Experiences of Peer Support Services using Outcome Measures

Aotearoa New Zealand

May 2015

Logo and Whakatauki

Toka Tū is the name chosen for this project and comes from the whakatauki:

Ahakoa akina a tai, akina a hau, he toka tū toka ahuru tatou

Although the tides and winds may come crashing down upon us, like a rock we stand resilient and comfortable in the face of adversity.

The 'mango pare' part of the design represents the resilient rock or 'Toka Tū' while the koru on either side of the mango pare represents the tide and winds which crash upon the rock day in and day out.

The logo was designed by Henare Brooking, of Ngati Porou and Rongowhakaata descent. Henare was taught his skills by renowned master carver and tohunga ta moko Mark Kopua, which has enabled Henare to open his own ta moko business, Mokoira, in Lower Hutt.

About Kites Trust

Kites Trust strives for equal citizenship for people who experience distress. We seek out opportunities to ensure people who experience mental health and/or addiction problems have equal opportunities to live, work and participate in the community.

As the name Kites denotes, the aim of our organisation is to try new ways of doing things and 'to make ideas fly".

Our belief is that consumer leadership is the key mechanism to achieve social inclusion. For the past three years we have placed emphasis on seeking and promoting innovative solutions and fit for purpose services that are useful to people during times of distress.

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Acknowledgements

Kites Trust wish to thank all the peers who participated in the outcome measure trial at their services and who offered feedback about their experience, thoughts and ideas as part of the focus groups.

We would like to extend thanks to Rex Billington and the NZ WHOQOL group and members of the NZ WHOQOL forum and to Rob Corlett for developing a system which enabled the collection of Tāku Reo Tāku Mauri Ora data.

Anei te reo mihi a Kites ki a koutou ngā whakatipuranga katoa, ngā hunga I whai wāhi ki te whangai mai o koutou whakaaro me o koutou wheako I roto I ngā roopu aoroaro.

Me mihi kau ana ano ki a Rex Billington me te roopu o NZ WHOQOL o te wānanga o NZ WHOQOL forum me koe hoki Rob Corlett mo o mahi tipu tikanga I taea ai mātou kit e rapu whakatuuranga e pa ana ki a Tāku Reo Tāku Mauri Ora.

Participating Peer Support Services

Balance Whanganui

Wellink Trust now Wellink Division of Richmond NZ- (Key We Way and Warmline)

Connect SR

Connect SR Mahi Marumaru

Jigsaw-Walsh Trust

Journeys to Wellbeing

MIST

Otago Mental health Support Trust

Journeys to Wellbeing

Thanks to:

Lotteries Community Sector Research Grant.

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Background

In 2010, Kites Trust (Kites) was successful in receiving a Community Sector Research Grant from the Lotteries Grants Board to undertake research with mental health and addiction Peer Support services in Aotearoa New Zealand. The project overall was named Toka Tū and sought to answer the following questions;

1. What are the processes and procedures necessary for peer support services to initiate and undertake ongoing evaluation and

2. What outcomes are supported by peer support services?

The project selected nine organisations, comprising of 11 peer support services following an expression of interest process. Each participating organisation entered into a Memorandum of Understanding agreement with Kites which included identifying a member of their organisation to be part of a leadership group. The role of the leadership group was to inform the project through each stage.

The project was participatory and developmental with each stage of learning informing the next. Expert Advisors were commissioned to support the work alongside team members from Kites Trust. Dr Sarah Gordon and Dr Debbie Peterson, service user academics, provided research guidance and Kate McKegg and Debbie Goodwin provided evaluation expertise.

Kites assigned Tane Rangihuna to provide cultural advice to the project alongside Debbie Goodwin. Whilst one Kaupapa Māori peer support provider expressed an interest to be involved, resource and multiple demands on their time prevented their participation. To ensure Māori were active participants, a Wellington based Kaupapa Māori provider was approached and agreed to be part of the leadership group.

A number of activities were undertaken within the Toka Tū project, and these included;

- development of an evaluation rubric for peer support services to evidence the quality of their services
- qualitative research with people who were using peer support services to identify what outcomes they valued and how the services were supporting these outcomes
- investigation into the factors that influence evaluative capability and capacity.

The trialing of the use of outcome measures was also undertaken. The use of measures was seen as a means for identifying outcomes that were supported by peer support services. This paper outlines the experiences of participating peer support services selecting and trialing the use of outcome measures. The paper does not identify the outcomes supported by peer support services.

Limitations

The findings in this report are limited. The number of peers who participated in trialing outcome measures varied within each peer support service. In addition, peer support services faced various challenges over the time of the trial including organisational, funding and personnel changes.

Some of the feedback presented in this report was captured during a qualitative enquiry that sought to identify valued outcomes for people who use peer support services. This enquiry occurred at the same time participating peer support services were trialing outcome measures. Information about outcome measures was not specifically sought, however peers from the participating peer support services volunteered their feedback.

Challenges for the peer support services during the outcomes trial have impacted on the overall feedback we received, therefore it is not possible to make draw any specific conclusions or make recommendations about use of the measures in peer support services.

Peer Support and outcome measures

Increasingly, mental health and addiction services are seeking ways to evidence the outcomes of their work. The New Zealand government has prioritised key areas for service development in the area of mental health and addictions. One of these priorities is to measure provider performance against outcome measures and for results based funding to include outcome measures in service agreements[1]. The Health of the Nations Outcomes Scale (HoNOS) family measure of assessment and recovery is mandated by the Ministry of Health for collecting mental health outcome information in New Zealand[2] . Whilst peer support services are interested in identifying ways to measure their effectiveness, the HoNOS suite of measures has not been embraced by peer support providers. Previous research in Aotearoa New Zealand identified that for some peer support providers the current measures and methods of data collection can conflict and create tension with peer support principles of empowerment, choice and mutuality[3] .

[1] Ministry of Health. 2012. *Rising to the Challenge. The Mental Health and Addiction Service Development Plan 2012–2017.* Wellington: Ministry of Health.

[2] http://www.tepou.co.nz/outcomes-and-information/honos-family-of-measures/30

[3] Scott,A., Doughty,C. & Kahi,H (2011).*Peer Support Practice in Aotearoa New Zealand*. Christchurch

For the purpose of this study an outcome measure was defined as a questionnaire which incorporates domains (areas) of people's lives that are important to measure. By measuring these individual areas, people gain an understanding of their overall mental health, for example, their recovery or quality of life. By measuring the position of a person's health or wellbeing over time, change can be measured. It is worthwhile noting that peer support services did not seek to attribute any change for an individual to be due fully to their intervention alone, as it is recognised that many factors influence recovery and well-being.

Peer Support Services are diverse

At the outset of the Toka Tū project it was proposed, that one measure would be used. The measure proposed was Tāku Reo Tāku Mauri Ora – My Life, My Voice[4] and had been identified because it was designed in Aotearoa New Zealand by mental health consumers, it relied on self-assessment and it measured recovery. The ways in which peer support is delivered is however diverse, for example, the variety of service delivery included; telephone support, through one to one relationships, in groups, and within community and residential based settings. Organisations delivering peer support varied in size and capacity, some services are very small, employing 1–3 paid workers, whilst others are much larger employing up to 16 peer support workers. Some services were stand-alone, unique entities whilst others were operating within larger organisations.

This diversity of peer support service delivery resulted in the decision to move away from using one outcome measure. The methodology was revised to enable participating organisations to experience outcome evaluation by using a range of outcome measures.

Motivation to use Outcome Measures

Participating peer support services were asked to identify their motivations for using outcome measures. Responses included:

- A means to evidence the difference peer support can make in people's lives
- To demonstrate how the lives of peers can be improved through peer support
- To have a structure and process in which peers and peer support workers could enter into reflective conversation
- To evaluate the impact of services on the lives of the people being supported
- Discovering means to measure quality rather than quantity
- To evidence the value of peer support to funders to secure and sustain funding
- To learn about outcome measures

[4] Gordon, S., Ellis, P., Haggerty C., Pere,L., Ratapu-Foster,C., O'Connor, S., Siegert, R., Walkey, F. (2009). *Tāku Reo Tāku Mauri Ora: My Voice, My Life.* Auckland: New Zealand. Te Pou o te Whakaaro Nui, The National Centre of Mental Health Research and Workforce Development.

- To be part of a national project, to work collaboratively with others who are like-minded and not be isolated

Perceived challenges in using outcome measures

Participating peer support services raised a number of concerns regarding the use of outcome measures within their services. These concerns largely focused on capacity and capability. The most significant was the concern for peer support staff whose capacity was seen to be already stretched. Peer support service leaders were reluctant to add yet another task to their workloads. Another concern was the resistance to use measures at all. Philosophically some peer support worker staff and peers were opposed to the use of outcome measures, as they felt measuring people should not occur and it was aligning peer support closely with the ways of clinical services.

Identifying the preferred measures to trial

The number of potential measures selected for consideration by the participating organisations was extensive. A process was undertaken by members of the Kites project team where measures were assessed against agreed criteria. The criteria included; administration time, face validity, who was involved in the development (with consumer participation and leadership rating higher), and if the measure relied on self-assessment or external assessment. External assessment rated lower as self assessment was deemed more appropriate to peer support principles of self determination and was seen as a means to remove the potential for others to make judgments.

The participating organisations reviewed twenty measures and selected their preferences. The preferences are summarised in table one, along with what they intend to measure.

Table One: Preferred Outcome Measures

Name of Measure	**Intent of measure**
Hua Oranga	Hua Oranga was developed through the application on an existing model of Māori concepts of mental health and wellbeing called Te Whare Tapa Wha which incorporates spiritual, mental, physical and family dimensions of Māori wellbeing. It is a consumer focused, holistic measure of outcome and is rated by three different stakeholders; clinicians, consumers and whanau. [5] Kingi, T., & Durie, M (1999). *"Hua Oranga" A Maori measure of Mental Health Outcome.* Palmerston North, New Zealand: Massey University, School of Maori Studies, Te Pumanawa Hauora Palmerston North.

Tāku Reo Tāku Mauri Ora	This recovery measure was developed by mental health consumers for mental health consumers to reflect and communicate on their own health. Individuals self-rate their own lives in areas such as relationships, day to day life, physical health, quality of life, culture, mental health, recovery, hope and empowerment. There is a specific section for Māori to complete.
Client Directed Outcome Indicators (CDOI): Outcome Rating Scale (ORS) and Relationship Rating Scale (RRS)	The CDOI approach is based on international research that identifies the three key predictors of good outcomes for clients of psychotherapy as being: 1. The clients seeing change early in the process 2. The worker entering into a true partnership with the client, which then determines the goals and methods of achieving these; and 3. The client and the worker developing a good relationship/fit that works for the client. These three predictors are measured by an Outcome Rating Scale (ORS) and a Session Rating Scale (SRS) that has been modified specifically for use with Peer Support Services. The Relationship Rating Scale (RRS) provides a short hand way for an individual to provide feedback to a peer support worker on those dimensions shown by research to be helpful.
WHOQOL-NZ Bref (World Health Organisation Quality of Life Scale) NZ version	The WHOQOL is a quality of life measure developed by the World Health Quality of Life group to measure people's quality of life in the areas of their physical, psychological, social life, their independence, environment and spirituality. The WHOQOL-NZ Bref is a quality of life measure adapted from the WHOQOL, with less items overall and a specific set of questions which reflect the unique social and cultural context of New Zealand.

On further investigation it became apparent that Hua Oranga could not be trialed within in the context of the Toka Tū project due to timing. Hua Oranga is supported and administered through Te Rau Matatini, (a New Zealand Māori mental health workforce development agency) and registration to use it is required. Organisations must undergo training delivered by Te Rau Matatini and be deemed culturally competent before using the measure. The training is determined a year in advance and is available to organisations within District Health Boards (DHBs) who sign up to use it. The peer support services participating in the Toka Tū project were outside of the DHBs being trained therefore training and assessment could not be undertaken and the measure was not used.

[6] Miller, Scott, D., & Duncan, Barry, L. (2000). *Client Directed Outcomes Indicator*. Retrieved from http:// www.heartandsoul ofchange.com

[7] WHOQOL NZ-Bref World Health Organisation Quality of life Questionnaire. *New Zealand Version of the NZ-WHOQOL-BREF*. Auckland: New Zealand. New Zealand WHOQOL Group, AUT University

Trialing the Measures

Each peer support service identified a measure and trialed it for a period of between 3- 6 months. The following is a summary of the feedback that was received.

Feedback on the use of WHOQOL-NZ Bref

WHOQOL-NZ Bref was selected by three and trialled by two of the participating peer support services. One peer support service was already using it as WHOQOL had been selected for use across the organisation in which the peer support service operated. The organisation had wanted a measure that could be used consistency across all of its services.

The remaining two services chose the measure because as it was already in use by the service above and a number of NGOs had begun to use it. The support from the University of Auckland and the establishment of a WHOQOL-NZ Bref group was also seen as positive.

Despite their best intentions, one peer support service was unable to trial the measure. The small service experienced changes within its workforce and their capacity to undertake the trial became compromised.

The following table summarises feedback on the experience of using WHOQOL-NZ Bref from perspectives of service leaders, peer support staff and peers using the services.

Table two: Experiences of Peer Support Services and Peers in the use of WHOQOL-NZ Bref

Feedback from the service leaders	• Initially WHOQOL was well liked however over time (1 year) this changed as questions were raised about its usefulness. • Making the use of the measure a requirement, rather than choice created resistance. • Clarity would have helped in terms of how often to repeat the measure so that change was recognised. Initially it was completed on entry to the service, after 6 months then again on exit. This was changed to 3 monthly intervals for completion. For some this was too short and others too long. • Concern that the focus for the service became more about using the measure rather than focusing on the day to day work. • Staff turnover created challenges in supporting its use with ongoing orientation in the use of the measure being required. • A summary of findings is not available for the peer or peer support worker in a timely fashion.

Feedback from peer support workers	• The measure was seen as positive for generating conversations and helping to identify strengths and areas to focus on. • The measure was seen by some to be unnatural as a planning tool and seen to be forcing the peer support relationship. • Some of the content of the measure appeared irrelevant, clinical and too personal. Staff did not like the question about sex life. • Ideally the measure would be completed collaboratively between the peer and peer support worker however this was not always practical. • There was complexity around some peers accessing both a community support worker and a peer support worker from within the same organisation.
Comments on the measure from Peers	*"I noticed the difference of my efforts coming though and that certainly helped me…. it helps you in a way that you go back from a year to where you are now, you'll see a big improvement"* *"A good way to track change"* *" I felt awful after I filled it in "* *"You fill it in but then don't know what happens to the information"* *"At the 3 month reflection I was left feeling I had regressed rather than progressed"* *"Peer support relies on the relationship to produce those answers, more than sitting down and answering questions "* *"It feels clinical with a focus on quality of life rather than mental well-being or recovery"* *"Too much paperwork to complete"* *"I have no interest in the WHOQOL. I know it's a tool for measuring outcomes. But I think it's totally inappropriate in a peer support setting……cause peer support is so unique"* *"It's very hard to measure what's actually happened for a person because it's so emotional."* *"You would probably need to give the support worker one too, and we both fill it in together"* *"I was given one and I filled it in. I felt that we were very disconnected from each other (peer support worker) in that time"*

Feedback on the use of Client Directed Outcome Indicators (CDOI)

CDOI was selected by three of the participating peer support services. Two chose this measure due to the type of service they provide. One was a telephone peer support line in which calls are anonymous and the other a short stay residential service for people experiencing significant distress. These peer support services wanted measures that were short, easy to administer and would show change over a short period of time. The third service selected this measure as a default because their first choice, Hua Oranga was not available. For this service the measure was deemed short, simple and comprehensive.

To use an outcome measure with peers who were calling an anonymous phone line proved challenging. The CDOI was chosen as the measure as it was short and easy to administer. During a defined time period the peer support workers working the support line were provided with a script that invited callers to participate in an evaluation if they wished. The callers were provided with another 0800 number which was answered by an evaluator. The series of questions were then asked and recorded.

The following table summarises feedback on the experience of using CDOI from the service leaders, peer support staff and peers using the services.

Table three: Experiences of Peer Support Services and Peers in the use of CDOI

Feedback from the peer support service leaders	It was a favourable measure because it was seen as simple and quick to administer. Problems arose with the system of measurement as the page copied for use was not the correct size which then resulted in incorrect findings. Peers are engaged in services for short periods of time which creates difficulties in capturing change. Whilst the intention was to follow up with peers after 6 weeks this was challenging as all had been discharged from a residential service. Once contacted, peers reported they were no longer interested as they had moved on from the experience. Some peers reported they did not want to be reminded of their distress. Trialling the outcome measures was seen to be a positive exercise. Services reported they had identified the need to strengthen their

	current information collection to build more reflective practice.
Feedback on the measure from Staff	Peer support workers did not want to ask peers to participate in the exercise of completing the measure, as they felt this would detract from the focus of their work. A number reporting the measure made them feel more clinical and they were being set apart from their peers therefore they did not like the measure and reported displeasure at using any sort of measure. Following up was time-consuming. It felt like a double up as peers were also requested to complete satisfaction questionnaires.
Comments from Peers on the measure	*"It was quite good, useful"* *"I didn't mind doing it because it will help the service"* *"I found this form vague and not very applicable to my stay here. It would be better to do a questionnaire more relevant to my experience at (name of service)"* "*The wording of one question was initially confusing, however once it was repeated it became easier*" *"I found the measure useful and would be happy to complete it every 2-3 months"* *"I became more comfortable the more times I completed it" (Phone support caller)* *"I would prefer to give verbal rather than written feedback"*

Feedback on the use of Tāku Reo Tāku Mauri Ora

Tāku Reo Tāku Mauri Ora was selected by two of the participating Peer Support Services. At the outset Tāku Reo Tāku Mauri Ora was available in paper form and its length (65 questions) was perceived to be a barrier to use. To overcome this, a new initiative was incorporated into the trial with the measure being transferred to an online survey questionnaire. This significantly reduced the perceived length of the measure. Data submitted enabled a summary to be created quickly and this pictorial representation was sent back to the peers who had completed it almost immediately.

The following table summarises feedback on the experience of using Tāku Reo Tāku Mauri Ora from the service leaders, peer support staff and peers using the services.

Table four: Experiences of Peer Support Services and Peers in the use of Tāku Reo Tāku Mauri Ora

Feedback from the peer support service leaders	The measure was seen as a good fit as it aligned with the peer support service values of self-assessment and recovery. Accessing the measure via e-mail was seen as challenging. The preferred option would be to access the measure via a website or phone app. Length of the measure was a perceived barrier. Cultural specific questions were seen as positive. Designed in New Zealand was seen as positive.
Feedback on the measure from staff	Despite concerns about the length of the measure it did not appear to take very long to complete on-line, the second time reported as even faster. Training about and the use of the tool would have been helpful. Staff would benefit from taking time to gain confidence when using it.
Comments on the measure from Peers	*"The questions are empowering and useful for reflection"* *"I can see change that occurred over time"*

Ongoing use of the measures

Two services indicated they will continue to use WHOQOL due to the organisational investment that had been already made. Of the three peer support services which trialled the CDOI, one felt it was not a good fit for them and they would not continue to use it, one planned to keep using it and the third had made the decision not to use only one measure but rather a suite of measures. In terms of Tāku Reo, Tāku Mauri Ora both services were positive about the trial but did not indicate if they would continue to use the measure.

More work is required to ensure results are summarised quickly and returned to the peers as well as interpreted and used by the organisation.

Making sense of the data and information collected

The trial of outcome measures within the peer support services was seen as a positive exercise in developing further understanding of their use. Unfortunately none of the participating organisations were able to report overall findings regarding the outcomes for peers using peer support services.

The sense making aspect of the process had not occurred before the Toka Tū project finished. This raises an important issue, who makes sense of the findings and how does it occur?

Supporting the usability of outcome measures

This small investigation has highlighted that the use of outcome measures requires a number of factors to be present for the results to be of value. A level of technical knowledge supports the use of measures, this may be during the selection of a measure, administering it and then making sense of the findings. When an evaluative culture already exists within a service then the introduction of a measure is easier. Outcome measures are a way of evaluating services however they are not the only way.

Conclusion

Increasingly, mental health and addiction services are seeking ways to evidence the outcomes of their work and a number of outcomes measures were trialled within this project. Peer support services were motivated to collect outcome data as they saw this as a way to evidence the effectiveness and value of peer support. Whilst a single measure for use across services was desired, the diversity in which services were delivered meant this was not possible. A careful process of selection for a measure was undertaken with peer support services considering criteria such as acceptability to peers (including those who experience addiction), cultural appropriateness, ease of administration, strengths-based not deficit focused and an absence of power and control references.

The use of outcome measures within peer support services is an emerging area requiring more investigation. Challenges to be considered when using outcome measures include, the resource required to collect and input data, the technical knowledge required to interpret and make use of results, and importantly the need for the findings to be meaningful not only to the service but to the peer and peer worker. Peers reported that they wanted measures that showed change and improvement, were self-assessed, culturally appropriate and non-clinical.

Finally, peer support services may choose to measure outcomes in a variety of ways which may or may not include using an outcome measure. There are a variety of ways outcomes can be measured including narrative reports, collaborative note taking or focus groups.