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Report on the NDIS Peer Support in Psychiatric Hostels Project

July 2016

This report summarises the work undertaken by project partners and project consultants involved in the *NDIS Peer Support in Psychiatric Hostels Project*, which was auspiced by the Western Australia Association for Mental Health (WAAMH) in association with Consumers of Mental Health Western Australia (COMHWA). Enquiries regarding the project and this report should be directed to WAAMH in the first instance.

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Acknowledgments

The partner agencies and project consultants extend their gratitude to all of the people who have participated in the NDIS Peer Support in Psychiatric Hostels Project over the past 12 months. It has been a privilege to meet and work with the residents of the participating hostels as well as be part of such an innovative project.

Photo: Peer facilitators and workshop participants at the final workshop in June 2016[1].

Special thanks go to:

- All twenty residents who attended one or more of the workshops since 22nd of February 2016.
- The Project consultants Leanne Mirabella (Principal Consultant Mirabella Counselling and Consultancy Services) and Vivien Kemp (Partner and Consultant 2 Peers Consulting) for their professional and committed efforts in project development, project management and program delivery and for their work in drafting this Report.
- Coralie Flatters, Manager of Sector Development, WAAMH.
- The Reference Group members who represented the other three partners of the project in particular: Mallika Macleod, Manager Participation, Arts and Health, DADAA; Rhianwen Beresford, Policy and Development Officer, Consumers of Mental Health Western Australia (CoMHWA); Kerry Stopher, Director Engagement, Perth Hills Trial Site, National Disability Insurance Agency; and Denise Hughes, Project Manager,

[1] The project obtained written consent from all participants appearing in this photo.

Assistant Director: Perth Hills Trial Site, National Disability Insurance Agency. All the project partners contributed significant time and resources to ensure the project was a success and their time, commitment and dedication is sincerely appreciated.

- The CoMHWA team of four Peer Facilitators for their willingness to take on the role of peer support facilitators and their enthusiasm for the project helped to make it such a success.
- Colin Penter, Policy Officer for WAAMH for support in completing the project.
- Shauna Gaebler, CEO of CoHMWA for assistance with editing of the Report.
- The various support workers employed by DADAA who provided the residents with extra support on the bus and during the workshops.
- All the people who were willing to represent their organisation and present at the workshops. The residents appreciated everyone's input and time to help them feel more confident about their life options.
- The staff of the Crooked Spire Coffee House in Midland who were very welcoming and supportive of all the residents and made everyone feel welcomed at their venue.

Overview of the Report

This Final Report describes the background, outcomes, activities and achievements of the *Peer Support in Psychiatric Hostels Project*, which was an innovative partnership between WA Association of Mental Health (WAAMH), Consumers of Mental Health Western Australia (CoMHWA), DADAA and the National Disability Insurance Agency.

The partnership utilised the expertise of peer facilitators, hostel residents, all four partner agencies and consultants to co-produce, design and deliver the project strategies.

The history, planning and development of the project was documented and described in a series of progress reports by WAAMH and the project partners. This final report includes:

- details of the reference group created for the pilot project and the evaluation process used;
- description of the workshops and workshop culture created with residents;
- the NDIS related topics of interest chosen by the residents;
- the type of processes used to include the residents and consortium members in the co-production and co-design of the workshops and evaluation methodology;
- feedback from Peer Facilitators;
- the suggested model of peer support created by the residents and partner agencies;
- analysis of feedback received from the residents about the impact that the groups had on their lives; and
- lessons learned and recommendations.

The Project involved the development of an innovative model of support, utilising peer facilitators and peer workers, to assist people with a psycho-social disability to engage with the NDIS. The Project focused on individuals living in four psychiatric hostels or other challenging environments in the Perth Hills trial site

The Report shows the key outcomes of the project were achieved including:

- People with a psychosocial disability living in challenging environments were assisted to access the NDIS;

- A model of support that is evidence based, transferrable and scalable was developed, piloted and refined.
- Peer workers increased their competencies to provide advocacy and planning support to people living in hostels and challenging environments.
- Effective interfaces were developed between the stakeholders, resulting in an increased ability to understand and respond to the inclusion of people with psychosocial disability in the WA NDIS and NDIS My Way trial sites.

The Report shows that strategies involving peer workers can be developed to engage people living in hostels in the NDIS and provides further evidence that the use of peer facilitators and people with lived experience is of critical importance in engaging and supporting people with psychosocial disabilities in the NDIS system.

The Project is the first peer support project for people living in hostels and the first project to utilize the lived experience of current/past hostel residents to design and deliver support. The Project demonstrated that the mental health lived experience of the peers was of benefit to the residents in terms of understanding the experience of mental health issues and institutionalisation.

The report highlights a variety of challenges and issues for the NDIA, Disability Services Commission, community mental health agencies and public mental health system.

This report was drafted by Leanne Mirabella (Mirabella Counselling and Consultancy Services) and Vivien Kemp (2 Peers Consultancy), with assistance and advice from Shauna Gaebler and Rhianwen Beresford of CoMHWA and Colin Penter of WAAMH.

Rationale for Contracting the External Project Consultants

On the 5th February 2016, the WAAMH Manager of Sector Development met with the Principal Consultant of Mirabella Counselling and Consultancy Services (MiCCS) to discuss strategies for project management of the NDIS Peer Support in Psychiatric Hostels Project. This project began in late 2015, however at the time of its inception no project management position was created to coordinate the project. In February 2016, some of the project partners determined that a project manager was required to oversee strategies and improve project governance and accountability to the funding provider. At the time, WAAMH did not have the staffing capacity to provide this level of project management, so approaching an external consultant with experience in developing peer support services in Western Australia was sought.

Discussions between the Principal Consultant of MiCCS and the WAAMH Manager of Sector Development highlighted that some strategies developed by the project partners should involve an experienced peer work group facilitator. In view of this, Vivien Kemp (who is a peer work facilitator and peer expert from the consultancy business named 2 Peers Consultancy) was approached to be part of the development and implementation of some of the key Project strategies, namely lead the facilitation of the workshops organised by the project.

Scope of the Consultants Project Management Brief

The overall purpose of the NDIS Peer Support in Psychiatric Hostels Project was to:

"Develop models of support which utilise peer workers to assist people with a psycho-social disability and their families to engage with the NDIS, with a particular focus on individuals living in psychiatric hostels or other challenging environments. The priority focus for the project will be the WA NDIS trial sites in the Perth Hills region and the NDIS My Way trial site in the Lower South West and Cockburn/Kwinana trial site."

Although the NDIS My Way trial site was initially included in the scoping brief, it was determined that there were no psychiatric hostels located in the Lower South West and Cockburn/Kwinana trial site. Therefore, the project only took place in the NDIS Perth Hills region.

Although the NDIS My Way trial site was out of scope for this pilot, it was determined that the model and lessons learned from the project could be applied to this trial site, as well as other trial sites throughout Australia but only if the processes and model was well documented and governed. This was the rationale for engaging the project consultants as there was little documented evidence of the project strategies to date, and this could be achieved by engaging the necessary expertise to undertake these processes for the project partners.

Being contracted half way through the project did present some challenges for the consultants. Firstly, there weren't many opportunities for the project consultants to develop meaningful relationships with all the partners and project stakeholders. Relationship development with key stakeholders is one of the most important aspects of project management. The consultants tried to manage the relationships as best they could with the short timeframes of the project but there were some issues that required management by the WAAMH Manager of Sector Development and the Principal Consultant of MiCCS. All projects encounter difficulties, often in all stages of implementation, but with effective problem solving and conflict resolutions skills, they are often well managed, and to some extent, resolved. Management of this project was able to minimise the impact of these issues on the project outcomes (and on the hostel residents), but it has highlighted the importance of developing strong and purposeful relationships between all stakeholders, especially for projects which are utilising a co-design and co-production approach to project management.

The key outcomes of the project were:

- People with a psychosocial disability living in challenging environments are assisted to access the NDIS;
- A model of support is developed which is transferrable and scalable;
- Peer workers have increased competencies to provide advocacy and planning support to people living in challenging environments.
- Effective interfaces are developed between the stakeholders which result in an increased ability to understand and respond to the effective inclusion of people with psychosocial disability in the WA NDIS and NDIS My Way trial sites.

CoMHWA was engaged to recruit, coordinate, remunerate and supervise the peer support facilitators as they have the most expertise in this area and were best placed to undertake this strategy. Data detailing the experience of the residents who received support from the peers was collected by the consultants and feedback from the Peer Facilitators collected in the Reflection/Debrief session by the independent peer consultant is included in this report.

This report includes:

- details of the reference group created for this pilot project;
- description of the workshops and workshop culture created with the residents;
- the NDIS related topics of interest chosen by the residents;
- the type of processes used to include the residents and consortium members in the co-production and co-design of the workshops and evaluation methodology;
- feedback from Peer Facilitators;
- the suggested model of peer support created by the residents and partner agencies; and
- analysis of feedback received from the residents about the impact that the groups had on their lives.

This report does not include information about the decision making processes undertaken by DADAA to engage and organise the venue, the bus charter company, and the support worker (who supported the hostel residents on the bus every week at the venue). However, the report includes information collected from residents about their experiences at the cafe and on the bus.

Co-Design and Co-Production Approach to Developing this Project

Over the past 10 years, Consumers of Mental Health Western Australia (CoMHWA) have been a leader in ensuring that the voice of West Australian mental health consumers is listened to, understood and promoted. This philosophy accords with the person centred approach of NDIS.

In addition, CoMHWA supports services for people with lived experience of mental health issues in Western Australia, where ever appropriate, are developed according to co-production and co-design principles and methodology. The Western Australian Association for Mental Health (WAAAMH) has embraced these principles and methods in their work and has applied these to the NDIS Peer Support in Psychiatric Hostels Project.

CoMHWA have drafted a detailed positioning paper on co-production and co-design which is located at:

http://www.comhwa.org.au/wp-content/uploads/2013/02/CoMHWA-CoProduction_DRAFT0506015.pdf

CoMHWA define co-production as:

> *"Co-production is when people whose outcomes are the focus of policy, education, commissioning, community action, or services, are equal partners in deciding and implementing how to achieve those outcomes. Co-production is a higher level of political participation characterised by equal and active partnership, that can include co-delivery, co-design, co-governance, co-evaluation and co-commissioning."*
> (Consumers of Mental Health Western Australia: p1)

Co-production goes well beyond principles of consumer involvement and participation. It involves consumers and other stakeholders who might benefit from a service to work in equal partnership with funders, service managers and other stakeholders. Co-production enables service users to influence, and be directly involved in, the design and delivery of a program/service. This makes the service more relevant, encourages joint and/or reciprocal ownership, and increases accountability to those people who may utilise a service.

The NDIS Peer Support in Psychiatric Hostels Project was a partnership between four key organisations (see Table 1 below). This partnership identified and utilised the expertise of all of the four partners to co-produce, design and deliver the project strategies (see below).

Table 1: Project Partners and Expertise

Partner Organisation	Expertise and Responsibilities Held on the Project
WA Association for Mental Health (WAAMH)	**Description of organisational role:** Peak organisation for the community mental health sector in WA. **Project responsibilities:** Governance, financial management and overall project management (including engagement and management of all contracts and the engagement, supervision and support of the external project management consultants). **MiCCS Principal Consultant responsible for** overall management of the project implementation including: recording content of all workshops; overseeing the development of all major evaluation strategies; executive support to reference group and their meetings; writing of final report, project plans and all other key documents; analysis of project results; troubleshooting and liaising with key partners/stakeholders; liaison with café staff for residents lunch and refreshments; recording workshop participation; meeting and greeting all residents at workshops; providing support to lead peer workshop facilitator; providing expert knowledge and advice in the workshops on services when required (to either residents or peers). **2 Peers Consulting Consultant responsible for** the weekly facilitation of all workshops and other project management duties including: co-development of evaluation tools; organising the weekly workshops; attending peer supervision and providing support; providing support to residents at workshops; providing support to peer support facilitators when required; editing and reviewing project documents.
DADAA	**Description of organisational role:** A provider of support (art programs) to residents of the hostels in the trial site (Honeybrook Lodge, St Jude's, Salisbury, Woodville House, Vincentian Village). A registered service provider under: NDIA, DSC/My Way, HACC, Mental Health Commission. **Project responsibilities:** Provided support for the residents at the workshops and on the bus. Organiser of the venue and charter bus. Promotion of the workshops to hostel residents.
Consumers of Mental Health Western Australia (CoMHWA)	**Description of organisational role:** Peak consumer organisation responsible for supporting mental health reform and recovery in WA. Expert in engaging, supporting, educating, and supervising peer workers in WA. **Project responsibilities:** Held primary responsibility for recruiting, supporting, and supervising all peer support facilitators on the project. Engaged in jointly organising the workshops week to week.

National Disability Insurance Agency	**Description of organisational role:** Independent statutory agency, whose role is to implement the National Disability Insurance Scheme (NDIS). **Project responsibilities:** Provided expert advice and support to the project and residents on access to the NDIS; promoted the workshops to the hostel residents and other key stakeholders/local service providers.

1.0 Introduction and Background

Evidence shows that effective project management requires written documentation to be developed to communicate to stakeholders and funders about project governance and accountability. One of the first tasks of the Principal Consultant of MiCCS was to draft a project plan and reference group guidelines.

The project plan, which includes guidelines for the reference group and the Peer Facilitator JDF is attached as **Appendix 1**. This document outlines the following details of the project:

- an introduction and background to the project;
- a summary of the project;
- the project aim and objectives;
- the project target groups;
- the reference group members and guidelines;
- the project stakeholders;
- duties allocated to various project management and support staff (including project partners);
- the various strategies, milestones and timeframes for the project; and
- relevant references used in the document.

This report follows up on the project plan and outlines the following:

- details of the **Reference Group** meetings;
- a summary of the **evaluation methodology** used by the Project Consultants, based on Program Logic theory (which was the preferred methodology prescribed by WAAMH);
- a detailed description of the **workshops** including the venue, the roles of people in the group, the workshops content, as well as the feedback obtained from the hostels residents about their experiences at the cafe and workshops.
- a summary of the **peer support model** developed for engaging the hostel residents in NDIS planning;
- some of the **limitations and problems encountered** by the project consultants on the project; and
- some **recommendations** for the partners to consider if progressing this initiative.

2.0 Project Reference Group

The project partners formed the original reference group. The members of the group were:

Organisation	Position	Person
WA Association for Mental Health (WAAMH	Manager Sector Development	Coralie Flatters

DADAA	Manager Participation, Arts and Health	Mallika Macleod
Consumers of Mental Health Western Australia (CoMHWA)	Policy and Development Officer	Rhianwen Beresford
National Disability Insurance Agency (NDIA)	Director Engagement	Kerry Stopher
National Disability Insurance Agency (NDIA)	Project Manager, Assistant Director: Perth Hills Trial Site	Denise Hughes

The external consultants were engaged on the project in February 2016 and also joined the reference group. Their details are below:

Organisation	Position	Person
Mirabella Counselling and Consultancy Services (MiCCS)	Project Management Consultant	Leanne Mirabella
2 Peers Consulting	Peer Consultant and Researcher	Vivien Kemp

Meetings between the four partner agencies took place before the external consultants were engaged on the project. After their engagement, two meetings took place, one on the 17th March 2016 and another on the 3rd May 2016. These meetings allowed the external consultants to meet the other reference group members and work with them on developing the project strategies. For more details on the content of the meetings, please refer to **Appendix 2** which contains copies of the agendas for the two meetings.

3.0 Evaluation Methodology

The most common sense approach to developing an evaluation methodology for this project was through the use of a Developmental Evaluation (DE) process. According to Patton (2010), developmental evaluation is an approach suitable for complex social change initiatives where there is a degree of uncertainty. This approach allows for the continual development (and review) of evaluation methods and tools. They are developed alongside strategies as they evolve which is complimentary to a co-production approach to project management.

The challenge for this project was to design evaluation tools that were going to be appropriate for the residents to complete and engage with. The tools had to be relevant, easy to complete and reflect the feedback that they wished to provide to the project. After a number of preliminary workshops with the residents it quickly became clear that tools such as surveys and questionnaires were not going to be an appropriate tool for the majority of the residents. Many residents were taking medications that affected their vision, hand writing, and reading capacity. Therefore, handing out a workshop evaluation questionnaire after each session was not appropriate.

Another method to obtain feedback from the residents (at each workshop) were one-on-one interviews. However, the time and human resources available to do this at each workshop was not available. In addition, if this method was to be used, for consistency in results, the same person would have to interview every resident (to ensure the questions were asked in the same manner and their responses were recorded similarly). As this was not viable option, the approach that was chosen to obtain participant feedback was a weekly verbal

group evaluation (that was performed in the last ten minutes of every workshop) and then a final focus group at the conclusion of the workshop series.

The questions chosen for this weekly verbal group evaluation were based on the principles of the Most Significant Change (MSC) technique. This technique assesses the changes and impacts that have happened as a result of a program and are recorded from the perspective of program participants (Davies and Dart, 2005).

This project wanted to evaluate the impact of peer support on the hostel residents and in particular **measure if peer support engages and empowers consumers to participate** in the assessment, planning and implementation process of NDIS packages (as outlined in the project plan, **Appendix 1**, in the project objectives). Measuring the impact that each workshop had on the residents would help this project determine if peer support added another dimension of NDIS support not previously available to hostel residents. The results obtained from the evaluation indicate that the element of peer support in each workshop is what had most impact for empowerment of hostel residents. This is explored in more detail in **section 5** of this report.

An independent Reflection/Debrief session was conducted with all of the Peer Facilitators.

There were four types of workshops held with the hostel residents:

Preliminary Focus Group Planning Workshop (22 Feb to 21 March, 4 workshops): designed to help introduce the residents slowly to the workshop process and examine what type of format would be most useful for the residents. These workshops were also designed to establish trust and rapport with the residents, one of the most important aspects of this project.

Co-production and co-design workshops (4 April to 18 April, 3 workshops): These workshops were facilitated to obtain feedback from the residents about what type of topics they would like to learn about in future workshops, and help the consultants design the evaluation tools.

NDIS topic workshop (2 May to 20 June, 7 workshops): These workshops are part of the peer support model used to engage with hostel residents. They engaged residents in discussions with the peer support facilitators (PSF) about their plans for the future and how to include these in a NDIS plan. PSFs also shared their own lived experience on the topic (where relevant) which inspired residents to plan for their own future.

Focus group workshop - evaluation feedback (27 June, 1 workshop): A workshop to obtain detailed feedback from the residents about their experiences of attending the workshops.

(See **Appendix 3** for a list of the workshops and the topics discussed in each workshop.)

The weekly verbal group evaluation only took place in the NDIS topic workshops (from 2 May to 20 June 2016). This is where peer support facilitators purposely used their lived experience to assist residents in their own reflections and goal setting for NDIS planning.

Three questions were asked of the residents at each workshop.

(1) What was the most significant thing that affected you today in today's group?

(2) What was the main thing that you have learnt today?

(3) What other things would you like to comment about today?

Full responses to all of these questions (at each workshop) is recorded in **Appendix 4**, which also contains each workshop's outline (from 4 April to 27 June 2016) and details of the discussions in each workshop. **Section 5** provides a summary and analysis of the data obtained from asking these three questions.

To adapt a co-production approach to design of the evaluation tools it was determined that the hostel residents should provide the consultants with their ideas on the type of feedback they wanted to provide the project. To achieve this, the consultants designed a workshop that would enable the residents to provide their feedback on the evaluation strategy. This workshop was called “Co-Design of Evaluation Tool” and was held on the 4th April 2016 (see **Appendix 4** for details on this workshop). The feedback obtained from the residents at this workshop was incorporated into designing the final focus group evaluation tool which is attached as **Appendix 5**.

In addition to evaluating the experience of hostel residents, there were other important areas of evaluation for this project. This project has utilised a combination of process and impact evaluation approaches which support the project outcomes. Over the page is a Project Logic Model table that outlines the inputs, outputs, activities and outcomes of the project. It also outlines what strategies of the project are included (and reported on) in this report.

The Program Logic Model sets out the steps that need to occur to achieve a projects objectives and outcomes.

NDIS Peer Support in Psychiatric Hostels Project Program Logic Model Evaluation - Summary					
NOTE: The sections/strategies highlighted in green below are included in this report. The sections not highlighted have been strategies managed by other partner organisations and therefore have not been part of the Project Consultants brief for this report.					
Inputs **(resources required for the project/program)**	**Activities/Strategies** **(program management and governance)**	**Outputs** **(what the program/project delivers)**	**Indicators of Success** **(evidence of what the program delivers)**	**Evaluation Component** **(how will this be evidenced in the evaluation)**	**Outcomes** **(the benefits/change to be measured)**
DADAA	**Transport:** workshop participants are provided with transport and support to attend the community based workshops.	Participants transported and supported to attend the workshops.	Number of participants transported and attending the workshops.	Record kept of participants transported to the workshops.	**Access:** The project addresses the transport and access needs of people living with a psycho-social disability who live within hostels located in the NDIS trial site in the Perth Hills region.
	Selection and booking of appropriate venue: workshops are held in a safe and welcoming	A safe community venue is sourced for hosting the workshops in liaison with peers.	Number of participants who felt safe and welcomed at the venue.	Document description and whereabouts of venue.	**Safety of participants:** The project provides a safe space in the community for hostel residents to attend the workshops.

	community environment.			Feedback from participants about the venue.	
CoMHWA	**Recruitment and attraction of peer support facilitators:** a fair and equitable process for recruiting peer support facilitators is undertaken.	Peers with a relevant lived experience are recruited to provide peer support to the hostel residents in the peer led workshops.	Number of peer facilitators recruited to facilitate the workshops. Number of workshops attended by the peer support facilitators. Number of hostel residents who felt supported by peer support facilitators.	Peer support facilitator role description developed.	**Peer based support embraced as part of NDIS planning:** peer support facilitators <u>are engaged</u> in the NDIS project to share their lived experiences of accessing relevant supports to enhance the confidence of hostel residents to engage in the NDIS.
Inputs **(resources required for the project/program)**	**Activities/Strategies** **(program management and governance)**	**Outputs** **(what the program/project delivers)**	**Indicators of Success** **(evidence of what the**	**Evaluation Component** **(how will this be evidenced in the evaluation)**	**Outcomes** **(the benefits/change to be measured)**

			program delivers)		
CoMHWA	**Supervision, support and payment of peer support facilitators:** Peers employed on the project are provided with adequate support and supervision to undertake their role.	Peer supervision sessions co-designed between supervisor (CoMHWA) & peers. Peer support facilitators are adequately supported in their role.	Low peer support facilitator turnover, and high attendance at workshops & supervision meetings.	Peer support facilitator role description developed. Qualitative experiences recorded from peer support facilitators about the supervision they received from CoMHWA and how they felt about their role on the NDIS project (provided by CoMHWA).	**Peer based support embraced as part of NDIS planning:** peer support facilitators <u>are well supported</u> by the NDIS project to share their lived experiences of accessing relevant supports to enhance the confidence of hostel residents to engage in the NDIS.

Inputs (resources required for the project/program)	Activities/Strategies (program management and governance)	Outputs (what the program/project delivers)	Indicators of Success (evidence of what the program delivers)	Evaluation Component (how will this be evidenced in the evaluation)	Outcomes (the benefits/change to be measured)
DADAA and CoMHWA (with support from Project Consultants in Feb 2016)	**Participant recruitment and advertising:** workshops are widely advertised to hostel residents.	Participants are informed about the time, date and venue of the workshops through the recruitment strategies.	Number of participants attending the workshops.	Document process used to recruit hostel residents/ participants and example of recruitment flyers.	**Access:** The project attempts to attract as many residents as possible to the workshops.
WAAMH and Project Consultants	**Establishment of a project reference group:** Partner organisations involved in the project are in the governance of the project.	Partner organisations are engaged in the co-design and co-production of strategies for the NDIS project.	Number of reference group members. Number of reference group meetings held.	Reference group guidelines developed. Records of meetings.	**Project governance and accountability:** Processes are put in place to enable the participation of all project partners in the design and production of the NDIS project.
Project Consultants and CoMHWA (including peer support facilitators)	**Preliminary focus group planning workshops:** preliminary workshops with hostels residents are held to co-design and	Hostel residents are engaged in co-designing and co-producing the content of the NDIS workshops.	Number of preliminary focus group planning workshop held.	Recording of preliminary focus group planning workshops (attendance,	**Empowerment Approach to Capacity Building:** Hostel residents have increased opportunity to exercise choice and control in their lives, including involvement in designing the peer support

	co-produce the peer support model used to engage residents in NDIS planning.	Co-Designed workshop content, processes (e.g. guidelines) & evaluation. Trust and more meaningful relationships are developed between the workshop facilitators (and other staff) and the hotel residents.	Number of residents attending the preliminary focus group planning workshops. Number and type of workshop topics suggested and selected by hostel residents.	process and content). Development of a peer support model for engaging hostel residents in NDIS planning. An evaluation methodology for capturing the experiences of hostel residents in these workshops.	model developed by this project.

Inputs (resources required for the project/program)	Activities/Strategies (program management and governance)	Outputs (what the program/project delivers)	Indicators of Success (evidence of what the program delivers)	Evaluation Component (how will this be evidenced in the evaluation)	Outcomes (the benefits/change to be measured)
Project Consultants and CoMHWA (including peer support facilitators)	**NDIS planning workshops developed, planned and delivered:** the workshops co-designed and co-produced by the hostels residents and other stakeholders are planned and delivered.	A model of peer support is trialed with hostel residents. The premises underpinning the model of peer support are: • by sharing their lived experience, peer support facilitators can offer hope and encourage self-directed action with hostel residents; and • by influencing hostel residents to articulate their needs for living a good life it may encourage	Number of residents attending the workshops and ability to retain the attendance of residents to future workshops.	Weekly workshops will incorporate three group evaluation questions at the end of all workshops (as designed by the hostel residents in the preliminary focus groups). This will capture the "most significant impact" that each workshop had on the residents. Design an evaluation focus group to capture the feedback of residents for the	**Consumer Engagement with NDIS:** Hostel residents participating in the workshops have: • increased knowledge and confidence in designing, negotiating and implementing their NDIS plan; and • are assisted to consider what it means to 'live a good life' and be supported by peer support facilitators to articulate how they can include these personal goals and aspirations into their NDIS plans (or other services they receive).

		hostel residents to have these needs included in their NDIS plans.		series of workshops.	
Project Consultants	**Evaluation focus group with hostel residents (at conclusion of workshops):** Hostel residents who have attended the workshops are provided with an opportunity to provide feedback to the project on their experiences of receiving peer support.	Evaluation focus group planned and facilitated by Project Consultants. Development of focus group questions and template. Feedback to project partners on information obtained from focus group.	Number of hostel residents that provide feedback to the project, including their attendance at the evaluation focus group. Valuable feedback received by project from the hostel residents.	Focus group questions asked and responses recorded and analysed.	**Consumer Engagement with NDIS:** Hostel residents participating in the workshops have: • increased knowledge and confidence in designing, negotiating and implementing their NDIS plan; and • are assisted to consider what it means to 'live a good life' and be supported by peer support facilitators to articulate how they can include these personal goals and aspirations into their NDIS plans (or other services they receive).

4.0 Workshops

4.1 Setting the Scene - An Observation

One important aspect of this report is to describe the environment and the culture of the workshop groups. All groups have their own rules and norms. This group is no exception. Below is a brief observation about the setting of the workshops and some of the roles and responsibilities taken on by various members of the group, including the primary author of this report.

The workshops take place in a large modern cafe in Midland called the Crooked Spire Urban Coffee and Art House. This cafe is also part of a larger community centre called the G Centre which has a large boardroom for the business community, an auditorium for the arts and church community, office space for community services and social justice, and a multipurpose area that can morph into whatever community and business space is required.

(Picture of the Boardroom. Source: G Centre Website)

The first half of the workshops are held in the G Centre Board Room. There is a very large boardroom table and around it large plush boardroom chairs. This boardroom leads off the main cafe area with music often playing loudly in the background of the cafe. The sounds of the cafe creep into the boardroom space but most times this does not interrupt the group discussions, except when people enter and exit the boardroom, which at times can be every two or three minutes.

Between 11am and 11:20am every Monday morning (except public holidays), the residents of the psychiatric hostels arrive at the cafe. The sessions are meant to start at 11am but there is flexibility in the start time as the bus can be delayed for many reasons, and it is important that the bus is given enough time to gather as many residents, interested in attending, as possible. The residents casually enter the building. Some decide to stop

outside at the front of the cafe and have a cigarette in the smoking section after the bus trip. When people arrive in to the room one of the peer support facilitators takes everyone's order for a drink at the lunch break. In the first few workshops drinks were brought into the boardroom during the workshop but that proved to be very distracting to the group process. So, for the majority of the workshops the refreshments and lunch was brought in by the consultant project manager and the cafe staff at lunch time, after the workshops had finished.

When people are getting seated the consultant project manager writes out a name sticker for everyone, including the staff. She also makes sure she marks them off on an attendance sheet that has been devised to keep track of how many people keep on returning to the groups, and what hostels seem to be engaging more in the project than others. The workshop facilitator is preparing her part of the workshop, and other peer support facilitators and staff are engaging with residents and making sure they are comfortable, including checking if they want a glass of water. Once names and drink orders are taken, and the residents are seated, the workshop commences.

The primary workshop facilitator acknowledges the Aboriginal elders as the traditional custodians of the land in which we meet and then explains the group rules. Most workshops follow a similar format and then lead into an explanation about the NDIS by one of the peer support facilitators (and how it differs to finding and services from the past). This then leads into a brief explanation about what peer support is, with an introduction of the peer support facilitators present at each workshop.

The residents are mostly relaxed but some residents find it hard to sit for any length of time. All through the workshop some residents move in and out of the room. The workshop facilitator allows this to happen and doesn't stop the workshop if someone leaves the room. If she did stop the workshop, the workshop would not progress. The structure of the workshops has to be flexible enough to allow residents to move in and out of the group when they want to. For a lot of workshop facilitators this could be very disruptive and unsettling, but in this case it is part of the process. It is accepted that this needs to happen with these participants and for the most part, participants are in the room for at least half of the workshop.

Engagement from the residents differed from group to group. However, it is observed that as rapport and trust builds with the residents, more residents take part in the discussions. The small group exercises that are held in some workshops also engage more residents in a discussion. In the final workshop - the evaluation focus group - all of the residents participated freely. They wanted to give their opinion and feedback and didn't need a lot of prompting to say how they felt.

Half way through the workshop series the group moved from the boardroom into the larger auditorium section of the G centre. This had rows of chairs lined up in front of a white board, at the back of the room furthest from the auditorium stage. There were no tables in front of the residents but this didn't seem to affect the residents. The chairs couldn't be moved around easily as they were attached to each other, but when people were asked to go into small group the peer support facilitators moved to different parts of the large auditorium to obtain some privacy from each other, to seating that was more conducive to small group discussions.

Towards the end of the workshop it was noticed that some residents became restless. An hour seemed to be the maximum amount of time that residents could engage without

needing to get up and walk around. This was particularly noticeable when a workshop went over time.

At the lunch break residents, and staff engaged on the project, interacted with one another. Meaningful discussions took place in this time and more rapport was built between everyone involved. Often half of the residents would exit the building to have a cigarette and it wasn't unusual for a lot of residents to sit there enjoying the sunshine on a nice day.

4.2 Preliminary Focus Group Planning Workshops

At the time that the Project Consultants were contracted on the project (9th February 2016) the Project Reference Group had already decided that the most appropriate mechanism for engaging with the hostel residents would be through group workshops. The venue, the Crooked Spire Urban Coffee and Art House, had already been booked for the workshops, with the first workshop organised for the 22nd February 2016 and for these to continue on a weekly basis up until the end of June 2016. DADAA had organised transport (a charter bus) to pick up the residents from the four hostels as well as a support worker to be on the bus to go into the hostels and encourage people to attend the workshops. One way of attracting residents to the workshop was offering them a free lunch at the cafe, and DADAA were also hosting art workshops after lunch which was also attractive to some residents.

Engaging residents from psychiatric hostels in workshops or other group activities can be very challenging (as they can be a very disenfranchised group of people) so one of the most important things is to create an environment which is safe for residents to attend. It is for this reason that the first few workshops had no set agenda's or topics. These workshops needed to be flexible, safe and fun to attend, as well as be facilitated in a way that would build trust and relationships between the workshop organisers and the residents.

Only one of the Project Consultants (Vivien Kemp) was available to attend the first few workshops (given the delay of engaging the consultants on this project). She took on the primary facilitator role and worked closely with the CoMHWA representative and peer support facilitators to achieve this. Vivien taking on the role of primary workshop facilitator did present some challenges. There was a degree of interpersonal conflict between one peer support facilitator and the primary facilitator. The project partners implemented conflict resolution strategies all the way through the project to mitigate the impact of the conflict on the project outcomes.

Formal records were not kept of the first four workshops. **Appendix 6** contains some brief notes taken at the workshops held on the 22/02/2016, 14/03/2016, and 21/03/2016. These notes illustrate that the facilitators gradually introduced concepts to the residents such as recovery and NDIS planning. They also helped the group of residents develop some group rules (or norms) for future workshops which were:

*Confidentiality *Mutual respect * Honesty *No swearing

*No critical comments *Friendship *Have fun *Admiration

*Mutual understanding *Allowing people to speak *Non-judgemental attitude

*That people, like you, want to be treated with respect

These groups rules (or norms) were described at the beginning of every group from the 4th April 2016 onwards.

Table 2 below outlines how many residents attended the preliminary focus group workshops and a brief description of the discussions that took place.

Table 2: Preliminary Focus Group Planning Workshops Attendance

Workshop Date	Workshop Topic	No. Residents Attended	No. of Residents Representing the 4 Hostels
22/02/2016	Explanation of the NDIS; details about the NDIS pre-planning process; determining how many people attending had a plan in place or started the process; discussion about the activities residents might be interested in; discussion about the current needs of residents.	15	Not recorded
14/03/2016	Details about CoMHWA and the services this organisation provides; discussions about advocacy and the NDIS planning process.	8	3 Salisbury Lodge 1 Honeybrook Hostel 4 St Judes
21/03/2016	Determining group norms; explanations about the NDIS; peer support facilitators each shared a part of their story with the group	8	4 Salisbury Lodge 3 Honeybrook Hostel 1 St Judes

Another purpose of the preliminary workshops was to gauge from the residents the type of activities or discussions that were most engaging for them, which in turn would help design the model of peer support most effective for engaging residents in psychiatric hostels in NDIS planning. It was determined from these workshops that the workshop held on the 21st March 2016 was the most interactive and seemed to have the most impact on the residents. The workshop organisers at this session observed that it was the peer support facilitators sharing of their lived experience that seemed to engage the residents the most.

It was therefore determined that the peer support facilitators should have the opportunity to share their lived experiences with the residents at each workshop. This type of peer support closely aligns with many definitions of peer support in Australian and international literature whereby:

> *"Peer support workers bring unique skills and capacity to mental health services. Research shows they can effectively build trusting relationships with service users. Particular strengths are:*
> - *Providing hope through telling their own stories;*
> - *Role modelling skills for managing the challenges of daily life; and*
> - *Offering a supportive relationship with 'direct and immediate' empathy based on their own illness, recovery and wellbeing* experiences."

(Frankston Mornington Peninsula Medicare Local for Mental Health Alliance, 2015: p2)

4.3 Co-production and Co-design Workshops

These three workshops enabled the hostel residents to provide their input into the design and content of the workshop, and the evaluation methodology. As mentioned previously, **Appendix 4** summarises the workshop content and the discussions that took place in the workshops.

Table 3 below outlines how many residents attended the co-production and co-design workshops and a brief description of the discussions that took place.

Table 3: Co-production and Co-design Workshops Attendance

Workshop Date	Workshop Topic	No. Residents Attended	No. of Residents Representing the 4 Hostels
04/04/2016	**Co-design of Evaluation Tool:** Designing an evaluation tool with the residents.	7	Not recorded
11/04/2016	**Co-design of the content of the future workshops (1):** Workshop to choose topics for the future workshops	13	7 Salisbury Lodge 4 Honeybrook Hostel 2 St Judes
18/04/2016	**Co-design of the content of the future workshops (2):** Workshop to choose topics for the future workshops	15	9 Salisbury Lodge 3 Honeybrook Hostel 1 St Judes 2 Vincentcare

The residents came to a consensus that they wanted to be asked about the following in the evaluation:

- how communicating with the peers helped them build their confidence to access or answer questions about the NDIS, as well their confidence to engage in planning.
- how communicating with the peers, and attending the groups, increased their knowledge, including ideas on how they can improve their life.

This was reassuring for the project as these domains were very closely aligned to the project objectives and to the questions hypothesised by the project consultants.

In the two workshops that focused on the co-design of the content of the future workshops, the residents explored many interests including:

- employment and/or volunteering, as these were important for improving self-confidence, having a purpose in life, having something meaningful to do, and being with other people (teamwork).
- fitness and health as these were important for being healthy, being with friends and meeting other people.
- how to set goals, as this was important for being motivated about something, looking forward to the future, and having hope for the future.

- how to advocate for themselves, including how to solve problems and access support if required. This was important for building self-confidence and accessing the services/programs that they wanted.
- wanting to know more about the NDIS and what is available, which would enable the residents to think more about what they could include in their plans.
- what other housing options are available to the residents should they wish to leave the hostel in the future, and how to go about this.

The final workshop program was designed to incorporate all of this feedback. A summary of the workshop program is attached as **Appendix 3**.

4.4 NDIS Topic Workshop

There were seven workshops delivered on the topics selected by the hostel residents (refer to **Appendix 3** and **Appendix 4** for full details of these workshops).

Table 4 below outlines how many residents attended the NDIS topic workshops and a brief description of the discussions that took place.

Table 4: NDIS Topic Workshops Attendance

Workshop Date	Workshop Topic	No. Residents Attended	No. of Residents Representing the 4 Hostels
02/05/2016	**Topic - 1:** NDIS presented by Denise Hughes	8	2 Salisbury Lodge 5 Honeybrook Hostel 1 St Judes 0 Vincentcare
09/05/2016	**Topic - 2:** Goal setting - How to work out what you want in your plan	11	4 Salisbury Lodge 4 Honeybrook Hostel 2 St Judes 1 Vincentcare
16/05/2016	**Topic - 3:** Advocacy and self-advocacy	9	6 Salisbury Lodge 1 Honeybrook Hostel 1 St Judes 1 Vincentcare
23/05/2016	**Topic - 4:** Thinking about work (including volunteering) and housing	11	5 Salisbury Lodge 4 Honeybrook Hostel 1 St Judes1 1 Vincentcare
30/05/2016	**Topic - 5:** Housing and employment - guest speakers from Ruah and WAAMH	9	4 Salisbury Lodge 3 Honeybrook Hostel 1 St Judes 1 Vincentcare
13/06/2016	**Topic - 6:** Leisure, recreation and community supports	10	5 Salisbury Lodge 4 Honeybrook Hostel 1 St Judes

			1 Vincentcare
20/06/2016	**Topic - 7:** Healthy body and healthy mind	7	3 Salisbury Lodge 3 Honeybrook Hostel 1 St Judes1 0 Vincentcare

4.5 Focus Group Workshop - Evaluation Feedback

The last workshop of the project was utilised to engage the hostel residents in an evaluation focus group. **Table 5** below outlines how many residents attended the focus group workshop.

Table 5: Focus Group Workshop - Evaluation Feedback Attendance

Workshop Date	Workshop Topic	No. Residents Attended	No. of Residents Representing the 4 Hostels
27/06/2016	Evaluation focus group and lunch celebration	8	3 Salisbury Lodge 3 Honeybrook Hostel 1 St Judes 1 Vincentcare

Appendix 4 provides a detailed transcript of this workshop and **Appendix 5** outlines the focus group questions.

4.6 Summary of Workshop Attendance

In total, 20 residents from the four hostels in the Perth Hills region attended the workshops. Although the workshops had greater capacity to accept more residents into the workshops, the smaller groups enabled the residents to feel more engaged with the process and workshop content.

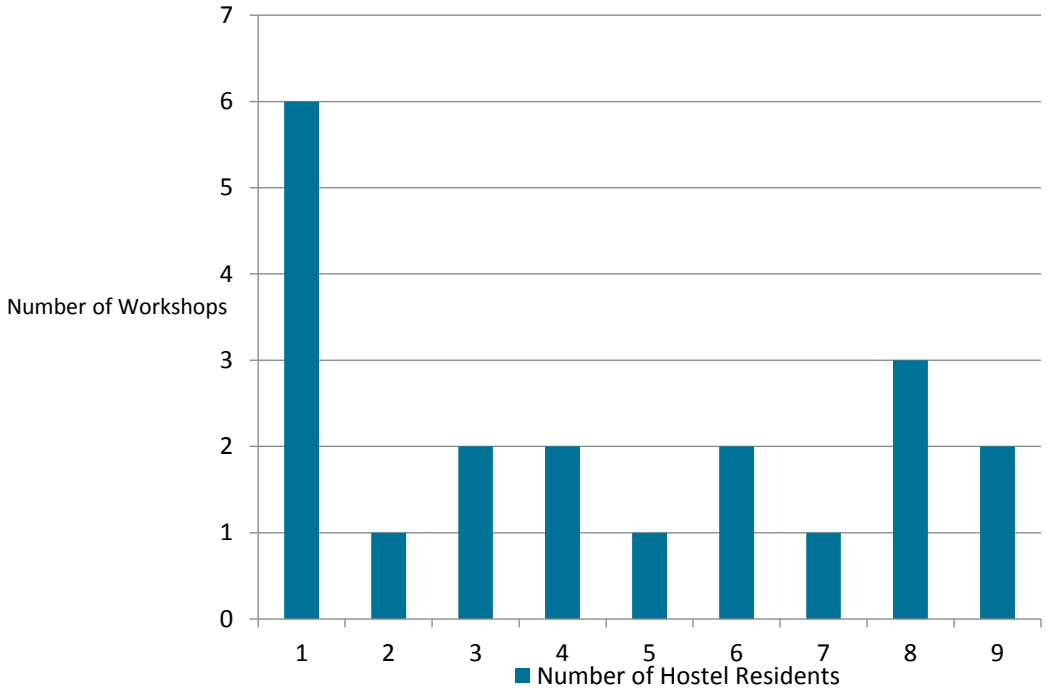
Accurate records of attendance were kept from the 18th April 2016 to 27th June 2016. There were nine workshops held in this time period. **Table 6** below outlines the number of residents who attended these nine workshops from each hostel.

Table 6: Workshop Attendance Statistics

Hostel	Number Who Attended
Salisbury	10
Honeybrook Hostel	5
St Judes	3
Vincentcare Village	2
Total	**20**

Figure 1 below illustrates the number of workshops hostels attended.

Figure 1: Number of Workshops Attended by Hostel Residents



The median number of workshops attended by a resident was 4, the average number of workshops attended by a resident was 4.4. However, these statistics are skewed as 5 residents only attended one workshop on the 18th of April 2016 and never returned. Residents who came to the next two workshops regularly attended the remaining workshops. This showed that once people were engaged with the workshops they were likely to return from week to week. As the notes in **Appendix 4** illustrate, the residents who regularly attended were very disappointed that the groups were ending as they were a highlight of their week.

4.7 Marketing of Workshop to Hostel Residents

In the first instance DADAA and the NDIA were responsible for marketing the workshops to the residents. Marketing was through the distribution of a flyer advertising the workshop dates and venue (**Appendix 7**). Initially the flyer was distributed by DADAA at the hostels. Later the flyer was circulated to support coordinators and other relevant professionals who worked with hostel residents in the region (by the NDIA representatives).

Recruiting new participants to the workshop was difficult after the 18th April 2016. No new residents attended the workshops after this time. In addition, it was difficult to attract women to the groups. Only one woman attended the groups regularly. In total 3 women attended a group, leading to questions on why women weren't equally represented at the workshops when they were equally represented in the hostels? The female resident who did attend the groups regularly stated she felt safe at the venue and on the bus (feedback she provided in the focus group workshop and then individually to the project management consultant), so it is not known why women did not attend. Half way through the workshops program one of

the female peer support facilitators went on the bus to try and encourage women in the hostel to join the group, but this strategy was also unsuccessful. Trying to address this issue is one of the recommendations outlined in **Section 7** of this report. Another observation was that when there was a Monday public holiday less residents were likely to attend the next scheduled workshop. This is also addressed in **Section 7** of the report.

5.0 Peer Support Model for Engaging Hostel Residents in NDIS Planning

5.1 Components of the Model

This project devised a model of peer support based on three components: creating a safe and welcoming environment; developing and sustaining peer support and building NDIS understanding, engagement and individual capacity.

Safe and Welcoming Environment

Ensuring the hostel residents safety was an important aspect of this project. Not only did the hostel residents need to feel safe, it was a responsibility of the project organisers to provide environments where hostel residents felt welcomed and comfortable.

There were four key areas of safety for the residents:

Venue: Meeting in an inclusive and welcoming community venue that was independent from service settings.

Safe Transport: One of the project partners, DADAA, organised a staff member to pick up the residents from their hostel on a chartered bus. This ensured they were supported on their journey to the venue. Every week the same lady drove the bus and she developed a good relationship with the residents.

Empathetic Facilitators: Selection of facilitators with high level listening, communication and inclusive facilitation skills. It was important for residents to feel like they could be open and honest in the workshops, and that they felt that they were understood.

Group rules and norms: Group rules and norms were established by and for participants and revisited at each group to support safe contribution to discussions.

Developing & Sustaining Peer Support

Participatory Workshops

Group workshops enabled informal peer support through sharing of experiences among peer group members. They also were designed to foster a sense of equality, respect and inclusion through providing opportunities for social connection and friendship to emerge between participants.

Engagement of people with a relevant lived experience (Peer Support Facilitators)

The peer team was selected to have a high similarity of lived experience with those involved. Two of the facilitators were on NDIS plans, and 4 had a lived experience of living in a psychiatric hostel or significant institutionalisation. The remaining 3 peers involved (lead facilitator, and one peer facilitator) brought complementary expertise in NDIS education, peer work and group facilitation.

Sharing of relevant lived experience (Peer Support)

Sharing of lived experience to foster hope, reduce stigma and support participant learning through use of examples from their lives.

Peer support coordination and supervision

CoMHWA provided expertise in the provision of peer support recruitment, coordination, supervision and support. These arrangements were relevant for, tailored and targeted to a team that brought a strong consumer advocacy focus to their work.

Building NDIS Understanding, Engagement & Individual Capacity

This aspect of the model included:

- Use of peer support as a core strategy for individual capacity building.
- Selection by participants and delivery of topics in areas of NDIS and life planning, including; goal setting, advocacy and self-advocacy, work and volunteering, housing, employment, community participation, healthy lifestyles.
- Small group and individual activities based on these topics, tailored for specific learning & communication needs.

Hostel residents were exposed to each of these elements which resulted in an increase in their:

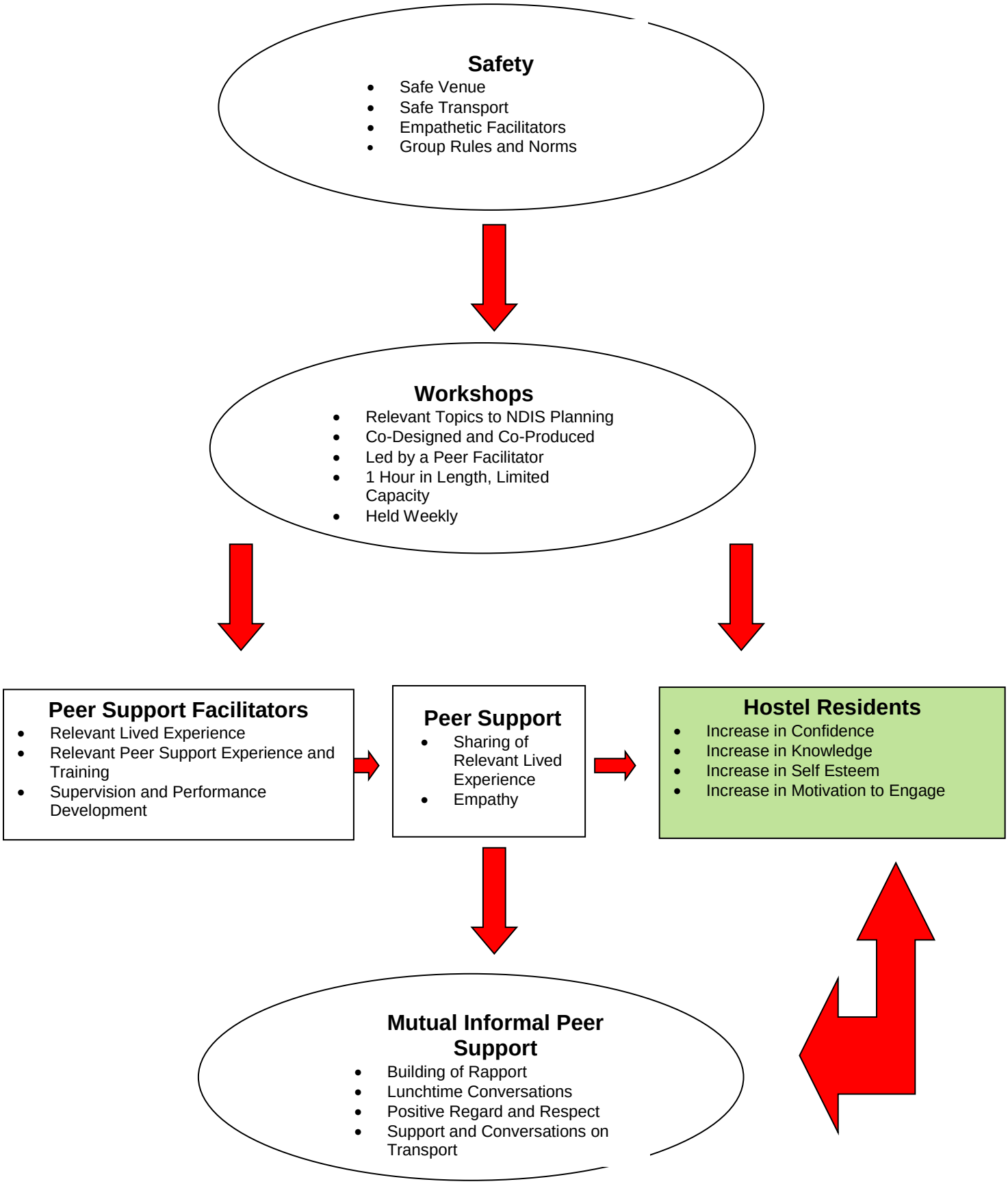
- confidence;
- knowledge;
- self-esteem; and
- positivity and motivation to engage with services.

These results closely align with the evaluation questions that the hostel residents designed in the workshop held on the 4th April 2016. They were (as outlined in **Section 4** above):

- how communicating with the peers helped them build their confidence to access or answer questions about the NDIS, as well their confidence to engage in planning.
- how communicating with the peers, and attending the groups, increased their knowledge, including ideas on how they can improve their life.

Figure 2 on the next page illustrates the peer support model developed by this project. These five elements are explained in more detail overleaf.

Figure 2: Peer Support Model for Engaging Residents From Psychiatric Hostels in the NDIS



6.0 Outcomes of the Peer Support Model

6.1 Outcomes Achievement

Model Component: A Safe & Welcoming Environment

Aspect of the Group	% Participants Satisfied
Bus & staff assistance on bus	100%
Venue & catering	100%
Feeling welcomed by café staff	100%
Safe venue	85.5% (7 of 8 participants)
Preference for auditorium space	100%
Preference for board room space	0%

Model Component: Develop and Sustain Peer Support

Aspect of the Group	% Participants Satisfied
Overall Satisfaction with peer facilitators	85.5% (7 of 8 participants)
People felt comfortable talking to the peer facilitators	100%
People felt comfortable talking within the group	100%
People felt listened to in the groups	100%
Hearing about the peer stories made a difference to how you think about your own life	50% (4 of 8 participants)

Model Component: Build NDIS Understanding, Engagement & Individual Capacity

Aspect of the Group	% Participants Satisfied
Hearing about the peer stories made a difference to how you think about your own life	50% (4 of 8 participants)
People feel more confident to do a NDIS plan	100%

People have made changes to their lives since coming to the groups	75% (6 of 8 participants)

6.2 Feedback and Good News Stories

Safe and Welcoming Environment

Safe venue: In the final evaluation focus group residents were asked if they felt safe at the venue. All but one of the residents stated they felt safe at the cafe. The resident who didn't feel safe stated:

> *Being around women makes me feel unsafe. Not at this place but in general, I always feel like this.*

Other residents felt welcomed at the venue. They felt that the staff cared about them:

> *The staff here are more kinder than in some other places, the staff are kinder than the general public.*
>
> *You feel they care about you.*

The residents also liked the ambience of the cafe:

> *.... it reminds me of the type of cafés I found in London.*
>
> *You can sit down and enjoy yourself here.*
>
> *It is unique to this area.*

Safe transport: All residents enjoyed the bus journey to the venue:

> *The experience on the bus was really good.*
>
> *Being on the bus gave me a chance to catch up with the other residents and chat on the bus.*
>
> *I got new friends on the bus.*
>
> *I liked listening to others on the bus, liked listening to what they were saying.*
>
> *Richard (the DADAA staff member) was very polite.*
>
> *It was helpful that the bus came and for people to remind me to catch the bus.*

The only negative feedback about their journey on the bus was:

> *There were no seat belts, I was afraid we might be fined*.

Empathetic facilitators: Residents were asked in the final evaluation focus group if they felt comfortable talking to the peer facilitators (and other staff) at the workshops. All residents felt comfortable. Some of their comments were:

Non-judgemental attitude from people here.

They were concerned about my welfare.

They wanted to advise us.

They didn't put words into their mouth.

All got along well here.

Safe environment.

I liked it how the peers controlled things to make it safe; it was important that they had skills to communicate and support us.

Group rules and norms: The residents were involved in devising the group rules and norms for the workshops. This allowed them to define what types of behaviour was, and wasn't acceptable in the group. The group rules and norms were: *Confidentiality; Mutual respect; Honesty; No swearing; No critical comments; Friendship; Have fun; Admiration; Mutual understanding; Allowing people to speak; Non-judgemental attitude.*

These were developed early into the project and endorsed by participants across the remainder of the workshops.

Developing & Sustaining Peer Support

Participatory Workshops

The mode of engaging the residents in the project was through group workshops. Each workshop was different and allowed for flexibility. The workshops had added benefits where residents could learn from each other, as well as the peer support facilitators. This is also known as mutual peer support.

This is the first time I have ever been able to talk to people who have had a similar experience to me.

I have never been in a one-on-one group situation, which has been much more enlightening for me and more fulfilling.

Hearing from other people in the group and their similar experiences made me more confident in myself, and better about myself.

We are social creatures and get a lot more when we work as a group.

Another added benefit of hosting group workshops (rather than working individually with the residents) is that some of the residents learnt new behaviours and ways of doing things. For example:

I learnt to be more appropriate in this group, to not interrupt so much when talking to other people. A better way of living.

I don't get a chance to have my say in the hostel so I used to lose my temper. I don't lose my temper with others now as a result of coming here.

The topics included in the program were suggested and selected by the hostel residents, which embraces principles of co-production and co-design. It was important that the topics were of interest to residents and that they have the most input into the content of the groups.

Another important aspect of the workshops is that they were facilitated by an experienced peer workshop facilitator (Vivien Kemp). Having a peer leading the groups brought an authenticity to the peer support model and when necessary, she could use her own lived experience (within context) to add to the conversations that were occurring within the group.

Logistically, the workshops may not have been as effective if they were attended by larger numbers of people. It was evident that by the 6th workshop, relationships had been formed between the participants and these relationships enabled people to gradually open up and engage with each other and learn from their experience.

A weekly workshop was also very effective as it became part of the resident's weekly routine. Being an hour length meant that most residents were able to engage for the entirety of the workshop, without having to leave the room for a break. On the few occasions when a workshop ran over time, it was observed that residents became restless. This reaffirmed that a workshop was best being limited to an hour in length.

Engagement of people with a relevant lived experience- Peer Support Facilitators

CoMHWA led the strategy for recruiting and supervising the Peer Support Facilitators (PSF). A copy of the JDF for this role is attached to **Appendix 1**. This document clearly outlines the role of the PSF:

"Use your lived experience of recovery to create a safe and stigma free environment and support recovery learning and planning (e.g. by sharing what personally helped your recovery)".

The Peer Support Facilitators were highly valued by the participants.

One resident explained what it meant to him to have peer support facilitators in the group:

It made me realise that other people have problems like me but you can overcome them. They moved on, made value of what happened to them, now use this to help others, and that made a difference to me. To be a peer worker you need to have a lived experienced to do this type of work.

Another resident stated:

Listening to [name of PSF] he doesn't live in the past anymore, looks to the future.

Many other residents also commented on the value of the peer support they received from the Peer Support Facilitators, especially those who had a lived experience of living in a hostel environment. This seemed to be the most important part of the lived experience to hostel residents, as well as having a lived experience of mental health issues.

Sharing of relevant lived experience- peer support

Both evaluation strategies (the focus group on the 27th June 2016, and the evaluation questions asked at the end of every workshop) illustrated that the peer support offered to the residents influenced the residents' perception in four main areas:

- confidence;
- knowledge;
- self-esteem; and
- positivity and motivation to engage with services.

Below are a collection of statements from various residents who explain how the support they have received from the peers has influenced them:

> *This has just changed my whole life and outlook on life; I have a purpose for living.*
>
> *Because the peers had a lived experience it gave me a lot more confidence. I was educated by the peers.*
>
> *I didn't realise that so many people had a disability. I feel that this gave me more confidence in myself. I was a very negative person before this group. I can improve myself and do things easier.*
>
> *The peer support made me feel a connection though communication.*

Mutual informal peer support refers to the support that residents and peer support facilitators provided each other whilst engaging with each other in informal conversations. These often occurred before the workshops began, during the lunch breaks and on the bus trips to and from the venue. These conversations and sharing of life experiences helped develop rapport, positive regard and respect between all of the participants, including the project staff present at the workshops. These opportunities to engage in mutual informal peer support, such as the lunch breaks, were an important part of the workshops and allowed for these relationships to be developed, from week to week.

Peer Support Coordination and Supervision

The CoMHWA Peer Team Leader/Supervisor successfully recruited 4 Peer Facilitators prior to workshop commencement. Two of the Peer Facilitators were identified in 2015 and they were able to contribute to the early design of project activities.

Peer Facilitators actively contributed to session activities, drawing on their lived experience of barriers and challenges to participation in sharing their stories. The peer team also contributed to identification and sourcing of guest speakers relevant to understanding of NDIS Peer Facilitators, and worked together as a team in contributing to the workshops. This included feedback on how to adjust the workshops to meet the needs and experiences of their peers. The majority of the team were able to draw on their lived experience as past or prior residents of hostels or of long-term institutionalisation to anticipate needs and operate with sensitivity, appreciation and empathy.

On-the-job support and role demonstration were initiated immediately with the Peer Facilitators and sustained throughout the project, with the Peer Supervisor negotiating their role to become a member of the Peer Facilitator team (Peer Team Leader – joint supervision and delivery approach). This was important as the lead time to the project and schedules of

available introductory peer work training precluded access to formal facilitation training of the Peer Facilitators prior to workshop commencement.

Peer Facilitators met with the consultant team prior to and after each workshop as required to input into workshop design and planning, and for feedback across roles as customised information and support techniques were trialled.

By April 2016 the workshop structure and session plans were well developed, and the Peer Facilitators and consultant team had sufficient orientation to their role to co-design formal supervision arrangements with the Peer Team Leader. This was co-designed on 11th April and commenced the following workshop, with a schedule of weekly one-hour peer group supervision at the end of each shift.

Peers identified they would like additional time to discuss common challenges/issues in peer support beyond the allocated supervision time. With the endorsement of the consultant team, CoMHWA engaged an independent experienced facilitator, Helen Lynes to conduct a learning and reflection workshop on 10th June 2016.

Outcomes

All peer facilitators were retained for the duration of the project, with close to 100% attendance at all workshops by all 4 peer facilitators.

Timing of the project meant that not all of the Peer Facilitators were recruited by CoMHWA. This created some issues with team congruence, as all but one of the Peer Facilitators had institutionalisation/hostel experiences and no peer work experience. The Peer Team Leader/Supervisor managed this throughout the project by focusing on the creation of a team culture in which all team voices were equally heard and valued.

There was significant positive feedback and satisfaction by with the supervision and support provided by CoMHWA during the project (Final Reflection/Debrief with Peer Facilitators conducted by Helen Lynes).

Peer Facilitators reported finding the additional learning and reflection workshop valuable.

Peer Facilitators expressed strong support for the groups continuing, noting that capacity for participants to contribute and support one another took most of the project's duration to develop. This was seen by the Peer Facilitators to reflect the realistic time it takes to develop trust and confidence for group participation and sharing (Final Reflection/Debrief with Helen Lynes).

Peer Facilitators reported growth in confidence in peer support over the course of the project and gained experience in use of life planning tools with participants. Peer Facilitators had strong aptitudes and skills for constructive advocacy already evident on project commencement, enabled by prior experience in consumer representation roles, and which were utilised throughout the project to negotiate delivery arrangements suitably tailored to the needs of participants.

Several Peer Facilitators reported increased capacity to deliver support as a result of the personal growth dimensions of the project, such as confidence building in storytelling and processing and healing from adverse hostel experiences by helping others.

Comments included:

"It dragged a lot of stuff up and I was able to get rid of it. It was very rewarding. I had a lot of hostility towards the hostel, coming here helped me to realise it was over now and I have a different life."

"It was empowering to be able to do something concrete- immediate and practically helpful- for people who deserve far more support, options and opportunities to live a good life."

"I learned a lot about myself; that I had patience that I thought I'd lost; to trust my instincts and that I wanted to help"

Building NDIS Understanding, Engagement & Individual Capacity

Workshop participants were at different stages of the NDIA process (information, waiting on their application, preplanning, planning or on a plan).

.

However, all peers felt more confident to do a NDIS plan. Comments included:

I can use my plan to actually do something now, there has been a lot of "stuff" thrown at me but I know what to do now.

I don't like the way I am treated by my NDIS provider. As a result of coming here I am now thinking about revising my plan and will now contact the NDIA and tell them I am not happy with my provider. I am 100% more confident now to do this and happier now I know I can change my plan provider.

Coming here has put me right on track for getting back to work, in the right direction.

I now have 9 hours of support through the NDIS and I am using that to do some computer training to help me get a job rather than go fishing or go out to cafes and restaurants.

7.0 Lessons Learned and Recommendations

Project Model

The model developed was highly successful and demonstrated achievement of intended program outcomes. The project has provided rich understanding of effective, tailored strategies to better include and empower people with psychosocial disability who are among the least likely to access the NDIS without additional supports. The effective interfaces developed between the stakeholders was one of the critical success factors in the project (refer Project Report Acknowledgements).

Recommendation 1: The model used in the Project is transferable and scalable for rollout in other regions in WA. Modifications to ensure a consumer centred approach that reflects the NDIS model would build further on the success of the Peer Hostel Project.

The Peer Facilitators and consultants identified that the peers' confidence to engage took the entire duration of the Project to develop. The Peer Facilitators, consultants, consumers, project partners and some hostel staff expressed the desire for the Project to continue.

Recommendation 2: The Hostel Project is transitioned from pilot to longer term program for people with similar backgrounds of institutionalisation who are likely to be eligible for NDIS.

The lived experience was central to the model of both peer support facilitation and the management and supervision of the Peer Facilitators and the co-design of the project to reflect the needs and choices of people with psychosocial disabilities.

A hostel owner stated:

> *"the group was the only one in my many years' experience that is designed to meet the needs of my residents and is the only one that my residents have gone to and wanted to keep coming to"*

Multiple issues were identified as impacting the lives of psychiatric residents during the project. It is anticipated that should the project continue there is potential for peer support facilitators to enable residents to explore and empower themselves to overcome these barriers to achieve good lives. In projects being trialled under NDIS, disability support organisations (DSOs), led for and by people with disability, are recognized as appropriate sites for projects focussed on empowering people with disabilities using a peer approach.

Feedback from Peer Support Facilitators suggests that a consumer led rather than co-design project would have met peer supporters' expectations that the project centralise the empowerment of peers in the decision making at all stages in the project.

The Hostel Project is the first peer support project for people living in hostels and the first project to utilize the lived experience of current/past hostel residents to design and deliver support. The Project demonstrated that the mental health lived experience of the peers was of benefit to the residents in terms of understanding the experience of mental health issues and institutionalisation. Significantly, lived experience of disability was not the language used or drawn upon by either the residents or the Peer Facilitators.

Recommendation 3: The linkage of the project to a specialist (mental health) DSO that has a specific role to empower and promote self-advocacy for residents.

Identified Issue: Timing of the project meant that not all of the Peer Facilitators were recruited by CoMHWA. This created some issues with team congruence, as all but one of the Peer Facilitators had institutionalisation/hostel experiences and no peer work experience. The Peer Team Leader/Supervisor managed this throughout the project by focusing on the creation of a team culture in which all team voices were equally heard and valued.

Recommendation 4: For future projects it is recommended that the Peer Facilitator role is developed and agreed prior to recruitment of the roles.

Identified Issue: Not having a dedicated position to coordinate and plan the project with all of the partners at the commencement of this initiative affected the development of the project, including the establishment of clear roles between the partners, guidelines for the reference group, and documentation that outlined the project strategies (such as a project plan). Most of these strategies only took place once the project consultants were engaged on the project.

Recommendation 5: A project coordinator be appointed at the beginning of any future projects to work in unison with the project partners to establish clear guidelines, roles and strategies for the project.

Identified Issue: The consultants were given limited timeframes to become familiar with the project before being required to undertake project strategies. This meant that planning for the project was “on the run" and there was limited time for the consultants to develop relationships with all of the partners.

Recommendation 6: Project strategies to allow for relationship development between all of the partners.

Identified Issue: The workshops didn't attract many female residents.

Recommendation 7: Explore strategies for engaging female hostel residents in the peer support workshops, this may include hosting separate workshops for women.

Identified Issue: Workshops were planned for a Monday morning during a period in which there were a few public holidays that interrupted the scheduling of the workshops and the attendance at some workshops.

Recommendation 8: Schedule workshops for a day of the week that will have few interruptions to the workshop timetable.

8.0 References

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About the Project Consultants

Leanne Mirabella, Principal Consultant, Mirabella Counselling and Consultancy Services

Leanne completed her Honours degree in Social Work at Curtin University in 1995 and has since held a variety of senior positions in the private, non-government and government sectors including policy, project management, clinical and training positions specialising in

mental health and substance use for over 20 years. Throughout her practice she draws upon her own lived experience of mental health issues as a younger adult, which drives her in her work to improve services and programs delivered to people with mental health issues. Although on this project she was not engaged for her expertise as a peer, she draws upon her past experience as a peer in all of the work that she does.

Leanne has designed, developed and implemented many educational, support and training programs for people with mental health issues in her 20 year career. Mostly recently she was awarded WA Social Worker of the Year 2015, Agent of Change for her outstanding work in developing the first Western Australian peer led support group program for people with co-occurring mental health and substance use issues (named SMART Recovery groups). This recovery support group program now takes place in 8 locations throughout Perth and Western Australia and attracts over 2000 people a year to its services. Leanne is also a qualified SMART Recovery Peer Group facilitator and possesses a Certificate IV in Training and Assessment which she has used to teach TAFE students in the Certificate IV of Mental Health in 2015 and provided community education for members of the public as part of WAAMH's Mental Health Training Team.

Vivien Kemp, Partner and Consultant, 2 Peers Consulting

Vivien has a lived experience of major depression and anxiety and her recovery journey included the completion of a BA (Honours in Psychology) at Murdoch University in 2003. She was a Project Officer for the *HealthRight* Project managed by the University of Western Australia from 2006 -2010. During the project Vivien was part of the team that developed, implemented and evaluated the first ever paid mental health peer support worker trial in WA. Since then, Vivien has gained extensive expertise in peer work and group facilitation. She has had a leading role in the further development of peer work in WA by conducting research into peer work, writing and delivering peer work training, providing consultation to organisations about peer work and mentoring peer workers. In addition to being a partner of her own peer work consultant business, she is currently a part-time research assistant at the School of Nursing and Midwifery at Edith Cowan University.