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community development – from design to evaluation

Hume Partners In Recovery (PIR) Evaluation

Interim Report, March 2016.

Dr. John Donnelly

Introduction

This Interim Report is the fourth 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 carer/significant other informants have also been engaged with each iteration.

This fourth interim report follows the same format as previous interim reports with the addition of four brief vignettes - an update of the November 2015 vignette, two other participants 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 enables the informant (individual and group) to reflect on changes, if any, in their responses and also to reflect on and perhaps attribute reasons and/or 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.

The section headed Impact included in the third interim report is included again with the additional responses of three new participant informants. This section 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:

Limitations

The lack of participants from CALD or indigenous backgrounds being informants to the evaluation (one only CALD informant at the second iteration, and one only Indigenous informant at the fourth iteration) is a significant limitation to determining the full impact of PIR across the Hume Region, as it represents a lack of information from culturally significant groups of people experiencing mental health problems.

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

Reducing Stigma: Since the last Local Evaluation iteration, Hume PIR has been facilitating a range of strategies to reduce the incidence of stigma towards people with mental health challenges. The Project is working with consumers, carers and mental health support providers to raise awareness of the issue of stigma and how to reduce its incidence and effect on those to whom it relates. These Support Facilitator initiated projects are continuing and anecdotally are having a degree of success.

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

Identifying and bringing about systems change, is an objective of PIR, and a specific aspect of the Support Facilitator (SF) role within Hume PIR. This explicit requirement of the SF role manifests 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 in 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.

Support Facilitators themselves report that their understanding of their role as change agents as well as support persons is more understood by them and is more an integral part of their routine work.

The increased awareness of the role of the SF is reflected in the responses to the questions regarding participants reaching their goals, and of those not reaching them, namely 'is it a result of services or the participant themselves'?. In November 2015, SFs thought that 70% of participants would achieve their goals and 30% would not. Of those who would not the spread of 50% self and 50% services would be the reason. In April 2016 the SFs responses to these two questions 50% - 50% and 80% - 20% respectively See Appendix 1).

From the quantitative data represented here it might be thought that services have deteriorated and that this is impacting on participants achieving their goals. However from the discussion the opposite is the case according to SFs. The greater understanding of what recovery is for the individual gives rise to a different expectation in relation to the achievement of stated goals and who or what has the greatest influence over the achievement or otherwise of these goals.

Recovery is seen more and more as an individual perspective and given support, participants have a greater role in achieving it than was previously thought by SFs. This was also supported to some degree by some service provider representatives when speaking of non-clinical support services.

"There is a greater understanding of what recovery is all about. SFs work around services and/or are more selective of services." (Support Facilitator)

"A participants goals are a conduit to recovery and not necessarily a measure of recovery or an end in themselves." (Support Facilitator)

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.

Some of the finding below are also included in previous interim reports and are repeated here because they have been identified again as significant in this fourth iteration of the local evaluation.

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

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, and the local evaluation interviews.

"There has been genuine and real change for people through the way PIR is managed. It is very inclusive and people have real opportunities to contribute" (Carer).

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.
   Support facilitators also point to the 'flexible' timing they are able to give to participants – they are not restricted to a specified number of consults. This is reflected in responses by participants.

"They (PIR Support Facilitators) stick. They don't give up on you." (Participant).
"PIR has stepped back now and I am more independent, but I know I can call (name of SF) if I need to. She (PIR SF) gives me a call every so often to see how I'm going." (Participant).

<u>Service systems outcomes reflecting the 'Recovery Model".</u>

1. The PIR Consortium describes itself as a 'community representative group' which is networking, providing visibility and cohesion to the issue of mental health as social and not merely a clinical issue.
   The Consortium has brought a lot of cooperation between agencies and *"... presents a united front of people who can make a difference."*

"It (PIR) marches to the beat of its own drum. I mean that in a positive way. They sit apart and above the other services which are so tied up by strict rules which are one size fits all." (Carer)

2. Some Service Providers and some Support Facilitators express a frustration that clinical services are still so very dependent on what they refer to as the 'medical model'. By this they mean that medication is the first and too often the only option considered.

> *"It's not what's happened to you? It's what is wrong with you?" (Service provider representative).*
>
> *"Maybe you (a psychiatrist) should take the medication for a while." (A participant to the psychiatrist in a hearing. Conveyed by a service provider representative).*

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 personalised 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 the November 2015 iteration of the evaluation, each participant informant was asked directly, *Where do you think you would be without PIR?* In the April, 2016 iteration this question was asked of the three new participant informants and one new carer included in this latest iteration of the local evaluation. 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 this question are included here in this interim report as they include two new responses from two additional evaluation informants (1 participant, 1 carer) who had not previously been asked this question. The responses also provide a very real picture of PIR's impact.

The responses to these questions are listed below.

<u>Participants</u>:

- *"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 would have taken my own life".*

- *"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".*
- *"I would be still dependent on others for my life."*
- *"I wouldn't be here. I would have suicided."*
- *"Still lost with no purpose to my life."*

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 is 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".*
- *"He would still be living with dad (dad wants him to come back) being denied the independence that he craved".*
- *"PIR matched my thinking and made my advocacy for him more effective. PIR disrupted a learned dependent behaviour and now he (brother) is more independent. Without PIR he'd be dead or in jail."*

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

This vignette appeared in the previous interim report and is included here with the additional, relevant information gathered during the latest iteration of the local evaluation. A second vignette is also included to highlight the fact that the evaluation methodology is intended to be, and is, a contributor to a person's recovery as much as it is about gathering information.

Vignette #1

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.

March 2016

"I have stopped drinking and gambling and I'm back at TAFE completing my automotive studies. I have also bought a car which I am working on at home in conjunction with my TAFE course.

John's most recent TST assessment of his life is 80% good/as he would want it to be and 20% bad/what he doesn't want it to be.

Since John became involved with PIR his assessment of his quality of life (depicted using the TST method) has changed from 10% (one stone) indicating good quality of life in April 2015, to 80% (8 stones) indicating good quality of life in March 2016.

The reasons for these changes from John's [perspective are related to PIR, "They got me back on the right track". However he also credits himself with making new decisions and meeting new challenges. "I don't need PIR so much now".

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.

March 2016

"John is so much better both physically and mentally. He keeps his appointments and takes responsibility for himself. My life is much better too as I don't worry about him like I did".

Helen attributes the improved quality of both her and her son John's lives to the work, interest and empathy shown to John by the PIR Support Facilitator and the change in attitudes of many other services. She also sees John as initiating many of the changes in his life.

Vignette #2

Participant: Mark, not his real name contributed as an informant to the local evaluation in November 2015. At that time he responded to the question regarding his quality of life, Mark responded (using the TST) by indicating that his life was 30% good, 70% bad. He attributed this to,, "My life has crashed. I almost lost my family, my home. I can't get the help I need".

In the latest iteration of the local evaluation, March 2016, Mark use the TST to indicated that his life was 70% good and 30% bad. He attributed this not to PIR but to his wife and family and himself.

When he was informed that his assessment of his life and the reasons he attributed to this had completely reversed positively since November 2016, his face "lit up" in a huge smile, as did the face of his wife and carer who was present.

"We are getting there". (Wife/carer).

The fact that the life assessment and the attribution for the assessment is that of the person to who it relates is a very affirming and empowering aspect of recovery. The above example shows this very simply and powerfully as too does the example outlined in Vignette #1.

Vignette #3

Joe (not his real name) claims that PIR was a contributing factor to him still being alive today. Although he suffered a serious, life threatening medical emergency which helped him reassess his life, he attributes the support to maintain the positive changes to his life to PIR.

"PIR brought all the links to services together. They brought me around. Now I have to give something back."

Joe's story highlights the reality that it is not usually just one service, person or event that brings about a good outcome. It's more likely to be a combination of events and people. In Joe's case the medical emergency was the main trigger and PIR was there to support him in the aftermath.

Vignette #4

Anna (not her real name) is the carer of her middle aged brother who until recently lived with his aged parents. Anna attributes PIR with the 'freeing' of her brother from the 'stifling dependence' her brother suffered living with his parents. PIR helped him to live independently of his parents and make decisions for himself. *"He became like new person and he loved it."*

Unfortunately the accommodation Anna's brother lives in practices a very dependent model of care and while this was not so noticeable at first, Anna feels her brother is now regressing to his former dependent self because of the policies and practices of the accommodation service he is living with.

Anna's story re her brother highlights the need for systems change in all aspects of service provision to persons with mental health issues. Her story reinforces the frustration of Support Facilitators and some service providers about the harm done to the recovery process by some service provision.

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.
- Not all services operate in a recovery oriented way, despite what they may suggest
- 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

These recommendations relate to the findings above. They also reflect suggestions made by informants to the local evaluation.

1. PIR should investigate the value of bringing together (a forum) mental health workers from all services to discuss the working models of services and their outcomes.
2. The voices of consumers and the stories of recovery oriented clinicians should promoted more widely within the sector and the region.
3. 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.

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? (Only asked if it has not been asked of that participant before)
Carers/Significant others		3	wife, mother, sister.	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 Luke's 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. Luke's; PHaMs Gateway Health; Wangaratta Community Mental Health; South West tenant Advices (VERTO); YES, Youth Family Services; Corryong Neighbourhood Centre	1. What are three positive things you are aware of in relation to PIR? 2. What are the challenges you see for PIR?
Consortium members	6	4	Centacare SW NSW; Gateway Health; St	

			Luke's; Consumer; Carer; M I Fellowship; N E Multicultural Ass'n; Murray PHN; Albury Wodonga Health x 2.	1. What has kept you/your organisation engaged with the PIR consortium? 2. What has been the highlight of your experience on the PIR Consortium? 3. What is your assessment of the proportion of organisations operating in a 'recovery mode'? 4. What changes do you think have been brought about as a result of 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?

Appendix 1 TST Results

For the April 2016 iteration only TST results for participants who participated are recorded are recorded where applicable.

Respondent	Question	TST Result (%) Nov. 2014		TST Result (%) April. 2015		TST result (%) Nov. 2015		TST result (%) April 2016	
		Mine	Other	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	NA	NA
Participant #2		50	50	NA	NA	NA	NA	NA	NA
Participant #3		70	30	NA	NA	NA	NA	NA	NA
Participant #4		40	60	NA	NA	NA	NA	NA	NA
Participant #5		100	0	NA	NA	NA	NA	NA	NA
Participants below not included Nov. '14						NA	NA	NA	NA
Participant #6		NA	NA	60	40	NA	NA	NA	NA
Participant #7		NA	NA	80	20	NA	NA	NA	NA
Participant #8		NA	NA	60	40	NA	NA	NA	NA
Participant #9		NA	NA	60	40	NA	NA	NA	NA
Participant #10		NA	NA	100	0	NA	NA	NA	NA
Participant #11		NA	NA	90	10	NA	NA	NA	NA
Participant #12		NA	NA	100	0	NA	NA	NA	NA
Participant #13		NA	NA	60	40	NA	NA	NA	NA
Participant #14		NA	NA	Not sure	Not sure	NA	NA	NA	NA
Participants below not previously involved								NA	NA
Participant #15						100	0	NA	NA
Participant #16						100	0	NA	NA
Participant #17						100	0	NA	NA

Participant #18						100	0	NA	NA
Participant #19						80	20	NA	NA
Participant # 20								100	0
Participant #21								90	10
Participant #22								100	0
		Access/Availability	Quality	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	NA	NA	NA	NA
Participant #2		70	30	70	30	NA	NA	NA	NA
Participant #3		100	0	100	0	NA	NA	NA	NA
Participant #4		30	70	50	50	NA	NA	NA	NA
Participant #5		50	50	60	40	NA	NA	NA	NA
Participants below not included Nov. '14						NA	NA	NA	NA
Participant #6		NA	NA	80	20	NA	NA	NA	NA
Participant #7		NA	NA	80	20	NA	NA	NA	NA
Participant #8		NA	NA	70	30	NA	NA	NA	NA
Participant #9		NA	NA	80	20	NA	NA	NA	NA
Participant #10		NA	NA	50	50	NA	NA	NA	NA
Participant #11		NA	NA	70	30	NA	NA	NA	NA
Participant #12		NA	NA	40	60	NA	NA	NA	NA
Participant #13		NA	NA	70	30	NA	NA	NA	NA
Participant #14		NA	NA	30	70	NA	NA	NA	NA
Participant # 20		NA	NA	NA	NA	NA	NA	40	60
Participant #21		NA	NA	NA	NA	NA	NA	50	50
Participant #22		NA	NA	NA	NA	NA	NA	50	50
				√	X	√	X	√	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				10	90	60	40	80	20
Participant #7						30	70	70	30
Participant #8						40	60	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		
Participant # 20								4	6
Participant #21								90	10
Participant #22								2	8

		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	10	90	NA	NA	NA	NA		

	Approach/person centred way?								
		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	Will April. 2016	Will not April. 201
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	Service providers April. 2016	Participant April 2016
	Of those who will not, why – because of the participant or because of service providers ?	70	30	70	30	50	50	20	80

		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 many will achieve the goals of their action plans?	80	20	NA	NA	NA	NA		

		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 impacted positively or negatively?	40	60	30	70 (Indigenous results elevates this figure)	NA	NA		
		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