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community development – from design to evaluation

Hume Partners In Recovery (PIR) Evaluation

Interim Report, November 2015.

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Introduction

This Interim Report is the third such report resulting from the local evaluation of the Hume PIR Program. The local evaluation is being conducted over a two year period with data/knowledge gathering iterations at roughly six monthly intervals. At each iteration the same informant groups have been engaged although the same individuals are not necessarily involved. This is particularly the case with the Service Provider representatives and the Consortium.

Where possible the same PIR participants have been engaged in successive iterations with additional participant informants engaged with each iteration. Where possible additional care/significant other informants have also been engaged with each iteration.

This third interim report follows the same format as previous interim reports with the addition of two brief vignettes, one participant and one carer, intended to highlight the change in life quality experienced by those persons featured in the vignettes .

In most instances the same questions are asked of the informants at each iteration. This enable the informant (individual and group) to reflect on changes, if any, in their responses and also to reflect on and perhaps attribute reasons and/events which have brought about any changes, positive or otherwise. Questions such as one's understanding of the term recovery, or who is responsible for a participants recovery plan are not included where informants have previously been asked these specific questions.

An additional section headed Impact is also included and is intended to highlight the issue of the personalised nature of impact and the difficulty of placing a quantifiable measure on it.

Informants to the evaluation & questions asked of them:

Evaluation informants	***Males***	***Females***	***Details***	***Questions***
PIR participants	11	8		1. What do you understand by the term 'recovery' in relation to the Partners In Recovery Program? 2. Is your action plan the result of you alone putting it together or was there someone else involved (Ten Seed Technique – TST) 3. If someone else was involved, who was that person/persons? (the 3 questions above are only asked at the first engagement). 4. Of the services you use, do you find they relate to you differently since you joined the PIR Program? If yes – how are they different? 5. Of any issues with services, are they related to quality or access/availability? 6. What difference has PIR made to your life? 7. Where would you be without PIR?
Carers/Significant others	1	4	Husband, wife, mother, sister, son.	1. How do you see the person for whom you care responding to the action plan/PIR? 2. How do the services used by the person you care for operate in terms of 'recovery'? 3. What is your expectation of service provision post PIR? 4. Where would the person you care for be without PIR? 5. What is your life like now that the person you care for is involved with PIR?
Support Facilitators	4	3	Gateway Health, Centacare, Mental Illness Fellowship Mind, St Lukes Anglicare.	1. What has been the highlight of your work to date? 2. Of all the PIR registered participants (not just those registered with your organisation) how many will achieve the goals of their action plans? (TST). 3. of those who will not, why is it lack of access to services or related to service quality? (TST) 4. In relation to quality, why is this a barrier – provider organisational culture, lack of awareness or individual officers? 5. Of the participants who have exited PIR, how many had achieved their goals? 6. Of those who had not achieved their goals, why did they exit? 7. In your own organisation, what is the support for 'the recovery process?"
Other service providers	2	7	Gateway Health; St. Lukes; PHaMs Gateway Health; Wangaratta Community Mental Health; South West tenant Advices	1. What are three positive things you are aware of in relation to PIR? 2. What are the challenges you see for PIR?

			(VERTO); YES, Youth Family Services; Corryong Neibourghood Centre	
Consortium members	4	2	AWAHS; Centacare; Gateway Health; Rural Housing; St Lukes; Consumer.	1. What influence has PIR had on you (individual) and the organisation you represent? 2. What influence has the consortium had on Hume PIR? 3. What is your organisation's engagement with PIR beyond your membership of the consortium? 4. What do you think has been the influence of PIR on systems supporting participants?
Murray phn PIR staff		3		1. What are the participant numbers and how many have been exited 2. Of those exited how many had their needs met? 3. What changes have been made in response to the last interim report recommendations? 4. What have been the highlights since PIR began?

Limitations

The number of service provider representatives participating in this phase of the evaluation was limited as many although having agreed to participate, failed to do so. Line managers of Support Facilitators were also not involved. There are also numerous participants who having agreed participate were unable to be contacted by the evaluator. There are no exited participants included in the evaluation informant groups.

While this reduces the number of informants to the evaluation the data and knowledge generated in this iteration is still robust and valid.

Findings

The findings listed under the areas of focus headings are not necessarily new but they are consistent with what has previously been found and they are supported by a broader evidence base.

Notable strategies and outputs of Hume PIR:

- Systems change projects

Most Support Facilitators have submitted proposals for projects aimed at bringing about some form of systems change. The intended changes are those identified by the Support facilitators themselves as changes required to enhance the recovery of PIR participants. These projects have been identified utilizing local data gathered by support facilitators and their host organization. Whilst these projects have been initiated by Support Facilitators and are funded by PIR, a number of the projects are being implemented are conducted in partnership with organisations not directly involved with mental health or only marginally so. Some examples of such projects are the Hoarding and Squalor behavior project with Berrigan shire a close partner; the Volunteer Support Project centered on Mansfield which is being driven by a steering committee made up of representatives from the Mansfield Shire and the Centre (Community Education) in Wangaratta.

These projects are examples of change initiated as a direct result of PIR. They are also examples of the raised awareness within the broader community that mental health is more than an issue to be addressed clinically, but that it also has a social dimension.

- Systems change as an integral aspect of the Support Facilitator role.

Identifying and bring about systems change, while being an objective of PIR, has been made a specific aspect of the Support Facilitator (SF) role within Hume PIR. This explicit requirement of the SF role manifests as in the systems change projects mentioned above and also in the requirement of each SF to each month reflect on a participant's recovery and identify the enhancing factors and the barriers encountered and whether they are related to the participant or 'the system'. This reflection is then presented to their peers for discussion.

Hume PIR management identify this shift in SF role focus has had a significant impact on bringing about an effective critical reflection process amongst SFs which has a very positive effect on the services for whom they work directly and the PIR Participants they are involved with.

- The Consumer Carer Engagement Working Group

The CCEWG, highlighted in the April 2015 Interim Report, has since become a working group of the Hume PIR Consortium and thus part of the Hume PIR governance structure. As a working group it identifies system issues and makes recommendations to the Consortium. Members of this group report that membership of the group is a very empowering experience and enable them to make a contribution to an important health and social issue.

- Hume PIR presentation at the Rural and remote Mental Health Symposium, September 2015.

At the Rural and remote Mental Health Symposium at Creswick, Victoria, September 2015, a presentation was made on behalf of Hume PIR entitled, **How 'real' participation in a mental health program evaluation can contribute to a participant's 'recovery'.** The presentation outlined how the methodology used for this evaluation can be a contributing factor to a participant's recovery. This presentation highlighted to the conference that recovery can be assisted and facilitated in many ways and that even the local evaluation of Hume PIR is intended to bring about change to further support the participant's recovery.

Areas of focus:

There are two areas of focus as outlined in the terms of reference for this evaluation and relevant findings are discussed below under appropriate area of focus.

Client Outcomes reflecting the 'Recovery Model': as perceived by the participant, their carer and service providers.

1. PIR continues to provide opportunities for participants to contribute beyond their own situation. These opportunities are within the CCEWG; the steering committees for the systems change projects (all steering committees are required to have consumer representation); recovery plan meetings with support service workers and participants.

> *"I feel more human. I feel like people listen to me and take me seriously. I'm helping others as well as helping myself by getting rid of the stigma." (Participant).*

2. The positive response from participants and carers to PIR is indicative of the positive change which has occurred as a result of PIR. With only one exception, all participant informants to this evaluation talk of the positive change PIR has brought to their lives. These changes result from the creative and targeted use of

flexible funding; involvement in decisions relating to one's treatment and care; the SF being an advocate for positive change.

> *"When we came to this area we knew no one. Being referred to PIR was the best thing that has happened for us. They helped us with glasses and a car. We have two small children and without the car and the glasses to allow him (participant/spouse) to drive we would be very isolated. The kids are healthy and bright and happy and my stress level is less. They stuck with us and gave us the kick in the arse we needed." (Spouse/carer).*

3. Hume PIR is on track to achieve it participant goal of 204 participants. To date 28 participants have been exited from the program, the majority of whom have had their needs met according to their exit needs assessment.

Service systems outcomes reflecting the 'Recovery Model".

1. The number of referrals to PIR from clinical services has increased steadily. PIR management report that initially the clinical services referred very few persons to PIR. The rate of referrals from this clinical services has gradually increased over time to the point where there are as more referrals to PIR from clinical services than from community services. This appears to demonstrate improved awareness of PIR by clinical services (both community mental health and in-patient facilities) and an understanding the role that PIR plays in the lives of persons with serious and persistent mental health symptoms.
2. The engagement of services from outside the sector in the systems change projects is a very positive outcome. There are also individuals with in services who would not normally be involved with mental health who are involving themselves in systems change.
   The North East Multicultural Association's (NEMA) project to engagement with the Culturally And Linguistically Diverse (CALD) communities in relation to mental health awareness and recovery is being driven by individuals/organisations who do not normally focus on mental health issues.

3. The PIR Consortium reports that it has helped bring minority groups into a greater focus in terms of mental health. Groups such as Indigenous Australians, CALD. The Consortium describes itself as a 'community representative group' which is networking, providing visability and cohesion to the issue of mental health as social and not merely a clinical issue.
   The consortium sees as a strength the fact that it has a broad membership which includes services not normally involved directly with mental health (Rural Housing; NEMA) and as a result it can advocate and influence beyond its own membership organisations.

The personal perspective of PIR's impact

Attribution of outcomes is often a problematic practice because as people we are mostly not discrete entities and are influenced by many factors and from many sources. However it is important that an evaluation is able to go some way to attributing effect to cause in some way. During the engagement between the evaluator and the informants there are many opportunities for the informants to attribute personal outcomes to specific causes, PIR or otherwise. These attributions are based on the perspective of the individual and generally point to a very positive assessment of PIR.

This personalized attribution however does not always provide information to determine overall impact of the Program because it is of a nuanced nature. To address this issue in this iteration of the evaluation, each participant informant was asked directly, *Where do you think you would be without PIR?* Each carer/significant other informant was asked, *Where do you think (the person for whom they care or are associated with) would be without PIR? How has PIR impacted upon your life?*

The responses to these questions are listed below.

Participants:

"I don't know. I honestly don't know."

"I would be drunk and gambling like I used to before PIR".

"Without PIR I'd probably withdraw. I'd probably have overdosed or something by now".

"I don't know. Probably on the street. Housing would probably have evicted me".

"Probably dead. I've often thought about it (suicide)".

"I think I'd be the same as I am. I don't really use it".

"I'd be still lost without any consistency in my life. Maybe dead!"

"I feel like I have gone backwards lately. But without PIR I think he (husband) would have left me by now".

"I'd be 'drowned' probably on the street. I'd have fallen out with housing".

"Dead. Probably dead. I was so frustrated I'd given up".

"Dead or on my own".

"I'd probably be dead".

"Probably hanging from a tree or a rafter somewhere".

Carers/significant others:

"For him (participant/son) I think he'd be the same. For me (mother), it was great initially. I felt here was something which would help him. Now it all seems the same as before and I fear for what will happen to him".

"I think our family would have been torn apart. He (husband/participant) was going down fast. For me and the kids life a far less stressful and the kids are a lot more settled and happy".

"She (wife/participant) is a lot better than she was but initially with PIR she was a lot better. For me (husband/carer), it's very hard and without what PIR has done I think we (husband and daughter) would probably be gone by now".

"We (parents/carer & sister) would be far more stressed. PIR has lightened the load".

"We still have our house and we are still a family. I (wife/carer) have almost left before".

The statements listed above are an indication of the toll that mental health can have on the lives of so many people. While it is not possible to quantify this toll the statements provide direct evidence that PIR has had a very significant and positive impact on the lives of many people.

Vignette

Participant: John (not his real name) used to have steady employment and had aspirations to travel and be a family man. Then, as a young man John began to have seizures and as a result was unable to work. From then his life began to deteriorate. He began drink excessively and because he had so much time to himself, he began to gamble on poker machines. He also had given up playing lawn bowls – a sport he was very good at. When John was referred to PIR he had become (in his words) virtually an alcoholic with very little hope of a future.

April 2015

"PIR changed me. The plan has helped me to focus on getting my life on track. I have started studying and I've cleaned up my flat".

PIR has also funded a watch alarm for John. This allows him to confidently leave home knowing that if he suffers a seizure he will be attended to and will not be left alone. With this confidence John now plays bowls again on a regular basis. He has also cut back on his drinking and gambles less.

John's Ten seed Technique (TST) assessment of his life was 10% good/as he would want it to be and 90% bad/what he doesn't want it to be.

November 2015

"I now see a counsellor and I go to the gym. I feel so much better. I'm playing bowls and getting the alcohol under control. I want to get back to work and I am doing a little bit part time".

John attributes his recovery to the support from the PIR SF - helping him to access services and supports which previously he either had to do himself which did not happen.

John's most recent TST assessment of his life is 40% good/as he would want it to be and 60% bad/what he doesn't want it to be.

John attributes the positive change in his life to PIR and the support of his family.

Carer: Helen (not her real name) is John's mother and carer. Helen lives a few blocks from her son and whenever she was not at work she found that she was at her son's home cleaning it and worrying about him, knowing that he was probably drunk and gambling what little money he had.

April 2015

"PIR has made such a difference. He (John) is so much better. He is clean and has cut back on the drinking and gambling. I also worry a lot less now because he has that watch alarm. I know that if he has a fit someone will come to his aid. Before (the PIR SF) became involved John was out of control. He couldn't look after himself and because of his drinking he didn't take his medication. He was getting worse."

"My life was miserable".

November 2015

"You see John now he is a different person. He still has problems but they are manageable not like he was".

"For me life is also much better. I worry less and I can have a conversation with my son again. I am very happy".

Helen attributes the changes in her and her son's lives to PIR and in particular the efforts of the SF to link John to services and support groups which have assisted him greatly. She also says that the way that most of those support groups and services keep in touch with John makes her life so much better.

Conclusions

The conclusions listed here are drawn from the generalized findings listed above and are supported by the data which is summarized in the Appendix.

- Participants and carers and service providers generally see PIR as being overwhelmingly positive.
- There is an evolving understanding of both the role of PIR and subsequently what recovery means in terms of the lives of persons with serious and persistent mental health issues and in terms of the manner in which services relate to those people.
- Hume PIR has acted effectively and strategically to address issues raised in previous interim reports and has implemented the recommendations made especially in relation to the role of Support facilitators.
- The PIR Consortium sees its role as a very positive one in a program model where it works closely with the program management team ensuring positive results for the mental health sector in the Hume Region.

Recommendations

1. In relation to former participants who have been exited from the PIR Program, Hume PIR should attempt to follow up with these individuals and their carers at some period following their exit. This period should be one that is determined in consultation with services and former Support facilitators. Their contribution to the local evaluation would be valuable.
2. The monitoring of the progress of the systems change projects should be made available to interested persons and groups if appropriate. The progress of such projects could act as a valuable example of change for persons or organisations who are either reluctant or sceptical.

Appendix 1 TST Results

Repondent	Question	TST Result (%) Nov. 2014		TST Result (%) April. 2015		TST result (%) Nov. 2015	
		Mine	Other	Mine	Other	Mine	Other
Participant #1	Is your action plan the result of you alone putting it together or was there someone else involved	40	60	NA	NA	NA	NA
Participant #2		50	50	NA	NA	NA	NA
Participant #3		70	30	NA	NA	NA	NA
Participant #4		40	60	NA	NA	NA	NA
Participant #5		100	0	NA	NA	NA	NA
Participants below not included Nov. '14						NA	NA
Participant #6		NA	NA	60	40	NA	NA
Participant #7		NA	NA	80	20	NA	NA
Participant #8		NA	NA	60	40	NA	NA
Participant #9		NA	NA	60	40	NA	NA
Participant #10		NA	NA	100	0	NA	NA
Participant #11		NA	NA	90	10	NA	NA
Participant #12		NA	NA	100	0	NA	NA
Participant #13		NA	NA	60	40	NA	NA
Participant #14		NA	NA	Not sure	Not sure	NA	NA
Participants below not previously involved							
Participant #15						100	0
Participant #16						100	0
Participant #17						100	0
Participant #18						100	0
Participant #19						80	20
		Access/Availability	Quality	Access/Availability	Quality	Access/Availability	Quality
Participant #1	Of any issues with services, are they related to quality or access/availability?	50	50	70	30		
Participant #2		70	30	70	30		
Participant #3		100	0	100	0		
Participant #4		30	70	50	50		
Participant #5		50	50	60	40		
Participants below not included Nov. '14							

Participant #6		NA	NA	80	20		
Participant #7		NA	NA	80	20		
Participant #8		NA	NA	70	30		
Participant #9		NA	NA	80	20		
Participant #10		NA	NA	50	50		
Participant #11		NA	NA	70	30		
Participant #12		NA	NA	40	60		
Participant #13		NA	NA	70	30		
Participant #14		NA	NA	30	70		
						√	X
Participant #1	In terms of how you would want your life to be how much is like that?					40	60
Participant #2						40	60
Participant #3						30	70
Participant #4						40	60
Participant #5						50	50
Participants below not included Nov. '14							
Participant #6						60	40
Participant #7						30	70
Participant #8						40	60
Participant #9						NA	NA
Participant #10						NA	NA
Participant #11						50	50
Participant #12						NA	NA
Participant #13						NA	NA
Participants #14						NA	NA
Participants below not previously involved							
Participant #15						30	70
Participant #16						10	90
Participant #17						40	60
Participant #18						0	100
						10	90

		Theirs Nov. 2014	Someone else Nov. 2014	Theirs April 2015	Someone else April 2015		
Carer #1	Was the action plan of the person for whom you care developed by themselves or with other/s?	95	5	NA	NA		
Carer #2		10	90	NA	NA		
Carer #3		NA	NA	70	30		
Carer #4		NA	NA	80	20		
	How do you rate the life of the person for whom you care?					√	X
Carer #1						80	20
Carer #2						30	70
Carer #3						10	90
Carer #4						10	90
Carer #5						40	60
	How is your own life as a result of PIR?						
Carer #1						90	10
Carer #2						70	30
Carer #3						40	60
Carer #4						40	60
Carer #5						50	50
		Recovery model Nov. 2014	Non-R. Model Nov. 2014	April 2015	April 2015		
Service Provider Rep's	Of all the service providers you are aware of, how many operate in a Recovery Approach/person centred way?	10	90	NA	NA	NA	NA
		A result of PIR Nov. 2014	Not result of PIR Nov. 2014	April 2015	April 2015		
	Of those service providers which/who do operate in a recovery/person centred way, how many do so as a result of PIR?	30	70	NA	NA	NA	NA

		Will Nov. 2014	Will not Nov. 2014	Will April. 2015	Will not April 2015	Will Nov. 2015	Will not Nov. 2015
Support FACILITATORS	Of all the PIR registered participants that you are aware of (not just those whom you support) how many will achieve the goals of their action plans?	80	20	70	30	70	30
		Service providers Nov. 2014	Participant Nov. 2014	Service providers April 2015	Participant April 2015	Service providers Nov. 2015	Participant Nov.l 2015
	Of those who will not, why – because of the participant or because of service providers ?	70	30	70	30	50	50
		Service availability Nov. 2014	Service quality Nov. 2014	Service availability April 2015	Service quality April 2015	Service availability Nov. 2015	Service quality Nov. 2015
	Of the service providers being responsible for the failure to achieve the action plan goals, is it to do with lack of access to services or service quality?	30	70	50	50	50	50
	In your own org. what is the support for the 'recovery process'?	NA	NA	√ 70	X 30	√ 100	X 0
		Will achieve Nov. 2014	Will not achieve Nov. 2014	April 2015	April 2015		
S.F's. Line Managers	Of all the PIR registered participants (not just those registered with your organisation) how	80	20	NA	NA	NA	NA

	many will achieve the goals of their action plans?						
		Service Providers Nov. 2014	Self Nov. 2014	April 2015	April 2015		
	Of those who will not, why – participant or service providers	70	30	NA	NA	NA	NA
		Availability/access Nov. 2014	quality Nov. 2014	April 2015	April 2015		
	Of the service providers, is it lack of access or related to service quality?	30	70	NA	NA	NA	NA
		Will achieve Nov. 2014	Not achieve Nov. 2014	Will achieve April 2015	Not achieve April 2015		
Consortium members	Of all those persons with persistent and severe mental health illness in your catchment, how many are impacted by what happens at this interface?	60	40	60	40	NA	NA
		Positively Nov. 2014	Negatively Nov. 2014	Positively April 2015	Negatively April 2015		
	Of those who are impacted, how many are	40	60	30	70 (Indigenous results	NA	NA

	impacted positively or negatively?				elevates this figure)		
		availability/access. Nov. 2014	quality Nov. 2014	availability/access. April 2015	quality April 2015		
	Is the quality of service or the service availability the bigger issue?	60	40	40	60	NA	NA
		Recovery Model Nov. 2014	Non-recovery Nov. 2014	Recovery Model April 2015	Non-recovery April 2015		
	Of the service providers involved, how many operate in a recovery approach way?	30	70	50	50	NA	NA
		Result of PIR Nov. 2014	Not a result of PIR Nov. 2014	Result of PIR April 2015	Not a result of PIR April 2015		
	Of those service providers which do, how many do so as a result of Hume PIR?	50	50	70	30	NA	NA

Appendix 2 Statistics

November 2014			April 2015			November 2015		
Participants	Pending	Participants	Participants	Pending	Exited	Participants	Pending	Exited
40	6	86	86	-	6	109	11	38
Support Facilitators (SF)	SF Host Organisations			Support Facilitators (SF)	SF Host Organisations		Support Facilitators (SF)	SF Host Organisations
8	5			10	6		10	6