reported that paid employment made them feel like they were contributing; it allowed them to feel like a responsible member of society; increased feelings of self-respect and confidence; and provided a sense of purpose and fulfillment.
- Paid work supports mental wellness and recovery: Participants reported that employment “gets you out of the house and into the world”; in other words, employment provides a schedule and structure to their time that can be beneficial to mental health and stops them from getting in a rut that can lead to depression.

Up to 90% of people with serious mental illness are unemployed despite the many positive impacts that paid work can bring.³ The experiences expressed by focus group participants mirror research examining the benefits of paid employment for people living with mental illness. That research tends to recognize two primary benefits: (1) additional income, which in itself is a determinant of health and reduces stress and crises if it allows the

employee to achieve an adequate standard of living; and (2) employment can be an important part of psychosocial recovery.

There is a strong correlation between poverty and mental illness, with increased poverty leading to worse health outcomes, increased risk of homelessness and higher rates interaction with the criminal justice system.⁴ The chronic stress, social exclusion and lack of control caused by poverty has detrimental impacts on mental health.⁵ An adequate income is a determinant of mental health and wellbeing, and employment income supplements PWD benefits for those who rely on them and may enable them to meet their basic needs when PWD benefit rates alone do not.⁶ Further, employment income can support people experiencing mental illness to travel, start a family, or pursue their goals because they have some financial breathing room.⁷

Research has also confirmed that employment can be beneficial to an employee's mental health, wellbeing and recovery. While it is not everyone's goal, employment is a stated goal of the majority of people experiencing mental illness.⁸ Employment is associated with a greater sense of autonomy, improved self-reported wellbeing, improved social status and opportunities for personal development.⁹ Evidence-based supported employment has the potential to inspire hope and support people to see themselves and their lives beyond their illness,¹⁰ and can lead to a reduction in reported symptoms and a higher self-reported quality of life.¹¹

DRAWBACKS OF PAID WORK

Project focus group participants identified several drawbacks of paid employment that fell into two categories:

- Paid work can be stressful: Participants reported that paid employment came with a higher level of stress and pressure compared to volunteer work; the anticipation of workload can be daunting; it can be extra stressful to have to adapt to new technology in the workplace; and the stress from work comes with potential health complications.
- Relying on PWD benefits and paid employment creates financial risk if either source of income is reduced: Participants reported that because they relied on their employment income and their PWD benefits to make ends meet financially, the threat of losing their benefits if their income increased was constant; conversely, the stress of working and associated pressure to make money could trigger a mental health relapse that would result in the loss of paid employment.

Qualitative research examining employment for people with mental health-related problems identifies a range of drawbacks that include employment being perceived as stressful, unpleasant or boring, requiring people to give up leisure or other valuable activities, and leading to social rejection and distressing social interactions.¹² Some people feel that their health problems limit available employment opportunities and they feel limited to undesirable jobs.¹³

The drawbacks identified by focus group participants differed in some respects. While many indicated the increased stress of paid work, none of the participants identified work as a barrier to pursuing leisure activities. In fact, most of the participants agreed that some amount of employment income was necessary to enable them to engage in activities for enjoyment's sake because PWD benefits did not allow for the financial flexibility needed to undertake leisure and recreational activities. Although there was some discussion about the need for a "good boss", that casual work was less desirable than steady, predictable work, and that expectations in paid employment could be very stressful, the participants generally focused on the positive aspects of work more than the negatives.

BARRIERS TO PAID WORK

Project focus group participants identified several barriers to paid employment that fell into three categories:

- Health issues and medication changes can impact the ability to work: Participants reported that physical and mental illness can disrupt their ability to work and maintain employment, and especially steady employment; episodic symptoms sometimes made it difficult to physically get to work or to meet expectations; and medications, especially when dosages were increased, could interfere with concentration and the ability to carry out work.
- A lack of autonomous, flexible or accommodating employment: Participants reported that they preferred part-time employment that was flexible enough to allow time off when they had health issues, but that would let them return when their health improved; they reported that this type of work was difficult to find. They further noted that it was important to have an understanding boss and supportive co-workers. Most participants reported positive work experiences but flagged that it was necessary to their employment success.
- Earnings exemption cap or lack of awareness: Several participants reported that they would work more if they knew that it would not impact their PWD benefits. Others expressed confusion about how the annual cap works and that they would like to try working more, but they were confused about what would happen to their benefits if they went over it, so they decided to limit their work to part-time.

Many of the barriers identified by the focus group participants are consistent with existing literature. Research has identified barriers including those stemming from illness and symptoms, fear of or confusion around potential loss of benefits, fear of stress and fear of health relapse.¹⁴ In addition to the barriers identified by the focus group, research has documents other barriers, including a lack of transportation, childcare, actual or perceived lack of skills or work experience, stigma or stereotyping about mental illness on the part of potential employers, poor system coordination with health supports (waitlists, lack of

crisis support, difficulties in medication management), and a lack of awareness of or access to supported employment services.¹⁵

WHAT THE AEE WAS TRYING TO ACHIEVE

BC announced the introduction of the AEE as an initiative that would help people with disabilities whose earnings fluctuate throughout the year. Based on pilot outcomes, the AEE was described as having the potential to allow people to take shifts they would otherwise turn down, earn more money, and create an incentive to work.¹⁶ The AEE was also described as part of BC's Accessibility 2024 plan to make the province the most progressive place for people with disabilities in Canada with the highest labour force participation rate for people with disabilities in Canada by 2024.¹⁷ It was hoped that it would support people to work without fear of negatively impacting their benefits.¹⁸

In legislative debates, the then Minister of Social Development and Social Innovation explained the AEE as responding to communities where employment may not be available 12 months of the year, but people on PWD might be able to get employment for a shorter period with the potential to earn more.¹⁹ The AEE was presented as allowing those individuals to take advantage of employment opportunities when they arise.

Prior to the AEE, the earnings exemptions scheme advantaged those who have a steady ability to earn on a month-to-month basis versus those who work more sporadically because of choice or health issues. Any income earned each month above the fixed monthly earnings cap was deducted dollar for dollar off the recipient's disability assistance. As a result of administrative delays, the recipient's disability benefits would be impacted two months after the income was actually earned. For example, income earned in February would be reported in March and any earnings above the cap would be deducted off April's disability assistance. This delay led to significant income fluctuations and created budgeting difficulties.

Under the AEE, income that is earned each month does not impact the amount of disability assistance an individual receives as long as the total earnings remain under the *annual* cap. Recipients are able to utilize their earnings exemption at any time during the year, which allows them to work more hours during certain months and less during other months, while maintaining steady monthly disability assistance. The annualized system also eliminates the delay in earnings deductions that had the potential to impact monthly benefits and complicate budgeting for many people. The exemption applies to income that is earned between January 1 and December 31, and it does not carry over to the next year.

At the time of the introduction of the AEE, the PWD benefit rate for a single person was \$906 per month, which has since increased to \$1133 per month (effective January 1, 2018). Prior to the introduction of the AEE, the monthly income cap for a single person was \$800 per month (increased from \$500 per month in October 2012). When the AEE was introduced, that amount was simply multiplied by 12 to create an annual cap of

\$9,600 for single people. On October 1, 2017, the annual cap for a single person rose to \$12,000.²⁰

IMPLEMENTATION OF THE AEE

BC was the first province in Canada that has implemented an annual exemption. The creation of the AEE was initiated by the Ministry and informed by a group of non-governmental organizations including the BC Aboriginal Network on Disability Society, Canadian Mental Health Association – BC Division, Community Legal Assistance Society, Disability Alliance of BC, Inclusion BC, and the Social Planning and Research Council of BC, which participated in a Ministry policy table called “Supporting Increased Participation” or “SIP”. The NGO group came together to advocate for increasing the PWD rates to meet the cost of living in BC, indexing the rates to inflation, and improving housing supports for people in receipt of PWD benefits.

Ministry staff interviewed for this project were working directly on the implementation of the AEE. They expressed that they had a clear understanding of the goals of the AEE, and particularly the benefits for people with episodic mental illness. They noted that the introduction of the AEE required some Ministry staff to transition away from traditional thinking about social assistance – the idea that assistance is a last resort – and to instead begin embracing an approach that empowered people and created greater flexibility. Throughout the policy-making process, civil servants were guided by one basic principle: no one should be made worse off by changing to the AEE. Moving from a monthly system to an annualized system was reported by Ministry staff to be administratively complex. Because the entire social assistance system has traditionally taken a month-to-month approach, determining how to introduce an annual system was not a simple task and required trying to identify all of the different ways the AEE might impact different family units in the PWD caseload.

According to one Ministry staff person, meaningful collaboration enabled the transition to the AEE be successful. They identified the strong relationship with the SIP group as essential to work through various complexities when the AEE was introduced. Interviewees from NGOs appreciated the efforts that were made by the Ministry, but reported that while there was not opposition to the AEE, there was hesitation and concern about the implementation process and its potential impacts on people relying on PWD benefits. From their perspective, the Ministry developed a policy initiative that was not necessarily the primary focus of the NGO groups (they were seeking increases to benefits and housing supports), but the SIP group helped to identify and resolve issues around communicating to recipients and involving those directly impacted in evaluating it, particularly in the pilot phase. Interviewees from the Ministry and NGOs credited much of this collaborative success to ADM Molly Harrington’s ability to cultivate strong relationships among government and NGO representatives. One NGO leader described the AEE policy-making process as a hybrid process: government followed their mandate of designing and implementing policy and was supported by the collaborative spirit and engagement of SIP members.

IMPACTS OF THE AEE

What we heard from the focus group

Many members of the focus group expressed preference for the AEE as opposed to a monthly earnings exemption. Some were in receipt of disability assistance at the time the AEE was introduced and personally experienced a benefit under the AEE system. The participants acknowledged that a system that allowed them to take breaks from employment during periods of illness was beneficial.

While the focus group participants expressed positive comments about the flexibility that the AEE granted them in theory, most of them expressed a strong preference for regular work with set hours and earnings so they could schedule and plan their time and their finances. While the AEE was in part designed to support people who might work sporadically, there was consensus in the focus group that regularized, steady work was beneficial for their quality of life and wellbeing.

Despite their expressed preference for the AEE, there was significant confusion amongst the focus group about how the AEE actually worked, especially if they were to hit their annual earnings cap. Some thought the additional earnings would be deducted off their future assistance over time and not all at once. They were surprised to learn that was not the case. Many of the group members simply took the annualized cap, divided it by 12 and tried to keep their earnings under that amount each month as a way of tracking their earnings. One member of the focus group stated that, while he would like to try working full-time, he has decided to stay at part-time because he did not understand the AEE and did not want to risk losing his disability assistance. One focus group participant expressed appreciation that the Ministry sends a letter informing recipients when they have reached 75% of the annual cap.

One participant expressed that he was potentially made worse off by the AEE. He was working full-time earning a wage that would make him ineligible for monthly PWD benefits, and he experienced a mental health-crisis. His health problems forced him to quit his job and he applied for and began receiving disability assistance. His health has now improved and he is working full-time again, maintaining his PWD status without monthly benefits, but he expressed significant fear that he will be left without any income if he is ill again in the future. He never knows how long his condition is going to be stable and he expressed concern that, if he were to become ill at certain parts of the year, his earnings could impact his PWD should he become unable to work. While the specifics of his situation made it hard to unpack whether his concerns could be realized, the significant stress of potential relapse and loss of income was enough to affect his health. For him, he felt that the monthly exemption would have some benefits over the AEE because it would allow him to be confident that he has fresh eligibility for benefits every month and continue to work as much as he can when he can.

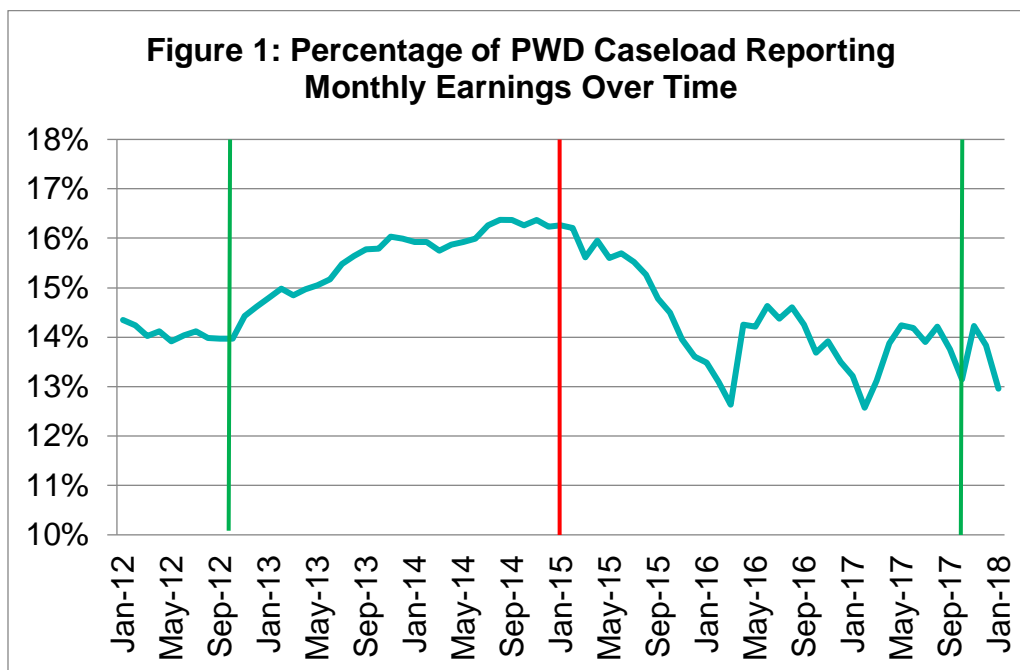
Finally, many of the focus group participants hoped that the Ministry would increase the AEE cap to enable them to work more. As stated above, some participants reported

decreasing working hours to ensure they do not go over the cap, while others still work regardless because employment benefits their well-being. One participant suggested that the exemption limit should be determined by family size (including children) and another felt the Ministry should raise the limit as high as possible to encourage more workforce participation. Another still suggested the limit should be indexed to inflation and cost of living.

Data analysis

The Ministry provided detailed data on the PWD caseload earnings from January 2012 to January 2018. That data allows a comparison of the goals of the AEE against changes in earnings to see if those goals were achieved.

One goal of the AEE was to increase workforce participation, which can be assessed by examining the number of PWD cases (in other words the number of family units in receipt of PWD benefits) reporting earnings over time. As Figure 1 illustrates, there has not been an overall increase in the percentage of the PWD caseload reporting earnings each month since the AEE was introduced in January 2015. Instead, it appears that the October 2012 increase in monthly earnings exemption has a stronger impact on the number of family units that report earnings.

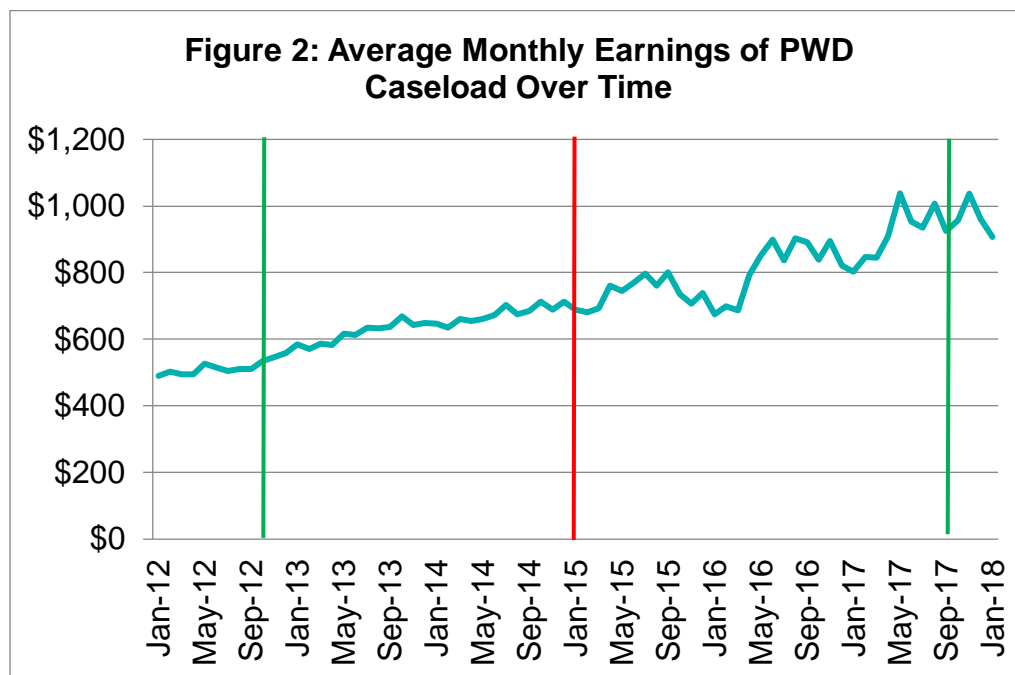


Note: the green lines indicate when monthly or annual earnings exemption cap were increased; the red line indicates when the AEE was introduced. Since 2015, there has been an annual cycle to earnings because some family units reduce their earnings near the end of the calendar year if they are approaching the annual cap. This causes the increased fluctuation in cases reporting earnings after January 2015.

The AEE did appear to introduce more variability to the monthly earnings of the caseload with more drastic month-to-month changes in the percentage of people

reporting earnings each month and an annual cyclical cycle that peaks mid-year and decreases towards the end of each year (presumably because people cut back their work if they are near or over the annual earnings cap). The increased variation in the percentage of the caseload reporting income each month may indicate that recipients are taking advantage of the autonomy provided by the AEE; they may be earning more in fewer months or choosing a more flexible work schedule.

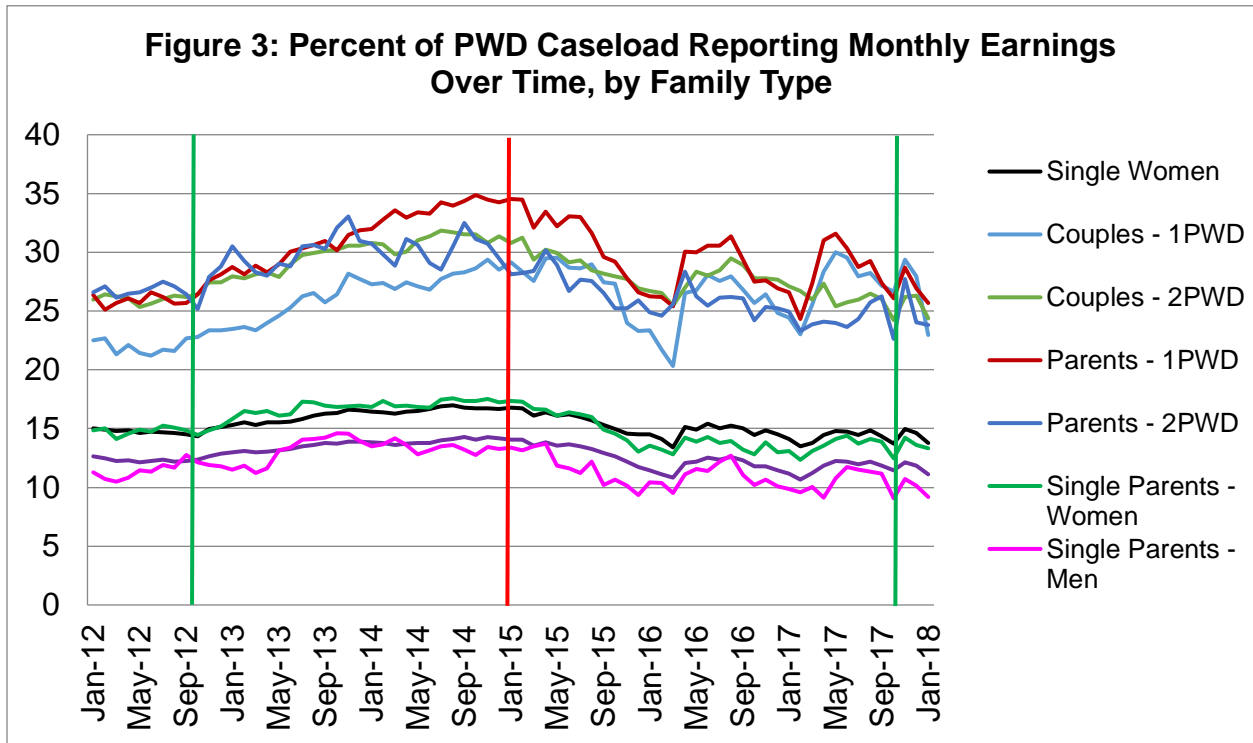
Another goal of the AEE was to increase earnings for those who were able to work sporadically during the year. The hope was that the AEE would allow them to work more and earn more when they are able to and to retain more of their earnings. As Figure 2 illustrates, there has been an overall increase in the average earnings reported each month. While increases in earnings exemption caps likely played a role in this increase, there is no indication that the AEE had a negative impact aside from the new cyclical and more variable earnings patterns. What is not clear is whether the increase in average monthly earnings is the result of those who can work to the exemption cap simply working more (with little corresponding increase in earnings for those who are able to work less) or whether the increase in earnings was more spread out through all of the family units working.



Note: the green lines indicate when monthly or annual earnings exemption cap were increased; the red line indicates when the AEE was introduced. Since 2015, there has been an annual cycle to earnings because some family units reduce their earnings near the end of the calendar year if they are approaching the annual cap. This causes the increased fluctuation in cases reporting earnings after January 2015.

Finally, as shown by Figure 3, there was not a large difference in impact on the percentage of the PWD caseload reporting monthly earnings when broken down by family type. While family units with a couple tend to be more likely to work, and family units led by single adults less likely to work, the overall trends before and after the introduction of the AEE are similar across family types. The only exception is that the

variation in the percentage of the caseload earning each month, which arose after the introduction of the AEE, appears to be experienced more by higher earning family types (couples and two parent families). The percent of the single or single parent PWD caseload appears to experience less drastic fluctuation in monthly earnings rates.



Note: the green lines indicate when monthly or annual earnings exemption cap were increased; the red line indicates when the AEE was introduced. Since 2015, there has been an annual cycle to earnings because some family units reduce their earnings near the end of the calendar year if they are approaching the annual cap. This causes the increased fluctuation in cases reporting earnings after January 2015.

RECOMMENDATIONS

As a result of what is set out above, CMHA BC makes the following recommendations specific to earnings exemptions and employment supports (please see CMHA BC's submission to the provincial poverty reduction consultation for further recommendations on poverty reduction, more generally).

- **Recommendation 1: Families on PWD benefits should be able to choose between monthly and annual earning exemptions.** While it is rare for a recipient to be worse off as a result of the AEE, it is possible. One of our focus group participants felt that he would be better off and his health would be better supported under a monthly exemption system.
- **Recommendation 2: Enable PWD recipients to retain more income.** Based on data provided by the Ministry, it appears that increases to the earning

exemption caps correlate with an increase in the percentage of the monthly caseload reporting income.

- **Recommendation 3: Strengthen and clarify communication around earnings and the AEE.** Even within focus group participants that were working right to the annual earnings cap, there was varying understanding of what would happen if they went over the cap. One focus group participant suggested that they would forgo attempting full-time work because they feared it would impact their benefits and they did not feel confident in navigating the system to minimize any risk to their benefits.
- **Recommendation 4: Increase evidence-based employment supports.** Current Employment Program of BC programming has low success rates for people with serious mental health or substance use-related problems. Proven support programs like the Individualized Placement and Support have strong success rates if fidelity is maintained.²¹ The focus group participants and literature review underlined the potential benefits of paid employment for people with mental illness and improved and increased supports would allow more people in receipt of PWD benefits to experience those benefits if they choose.

CONCLUSION

While not everyone experiencing mental illness wants to work, many do and those who choose to pursue paid employment can experience significant benefits to their health and wellbeing in the right employment circumstances. Furthermore, for many PWD recipients, employment income is necessary to supplement their monthly benefits to provide an adequate standard of living. The Ministry's employment and benefit policies can have a significant impact on the ability of people to work without fear that it will impact their disability assistance.

The AEE was a positive step forward for BC in that it provides increased autonomy for people with disabilities. Most focus group participants expressed appreciation for the annualized process because it gave them increased flexibility, whether they took advantage of that flexibility or not. However, even those working near the annual income cap expressed stress about their financial situation while receiving PWD benefits and some level of discomfort or fear about how employment earnings could impact their benefits. There is more BC can do to better support their meaningful employment and participation in their communities.

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