**donnelly consultants**

*community development – from design to evaluation*

# Hume Partners In Recovery (PIR) Evaluation

## Interim Report, December 2014.

Dr. John Donnelly

Informants to the evaluation & questions asked of them:

| ***Evaluation informants*** | ***Males*** | ***Females*** | ***Details*** | ***Questions*** |
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| PIR participants | 2 | 3 | | 1. What do you understand by the term 'recovery' in relation to the Partners In Recovery Program?<br>2. Is your action plan the result of you alone putting it together or was there someone else involved (Ten Seed Technique – TST)<br>3. If someone else was involved, who was that person/persons?<br>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?<br>5. What difference has PIR made to your life? |
| Carers | 1 | 1 | One sister/one brother | 1. What is your understanding of 'recovery' in terms of PIR?<br>2. What do you think the person you care for understands by the term 'recovery' in relation to PIR?<br>3. Was the action plan of the person for whom you care developed by themselves or with other/s? (TST)<br>4. How do you see the person for whom you care responding to the action plan/PIR?<br>5. How do the services used by the person you care for operate in terms of 'recovery'?<br>6. What is your expectation of service provision post PIR? |

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| Support Facilitators | 0 | 6 | Gateway Health,<br>Centacare,<br>Mental Illness Fellowship<br>Mind,<br>St Lukes Anglicare. | 1. 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? (TST); of those who will not, why – because of the participant or because of service providers (TST)?; 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 (TST)?<br>2. What do you understand by the term 'recovery' in relation to PIR?<br>3. What do you think will happen post PIR (sustainability)?<br>4. What are you doing to ensure that PIR (& post PIR) is successful in bringing about the desired change in service provision?<br>5. How is 'a willingness to participate' in PIR demonstrated?<br>6. What is the best thing you have seen/experienced in relation to PIR? |
| Line Managers | | 2 | Gateway Health<br>St Lukes Anglicare | 1. Of all the PIR registered participants (not just those registered with your organisation) how many will achieve the goals of their action plans? (TST); of those who will not, why – participant or service providers/ (TST); of the service providers, is it lack of access or related to service quality? (TST)<br>2. What is your understanding of the recovery approach? Does your organisation operate in a recovery approach manner?<br>3. What is your assessment of what the system will look like post PIR? |
| Other service providers | | 6 | Life Without Barriers,<br>Berrigan Shire Council,<br>YES<br>Centacare,<br>Disability Employment Consultant, CVGT, (phone | 1. If you were involved with a person with a mental illness before PIR, what difference has PIR made to the way in which you engage with that/those persons?<br>2. What has changed since/with PIR?<br>3. What difference has/have this/these changes made? |

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| | | | interview) | 4. What do you perceive that the participant may find beneficial about PIR?<br>5. If PIR is to encourage/bring about systematic change, what evidence, if any, is there that this is occurring?<br>6. Of all the service providers you are aware of, how many operate in a Recovery Approach/person centred way? (TST)<br>7. Of those service providers which/who do operate in a recovery/person centred way, how many do so as a result of PIR? (TST) |
| Consortium members | 3 | 3 | Hume Medicare Local,<br>North East & Border Mental Health Service,<br>Centacare,<br>Rural Housing,<br>Mental Illness Fellowship,<br>Schizophrenia Fellowship | 1. Of all those persons with persistent and severe mental health illness in your catchment, how many are impacted by what happens at this interface? (TST)<br>2. Of those who are impacted, how many are impacted positively or negatively? (TST)<br>3. Of those positively impacted, how many are as a result of the systems in place?<br>4. What is you understanding of the 'recovery approach'?<br>5. What do you think will the system look like post PIR? |
| HML PIR staff | | 2 | | 1. How many registered participants are there at present? After how long?<br>2. Of the service providers involved, how many operate in a recovery approach way? (TST); Of those service providers which do, how many do so as a result of Hume PIR? (TST)<br>3. Is the present structure of the PIR Program effective? |

## Limitations

1. Gaining access to participants through the Support Facilitators took a long time, resulting in only five participants being interviewed (one other participant who agreed to be interviewed could not be contacted at the appointed time).
2. The Hume PIR is in its early stage and 33 participants were registered at the time of the commencement of interviews.
3. Only two carers were interviewed.
4. Not all Consortium members could participate in this phase of the evaluation.

## Findings

The findings listed here are grouped under the relevant focus area (as outlined in the RFP) to which they apply. The findings are the themes/issues arising from the discussions/interviews with the various informants listed above. Where it is deemed relevant, the finding is attributed to the informant group/s from which it came most strongly.

**Areas of focus**

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

1. Support Facilitators and participants have a similar understanding of 'recovery' which is in line with PIR's definition below.

> *"It's about recovering your life. Not so much all aspects of it but enough to get by without too much help"(Participant).*
>
> *"A person has a sense of recovery as distinct to treatment. They can build relationships, take risks without being surrounded by services" (Support Facilitator).*

2. There is a consistent understanding amongst Service Providers that what is meant by the 'recovery approach' is effectively 'person centred care'. Whereas PIR uses, "***Personal recovery is defined within this framework as being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues"*** as its definition, The person centred approach referred to by the Service Providers is more focused on what's best for the person, which includes what the persons wants for themselves – but this is secondary to what is seen as best for them.

> *"We have always used a 'person centred approach' which means we do what's best for the client"* (Service Provider representative).
>
> *"Does PIR know that this has been done before?"* (Consortium member).
>
> *"Non-compliance is a problem with Service Providers' view of the participants" (*Consortium member).

3. The role of the Support Facilitator is critical in ensuring that the participant receives services reflecting the priorities of the participants' action plan.

4. Participants' views are very support facilitator focused – the Support Facilitator is their reference for their 'recovery'. Participants rely heavily on the SF to organise things for them.

> *"The support I get is great and (name of Support Facilitator) seeks out what best suits my needs"* (Participant).

5. PIR has had a significantly positive effect on the lives of registered participants. All participants state that they are better off now than they were before PIR.

> *"Before PIR there was nothing. I would only go out to get scripts filled"* (Participant).
>
> *"I'm rapt. Very impressed. I'd love to get to a point where I can say to (Support Facilitator's name), & my doctor, that I'm OK. I'm not up and down* (Participant).
>
> *"As a carer I think, thank God! PIR is a 'real' program!* (Carer).

6. Only in some cases, are service providers brought together to discuss the service provision to participants. In only two instances did either SFs or participants refer to

meetings with groups of SPs. In one instance a SP spoke of how the participant advocated strongly on their own behalf at such a meeting.

Service systems outcomes reflecting the 'Recovery Model".

1. Support Facilitators ensure that participant's action plan priorities are addressed. There is virtually no evidence that participants act without the direct assistance or direction of the SF.
2. Support Facilitators are seen by other services/staff (including on one occasion in their own organisation) as case workers. One SP stated that the role of the SF needed to be more clearly defined as at present they are just another case worker!

> *"In (name of organization) the PIR Support Facilitator is seen as another case worker. The role needs to be clarified* (Service Provider representative).

3. Service Providers interviewed claim to operate in what they refer to as a 'recovery model' within the constraints of their organisation's systems, policies and funding obligations. Funding, staffing and systems/rules of organisations are very prescriptive according to SP representatives.

> *"PIR is supporting organisations that were already doing it (recovery). In rural areas there is no mandate to step out of what they are already doing"* (Service Provider representative).

4. With the exception of participants, most informants see service quality as the biggest problem in the system. All participants interviewed thought that service quality was good (but is affected by individual officers) while all other informants felt that quality was a

> *"There are so many services. One service does not do holistic and funding does not allow holistic. 'Do what you are funded for'"* (Support Facilitator Manager).

problem due to issues mentioned in point 3 above.

5. There was an indication from some consortium members that the consortium membership generally see themselves as representing their own organisation, rather than PIR. At least 2 consortium members felt that the consortium was not really fulfilling its role as a change agent but were too focused on the issues affecting their organisation.

<u>The influence of Hume PIR on these outcomes.</u>

1. Most service providers do not attribute their 'recovery approach' to Hume PIR – they always operated that way. SPs while stating that service quality is an issue, feel that they operate in an appropriate way and that this is not attributable at all to PIR. However one example of a SF having spoken to Berrigan Council staff, affected the way in which a council officer acted when dealing with a resident in relation to hoarding.

> *"PIR conversations with those close to the clients can lead to change. A council staff member referred a hoarding problem rather than just act to clean up the mess. He saw it as a mental health issue"*(Service provider representative).

2. Hume PIR is seen as another service provider by Service Providers. SPs see PIR, through the SFs (case workers) as being a SP with extra money.

> *"Is PIR just another person (through the Support Facilitator) as a case manager?*

3. Hume PIR is seen (by some service providers) as being a distraction (even a negative presence) due to the availability of money and their limited term (3 years and then they'll be gone). One SP felt that PIR was dis empowering due to the ability to spend money purchase results. SPs state that when PIR finishes they will still be constrained by the

> *"PIR is <u>not</u> empowering. For example when something goes wrong it's the Service's fault. PIR has money and clients want it"* (Service Provider representative).

funding, rules etc of their organisations.

## Conclusions

The conclusions drawn here are based on the findings outlined above and highlight the contradictions found when analyzing the findings.

- Participants and carers see PIR as being overwhelmingly positive. The Support Facilitators are making life easier for the participants either by empowering them, or by doing things for them. The two extremes are seen in the responses of the participants and the carers.
  Some Support Facilitators are empowering agents to their Participants while others are more of a care/caseworker in that they do a lot of the 'work' for the Participant.
- There is a contradiction in the Service Providers view of their own roles in that on the one hand they claim to have always operated in a 'recovery model' manner. Yet on the other hand many state the greatest issue for persons with mental illness in relation to services in not so much the availability of service/access, but the quality of the service/s.
- There is a lack of consistency, even disagreement among the consortium members as to what their role as a consortium is. Some see it to represent Service Providers while others see the role as that of 'change agent'.

## Recommendations

The following recommendations are drawn from the conclusions above. They are only three in number, each addressing one of the issues highlighted in the conclusion.

1. Hume PIR must be more pro-active in promoting its role in 'system change'.
2. Consortium members must take their role as systems influencers seriously and not be solely focused on their own organisation.
3. Support Facilitator roles need to be more consistent and less an individual's response to the role

## 4. Appendix 1 TST Results

| Respondent | Question | TST Result (%) | |
|---|---|---|---|
| | | Mine | someone else |
| Participant #1 | Is your action plan the result of you alone putting it together or was there someone else involved | 40 | 60 |
| Participant #2 | | 50 | 50 |
| Participant #3 | | 70 | 30 |
| Participant #4 | | 40 | 60 |
| Participant #5 | | 100 | 0 |
| | | Access/Availability | Quality |
| Participant #1 | Of any issues with services, are they related to quality or access/availability? | 50 | 50 |
| Participant #2 | | 70 | 30 |
| Participant #3 | | 100 | 0 |
| Participant #4 | | 30 | 70 |
| Participant #5 | | 50 | 50 |
| | | | |
| | | Theirs | Someone else |
| Carer #1 | Was the action plan of the person for whom you care developed by themselves or with other/s? | 95 | 5 |
| Carer #2 | | 10 | 90 |
| | | | |
| | | Recovery model | Non-R. Model |
| 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 |
| | | A result of PIR | Not result of PIR |
| | 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 |
| | | | |
| | | Will | Will not |
| 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 |
| | | Service providers | Participant |
| | Of those who will not, why – because of the participant or because of service providers ? | 70 | 30 |
| | | Service availability | Service quality |
| | Of the service providers being responsible for the failure to achieve the | 30 | 70 |

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|---|---|---|---|
| | action plan goals, is it to do with lack of access to services or service quality? | | |
| | | | |
| | | Will achieve | Will not achieve |
| S.F's. Line Managers | Of all the PIR registered participants (not just those registered with your organisation) how many will achieve the goals of their action plans? | 80 | 20 |
| | | Service Providers | Self |
| | Of those who will not, why – participant or service providers | 70 | 30 |
| | | Service Availability/access | Service quality |
| | Of the service providers, is it lack of access or related to service quality? | 30 | 70 |
| | | | |
| | | Will achieve | Will not achieve |
| Consortium members | Of all those persons with severe and persistent mental illness in your catchment, how many are impacted by decisions made by consortium members? | 60 | 40 |
| | | Positively | Negatively |
| | Of those who are impacted, how many are impacted positively or negatively? | 40 | 60 |
| | | Service availability/access | Service quality |
| | Is the quality of service or the service availability the bigger issue? | 60 | 40 |
| | | | |
| | | Recovery Model | Non-recovery model |
| | Of the service providers involved, how many operate in a recovery approach way? | 30 | 70 |
| | | Result of PIR | Not a result of PIR |
| | Of those service providers which do, how many do so as a result of Hume PIR? | 50 | 50 |