TIME FOR CHANGE
Te Hurihanga

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How can day programmes better meet the needs of the community?

Summary of the feedback and responses from PROVIDERS OF NON-CLINICAL DAY PROGRAMMES

Introduction

In February and March 2023, 16 listening sessions were held with people who use community non-clinical day programmes (each session was facilitated by a facilitator with lived experience and a Maori facilitator with cultural expertise). Other sessions were held with providers of community day services.

This report presents the feedback from the **provider listening sessions** and the **provider survey**.

The information gathered will inform the development of the new model of care for non-clinical mental health and addiction day programmes in Southern.

What happens next.

A draft model of care will be developed and sent to providers and clients for their, feedback.

It is our expectation that all day services will align to this new model of care, and Te Whatu Ora will start discussions with each provider on progressing towards the new model of care in May 2023.

Summary of Feedback from provider' listening session on 15 February 2023 and survey responses.

The provider group discussed how day programmes could **better meet the needs of the community**.

The feedback included the following views and perspectives:

- For some the day services consider they are the **mainstay of clients' lives** and their social connections.

- If more of anything is required, then we will need more funding/resources to make this happen.

The group moved to a discussion on **goals and a recovery pathway**.

Feedback included the following views:

- There is a large group of people that access our services who have been accessing these services for a long time.

- Some concern about supporting people into the workforce.

- People attending day service are at different levels of wellness. **Knowing that they can come back (return to services) is very valuable** and gives reassurance? and confidence.

- support for moving into the vocational space.

- Understanding of the context for people we are working with is needed. It is about moving forward and doing our best to support them in their journeys. Mental health journey is a continuum.

- There are limitations for people to get in to work and important **not to give them false hope**, how are they supported, and setting goals.

- There are people for whom turning up to day services is their goal. But we want to support them to do something meaningful while here.

- Supporting people into employment - that is not achievable for most of the people we support.

- There are older clients who cannot/are not able to access work or hold down work. And we need to support these people day to day. If the person is at work support is also needed

- We currently do not support people into work so that would be new for us. We do support people to gain the skills and confidence to move on e.g. University or Arts School

- Feedback also included ideas on what success looks like:

  o Any form of independence for the client

  o "Do myself (staff) out of a job"

  o Showcasing individual client goals and how they have been met/progressing.

The discussion then moved to **peer support** in day programmes.

Comments were:

- We could employ peer workers and create a peer environment where people support each other in an authentic and natural way. Community and sense of belonging and sense of purpose, in a peer environment is valuable. Some providers have peer workers and see the value in continuing to integrate peer workforce.

- Need to acknowledge the different ways of providing peer support.

- Extra support could be useful and could involve a peer support element to this.

- We now have a role called "peer support navigator" which is to navigate processes and systems to achieve writing a CV, obtain entitlements from govt depts etc; navigating all those areas that can be scary.

There was general discussion about **better meeting client needs**.

Points from that discussion are below.

- We do a **range of things in the community** - events, support members to be members of different groups in the community. We do reach out and see some potential to expand in this area.

- Support around this would be helpful. But is harder for people from vulnerable communities to get to places like this. We need some **outreach**, and this takes capacity and resources.

- Support for people to get here is needed - **getting to a service can be hard.**

- We are concerned about **the people that don't come** to day services – they are isolated in the community, or they get referred and they

may come once but that is all, or don't come at all. Do not have the capacity to follow up.

- Zoom could be options for people living remotely. There are a lot of people who are isolated.

- We need to be careful with remote contact and the connectivity, for example if they can afford internet, or if there is internet available.

- Concerns were expressed about **the space** needed to manage a number of activities at the same time and also provide space for clients who wish to attend.

- In our community, which is semi-rural, there are a lot of older people who have spent time in the mental health system. It is concerning about the people we are not reaching. The geographical area is enormous, and we do not have the resources to get out to those communities. To break down barriers we would need to go to them.

- Concern was expressed for the changing needs of clients due to increasing complexity of their personal situations, ageing population, and more men now attending. Ideas for **staff development** included de-escalation training, motivational interviewing, and vocational training.

There was discussion on access for **Māori**.

Comments are below.

- We support the approach to improving our responsiveness to **Māori** and Pacifika.

- We have a strong desire to engage with a holistic approach to normalise tikanga.

- There are low numbers of Maori or Pasifika coming to some of the day services.

The discussion was then moved to how programmes might be different within existing resources.

There was discussion on **collaboration and communication** amongst providers.

The points raised were:

- There was support for more connecting between provider services in local areas, this would enable people to work across services and learn from each other. This could be facilitated externally.
- There is an opportunity to operate as a cooperative, but currently services are still operating according to their own service model or geographical location. Potentially there could be expertise shared across services. For example, we could use **peer support workers** in one organisation to work with another organisation. (note - there would need to be a continuity of peer support worker if they were working across multiple organisations)
- Rather than competing for the same money, we could work together to utilise the resources to the best of our ability.
- We all have been doing our own thing for so long.
- Te Whatu Ora described as working in a silo. Collaboration needs to go beyond this group and look at community resources and building stronger communities.
- Worried that we are looking for something that works for everybody - but different communities will have different solutions.

- **Collaboration and communication** are key to move service delivery forward.

- Collaboration is the way forward. But also need to work in the community and meet with people.

- Working in collaboration with the experts in different areas means a more holistic approach.

- It could be about **Partnership rather than Collaboration**. Suggest we talk about partnerships, and this could be a way of thinking about the way we work as well.

> *Would it be within the realms of do-able to have emails or contact details so we might all be able to share ideas and work together? This is a great forum and perhaps the sharing of ideas of what works and what doesn't work for other services could be useful for everyone.*

The group also considered their funding and contracting arrangements, and the **administrative burden** of reporting.

Comments included:

- We need to move away from the tick box measures that Te Whatu Ora have in their contracts and share stories of what is happening in our services. Can't get stories from a tick box. Needs a narrative, in human terms. Need to be sharing the positive stories and the good outcomes, rather than number of people attending.

- Encourage people to **use the narrative section in contract reports.**

- The way we look at people and the way Te Whatu Ora view people in their reporting is different for example inability to capture gender diversity in contract reporting.
- If we had combined funding it would require more relationship managing, contracting and reporting.

The group moved to considering the possibility of **sharing administration resources**.

Feedback was:

- Struggling to see how that would work. Who would take responsibility and how would the resources be shared. Administration and management staff are funded by a different mechanism. It would add demand on our services at the back end that are not funded by government departments.

- The government departments need to look at their contracts and think about the administration that goes on behind the scenes.

- We did have a database recording who is come to the services and helped us keep records of who attends etc. A system like that has a potential to greatly reduce the amount of administration time. Some providers do utilise this and find it beneficial for day to day operation. For smaller providers it is a huge investment and can be too hard

- The number of systems to meet the regulations and compliance costs is hardly covered by the funding that is received.

- We use a client data base system as well - really useful.

- Technology may provide a shared way of doing things, as we often work in a disjointed way.

- Where we do have combined funding, this creates a lot of relationship managing, contracting and reporting.

- Other feedback was the concept of a **network of providers** each specialising in particular areas; the client would be supported to go to another service for that activity.

The group then discussed how the client might be able to **better access services.**

Ideas included:

- Agree there is no one size fits all. But there are people choosing not to come (note that this will need further exploration)

- We acknowledge that the concept of volunteering doesn't translate across all cultures; might not be called volunteering. We need conversations on what we call volunteering and how can we provide support that translates across the other communities as well. This is the approach we would take in having greater focus on **Māori** and Pacifica.

- improving access will require a major change in how to deliver the services.

- We need to provide more proactive support for those using the services to be connected digitally.

- We need to be asking people about their digital competence and access. Reliance on digital devices make others at a huge disadvantage.

- The two biggest barriers to access services are **transport and feeling unwell.**

- Tailoring things for individual needs takes time. Possibly could do this by reducing administration, making more use of technology, make the reporting less of a burden.
- **A range of different services is valuable** as different services will suit different people and provide **choice**.