URBIS

EVALUATION OF THE RESOLVE PROGRAM

FINAL INTERIM REPORT

PREPARED FOR

SOCIAL VENTURES AUSTRALIA (SVA)

24 MAY 2022

Urbis acknowledges the important contribution that Aboriginal and Torres Strait Islander people make in creating a strong and vibrant Australian society.

We acknowledge, in each of our offices, the Traditional Owners on whose land we stand.

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CONTENTS

CONTENTS CONTINUED

FIGURES

TABLES

EXECUTIVE SUMMARY

BACKGROUND

The Resolve Social Benefit Bond (SBB) is a social impact investment developed by Flourish Australia (Flourish), Social Ventures Australia (SVA), the NSW Ministry of Health (NSW Health), and NSW Office of Social Impact Investment (OSII) (the program partners). The SBB funds the Resolve program (the program), an innovative mental health service which blends psycho-social and clinical services to support people living with severe and persistent mental health issues. The program was established in 2017 in Orange and Cranebrook, NSW.

Urbis has been commissioned by SVA on behalf of NSW Health to evaluate the program over a period of seven years (2018 to 2025). This is the Interim Report for the evaluation.

EVALUATION OVERVIEW

The evaluations has five areas of investigation.

IMPLEMENTATION

- Assess the implementation of the program including implementation and operational differences between sites

INNOVATION

- Assess the appropriateness of the program model, particularly the peer workforce and residential stay model features
- Assess the impact of the reallocation of underspent budget on client outcomes

OUTCOMES

- Examine the outcomes achieved for clients and their families/carers, and enablers and barriers to outcome achievement
- Analyse the impact of the outcomes-based contracting arrangement on program partners
- Determine whether the proxy measure (relative reduction in NWAUs) is an appropriate indicator of the social outcomes the bond is intended to achieve

COST EFFECTIVENESS

- Understand the cost effectiveness of the service delivery model from the perspective of Government *(this will be assessed in the Final Report only)*

UNINTENDED CONSEQUENCES

- Explore any unintended consequences arising from the program or the Social Benefit Bond arrangement
- Highlight any impact of COVID-19 on program participation, engagement, or outcomes

METHODOLOGY

The methodology for the evaluation to date has included the development of a Program Logic and Evaluation Framework, ethics application, and data collection and analysis for the Baseline and Interim Reports.

The interim data collection involved site visits with the two program locations to conduct interviews with 48 stakeholders (including clients, staff, program partners and external service providers), additional interviews with 10 program partners (including Flourish, NSW Health, and OSII), and a review of aggregated program data for the period 1 October 2017 to 30 June 2021. All site visit and interview data were thematically analysed and triangulated with the program data to form the findings of this report.

EXECUTIVE SUMMARY CONTINUED

SUMMARY OF FINDINGS

		Relevant area of investigation
Resolve plays a valuable role in clients' mental health recovery	Program data and qualitative feedback from clients and staff highlight the positive impact Resolve has for clients. The data indicates that Resolve has supported clients to reduce their engagement with the health system by reducing the number and length of their hospital stays, and Emergency Department presentations (when compared with the year prior to Resolve enrolment). Additional outcomes noted by clients included improved confidence, social connections, participation in community life, and relationships.	OUTCOMES
Recovery-oriented practice is inconsistently implemented to effectively drive clients towards achieving their recovery goals	The delivery of Resolve as a recovery-oriented program has matured at both sites since the Baseline evaluation. The model itself appears well aligned with recovery-oriented practice. Evidence does suggest recovery-oriented practice is being inconsistently implemented by staff and across sites. This may be contributing to clients not consistently progressing towards recovery goals. There is potential to further improve implementation of the model.	IMPLEMENTATION OUTCOMES
Eligibility criteria may prevent Resolve meeting referral targets, and supporting people who would benefit from Resolve's support	With 318 people referred to the program as of September 2021, Resolve is slightly behind its referral target of supporting 330 people. While this is not a significant concern, it has highlighted specific challenges with achieving referral targets in Western NSW, where there appears to be a consistently reducing pool of people eligible to join the program and an increasing proportion of people who are refusing to accept referrals from the LHD to Resolve. Additionally, the evidence highlights that the rigidity of the eligibility criteria means there are people with severe and persistent mental health issues who may benefit from the program but are not able to access Resolve.	IMPLEMENTATION INNOVATION
The two-year timeframe lacks flexibility to respond to different recovery experiences of people with severe and persistent mental health issues	In some cases, the two-year timeframe lacks the flexibility to respond to clients' varied recovery journeys. While two years may be suitable for some, there are others who may require an extended period of support to reach a stage in their recovery where they can better manage their own symptoms.	INNOVATION

EXECUTIVE SUMMARY CONTINUED

		Relevant area of investigation
The reduction in NWAU as a measurement may not adequately capture the impact of Resolve on clients	While only one measure of program success, the payable outcome measure of NWAU reduction may not be a sufficiently sensitive measure to reflect Resolve's impact on the target cohort. This measure has limitations as its main function is to calculate average cost of service delivery at a large scale, and its application to a relatively small sample for Resolve potential undermines accuracy. While other client outcomes are considered, this measurement cannot capture these as they do not translate into savings to the public health system.	OUTCOMES
Program partners could have invested more into supporting an organisational shift at Flourish towards a culture that supports outcomes-based contracting	Outcomes-based funding contracts are intended to allow service providers greater flexibility to shape supports in a way that achieve client outcomes. Under such a structure, over time, it would be expected that organisational cultures would adapt accordingly. While Resolve has implemented tactical changes in how Flourish staff work (such as the use of brokerage and the hiring of the transition support worker), there was a lack of evidence to suggest a broader cultural shift within the organisation that responds to the difference in outcomes-based versus block-funding contracting. Given outcomes-based contracting is relatively new to both NSW Health and Flourish and the mental health sector at large, there is opportunity for program partners to focus on and better support this cultural change.	IMPLEMENTATION INNOVATION OUTCOMES
There has been low uptake of the Residential stays, which may be due to multiple factors	While residential stays appear to be valued by those who participate in them, uptake of the stays has been low. Potential reasons for this appear to include: ▪ how the stays are communicated to the client, and integrated in their recovery journey ▪ the extent to which staff enjoy the overnight shift, which may affect how the stays are positioned with the client ▪ the stays not being able to operate during the COVID-19 restrictions.	IMPLEMENTATION UNINTENDED CONSEQUENCES

EXECUTIVE SUMMARY CONTINUED

SUMMARY OF RECOMMENDATIONS

1	Conduct a comparative analysis with other community-based psycho-social support programs (such as HASI, CLS or YCLSS) to identify features which can be adapted to strengthen all programs.	Immediate term
2	Reallocate program underspend to recruit an individual focussed on consistent and deep application the recovery-orientated model elements to provide a strong foundation for supporting recovery goals.	Immediate term
3	Strengthen partnerships between Resolve and the LHDs to better enable holistic and integrated care.	Immediate term
4	a. Clarify the purpose of the residential stays to improve how they are communicated to clients. b. Gather an understanding of staff and client preferences to inform rostering.	Immediate term
5	a. Undertake data collection to identify ineligible individuals who could benefit from Resolve's support. b. Develop supplementary criteria to enable a wider group of people to engage with Resolve.	Immediate term
6	a. Flourish to invest in training to support a shift to an outcomes-based contracting culture. b. Gather and document learnings about support needs for organisations new to outcomes-based contracts.	Immediate term
7	Introduce flexibility into the two-year timeframe to respond to different recovery journeys.	Beyond 2025
8	Consider a diversified payable outcome measure of NWAU and a recovery assessment tool to assess program performance.	Learnings for outcomes-based contract commissioning

1.0 INTRODUCTION

1.1 BACKGROUND

The Resolve Social Benefit Bond (SBB) is a social impact investment developed by Flourish Australia (Flourish), Social Ventures Australia (SVA), the NSW Ministry of Health (NSW Health), and NSW Office of Social Impact Investment (OSII) (the program partners). The Bond funds the Resolve program (the program), an innovative mental health service which blends psycho-social and clinical services to support people living with severe and persistent mental health issues. The Implementation Agreement is the outcomes contract that governs the Resolve SBB arrangement.

The Agreement includes the Payment Schedule which outlines the outcome metric that will be used to measure the program's performance in this context is National Weighted Activity Units (NWAUs). NWAUs are an activity measure that capture an individual's total health related consumption, including both the intensity and duration of the services accessed. Outcomes achieved under the Resolve SBB are verified by the Independent Certifier for payment purposes Payments are then made by NSW Health to the Resolve SBB Trust. Payments are then made by the Resolve SBB Trust to Flourish in accordance with the services subcontract, and payments are made by the Trust to investors under the terms of the Resolve SBB Deed Poll. The program underwent a Joint Development Phase (JDP) spanning October 2016 to June 2017, and a further development period from July to September 2017 to prepare for service commencement in October 2017. The program runs on an annual reporting period of October – September each year, with 'Year 1' beginning in October 2017. The program operates in two sites: Cranebrook in the Nepean Blue Mountains LHD and in Orange in the Western NSW LHD. The contract for the program is under a 7.75 year term (3 months establishment, 7 years' program delivery and 6 months for final measurement) expected to be delivered until 2025 and support 530 people throughout that time.

Urbis has been commissioned by SVA to evaluate the program throughout its seven-year delivery period. This document is the Interim Report for the evaluation.

1.2 PARTNER ROLES

The program partners are involved in the management of the Resolve SBB and delivery of the program (see Table 1 below). All program partners were members of the JDP, and now operate as members of the Joint Working Group (JWG) for the SBB and the program. The Joint Operations Group (JOG) was established in 2020 to facilitate better discussion about Resolve model implementation and operations to inform continuous program improvement.

Table 1 Resolve partner roles

PROGRAM PARTNERS	ROLES
Social Ventures Australia	■ Manager of the Resolve SBB ■ Management of quarterly service payments from the Resolve SBB Trust to Flourish, in accordance with the terms of the services agreement ■ Management of payments and reporting to investors
Flourish Australia	■ Service provider of the Resolve program in Cranebrook and Orange ■ Investor in the Resolve SBB ■ Member of the JOG
Ministry of Health	■ Responsible for issuing standing charge and outcomes payments to the Resolve SBB Trust ■ Contract management and data analysis reporting
NSW Health Nepean Blue Mountains and Western NSW LHD	■ Provision of referrals and clinical support to the Resolve Program through the Nepean Blue Mountains and Western NSW LHDs ■ Member of the JOG
NSW Office of Social Impact Investment	■ Oversight and guidance for the Resolve SBB

1.3 THE RESOLVE PROGRAM

PROGRAM CONTEXT

The persistent and episodic nature of severe and persistent mental illness means that many people will require support throughout their lives and may experience periods where they require more intensive support from the public health system. The evidence suggests that this cohort, at different points in their recovery journey, may need to present to hospital.[1] In particular, people who experience hallucinations, self-harming, violent behaviour or severe withdrawal from the activities of daily life, may find hospital a refuge in which they can receive monitored and enforced clinical treatment and relief.[2] Other factors that may influence why people with severe and persistent mental health issues present to hospital may include: affordability, comorbidities (including for physical conditions such as circulatory, musculoskeletal and respiratory disorders), intellectual disability, previous hospitalisation (i.e. it's all they know) and challenges understanding and navigating care in the community.[3]

1 Cvejic, R. C., Srasuebkul, P., Walker, A. R., Reppermund, S., Lappin, J. M., Curtis, J., Samaras, K., Dean, K., Ward, P., & Trollor, J. N. (2021). The health service contact patterns of people with psychotic and non-psychotic forms of severe mental illness in New South Wales, Australia: A record-linkage study. Australian & New Zealand Journal of Psychiatry. https://doi.org/10.1177/00048674211031483

2 The Royal Australian & New Zealand College of Psychiatrists. (2019). Psychiatric hospitals. Retrieved from https://www.yourhealthinmind.org/treatments-medication/psychiatric-hospitals#:~:text=Read%20transcript-,Why%20go%20to%20hospital%3F,are%20feeling%20out%20of%20control

3 Ibid.

INTRODUCTION CONTINUED

ABOUT THE PROGRAM

The Resolve program aims to support adults who live with severe and persistent mental illness to reach a stage in their recovery where they need less support from hospital. The inclusion criteria for the program are people who have been admitted for mental health care (such as in a mental health unit or in a 'general ward' bed) for between 40 and 270 days in the preceding 12 months. Currently, only admissions that occur within the NBM or WNSW districts can be counted towards this eligibility criteria. The Resolve program enables this cohort to access community-based services to support them on their recovery journey. Program clients have access to tailored, recovery-oriented support options which blend psycho-social support with clinical services. Each client can access the program for up to two years from the point of enrolment. Also to note, individuals who are contacted about participation are enrolled into the Intervention Group (for measurement purposes) even if they do not agree to being referred to the program. Flourish works with both NSW LHDs (Western NSW and Nepean Blue Mountains) to deliver the program. Flourish and the LHDs hold responsibility for managing referrals into the program. The program has target referral numbers for each year of operation, and to meet these Flourish requests new referrals from the LHD as places in the program become available. The LHDs are responsible for meeting the referral requests numbers. They use a customised algorithm on public health system admissions data to identify and refer individuals to the program. Once a client engages with the program, Flourish is responsible for delivering psycho-social support and the LHDs are responsible for providing clinical mental health services.

PROGRAM PRINCIPLES

The program operates under the following seven core principles to provide a consistent and supportive approach for clients.

Table 2 Program principles

PRINCIPLE	SUMMARY
Strengths-based approach	Through Resolve, clients identify personal strengths and goals, which they are supported to achieve through an individualised approach to care planning.
Respect	Resolve recognises and values people with lived experience of mental health issues by involving them in all aspects of the program, as clients and peer work staff.
Recovery	Recovery concepts underpin the Resolve program, reflected in the strengths-based approach to providing person-centred support. Resolve supports clients to engage with their community, education, and employment opportunities to build their personal, social, communication and living skills.
Person-centred care / Multidisciplinary care	Facilitating access to appropriate mental and other health supports through integrated services and partnerships.
Partnerships	Providing integrated and quality care by developing partnerships which span organisational and sector boundaries.
Carer and family support and education	Involving carers and family members in the planning and care for clients throughout their recovery journey and supporting carer's own needs.
Community develolopment and capacity building	Working with and enhancing existing resources within the community to support clients through their recovery journey.

1.4 EVALUATION OVERVIEW

The evaluation of the program commenced in 2017 and is due to conclude in 2025. The evaluation is focussed on the implementation and outcomes of the program and an assessment of the Resolve SBB structure.

The findings of the evaluation will support the program partners to identify and incorporate key learnings throughout the program's delivery. The evaluation will also support the program partners to make informed decisions about the program's future (including its potential for scalability, as well as the development of additional social impact investments in the future).

In 2020, based on the cumulative NWAU reduction, it was identified that Resolve was underperforming relative to the Control Group. To better understand the reasons for underperformance, the evaluation activity (originally planned for 2022) was brought forward to allow SVA and the Ministry to make timely decisions about the continued delivery of the Resolve program.

The evaluation has five areas of investigation (outlined in Table 3 below).

Table 3 Evaluations areas of investigation

AREAS OF INVESTIGATION	SUMMARY
Implementation	■ Assess the implementation of the program including implementation and operational differences between sites
Innovation	■ Assess the appropriateness of the program model, particularly the peer workforce and residential stay model features ■ Assess the impact of the reallocation of underspent budget on client outcomes
Outcomes	■ Examine the outcomes achieved for clients and their families/carers, and enablers and barriers to outcome achievement ■ Analyse the impact of the outcomes-based contracting arrangement on program partners ■ Determine whether the proxy measure (relative reduction in NWAUs) is an appropriate indicator of the social outcomes the bond is intended to achieve
Cost effectiveness	■ Understand the cost effectiveness of the service delivery model from the perspective of Government (this will be assessed in the Final Report only)
Unintended consequences	■ Explore any unintended consequences arising from the program or the Social Benefit Bond arrangement ■ Highlight any impact of COVID-19 on program participation, engagement, or outcomes

INTRODUCTION CONTINUED

METHODOLOGY

The Urbis evaluation methodology includes three phases of research:

- **Baseline phase** from January to July 2019
- **Interim phase** from July 2021 to April 2022 (this report)
- **Final phase** from January to June 2025.

Interim methodology

Urbis has collected primary qualitative data and secondary quantitative data for this evaluation. This data collection process occurred from September to November 2021. Three main data sources inform this evaluation (see Figure 1 below).

Client and family/carer consultations

All Resolve clients and their family/carers were informed of the evaluation and the opportunity to participate. Resolve staff assessed interested clients' capacity to participate and consent (i.e., determined whether their participation would cause distress or not and whether they were capable of understanding the information sheet and consent form and agreeing to participate). If an individual wanted to participate but they were assessed as not having capacity to consent, a process for guardian consent was in place. Resolve staff supported clients and their family/carers to review and complete the Participant Information Sheet and Consent Form prior to consultations being conducted.

Clients who participated in consultations came from both the Orange and Cranebrook sites. In Orange, n=3 were from Dubbo, n=2 from Orange, n=2 from Bathurst, n=1 from Parkes and n=1 from Molong. In Cranebrook, n=3 resided in Faulconbridge, n=1 from Cranebrook, n=1 from Richmond, n=1 from Mellong, n=1 from Nelson, n=1 from Katoomba and n=1 from Lithgow.

Figure 1 Interim data sources

SITE VISITS

12	18	7	11
Resolve and site managers	clients	family or carers	site parters*

ADDITIONAL INTERVIEWS

2	6	2
Social Ventures Australia	The NSW Ministry of Health	Office of Social Impact Investment

PROGRAM DATA

Consisted of:

- Participant status
- Referrals requested and made
- Demographics
- Level of participation
- Resolve activity
- Bed days
- Hospital admissions
- NWAU reduction
- CANSAS and RASDS scores
- HASI and CLS program utilisation

** Site partner organisations included: Dubbo Mental Health Drug and Alcohol (MHDA) Clinic, Penrith Community Mental Health Team, Bloomfield Hospital, Flourish Australia (NDIS support), Western NSW LHD and Nepean Blue Mountains LHD.*

NB: Site visits and additional interviews were conducted via videoconference or phone.

INTRODUCTION CONTINUED

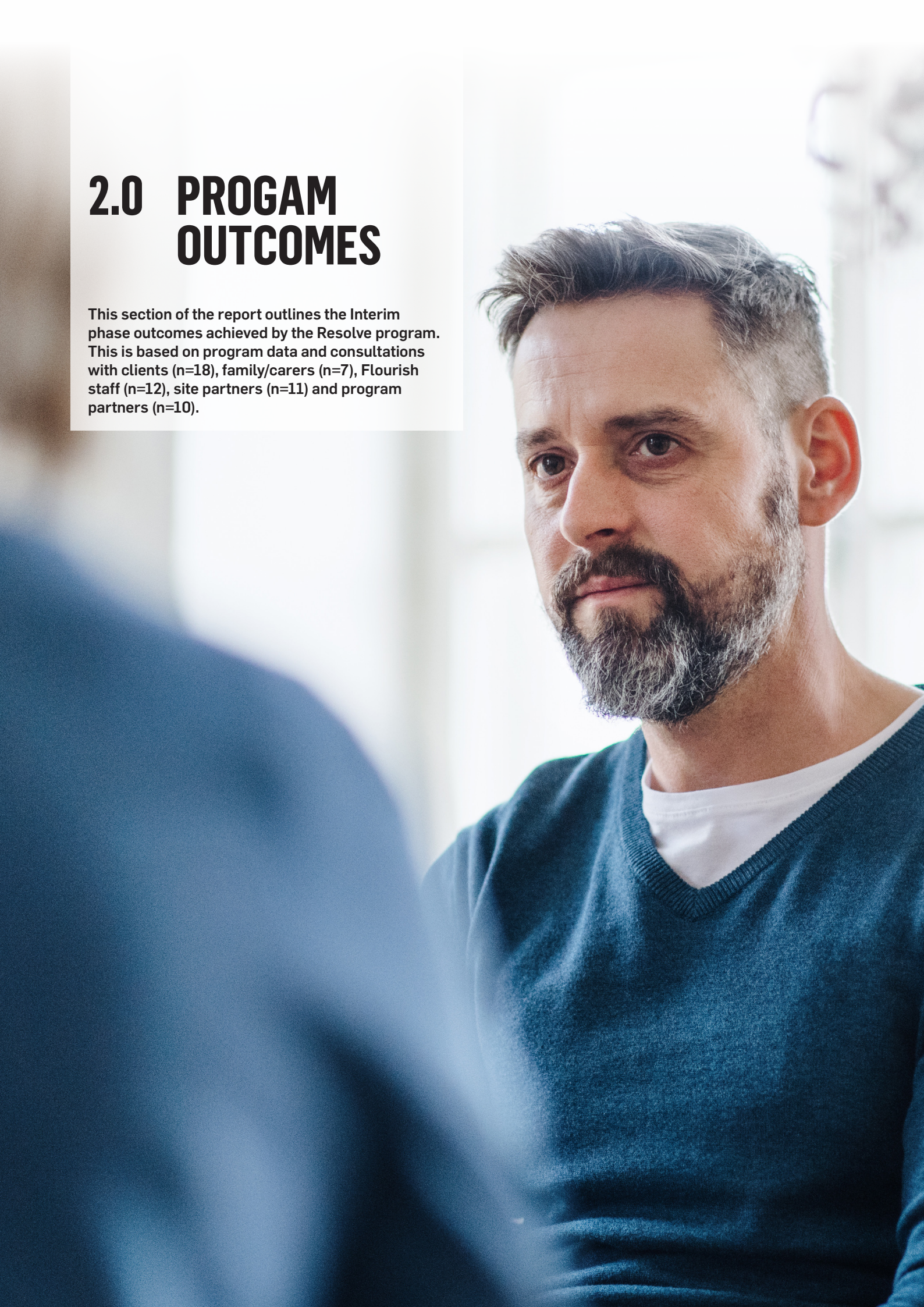
Limitations

The following limitations should be considered when reading this report:

- The perspectives of clients and families/carers included in the report may not include all relevant views. This is due to several factors including:
  - the number of consultations able to be conducted with clients (n=18) and family/carers (n=7)
  - clients and families/carers choosing not to participate if they felt uncomfortable with the consultation mode (phone or videoconference) (determined by the COVID-19 restrictions), despite support provided by Resolve staff.
  - recruitment occurring by Resolve staff promoting the opportunity to clients and family/carers and supporting those who were interested to complete the consent process. This recruitment process may have limited opportunities for those less engaged with the program to participate.
- While we investigated whether other programs (including the Housing and Accommodation Support Initiative (HASI) and the Community Living Supports (CLS) program) influenced how Resolve clients access services or influence their Resolve experience, in consultation, clients did not note they were engaging with CLS or HASI. This may be due to either clients not participating in these programs, or clients (who tend to be engaged with several support services) not being able to articulate the name of the programs they are a part of.
- Program data for Year 4 of the program was not available at the time of data analysis so this report predominantly includes program data inclusive of Year 3 of the program. However, as Year 4 data became available during drafting of this report, Year 4 data has been included in selected sections of the report to accurately reflect the program's current effectiveness. Where Year 4 data has been used, this has been noted in the footnotes of the report.
- Limitations of program data available for analysis, including:
  - Hospital admission and bed day raw data was only available for participants 12 months prior to program enrolment. Therefore, analysis by demographics for these data points was not possible.
  - CANSAS and RAS-DS should be completed every 6 months, however not all results were recorded, with the number of assessments available for analysis declining with each assessment period. This means the scores may not accurately represent the effectiveness of the program in improving clients' scores.
  - Other possible limitations of the CANSAS and RAS-DS may include the potential that clients repeating the assessment can get bored or familiar with the questions, so they provide similar responses to previous assessments, rather than accurately reflecting their situation at the time. Additionally, the self-reporting aspect of the assessment may lead to clients under reporting any perceived less desirable results.
  - Some data points, when presented by demographic features or over time, result in low base sizes. The base sizes for all analysis have been included and data points with lower base numbers should be interpreted with caution.
  - The ethics approval for this project does not permit the receipt of individual client record data. Accordingly, when reporting on client usage of different Resolve activities, clients' average usage could not be accurately calculated. program outcomes.

2.0 PROGAM OUTCOMES

This section of the report outlines the Interim phase outcomes achieved by the Resolve program. This is based on program data and consultations with clients (n=18), family/carers (n=7), Flourish staff (n=12), site partners (n=11) and program partners (n=10).



PROGRAM OUTCOMES CONTINUED

2.1 OUTCOME ACHIEVEMENT

The evidence indicates Resolve clients are reducing their health service usage[4]

Overall, the evidence suggests that Resolve is supporting clients to reduce their health service usage, particularly their time spent in hospital. As shown in Figure 2 below, Resolve clients who completed the program have reduced their health service usage while being in the program, compared to the year prior to program commencement. In particular, clients experienced substantial reductions in the length and number of their hospital stays (67% and 54% respectively). They also experienced a 42% reduction in number of presentations to the Emergency Department. Additionally, while the annual reduction in NWAU (measurement of reduced public health service usage) has fallen short of expectations in previous years, the Year 4 data shows there was almost a 73% reduction in NWAU (compared to almost 63% in Year 3 of the program). This has resulted in the NWAU cumulative reduction increasing to over 65%. However, these results should be interpreted with caution due to the small number of people completing the program (particularly by Year 4) and the absence of a control group comparison.

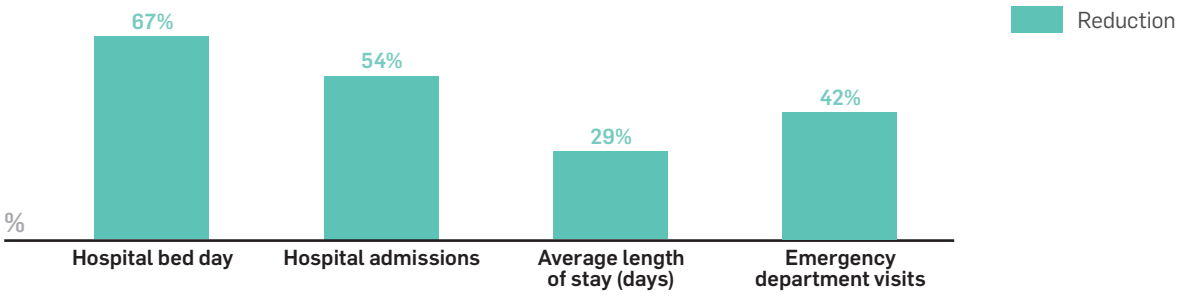


Figure 2 Intervention group reduction in service utilisation relative to year prior to enrolment

This quantitative evidence aligns with qualitive feedback, with some clients suggesting they felt Resolve 'kept them out of hospital'. Clients indicated that Resolve reduces engagement with the hospital system in the following ways:

- **De-escalation of crisis or trigger events:** A small number of clients reported choosing to use the residential stays feature of the program, before they reached a level of illness requiring hospital. Additionally, some clients highlighted utilising the warmline in times of heightened distress, allowing them to de-escalate their symptoms rather than seek support from hospital.
- **Alternatives to admission:** Some clients reported they had either not needed to re-admit to hospital or they had fewer admissions than they otherwise would have experienced, because Resolve offered a non-institutional, welcoming alternative to hospital. Some clients indicated Resolve had supported them to progress their recovery and stabilise their mental health to a point where they did not feel they needed support from hospital.
- **Increased capacity to manage their own symptoms:** Some clients indicated staff taught them various strategies (such as mindfulness and breathing exercises for anxiety) to allow them to de-escalate their symptoms without a need for support at hospital.
- **Improved resilience to facilitate shorter hospital admissions:** A small number of clients suggested that Resolve supported and encouraged them to 'bounce back' from challenges, such as hospital readmission, allowing them to spend shorter periods at hospital.

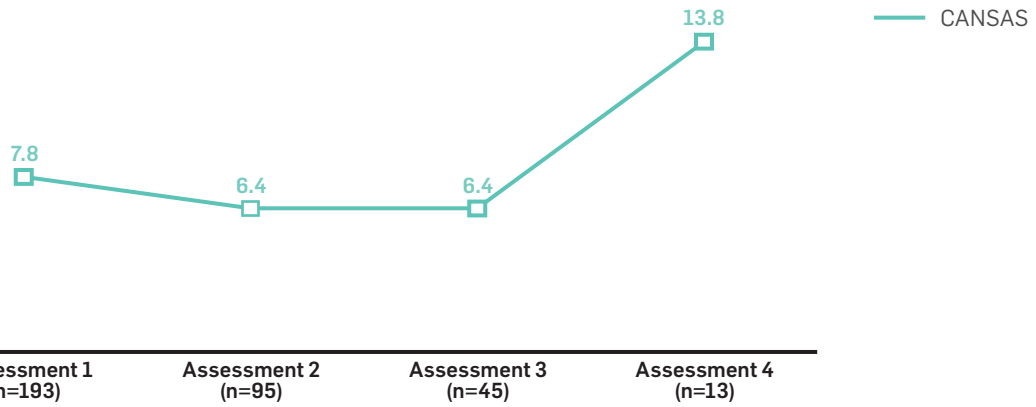
4 Program data included in this section is based on data up until Year 4 of the program.

PROGRAM OUTCOMES CONTINUED

Over time, clients need slightly less support, aligning with a positive view of their own recovery progress

Through Resolve, clients may experience a slight reduction in need for support, which aligns with a positive perception of their recovery process. However, exiting the Resolve program may affect some client's views of their progress and need for support (see Figure 3 and Figure 4).

Figure 3 Average client CANSAS total scores



NB (1): a lower CANSAS score indicates fewer unmet needs and a reduced need for support

NB (2): It is intended that Assessment 1 occurs at program commencement, Assessment 2 at 6 months in the program, Assessment 3 at 12 months and Assessment 4 at 18 months

NB (3): This finding should be treated with caution due to the declining number of assessments completed over time. Refer to Limitations in Section 1.4 for more details.

The Camberwell Assessment of Need Short Appraisal Schedule (CANSAS) is a tool used to assess if a client's needs are being met across a range of domains such as self-care, physical health, accommodation, family, drugs and alcohol.[5] Higher scores indicate higher unmet needs and a greater need for support, while lower scores suggest no needs or needs have been met and there is less need for support. It can be rated by staff, participants or carers.[6] At Resolve, the assessment is usually completed by the client, but in some circumstances is completed by a staff member. This means there is the potential for some reporting bias from clients in under reporting their results they may perceive to be negative. Quarterly Reports identify the most common 'unmet needs' for that period, and some of these have consistently included: daytime activities (wanting to be more involved in activities of enjoyment), information on condition and treatment (information from and contact with different services involved in clients' recovery), company/social interaction, physical health and education.[7]

From the first CANSAS assessment to the third assessment (on average a period of 17.4 months), the average score decreased from 7.8 to 6.4 which may suggest that Resolve clients perceive a small reduction in their need for support. While the average CANSAS score increased to 13.8 by the fourth assessment, this is based on a very small sample size. Even if clients perceive their need for support increasing as they exit the Resolve program, this may not necessarily be a negative outcome as for some people, as they progress on their recovery journey, their engagement in the community and with support services can increase. This may result in more needs being identified as they can better see the extent of what is possible for them. However, as noted in the limitations, these findings may not accurately represent the experience of all clients due to the declining number of assessments.

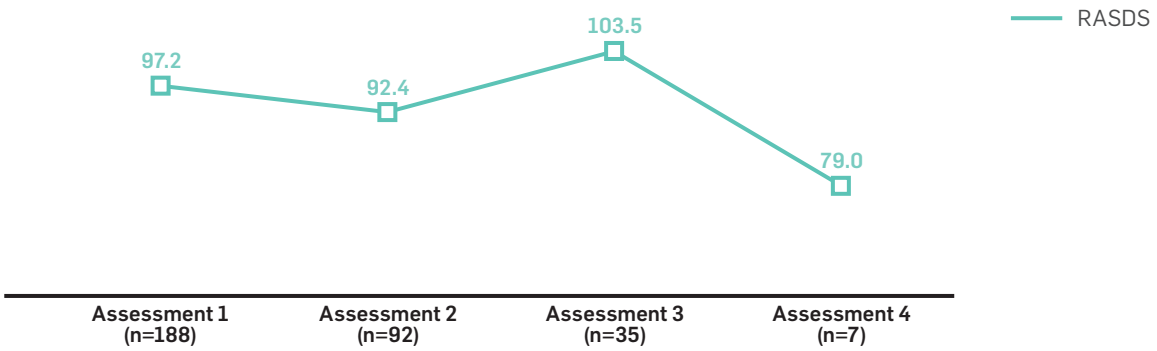
5 Brophy, L and Moeller, K. (2012). Using Outcome Measures in Mind Australia. Retrieved from: https://www.mindaustralia.org.au/sites/default/files/publications/Using_outcome_measures_in_Mind_Australia_report.pdf

6 Ibid.

7 Flourish Australia. (2020). Resolve Quarterly Report; Flourish Australia. (2021). *Resolve Quarterly Report.*

PROGRAM OUTCOMES CONTINUED

Figure 4 RAS-DS average total scores over time



NB (1): a higher RAS-DS score indicates greater recovery progress

NB (2): It is intended that Assessment 1 occurs at program commencement, Assessment 2 at 6 months in the program, Assessment 3 at 12 months and Assessment 4 at 18 months.

NB (3): This finding should be treated with caution due to the declining number of assessments completed over time. Refer to Limitations in Section 1.4 for more details.

The 'Recovery Assessment Scale – Domains and Stages' (RAS-DS) is a self-report measure that explores recovery related topics (i.e., looking forward, connecting and belonging), and gives people living with mental health issues a structured opportunity to reflect upon their own recovery progress.[8] It should be noted that the self-reporting aspect of the scale may lead to the under reporting of results the client perceives to be undesirable. Higher scores indicate greater recovery progress, and lower scores suggest less recovery progress. From the first RAS-DS assessment to the second assessment (on average a period of 12.3 months) the average score decreased from 97.2 to 92.4, which may indicate that clients perceived their recovery had regressed slightly. However, at the third RAS-DS assessment (on average 18 months after program entry) the average score increased to 103.5, possibly suggesting that clients felt their recovery had progressed positively. Clients average RAS-DS score at the fourth assessment declined to 79.0. This may reflect that client's perception of their recovery progress changes as they exit the Resolve program, however again, the relatively small sample size (n=7) may not reflect the overall client experience.

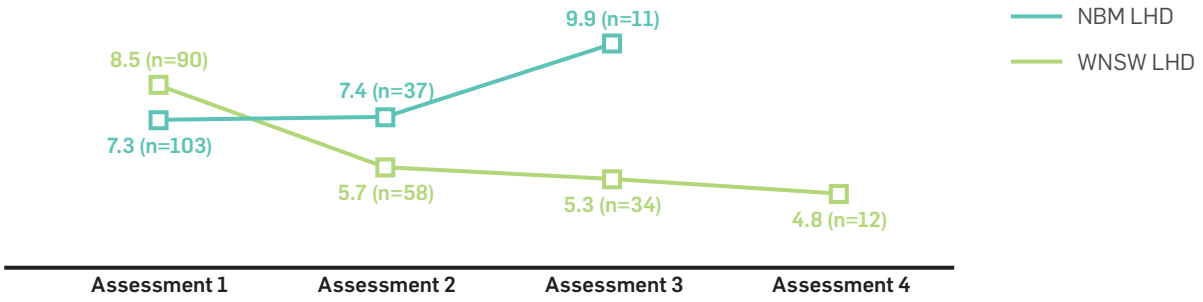
8 The University of Sydney. (2016). About RAS-DS. Accessed at: https://ras-ds.net.au/about

PROGRAM OUTCOMES CONTINUED

The evidence may suggest clients in Orange have fewer unmet needs and clients in Cranebrook experience greater recovery progress

Compared to Cranebrook clients, Orange clients are assessed as tending to have fewer unmet needs and less need for support overtime (see Figure 5). On the other hand, Cranebrook clients are assessed as tending to have greater recovery progress than Orange clients who showed fluctuating progress (see Figure 6).

Figure 5 CANSAS scores by LHD



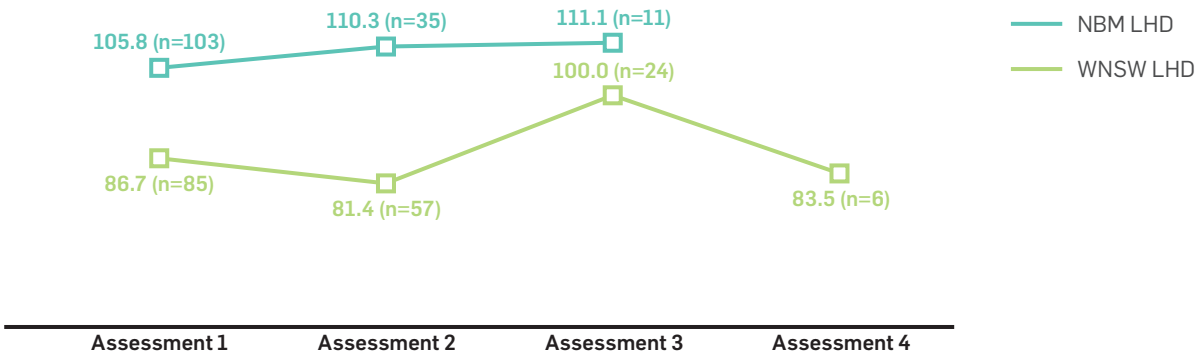
NB (1): a lower CANSAS score indicates fewer unmet needs and a reduced need for support

NB (2): assessment 4 in the Nepean Blue Mountains LHD has been omitted from this chart due to the sample size being <5.

NB (3): This finding should be treated with caution due to the declining number of assessments completed over time. Refer to Limitations in Section 1.4 for more details.

On average, clients who completed the CANSAS at the Orange site experienced a greater reduction in unmet needs. Clients from the Orange site reported a decrease from the first to third CANSAS assessment (8.5 to 5.3), indicating clients felt that over time some of their needs were being addressed and therefore they had less need for support. Over the same period, clients from the Cranebrook site reported an increase in their unmet needs (7.3 to 9.9), suggesting a greater need for support. However, it should be noted that only 11 clients completed assessment three and so this may not accurately reflect the position of all active clients in the program.

Figure 6 RAS-DS scores by LHD



NB (1): a higher RAS-DS score indicates greater recovery progress

NB (2): This finding should be treated with caution due to the declining number of assessments completed over time. Refer to Limitations in Section 1.4 for more details.

PROGRAM OUTCOMES CONTINUED

Cranebrook clients reported an increase from the first to third RAS-DS assessment (106 to 111), indicating that clients perceived slightly more progress in their recovery over time. However again caution should be taken as only data from 11 clients was provided for the third assessment. Clients in Orange also expressed progress in their recovery (RAS-DS score went from 87 in assessment one to 100 in assessment three) but again caution should be taken in the interpretation of these results due to the declining number of assessments over time.

Clients increased their social connections and confidence

Resolve provided pivotal support to improve clients' social connections. Many clients reported being very socially isolated, which for some was due to their social anxiety. Clients explained that Resolve has enabled them to develop strong relationships with peer workers, other clients, and members of the community. The program has facilitated clients to increase these social connections in three key ways:

- **Interpersonal, one-on-one connection with a peer worker.** Resolve offers clients one-on-one interactions with peer workers, particularly in the outreach setting. Clients reported that due to the empathetic, non-judgmental, and warm nature of peer workers, they were able to develop strong relationships with their peer worker during these visits. They indicated that to develop a consistent relationship with someone new (such as a peer worker) was a significant change in their life.
- **Small group interactions with peer clients in the program.** Group activities and residential stays provided clients the opportunity to engage with other clients in the program. Some clients indicated that peer workers gently encouraged clients to move outside of their comfort zone, such as by developing a friendship with another Resolve client.
- **Building confidence to engage in non-Resolve related social connection.** Staff described mentoring clients to build their confidence and gently 'nudge' them outside their comfort zone. This often consisted of encouraging clients to participate in non-Resolve activities they previously thought were not possible. This sentiment was reflected by clients, who shared examples of staff motivating them to engage in activities outside of their comfort zone, such as applying for or securing a job, enrolling in tertiary education or independently completing their grocery shop. This helped to build their overall confidence, as well as confidence to develop new relationships.

> *"I'm more social and have developed more connections... I'm able to open up to any of the staff about anything... It gave me hope for other relationship.*
>
> **Client**

> *"Meeting people at the groups has really helped me with the social aspect, with making new connections.*
>
> **Client**

Additionally, the program model is based on 'being with' others (rather than a one-on-one clinical service interaction), further allowing for the development of genuine connection with others.

PROGRAM OUTCOMES CONTINUED

Clients increased their participation in community life

An important part of mental health recovery involves re-engaging in community life such as by participating in study, work or engaging with community services. Clients reported they were keen to re-engage in activities they previously enjoyed. Clients indicated they were supported to re-engage in community life with the help of staff who encouraged them to set goals and guided them towards achieving them. For example, one client spoke of pausing their studies when they became unwell and went to hospital. Since engaging in Resolve, they had the goal of going back to TAFE to complete their course. They reported that peer workers supported them to build their confidence through connecting with others at group activities and increasing their independence through the residential stays (i.e., cooking or going on a walk on their own). They attributed an increased sense of confidence to renewing their motivation and confidence to re-engage in study.

> *I like art... they hooked me up to an art group... wasn't really for me... but they try to connect you with things that help you... I'm going to be studying graphic design at TAFE next year.*
>
> **Client**

Another client provided the example of having the goal of gaining employment. A peer worker suggested he would make a good disability worker due to his personable nature. This spurred him to apply for jobs in the disability sector and since, he has gained employment as a disability worker. Flourish staff confirmed that clients with high social anxiety often had the goal of increasing their participation in community life. They also provided examples of clients attending the library independently or regularly going to a coffee shop with a friend.

Clients improved or repaired relationships with family and/or friends

Romantic partners, children, parents and siblings of people with mental health issues can experience emotional distress in caring for/living with their loved one with mental health issues. This distress can be amplified when multiple people in the relationship have mental health or other caring needs. A small number of clients indicated that Resolve has supported them to mend or begin to mend strained or broken relationships in their life.

> *I have been inching towards improving my relationships with family...*
>
> **Client**

For example, one client noted that peer workers have acted as a 'sounding board' for their relationship challenges and have provided guidance and encouragement to repair their family relationships. They highlighted that because Resolve staff encouraged them to work at these relationships, they have experienced improvements in their family relationships and friendships. Additionally, the Resolve residential stays were reported as providing clients space to de-stress and have a break from their home life.

The program has provided space for family and carers to have respite

Families and carers can be one of the main sources of support for people with mental health issues, which at times can contribute to tensions, stress and exhaustions. Families/carers noted that by Resolve supporting clients they were provided respite, allowing them to focus on other aspects of their life. For instance, Resolve supported clients for several days during the overnight stays, providing some time for family/carers to rest and reset. For some clients, the overnight stays were used as a 'circuit breaker' when the family environment became strained. Having this time away was described by clients and family/carers as easing tensions in their relationships.

> *It's helpful knowing it's not just me and my husband who have to be there for her...the weekly or fortnightly visits provide us with some respite.*
>
> **Family member**

Additionally, some clients explained they were carers themselves (e.g., carer of ageing mother, carer of child with a disability). They noted that at home they found managing both a mental health issue and caring responsibilities challenging, and residential stays were an important form of respite for them.

3.0 PROGRAM MODEL AND STRUCTURE

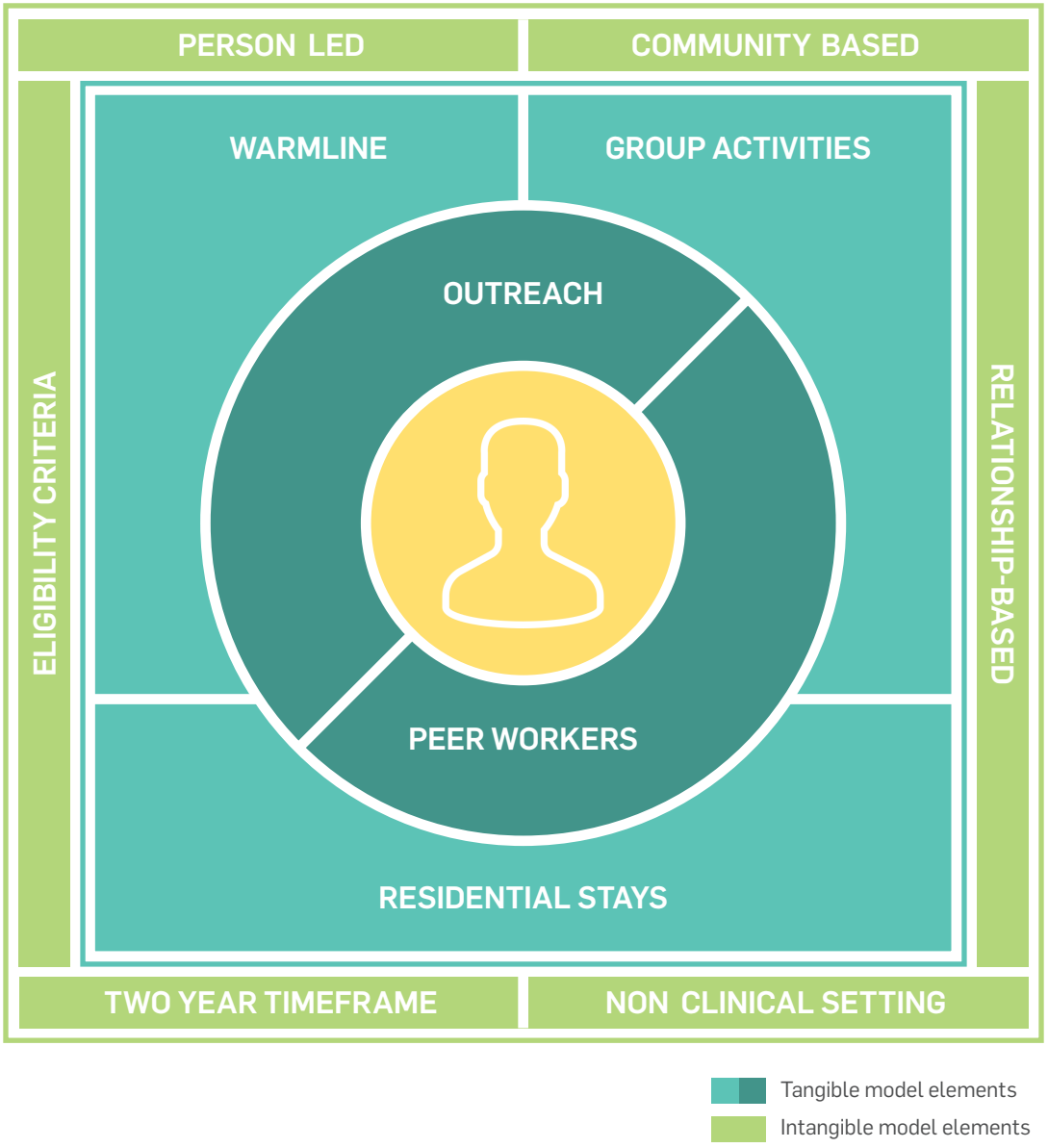
The section of the report outlines evaluation findings relating to the Resolve program model and SBB funding and governance structure, based on consultations with clients (n=18), family/carers (n=7), Flourish staff (n=12), site partners (n=11) and program partners (n=10).

PROGRAM MODEL AND STRUCTURE CONTINUED

3.1 PROGRAM MODEL AND USAGE

The Resolve program offers a range of psycho-social activities including both tangible and intangible features (see Figure 7 below). Tangible features are types of support such as the warmline, group activities, residential stays, peer workers and outreach support. Intangible features are conditions for support delivery including the eligibility criteria, the two-year timeframe, the non-clinical setting and the person-led and community-based nature of the program.

Figure 7 Resolve model elements



PROGRAM MODEL AND STRUCTURE CONTINUED

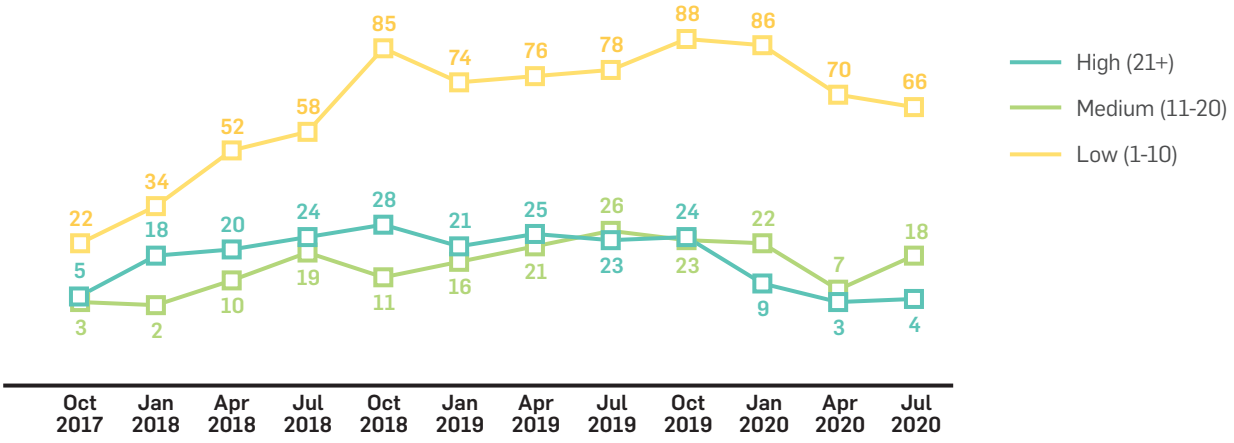
The Resolve model has five tangible elements. The **outreach service** is a central component of the model, providing clients with face-to-face psycho-social non-clinical mental health support on an individual basis (usually every 1-2 weeks). The Cranebrook site delivers outreach to the Penrith, Blue Mountains and Hawkesbury regions. The Orange site delivers outreach locally and also travels to Bathurst, Mudgee, Blayney, Millthorpe, Cowra, Dubbo, Goolma, Parkes, Forbes, Molong, Gulgong, Eugowra and Mebul.

Clients appreciate being able to shape the support they receive to be meaningful to them. Clients explained that during visits they could determine where they met, what they did and what was spoken about. For example, clients could hold the visit in a location of their choice such as at home, on a walk, at a park or at the shops. They could also discuss anything they liked, ranging from their interests and hobbies through to the challenges they were experiencing, and/or receive support for daily living such as grocery shopping and cooking.

Group activities are held and are open to all program clients. The activities are intended to provide clients with opportunities for social connection, skill and confidence building and self-care. During the COVID-19 pandemic these group activities pivoted to virtual delivery and mainly focussed on building clients' capacity to develop social connections and relationships.

Overall, the data indicates that on average, clients have 44 face-to-face engagements throughout their time in Resolve The number of clients receiving a high (21+) or medium (11-20) number of face-to-face engagements (including outreach, and other supports delivered in person at house visits, group activities and residential) generally remained stable over time (see Figure 8 below). Most clients (~75-85) received between 1 and 10 face-to-face engagements in a quarter. A smaller number of clients (~35-50) received visits more frequently, representing a medium level of engagement (11-20 visits per quarter) or a high level of engagement (more than 21 visits per quarter). When looking at total Resolve activities, noting individuals can have multiple activities recorded against them, a lower proportion of females engaged in face-to-face contact (28% compared to 33%). Also, a lower proportion of face-to-face engagement was made by non-Indigenous clients compared to clients who identify as Aboriginal (30% compared to 33%). This may indicate a preference for different modes of support depending on a client's demographics and that varied support should be offered to respond to these different profiles.

Figure 8 Face-to-face engagement level



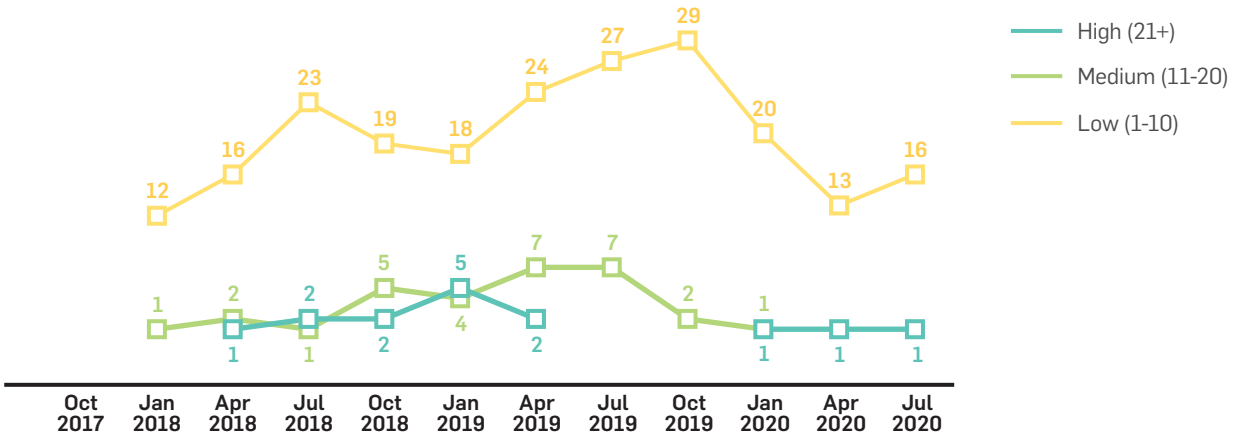
PROGRAM MODEL AND STRUCTURE CONTINUED

All support is provided by **peer workers** who use their own life experience of a mental health issue and personal recovery to mentor and support people through the program. Peer workers at Resolve have a tertiary qualification of a Certificate IV in Peer Work or in a related field (i.e., community mental health or social work), which differs to some other peer work positions that do not require a tertiary qualification. The Baseline report highlighted the range of qualifications of staff, including many of whom had degrees. Despite Resolve requiring that their staff have a qualification, their approach to support is non-clinical, using their lived experience to build relationships with the clients they support. Clients can be supported by any staff member, allowing clients to develop relationships with staff with whom they have good rapport. Peer workers support clients to engage in program elements, offering conversation and guidance along the way.

The **residential service** (otherwise known as overnight stays) provides more intensive, short-term support for respite, or as part of their recovery journey. Clients tend to stay for one to four nights at a time in a supported living environment (which appeared to be a reasonable timeframe for clients). There is no set agenda or rules (i.e., bedtime), and staff are available to provide support as needed. Some activities clients engage in include cooking, walking, watching movies, engaging in art or conversation.

Overall, the data indicates that on average, clients have 2 residential stays and 5 nights spent at the house throughout their time in Resolve. Of those who used the residential service, most clients (~22-26) had a low (1-10) number of engagements with the service. A very small number of clients (~1-2) engaged in the residential stays more frequently, representing a medium or high level of engagement (see Figure 9 below).

Figure 9 Residential service engagement level

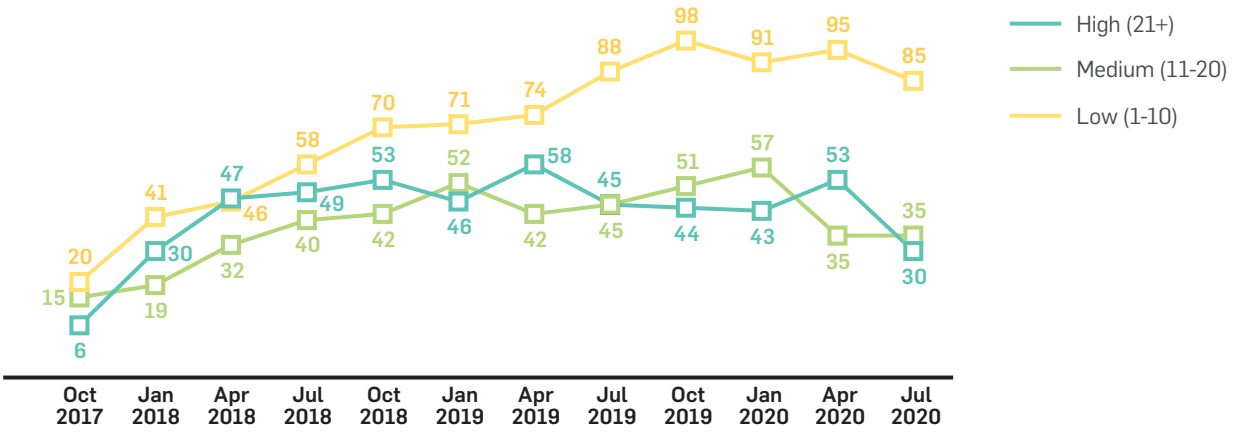


PROGRAM MODEL AND STRUCTURE CONTINUED

The **warmline** provides clients with after-hours (from 6pm to 7am) peer support which they can access as needed. Clients have the option to either text or call the warmline. The warmline enables clients to reach or speak with a peer worker in non-emergency situations. Clients can also call the Resolve site and speak with a peer worker during office hours. Both sites also conduct phone outreach for clients who may be uncomfortable calling the warmline, or who are in the process of building trust in the program.

Overall, the data suggests that on average, clients have 94 phone contacts throughout their time in Resolve, which can comprise any phone interaction (i.e., warmline and if a peer worker calls a client). Figure 10 below outlines the different engagement levels with phone-based contact. Most clients (~70-90) engaged in phone-based contact between 1 and 10 times per quarter/month. A smaller number of clients (~45-55) engaged in phone contact support more frequently, representing a medium level of engagement (11-20 contacts per quarter) or a high level of engagement (more than 21 contacts per quarter). When looking at total Resolve activities, noting individuals can make multiple contacts to services, a lower proportion of male contacts were by phone compared to females (62% compared to 66%). Also, a lower proportion of phone contact made by clients who identify as Aboriginal were by phone, compared to non-Indigenous clients (61% compared to 65%). This may suggest a need to focus on more targeted face-to-face activities for these cohorts.

Figure 10 Phone-based contact engagement level



The program is supported by **six intangible model elements**:

- The **eligibility criteria** for the program specifies that only people who have been an inpatient in a mental health unit of NSW Health for between **40 and 270 days** in the previous 12 months can be referred to the program.
- Each client can access the program for a **two-year timeframe**. This time limit commences from the date of enrolment. Additionally, a client cannot re-enter the program after their two-year engagement.
- The model is underpinned by a **person-led** approach to recovery, allowing clients to drive their experience in the program, as they can direct the support, they want to receive to achieve their desired goals.
- The model is **community-based**, supporting clients within their own community (not in hospital).
- The program is **highly relational**, dependent on peer workers building strong and trusting relationships with, and at times between, clients to support their engagement.
- The program offers a **non-clinical setting**, with peer workers providing psycho-social support that is separate from a client's clinical treatment.

PROGRAM MODEL AND STRUCTURE CONTINUED

KEY FINDINGS

The Resolve model offers unique support options within the existing service landscape

The Resolve model ensures that clients can access support which they would otherwise not have received or would have received through a less comprehensive service model. This is due to both the specific tangible support which Resolve provides, as well as the intangible elements of how that support is provided (see Figure 7).

When reflecting on what is different about Resolve, clients highlighted the **non-clinical, peer-led nature** of the program. They described Resolve as a welcoming and comfortable environment, where they had great relationships with staff. While Resolve is not the only non-clinical, peer led program, many clients shared that their experience with Resolve was different from other services they had accessed.

Clients also commented on the extent of **choice and control** they had over how they engaged in their recovery process. This was often shown through examples of deciding which group activities to be involved in, or how they wanted to use their outreach time. Clients also reflected that Resolve offered a wide **'menu of support options'**, including some not available through other services, such as the residential stays and warmline. This was important as it enabled clients to access a wider range of support within an existing service environment delivered by staff with whom they had an existing relationship.

> *"The variations in the elements of the model is great...it gives consumers options and allows them to customise support...*
>
> **Resolve staff**

Stakeholders noted that the residential stays were unique to Resolve and that outside of a hospital environment there were no services which offered similar short-term residential support. Stakeholders saw this as particularly valuable as a form of respite for clients and carers, to support clients transition back into the community after a period of hospitalisation, or to provide additional support to help prevent someone presenting to the Emergency Department or needing a hospital admission.

Similarly, stakeholders explained the warmline was another unique feature of Resolve. Most other community mental health services operated within traditional office hours (Monday to Friday, 9am-5pm), meaning clients cannot access support overnight and on weekends, often when they needed it most. LHD and Resolve staff highlighted that as the warmline was an after-hours service designed for non-emergency situations, it provided an avenue for clients to speak with someone about how they were feeling before needing to present to an Emergency Department.

Staff with lived experience help create an environment that clients trust, feel safe in, and are willing to engage with

Clients reported an overwhelmingly positive experience with Resolve staff and often credited the approach staff took when providing support as a key differentiator of Resolve as a service. When talking about Resolve staff, clients reflected that beyond being friendly and polite, they felt staff were caring and could genuinely understand their experience with mental illness. This meant clients felt they could trust Resolve more readily and felt comfortable and safe engaging with the program.

> *"I thought it would be difficult retelling them my story... wasn't like that at all...they are personable and friendly, my anxiety went away in our first meeting...they made me feel comfortable...I could talk about anything.*
>
> **Client**

PROGRAM MODEL AND STRUCTURE CONTINUED

While not every client was aware that Resolve staff were specifically employed as peer workers, their experience with staff highlighted the value of having people with lived experience deliver the program. Consumer's experiences with Resolve staff revealed two benefits of staff with lived experience which helped them feel safe and willing to engage with Resolve:

- **Staff displayed deep empathy for clients.** Clients often reflected that as Resolve staff had a lived experience of mental illness, they were able to understand what they were going through. For some clients they characterised this as Resolve staff being "able to empathise" with them, whereas people without lived experience "can only sympathise". While the reasons for this were difficult for clients to articulate, they described it as "when they say, 'I know', they do know", because they had previously been in similar situations. Clients suggested that having staff with lived experience made a difference in how they related to clients, and this enabled them to demonstrate their care for clients more sincerely.
- **Staff made clients feel accepted.** Clients noted that, due to their experience, Resolve staff seemed to be better able to engage without judgement. This made it easier for clients to trust Resolve staff and "fall back on them" for support. One client with a speech pattern which frequently pauses explained that Resolve staff made him feel accepted. He reflected that when engaging with some people without lived experience, he could see the judgement regarding his speech "in their faces", which he never felt from people with lived experience.

There was also qualitative evidence to suggest some clients who appeared to have a strong connection with their peer worker, seemed to be engaged and participating in several program activities. These clients indicated they appreciated the variety of peer workers available to them, allowing them choice to connect with peer workers who they could build strong rapport with (such as those of a similar age, gender, background). However, further evidence may be needed to better understand whether engagement and/or program outcomes are correlated with a sense of personal connection with a peer worker.

Using staff with a lived experience as an integral part of program delivery raises additional requirements to ensure staff and clients remain safe. Site Managers identified the management and maintenance of boundaries with clients as the most critical risk to manage. Site Managers reflected that due to Resolve's highly relational approach, clients can form strong relationships with workers. While this supports clients to engage with the program, it can create potential challenges if clients become overly reliant on those individual relationships. Site Managers recognised that due to the nature of program, boundaries were less clearly defined than in other settings. Appropriate boundaries are influenced by the staff member's specific experience, the experience and needs of the individual consumer, and the two-year program timeframe, which creates large 'grey areas' for staff to navigate. To safely deliver Resolve, staff need training and support to continually identify and navigate boundaries with clients. Site Managers explained that they used a combination of training, formal, and informal supervision to support their staff navigate those boundaries. Workforce training and support is discussed in more detail in Section 4.0.

Outreach support provides frequent and regular connection with clients

The regular visits Resolve clients receive from a peer worker provides a consistent rhythm to a consumer's engagement with the program. Clients work with the Resolve team to develop a frequency and schedule of visits which best fits in with their lives, such as fitting around work, other support, or planned activities. This schedule can vary as needed to best suit consumer's recovery journey or changing needs.

Maintaining a regular schedule provides a scaffold for Resolve staff to regularly check on the health and wellbeing of clients and recognise if there are any changes to their mental health. Having a regular touchpoint means that staff can more easily recognise if clients are experiencing more difficulty with their mental health and offer additional support. This scaffold also provides an avenue for staff to suggest clients engage with other elements of Resolve, such as group activities, the warmline, or an overnight stay, as part of their recovery.

PROGRAM MODEL AND STRUCTURE CONTINUED

Clients engage with optional program activities to address their specific needs

While all clients have a regular and consistent engagement with outreach support, participation in the other elements of the Resolve model varies greatly between individuals. As such, engagement with optional program elements, such as group activities, the warmline, and overnight stays, is dependent on the specific needs of the individual. Clients explained that they chose to engage with different elements of Resolve based on their interests and preferences for support. This meant that they could build a tailored support experience, with the flexibility to adapt their experience as their needs changed. The benefits and value which clients perceived from each optional activity is outlined below.

Group Activities

Clients appreciated being able to determine the extent and nature of their engagement with group activities as their level of confidence changed. In Cranebrook it was highlighted that clients can participate in group activities at different levels of engagement, as follows:

- clients with limited confidence can be provided a pack of tools, such as art equipment, to complete an activity on their own or with their outreach worker
- clients with some confidence can observe a group activity without needing to actively participate
- clients with greater confidence can actively participate in, or even facilitate group activities.

Residential Stays

Resolve staff identified four main reasons clients would stay at the house:

- when transitioning from hospital back into the community
- as a "circuit-breaker" to de-escalate mental health symptoms and ideally prevent readmission to hospital
- as a form of respite from their family or home life
- for additional support during a potentially difficult part of clinical treatment (although this was less common).

> *"I was further along in my self awareness and recovery when I decided to stay at the house...I was more comfortable with the idea of going into an unfamiliar space...it was a big thing to think about earlier on.*
>
> **Client**

Residential stays have reportedly been largely directed by the client, even after support and advice from Resolve staff about the potential role of the overnight stays, which is in line with the recovery-oriented program model. Clients who had stayed at the house explained they appreciated that they remained in control of their life. This was often seen in being able to choose how to spend their time (i.e., watching a movie, cooking, or going for a walk, talking with peer workers), being able to set their own schedules (i.e., bedtimes), and maintaining responsibility for managing their medication.

Warmline

Most clients tended to use the warmline when experiencing heightened distress, or to help process difficult thoughts, often at night. Overall, clients appreciated that when contacting the warmline, they were speaking with someone where they likely have an existing relationship as they could get more personalised support. This was often compared to other hotlines that, due to the intention of retaining anonymity, a different person answers the phone at each engagement. Clients who called the warmline when they were feeling distressed explained that they appreciated the calm, non-judgmental and empathetic nature of the peer worker on the phone. Those who indicated they used the warmline to talk about their thoughts at night, highlighted their appreciation for being able to talk through their emotions at a time of the day when there is limited support available.

> *"The Warmline has been helpful...knowing they're there to talk to...I use it when I'm feeling down.*
>
> **Client**

PROGRAM MODEL AND STRUCTURE CONTINUED

Most clients were aware of the different supports available but explained that they had not yet felt they needed to access them. This was most common with the residential support and the warmline. In this instance, clients were able to articulate the value which these supports could provide but had not needed that type of support since starting with Resolve. Many clients explained that simply knowing that those additional supports were available was reassuring, and knowing they had access to additional support made it easier to manage their mental health. This highlights that usage of support services should not be the only factor used to assess the value which they provide for clients.

Resolve's community setting supports consumer engagement

Staff and clients reflected that the community-based delivery of the Resolve program helps create an environment where clients feel comfortable. Clients explained that Resolve 'didn't feel like hospital' which made them feel more relaxed and willing to engage with the service. Staff and clients highlighted two key aspects of the Resolve environment which contribute to creating a strong community atmosphere:

Resolve Centres are approachable and welcoming. As described in the Baseline report, Resolve operates from houses in residential areas of Orange and Cranebrook. While there are some service-like aspects to them (such as office areas), overall, they feel homely, both in the layout and furniture (with lounge rooms, dining rooms and kitchens similar to many homes), and the culture within the houses, with limited rules and set schedules. Together, this enables clients to choose how they use the space and time at the centres, giving them control over their day (i.e., responsibility for managing medication, bedtimes, meals etc).

> *"It's really comfortable, I feel like I'm at home or at my grandparents' house.*
>
> **Client**

Resolve can be delivered in different settings. Resolve has flexibility to support clients where they are most comfortable. Staff and clients shared a range of examples of meeting at home, in cafes, shopping centres, parks, and online. This flexibility enables Resolve to support clients within their community and to engage in ways which will best support their recovery.

The Resolve model enables a recovery-oriented approach

The combination of tangible and intangible elements of the Resolve model gives it the flexibility, individual consumer focus, and holistic perspective to promote recovery-oriented practice. In a clinical setting, recovery is usually focused on a reduction or end to mental health symptoms. The Resolve model supports clients to pursue a broader sense of recovery, with a focus on 'reclaiming a right to a safe, dignified and personally meaningful and gratifying life in the community' with or without mental health symptoms.[9]

Flourish's recovery-oriented practice policy, which is one of the foundations for the Resolve model demonstrates a strong alignment with the recovery principles outlined in the National Framework for Recovery-oriented Mental Health Services (see Table 4 overleaf). This has led to the key elements of the Resolve model promoting recovery-oriented practice and enabling the model to support a recovery-oriented approach to service delivery. The application and implementation of the model, and its effect on delivering recovery-oriented support is discussed in Section 4.

9 Mind Australia. (n.d.). *Minds Approach to Recovery-oriented Practice.* Retrieved from: https://www.mindaustralia.org.au/sites/default/files/publications/Minds_approach_to_recovery_oriented_practice_0.pdf

PROGRAM MODEL AND STRUCTURE CONTINUED

Table 4 Comparison of the Resolve model with principles of recovery

RECOVERY PRINCIPLE	FLORISH RECOVERY-ORENTED PRACTICE POLICY[10]	EVIDENCE IN RESOLVE MODEL
Person-centred and holistic Putting the individual at the centre of care and viewing their life situation holistically.	"Our day-to-day interactions with people and the quality of their experience will support them to following their own unique path."	Resolve staff support clients holistically with their individual needs, rather than just their diagnosis and treatment. The flexible model enables clients to determine the type and level of support that suits their needs.
Hope and optimism Promoting a culture of hope and optimism, and that makes an individual feel valued, respected and safe.	"Hope and optimism are the tools for encouragement that will epitomise our interactions with one another and with people who come to our services."	Peer workers use their experience give clients an example of successful recovery. Clients are encouraged to reflect on their recovery through Individual Recovery Plans (IRPs), and CANSAS and RAS-DS assessments.
Personal, strengths-based recovery Recognition that recovery is personal and unique, and that an individual should define and lead their strengths-based recovery.	"Our services will be person-led, supporting people to make individual choices focusing on their strengths, their desires and potential to change and learn." "We have a clearly stated organisational commitment, and organisational culture that identifies our workforce as leaders in recovery-oriented, strengths-based and person-led support services." "We will help people develop their own plans that are strengths and recovery focused..."	Clients determine their own recovery journey and are supported to identify their own recovery goals. The Resolve model enables clients to decide the type and level of support they would like to receive.
Partnerships and collaboration Working in partnership with individuals, family/carers and services to provide support that makes sense to the individual.	"People with lived experience are active collaborators in everything Flourish does."	Clients and staff work together to progress towards goals. Resolve supports clients to access other forms of support, such as the NDIS.
Building trusting relationships Relationships grow out of trust and respect, so individuals feel accepted and valued.	The overall Framework has a focus on 'respect', and the use of strengths-based language to foster respect.	Peer workers use their lived experience to build empathetic and non-judgmental relationships with clients. Peer workers provided clients a safe and welcoming space to talk about their mental health challenges and recovery journey.

Source: Australian Health Minister's Advisory Council. 2013. A national framework for recovery-oriented mental health services: Guide for practitioners and providers. (Department of Health, Commonwealth Government); Mind. (n.d.) Minds Approach to Recovery-Oriented Practice. Accessed at: https://www.mindaustralia.org.au/sites/default/files/publications/Minds_approach_to_recovery_oriented_practice_0.pdf

10 RichmondPRA. (2014). *Recovery Action Framework.*

PROGRAM MODEL AND STRUCTURE CONTINUED

Lack of flexibility in the two-year timeframe may limit the ability to respond to clients' different recovery journeys

There was sound reasoning for determining that the program would provide clients with two years of support – the timeframe was selected as it was assessed that by this time, the target cohort could experience a reduction in health service usage that would allow program costs to be covered. While some Flourish staff noted the two-year time frame sharpens their focus on providing outcomes-based supports, consultations also revealed the strict timeframe may limit the ability of some clients to reach a stage in their recovery where they can manage their symptoms and reduce their need for hospital.

While many Resolve clients will live with their mental health issues for much of their life, it is intended that Resolve help improve client's overall mental wellbeing by improving their self-management skills, so they have less need for hospital. Feedback from stakeholders indicated that the two-year timeframe may lack the flexibility to respond to clients' different recovery journeys. They noted the rigidity of the timeframe does not allow staff to work with clients for longer where they may need more support to reach a stage in their recovery journey where they can manage their symptoms with less support. While some clients appeared satisfied with the length of support, others indicated they were uncertain of how they would manage without support from Resolve due to not feeling ready or sufficiently connected to other services (discussed further below). Many stakeholders also noted that clients might receive less than two years of support if there was any delay between their enrolment in the program and their engagement with the support available. Overall, the evidence suggests that the two-year timeframe is suitable for only some clients, and there is a potential need for greater flexibility to keep clients on the program for longer if they require it.

Eligibility criteria may mean program is not always available to those who could benefit

The eligibility criteria appears to effectively engage the target cohort for the program. Program partners, LHD clinicians and Flourish staff agreed that the objective eligibility criteria ensure the program supports the people for whom it is designed – those with severe and persistent mental health issues. Additionally, there was no evidence to suggest clients in the program were not suitable for Resolve.

While the objective eligibility criteria may have some advantages (such as reducing clinician bias in the decision-making process), a lack of flexibility in the criteria may limit the ability of the program to engage other people with severe and persistent mental health issues in need of support. LHD staff noted that this usually manifested either because clients exceeded the 270-day hospitalisation limit (often by only a day or two) due to discharge procedures, or because the referral process into Resolve does not sufficiently overlap with consumer's hospitalisation, limiting LHD staff from supporting clients to engage with Resolve.

Additionally, some Flourish staff and LHD stakeholders were of the view that there is an additional cohort of people with severe and persistent mental health issues who frequently present to Emergency Departments or have intensive engagement with community mental health services. Whilst it was not possible to quantify the number of these people who may benefit from Resolve, stakeholders consistently noted these people may benefit from Resolve, particularly as other appropriate psycho-social supports available for these people in the community are lacking. Stakeholders noted that it can be difficult for people to gain access to psycho-social support through the NDIS as proof of permanent or likelihood of permanence of disability is required. Many people with psycho-social disability may have sporadic engagement with mental health services and fluctuating illness so they often lack the evidence needed to prove a permanent disability. LHD stakeholders therefore reported there is an increased need for services like Resolve to complement the clinical care of people with severe and persistent mental health needs. Accordingly, it was suggested that broadening the eligibility criteria could ensure more people living in community with severe mental health issues can be supported.

> *"We're worried some people may fall through the gaps with the current eligibility criteria... people may benefit from the program, but they may not be in hospital, they may present a lot to ED and be very unwell but are not counted because they're not an inpatient...it would be good if it didn't just rely on bed days...it should also consider ED presentations.*
>
> **LHD Stakeholder**

PROGRAM MODEL AND STRUCTURE CONTINUED

3.2 SBB FUNDING AND GOVERNANCE STRUCTURE

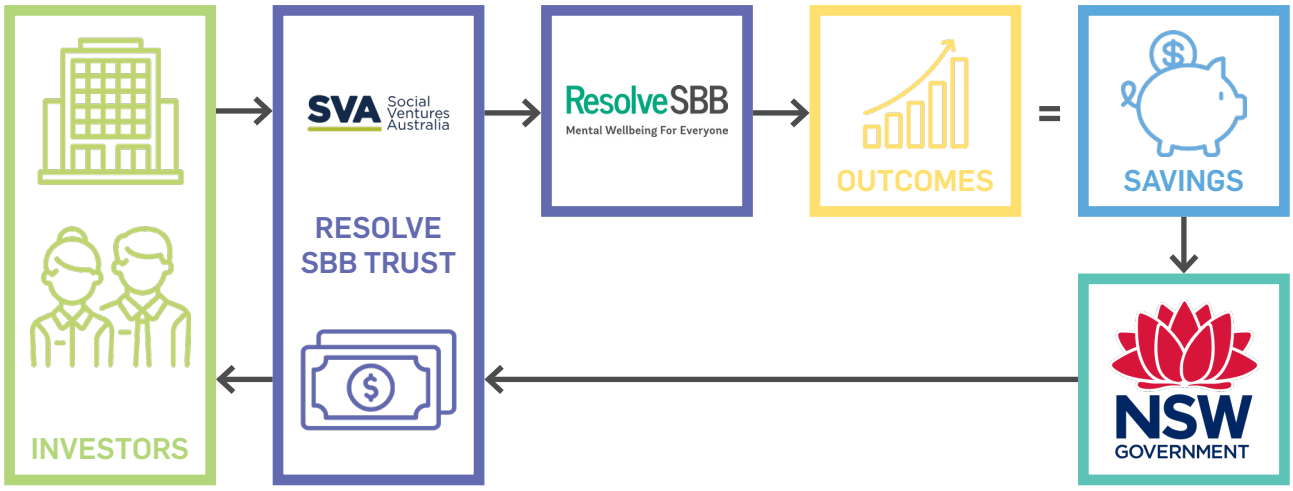
SBB funding structure

Resolve is funded through a Social Benefit Bond (SBB), a funding model in which Government, investors and the service provider (Flourish) are contributing their expertise and capital (see Figure 11). The Resolve program is funded by Government through a combination of fixed upfront (standing charge) payments and variable outcome payments that are only made once outcomes are measured. Investors provide capital to cover the gap between program costs being incurred and outcome payments being received.[11]

The NSW Government's standing charge and outcomes payments are both made to the Resolve SBB Trust, which pays quarterly service payments to Flourish for the delivery of the Resolve program. The Resolve SBB Trust also pays investors a fixed coupon in years 1-4, and performance coupons in years 5-7 dependent on the balance of trust assets (in excess of future expenditure requirements). As one of the investors in the Resolve SBB, Flourish has an additional financial incentive to perform as delivery partner.

In the target scenario, investors will receive estimated returns of 2% p.a. if the Resolve program meets its target objective of supporting program participants to improve their mental health and consequently reduce their health-related consumption.[12] The outcome metric that will be used to measure the program's performance in this context is National Weighted Activity Units (NWAUs). NWAUs are an activity measure that capture an individual's total health related consumption, including both the intensity and duration of the services accessed. Initially program performance was measured relative to a control group, but measurement was changed in 2021 to a comparison with a client's experience during the one year prior to their enrolment (pre/post program participation measure).

Figure 11 Resolve SBB structure



11 Note that the expected contract value (i.e., cost) of the Resolve SBB to the NSW Government is $21.7m if expected performance is achieved

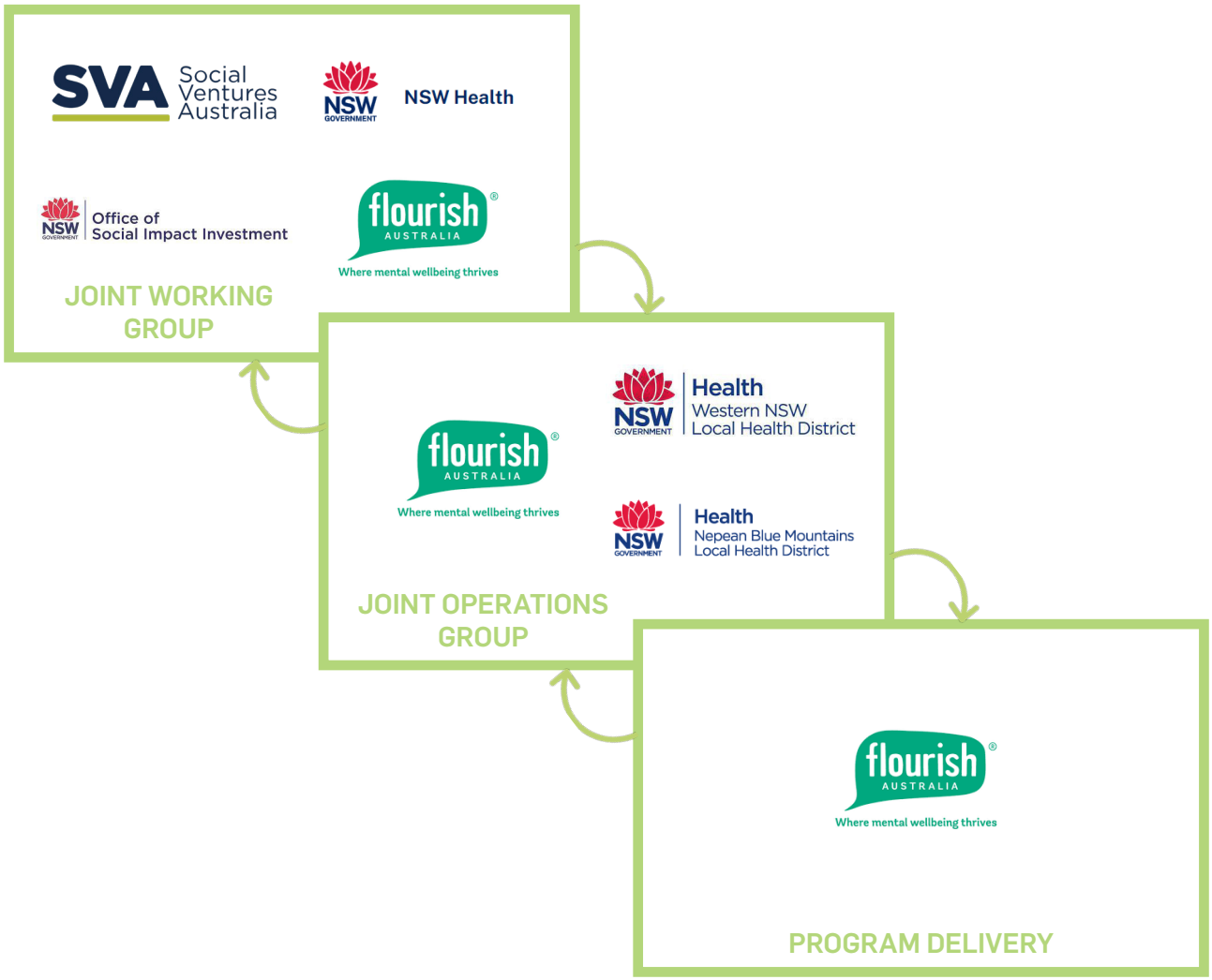
12 At day 1 of the program, the target return was 7.5%p.a. as per the Resolve Information Memorandum, with target payments of $21.7 million. Following contractual renegotiations approved by investors in 2021, the target return changed to 2% p.a. with target payments of $17.5 million and is capped at this rate.

PROGRAM MODEL AND STRUCTURE CONTINUED

Governance structure

Resolve is an integrated program with several parties responsible for its success. It is managed by a multi-layered governance structure which includes the Joint Working Group (JWG) and the Joint Operations Group (JOG) (see Figure 12 below). The JWG meets quarterly to monitor and review performance, provide program oversight, oversee the evaluation, and make decisions regarding any changes to the program model or funding structure. The JOG was established 2020 to ensure operational matters received sufficient oversight and attention, while enabling the JWG to focus on governance and strategic decisions. Since its inception, the JOG has addressed matters such as improving processes for collaboration between Flourish and the LHDs, re-allocation of unspent funds, and operational adjustments during COVID-19.

Figure 12 Resolve governance structure



PROGRAM MODEL AND STRUCTURE CONTINUED

KEY FINDINGS

Payable outcome measure may not reflect clients' diverse recovery experiences and goals

The core assumption of the SBB funding structure is that during and following their two-year engagement with Resolve, clients will reduce their use of public health services (as measured via the NWAU). Reduced service consumption could include accessing fewer services in total, accessing services less frequently, or accessing less intensive (and less costly) services. Reduced demand for support services would result in avoided cost to NSW Health, allowing those savings to be paid to the Resolve Trust to cover the costs of delivering, managing, evaluating and financing the program. While this reduction in public health service usage is a reasonable proxy for assessing whether Resolve has been effective in supporting clients, it is important to note that this measurement is only one measure of success and may not accurately reflect the diverse recovery experience of people with severe and persistent mental health issues.

LHD and Flourish staff often indicated the payable outcome measure may not reflect the varied recovery experiences of clients. They shared that while some clients may be able to reach a stage in their recovery where they can manage their symptoms better and sustain a reduction in health service usage, others may require ongoing support to manage their symptoms, and at times, this may include support from public health services. While clients may require this support from public health services, this may not necessarily mean they are not making improvements in other areas of their wellbeing. For example, for some, getting to a point in their recovery where they can identify an admission to hospital as their best option to remain safe, may be a key and important part of their recovery journey. This may also indicate improvement in their ability to recognise their symptoms and support needs. However, the payable outcome measure is not able to capture these other achievements that may be important to the client and an indication of Resolve's success.

There are various limitations to NWAU measurement as a calculation of average costs for service delivery experience

The primary performance measure for payments under the SBB is a reduction in NWAU, specifically, the aggregate measure of the reduction in health service utilisation for all participants in their two years on the program, compared to the health service utilisation for all participants in the 12-month preceding enrolment. NWAU reduction is assumed to be positively correlated with use of other NSW government services, which together form the basis for the outcome valuation under the SBB. In NSW, the NWAU is employed as part of a larger shift towards activity-based health funding. There are, however, several limitations with the NWAU:

- An NWAU does not reflect the actual cost of service delivery for an individual episode, or a single consumer. It provides an average cost for a service, which is helpful to inform funding for service delivery, but not necessarily to calculate the cost of an individual's use of the health system.
- The formula for calculating an NWAU is still being refined to address challenges with activity-based funding for mental health services. Activity based funding is challenging in the mental health sector, as variations in activity are often unable to be explained by diagnosis, but by a range of other related factors such as disability, risk, and social supports which are difficult to quantify. Currently the NWAU provides an acceptable but modest account of this variation when applied in a more generalised context (i.e., not an individual program level).

The use of the NWAU as a measure of individual outcomes within the Resolve SBB may have some limitations as its primary purpose is to calculate average costs for service delivery. While the NWAU provides a reasonable indicator of activity costs at a whole of cohort level, Resolve supports a relatively small number of individuals, who are selected for the program because of the complexity of their mental health issues. In this context, the application of the NWAU as an individual measure of outcomes has significant challenges with accuracy and would provide, at best, a broad approximation of improved outcomes. In addition, the NWAU only captures a change in the cost of health services but not the type of service used. Further, while other outcomes are reviewed and considered (for example improved social connections, increased feelings of safety and security, improved self-management), they are not able to be factored into the determination of payments. While it is noted that these outcomes are subjective and difficult to collect for all Resolve clients, these outcomes may have associated costs and benefits outside of the government services system which are not captured directly or indirectly by the NWAU.

PROGRAM MODEL AND STRUCTURE CONTINUED

Program partner roles can be unclear due to governance structures

While stakeholders agree that the JWG is largely working well together, the governance structure of the Resolve SBB appears to influence the dynamics between the three key program stakeholders. While it was intended that Flourish, SVA, and the Ministry are equal partners in the governance of Resolve, this does not always happen in practice due to the convergence of several factors, including:

- **Involvement at JWG meetings.** During the program establishment phase, JWG meetings tended to be largely driven by NSW Health as management of Resolve is distributed between the Ministry and the LHDs. Over the past few years, Flourish has increasingly been more involved in JWG meetings. However, there may be opportunity for Flourish to have a more active role at meetings (such as by leading certain agenda items). In addition, changes to Resolve's management structure mean neither of Flourish's representatives on the JWG are exclusively focused on Resolve, creating increased distance between the JWG and understanding the 'on-the-ground' reality of Resolve. This may restrict the JWG's ability to interpret and contextualise program data and outcomes, which could limit or slow decision making.

> *"There is a sense* [Flourish] *does not have the same seat at the table relative to the Ministry...* [discussions] *feel far removed from what's happening on the ground...Site Managers should be at these meetings.*
>
> **JWG Member**

- **Governance reporting requirements and processes.** An extensive reporting framework has been established for Resolve, with reports prepared and presented from multiple perspectives (i.e., individual sites, each LHD). Often these reports communicate similar data, which can complicate analysis and interpretation of results. In addition, the Ministry as the data custodians, had to take a lead role in managing the data and reporting processes. While this makes sense given, they hold all the data on eligible persons and enrolments, it has created more complex processes for data extraction and analysis, which can slow down decision making.

Together, these factors indicate some need to improve governance structures to enhance the partnership arrangement.

The JOG has been effective in improving the operations of Resolve

The introduction of the Joint Operations Group (JOG) has created a forum where operationally focused stakeholders have more specific conversations about the day-to-day implementation and management of the program. Stakeholders reflected that by creating a JOG separate from the governance conversations at the JWG, Resolve sites and LHDs have better capacity to address specific issues, either with program implementation, interactions between staff, or for specific clients. It has also created a process where operational improvements or recommendations identified at the JWG can be delegated for implementation at the JOG, allowing Flourish and NSW Health to continue to collaborate to design program improvements.

Stakeholders largely agreed that the creation of the JOG has improved the implementation and delivery of Resolve by promoting better relationships between sites and LHDs. Site Managers and LHD staff identified several specific benefits which the JOG had made to Resolve's operations, including:

- Improved model fidelity, as the right people were able to define and track adherence to processes set in the operations manual.
- Process improvements to increase effectiveness and streamline delivery, such as:
  - introduction of the first 100 days policy to standardise consumer experiences when joining resolve
  - improving exit processes to ensure clients are supported as they transition out of Resolve
  - establishing a consistent schedule across both sites, to better promote Resolve's operations as a single program, rather than two separate sites operating in isolation.

> *"The JOG has been helpful for promoting relationships between LHDs and Resolve... you can nut out difficulties with staff or consumers.*
>
> **LHD stakeholder**

4.0 PROGRAM IMPLEMENTATION

This section of the report outlines evaluation findings relating to the implementation of the Resolve program, based on consultations with clients (n=18), family/carers (n=7), Flourish staff (n=12), site partners (n=11) and program partners (n=10) and program data.

PROGRAM IMPLEMENTATION CONTINUED

PROGRAM IMPLEMENTATION

Since the Baseline report, there have been various changes or additions to the program implementation and delivery, as outlined below.

WORKFORCE

The Baseline report identified that many peer workers had no previous experience working in mental health service delivery and were also new to peer work. This reflects the emerging state of the peer work sector at the time. Since the Baseline report, peer work has become a more accepted part of service delivery across the sector and many staff have been with the program since inception, lending itself to a more experienced peer workforce. Interim consultations identified that staff have had more training to build their skills to support clients' recovery journey.

A transition support worker has been hired at each site to streamline a client's transition into the program and to plan for a client's exit from the program by ensuring appropriate supports are in place when they leave the program.

LOCATION AND EQUIPMENT

Each site has brokerage funding available to support clients to achieve their recovery goals. Brokerage funding was reallocated from underspent budgets in previous financial years and with Site Managers providing approval to access brokerage.

GOVERNANCE

The Joint Operations Group (JOG) was established to complement the work of the JWG, supporting the implementation of JWG decisions and enabling more detailed discussions of Resolve's processes and operations. The priority areas of focus for the JOG include implementing a communication strategy, increasing Flourish and LHD integration, developing best practice service delivery and suggesting changes to the Operations Manual. The JOG membership is comprised of the Resolve Program Managers from NBM LHD and WNSW LHD, the Resolve Site Managers from Cranebrook and Orange, the Resolve Cluster Manager, program participant representatives and other invitees as needed.

The referral targets slightly changed for the period 1 October 2021 to 30 September 2022, with 52 expected for the Cranebrook site and 32 expected for the Orange site. Previously the referral targets were divided equally between the two sites. The targets for the Orange site have since been reduced in response to challenges faced in Western NSW LHD in meeting the number of requested referrals due to fewer eligible persons being available and challenges converting enrolments into referrals.

PROGRAM IMPLEMENTATION CONTINUED

ACTIVITIES

Group activities for capacity building were introduced and/or strengthened, in addition to the social groups already provided. These included activities that focussed on building the capacity of clients to develop their social skills and establish new relationships. These were available in a group setting, as well as one-on-one. During the COVID-19 pandemic, group activities were offered virtually and one-on-one by delivering 'packs' (such as with art equipment or cooking ingredients) to allow clients to continue building their skills at home.

The residential stay component of the program in Orange has only been able to operate four to five days a week, and the warmline, six days a week (both usually offered 24 hours a day, every day). This is due to ongoing staffing challenges at the Orange site, with staff fluctuating between 5 and 7 staff (the model is designed to be delivered by an eight-person team at each site).

SYSTEMS AND PROCESSES

Staff supervision has become more embedded in the program. The Site Manager in Orange underwent training on peer supervision. Similarly, Cranebrook employed a specialist peer support work who completed supervision training.

Response to the COVID-19 Pandemic

Approximately half of the Resolve delivery period has taken place during the COVID-19 pandemic, and various restrictions were in place in NSW during this time (in March to July 2020, end of December 2020 to January 2021 and July to September 2021). While at no point did service provision pause completely at Resolve, during these periods centre-based activities could not occur and/or face-to-face group activities were not permitted. When lockdowns were in place, Resolve was not able to deliver:

- indoor outreach visits (home visits)
- centre-based activities including face-to-face group activities and residential stays.

To adapt, Resolve delivered group activities online (i.e., via Zoom) and outreach visits were conducted outside (i.e., by going for a walk or sitting at a park). When lockdowns were eased but some restrictions were still in place, Resolve was able to deliver some group activities in the community and indoor outreach visits recommenced. Additionally, to sustain engagement with clients during this time, staff sent 'COVID-19 care packages' to clients, which consisted of items tailored to their interests such as art or cooking supplies.

As COVID-19 lockdowns have eased, clients have different levels of comfort with returning to pre-pandemic modes of engagement. Some clients continue to choose not to engage in some program features (such as residential stays) or to participate in Resolve virtually (where possible).

PROGRAM IMPLEMENTATION CONTINUED

KEY FINDINGS

Resolve is operating well and has improved over time

Overall, Resolve is operating well in both locations. Each location has continuously provided adequate support for clients, including outreach and residential services, the warmline and group activities. While capacity to deliver these have been somewhat affected during the COVID-19 pandemic, this does not appear to have substantially impacted overall program operations. Resolve continues to have the resources (such as television, games, DVDs, books, art materials) and facilities (two sites in suburban homes) to deliver the program effectively.

Since the Baseline report, Resolve's workforce, resources, and governance arrangements have improved as mentioned previously. Specific improvements include:

- **Peer workers increasing their engagement in professional development and training.** The Baseline report identified that many peer workers lacked previous experience working in mental health service delivery and were new to peer work. Site Managers and peer workers explained that since 2019, peer workers have completed training to upskill in mental health recovery. Orange staff have completed a refresher training on 'using lived experience in the peer workspace' and educational YouTube videos on 'what works for staff for helping with recovery'. At Cranebrook, staff have completed face-to-face and online training on topics such as suicide prevention and recovery-oriented practice.
- **Better access to professional supervision.** The Baseline report outlined that while staff have access to supervision, there was inconsistency in the formality and regularity of these arrangements. Since then, Flourish staff reported a more considered approach to supervision has been implemented. For instance, the Orange Site Manager has completed training on peer supervision and a specialist peer support worker has been employed to work across both sites to enable more frequent supervision. This role includes the development of a consistent supervision framework, in line with other roles that involve professional supervision. However, opportunities to strengthen supervision practices remain (discussed in further detail below).
- **Better support for clients during program entry and exit.** As most clients will continue to need support beyond their two years on the program, a transition support worker has been hired at each site to support program entry and exit. Flourish management and staff welcomed the introduction of this position for it has allowed for clients to experience a smoother transition into the program. Additionally, the transition support workers help a client plan for their exit from Resolve by ensuring that appropriate supports are in place. This may include supporting clients to access the NDIS to receive ongoing psycho-social support, or to connect clients with other community service providers where they can access help. However, there are opportunities to strengthen the way this role supports clients throughout the program and prior to program completion (discussed further below).
- **Access to brokerage funding to support recovery goals.** Part of the underspent program budgets have been reallocated to provide a brokerage fund at each site. Peer workers can use brokerage funding to help clients access to various goods and services that support clients to achieve their recovery goals. This has provided an additional support option as brokerage can be spent on goods and services that encourage a client's progress such as gym memberships, art tools and courses (discussed further below).

Workforce availability in Western NSW LHD has limited program capacity

Factors specific to regional/rural areas may have influenced the understaffing at Resolve's Orange site. According to the Mental Health Coordinating Council's (MHCC's) Mental Health Workforce Profile, there is a growing demand for community-based mental health services but there is a lack of supply of skilled staff to meet demand.[13] Challenges persist in being able to recruit individuals with specific skills, particularly peer workers. For example, the MHCC report found that in NSW there is

13 Mental Health Coordinating Council. (2021). Mental Health Workforce Profile. Retrieved from: https://www.mhcc.org.au/wp-content/uploads/2021/09/MHCC_WorkforceSurvey_2021.pdf

PROGRAM IMPLEMENTATION CONTINUED

a vacancy rate of 15 per cent among peer workers.[14] Vacancies were reportedly more common in large regional/rural towns, due to an inadequate number of workers with relevant qualifications and experiences, and challenges attracting qualified workers to the location of the position.[15] Flourish management in Orange confirmed they experience difficulties in finding peer workers with the appropriate level of qualification and years of experience. It is important that the appropriate people with lived experience are recruited to the role to sustain the fidelity of the program.

Understaffing at the Orange site may have previously reduced their capacity to deliver the program as intended. Having less staff appears to have affected their capacity to:

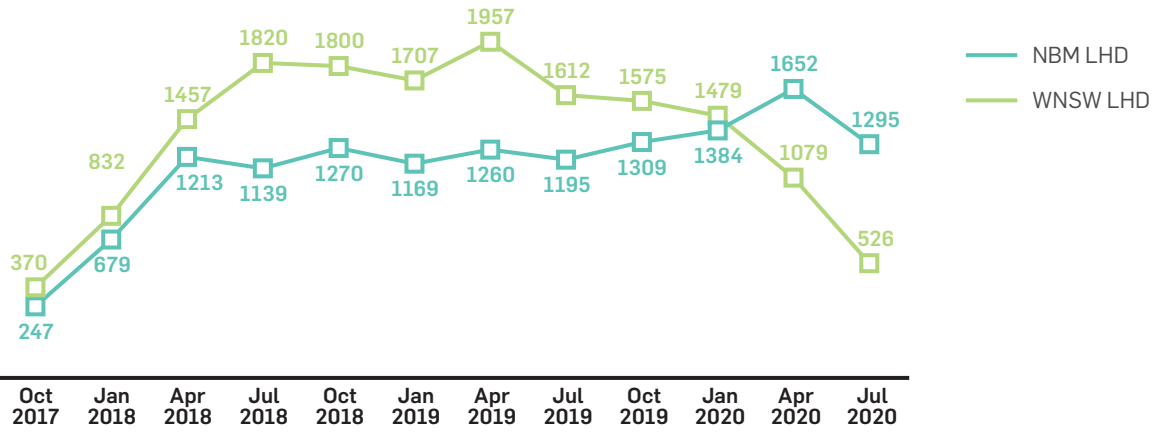
- have flexibility to manage unexpected situations (such as staff sickness)
- deliver the residential stays 24/7 and the warmline seven days a week.

Understaffing has also affected the ability to offer the warmline and the residential stays as intended. Flourish staff noted currently they can only offer the residential stays four to five days a week. They further identified this means some clients cannot stay at the site at a time most suitable for them. Additionally, staff reported that if someone calls in sick, they sometimes must choose between delivering outreach or a residential stay. The program data aligns with this feedback, showing a steady decline in the number of residential stays since January 2019 (see Figure 14 overleaf) (other possible reasons for the low uptake of the residential stays is discussed further below).

> *If someone is sick, we don't have casuals, so we have to cancel things...the constraints in staffing have made it difficult for the 24/7 aspect to happen.*
>
> **Resolve staff**

Further, Orange have only been able to operate the warmline six of seven days a week. This program data also indicates fewer phone contacts have been made since the beginning of 2020, with a steep decline in calls from April 2020 onwards (see Figure 13 below).[16] This may suggest that by operating the warmline at 85% capacity, the Orange site has been able to take fewer calls from clients. While clients did not raise this as an issue, given the value of the warmline being available at night when clients may feel distressed, this may become problematic if the demand for the warmline increases.

Figure 13 Phone contacts by LHD overtime



14 Ibid.

15 Ibid.

16 Please note this trend in fewer phone calls since the beginning of 2020 may be due to varying approaches across sites and over time in recording phone contacts. Further investigation was not able to identify whether this was the driver of the result and remains a limitation in the available data.

PROGRAM IMPLEMENTATION CONTINUED

Further, limited staffing has reduced the flexibility of the model, with outreach rosters having to be structured with limited room for change. Flourish staff described having to travel lengthy distances within the catchment area to provide outreach (see Map 1). This has reportedly dictated a strict weekly roster to ensure staff have sufficient time to travel between visits. While staff did not raise this as a limitation, it does mean Resolve is less able to adapt to clients' schedules. For example, one client spoke of recently gaining casual employment. One of his rostered workdays was the day Resolve usually provided him with outreach support. He noted he had requested to move his outreach visit to a different day, and they were in the process of resolving this issue. While a solution may be found, this demonstrates an inability to flexibly deliver the model due to staffing constraints.

> *"There are differences between rural and city in terms of staff and service availability...it can take four to five hours to just see one person in a day..."*
>
> **Resolve staff**

Despite these challenges in the past, an increased focus on recruitment at Resolve may see these challenges improve over time. A team within Flourish has been established to focus on recruitment, with a special focus on Western NSW LHD. This team is focussing on attracting staff by working with Resolve managers to connect with their networks, such as the LHD peer worker networks. Positions are also being advertised through various channels.

Resolve adapted well to COVID-19, but clients may not have realised the program's full suite of support

Despite the challenges the COVID-19 lockdowns presented for Resolve, the program adapted well to the situation and responded to the individual needs of clients during this time. The pandemic has heightened feelings of anxiety and stress among many people. Accordingly, while some clients felt comfortable with outdoor outreach visits (such as by going out for a walk), others felt more anxious and so did not wish to engage in these visits. To continue supporting clients who felt more uncomfortable with face-to-face contact, clients tended to receive outbound calls, and all received a 'COVID-19 care package'.

The COVID-19 restrictions also encouraged staff to think innovatively about how they adapt the program to the pandemic context. Flourish staff reported they brainstormed ways they could engage clients while they were still at home. Staff decided to put together group activity packs (such as with art supplies or cooking ingredients) that could be used at home during virtual group activities. They noted this format will likely continue to be used for engaging clients when they may not feel comfortable or confident attending the Resolve site. Clients also highlighted their appreciation for these packages and virtual activities, which helped them to feel supported during a tough period.

One key impact of the pandemic was that clients who commenced the program during restrictions, may not have been aware of Resolve's full suite of options. As highlighted in Section 3.1, the program model is strengthened by having a range of activities and supports which clients can access. The pandemic has substantially restricted Resolve's ability to offer the program's full complement of features. Some clients noted that as they had joined the program during COVID-19 restrictions, they had only received outdoor outreach visits as part of the program and had not yet considered a residential stay. They indicated they had not yet been able to realise the full potential of support which Resolve could offer.

PROGRAM IMPLEMENTATION CONTINUED

There has been low uptake of the residential stays, which could be due to a range of reasons

As indicated in Figure 14, the number of residential stays has fluctuated over time. This may be attributed to a range of things including how a peer worker positions the support offer with the client, the appetite of peer workers to undertake overnight shifts and the impact of the COVID-19 restrictions.

Communicating the purpose of the stays

As highlighted in Section 3.1, Resolve staff noted a range purposes of the residential stay feature of the program. Staff from the Orange and Cranebrook sites provided differing explanations for the purposes of the stay, suggesting inconsistent understanding of the core purpose/s of the stays. Some clients also indicated they did not fully understand the objective of the residential stays and described it as 'odd' that you could stay at the Resolve site. While staff have reportedly been working with clients to identify when they would benefit from an overnight stay, this feedback from clients suggests improved and consistent communication of the purpose of the residential stays is needed to increase uptake of the program feature.

Integration of the stays in a client's recovery journey

Best practice recovery approaches highlight that support should be structured around clients' individual needs and goals. Some clients expressed not wanting to stay at the site, which for some, appeared to be due to their anxiety about being in a group setting. Having choice, including choice to not participate in parts of a program, is an important aspect of recovery-oriented programs. Also critical to recovery-oriented programs is reviewing a client's needs and goals over time, as these may change. For example, for clients who expressed anxiety about being in a group setting, over time they may gain more confidence and express a desire to focus on improving their ability to develop social connections. At this point, it may be important for peer workers to again raise the possibility of the overnight stay feature, to support them to achieve this goal. This also highlights the need to regularly review a client's IRP (discussed in further detail below).

There was a lack of evidence that demonstrated peer workers applied this type of thinking to the residential stays option. Clients indicated peer workers previously raised the possibility of an overnight stay (which they declined), but the option did not appear to have been mentioned again. Additionally, as discussed further below, it is not evident that IRPs are being reviewed and updated regularly in partnership with the client, making it difficult for peer workers to discern whether a client's attitude towards an overnight stay has changed.

Staff willingness

There may be varying levels of willingness among peer workers in relation to the overnight shift, depending on their individual situation and strengths. Some Resolve staff indicated they enjoyed the overnight stays, particularly when they were working as intended (i.e., a number of people staying at the house). However, others suggested they preferred not to be on the overnight shift. This may be due to reasons such as it being tiresome juggling outreach support and overnight stays, the high stress that comes with meeting multiple clients' needs when staffing the house alone, as well as their personal situation (e.g., having a young family). The varied enjoyment of the overnight shift may impact the way in which the residential stays are communicated to the client (as discussed above).

> *"How the last two years have gone have been really strange because we haven't had people in the house so there's just not as much to sort of do, necessarily, but, for me, I'm kind of used to them, so when they are working as they should, I don't really mind. Obviously, it can be quite difficult because you are the only staff member in the house, and if you have four people in the house and... they have separate needs at the same time, it can be hard to sort of manage that.*
>
> **Resolve staff**

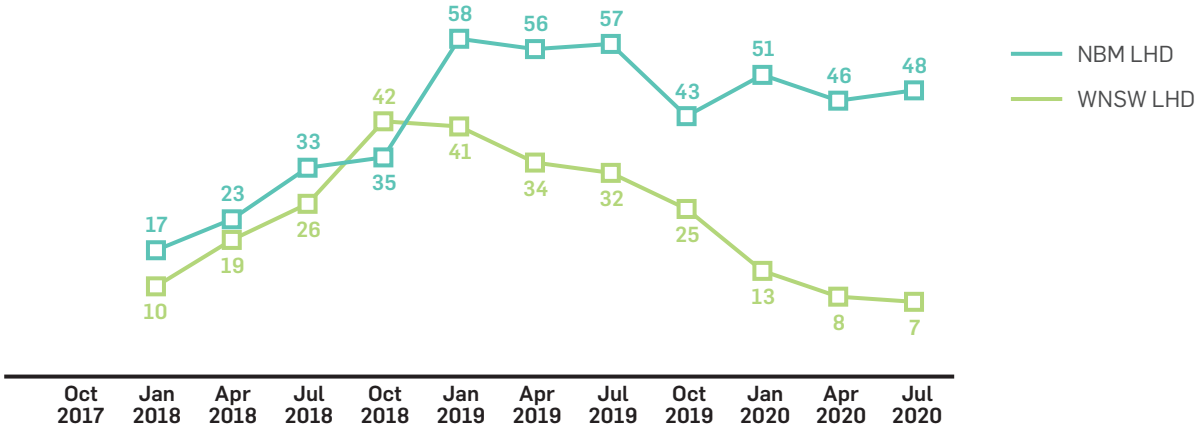
PROGRAM IMPLEMENTATION CONTINUED

COVID-19 restrictions

While other program elements could be adapted to virtual delivery, residential stays require face-to-face engagement and therefore were not able to be delivered during COVID-19 restrictions. Some clients noted they had not been able to use the residential stay feature for some time due to lockdowns. Other clients newer to the program highlighted they had never stayed at the site as they joined the program after restrictions were in place. The reported experiences of clients are partially reflected in the program data. Residential stays in Cranebrook declined towards the end of 2019 and have stabilised at a lower level than earlier in the program, reflecting the impact of COVID-19 restrictions (see Figure 14). However residential stays have been declining in Orange since mid-2018. While that decline accelerated during COVID-19 restrictions, this trend suggests that other factors are influencing the number of residential stays (as outlined above), as well as staff shortages (discussed previously) or a client's proximity to the site (i.e., they live a greater distance from Orange) reducing their willingness to stay overnight at Resolve.

> *"Pre COVID it was working and was popular...but now since opening up and since first lockdown... it seems less popular...*
>
> **Resolve staff**

Figure 14 Resolve stays by LHD over time



Resolve staff are aware of the outcomes framework they operate within, but there is not strong evidence of a cultural shift across the organisation towards supporting outcome-based contracting

Resolve staff are central to the success of a SBB through their interactions with the clients on whose achievements the payments depend. This requires that staff understand the outcomes framework they operate within. This includes a tight focus on outcomes, as well as the operational flexibility the model affords them to shape support directed towards outcome achievement. This flexibility is largely enabled by an overall program funding envelope that is available to be used in ways staff believe will drive outcomes (e.g., on staff training, additional staff roles, centre equipment, client-specific expenditure (brokerage). Under the Resolve outcomes-based contract, the main alternative uses of the program funding envelope (i.e., brokerage and recruitment of the transition support worker) have been tactical responses. There is a lack of evidence to suggest that Resolve has undergone organisational change centred around adapting to outcomes-based contracting. Given the relatively new focus on outcomes-based contracting for both Flourish and NSW Health as well as the mental health sector at large, there is potential for program partners to focus on and better support this organisational transition.

PROGRAM IMPLEMENTATION CONTINUED

Flourish staff reported part of the program budget has been used on brokerage to fund a range of goods (such as art equipment and a camera, and services such as a gym membership and a first aid course). They highlighted that each of these were funded to support clients to achieve their goals. For example, one client aimed to engage in TAFE to complete her graphic design course and so brokerage was used to purchase a camera for the client. Another had the goal of re-engaging in work but could not drive and lived in a rural area with limited public transport. Resolve paid for him to get his driver's licence, which supported him to get back to work. Program budget has also been used on hiring a transition support worker at each site to streamline a client's transition into the program and to plan for a client's exit from the program by ensuring appropriate supports are in place. This decision highlighted an increased focus on connecting clients with supports so overtime they reduced their need for Resolve and hospital. While the use of brokerage and the transition support worker have been welcome additions to the program, these appear to have been tactical decisions rather than evidencing a shift towards an outcomes-based contracting culture.

On the whole, there was a lack of evidence that highlighted Resolve is undergoing organisational change to support successful delivery of outcomes-based contracts. It was not apparent that Resolve staff were thinking creatively about how to shape support to help a client meet their goals. It was also not evident that peer workers understood or were thinking innovatively as to how they could utilise the program funding envelope for a range of resources and equipment to support outcome achievement. Additionally, as discussed in further detail below, regular reviews and discussions surrounding client goals appear to be happening inconsistently across peer workers. Together, these may be indicators that Resolve is yet to experience a significant organisational shift towards supporting outcomes-based contracting.

Application of peer work principles and model is inconsistent

Overall, there appears to be inconsistency in how the peer work model is applied across sites, and between individual staff members.

The 2021 *National Lived Experience (Peer) Workforce Development Guidelines* (the Guidelines) endeavour to provide a consistent approach to peer work.[17] Improving clarity and understanding of lived experience is identified as a starting point for consistency. The Guidelines define lived experience workers as drawing on "their life-changing experiences of mental or emotional distress, service use, and recovery/healing, and their experiences, of the impact of walking beside and supporting someone through these experiences, to build relationships based on collective understanding of shared experienced, self-determination, empowerment, and hope."[18] In sum, the Guidelines highlight that peer work involves workers intentionally sharing their lived experiences to build relationships and role model recovery and living with mental health issues.[19] It is also stated that safety, training and support are critical to enabling a thriving lived experience workforce. This includes appropriate line management and supervision, resourcing, and professional development (including Lived Experience-led training, workshops, networking, conferences and participation in communities of practice).[20] Timely and appropriate supervision is highlighted as particularly important to ensuring a well-supported peer workforce that has the opportunity to address role clarity and debrief.

17 National Mental Health Commission. 2021. National Lived Experience (Peer) Workforce Development Guidelines. Retrieved from: https://www.mentalhealthcommission.gov.au/getmedia/a33cce2a-e7fa-4f90-964d-85dbf1514b6b/NMHC_Lived-Experience-Workforce-Development-Guidelines

18 Ibid.

19 Ibid.

20 Ibid.

PROGRAM IMPLEMENTATION CONTINUED

Flourish's peer work model (developed prior to the release of these Guidelines) appears to be consistent with these national Guidelines, and the newly created Specialist Peer Worker role will use them to further refine the Flourish approach. According to the Flourish Peer Worker Position Description, the role requires a peer worker to use their "lived experience openly, appropriately and effectively to build professional relationships with the people they support."[21] The selection criteria also identifies that it is essential for peer workers to either have a relevant degree, Certificate IV or Diploma or two years experiencing working in mental health.[22] Flourish staff confirmed they define their peer workforce as qualified professionals who intentionally use their lived experience in their practice. Program partners, LHD clinicians and Flourish staff agreed that to be a Resolve peer worker, they must hold a tertiary qualification (in fields such as psychology, social work, or health and community services) and have a lived experience of a mental health condition. This differs to other models that employ peer workers with a lived experience, but do not necessarily require that they hold a tertiary qualification. Flourish management reported their model intends that peer workers utilise recovery-oriented practice to support the client recovery journey. This involves intentionally sharing their lived experience of mental health issues, to provide a supportive and transformative space for clients to achieve their recovery goals.

Additionally, understanding and maintaining client boundaries was described by Flourish management as a critical part of their peer work model. It is important that peer workers have sufficient training, support and ongoing supervision to explore and navigate boundaries in their work to ensure they can protect their own mental health. Learning how best to use their lived experience also requires ongoing training and professional development. Flourish management provided examples of peer workers engaging in training – including and in addition to the Certificate IV in Peer Work – about how peer workers can support their clients and the newly created Specialist Peer Worker role will reportedly focus on supervising and supporting Resolve staff to intentionally apply their lived experience. This was reiterated in the Flourish quarterly report which showed various training modules were completed including using lived experience in the peer workspace, recovery-based practice, CANSAS training, suicide prevention and trauma-informed support. Further, Flourish management described regular engagement with supervision and support for the peer role, allowing the opportunity to debrief, seek guidance and focus on challenging aspects of their peer role.

In contrast, experiences related by both Resolve clients and staff suggest that Flourish's peer work model is inconsistently implemented. Clients noted their appreciation that peer workers demonstrated 'empathy', 'understanding' and were 'non-judgmental' – common benefits peer workers can offer clients. However, many clients (particularly from the Cranebrook site) indicated they were not aware that staff were peer workers with lived experience.

> *"They are empathetic and caring…I didn't know they were a peer worker.*
>
> **Client**

Additionally, while some were aware Resolve staff were peer workers, they did not necessarily comprehend that staff had a lived experience of a mental health issue. This suggests some peer workers did not openly share with clients that they have a lived experience of a mental health issue. Further, there appeared to be inconsistency in the extent to which peer workers incorporated their lived experience in their practice, a critical component of the peer work model. While some Resolve staff articulated they intentionally used their lived experience in their practice by for example, explaining their experience with medication or visiting a psychiatrist, others were uncertain of how best to use their lived experience to support their clients.

21 Flourish Australia. (2020). *Peer Worker Position Description.*

22 Ibid.

PROGRAM IMPLEMENTATION CONTINUED

While Flourish staff appeared to engage in training for their peer work role, they consistently reported that supervision was not as regular as management suggested. Some staff (mainly from the Cranebrook site) highlighted there were few opportunities for group reflection in addition to regular one on one supervision. Limited opportunities for supervision can be problematic as it may limit role clarity and engender confusion around the peer work role.[23] While Resolve staff did not note any particular wellbeing issues related to their work, lack of supervision can reduce opportunities to debrief, contributing to a lived experience workforce without adequate support.[24]

Inconsistent implementation of recovery-oriented model may limit outcome achievement

While the Resolve model aligns with recovery principles (as discussed in Section 3.1), there appears to be inconsistent implementation of the recovery approach across sites and individual staff members. This was demonstrated in two ways: use of recovery planning tools and transition planning.

Use of recovery planning tools

A critical part of recovery-oriented practice involves recovery planning and goal-setting led by the individual.[25] The process of goal-setting and working towards achieving goals has been found to support increased confidence, and goal achievement has a range of positive outcomes such as increased independence, a sense of meaning, positive identity and social inclusion, all influencing improved mental health.[26] Further, a plan developed, managed and regularly reviewed by the individual reportedly has greater likelihood of success, as individuals are more likely to motivate towards goals that are meaningful to them.[27]

The Resolve model allows for the evidence-based goal-setting approach described above, involving the development of an individual recovery plan (IRP). Following a client's consent to participate in Resolve, they, together with Flourish and an LHD clinician or case manager, develop an IRP. The IRP outlines the client's goals that are important to them. Thereafter, staff support clients to access relevant Resolve supports to work towards achieving their goals. This is achieved by guiding, mentoring and encouraging clients throughout their engagement with Resolve.

However, the implementation of IRPs does not appear to occur consistently across sites and staff members. Flourish management confirmed that at program commencement staff complete IRPs in collaboration with clients. In some cases, clients may refuse to participate in the development of an IRP, but effort should be made to clarify the purpose and importance of this tool with the client as it serves as a guide for their recovery journey. While best practice suggests IRPs should be managed and reviewed by the client (with support), staff indicated IRPs are not necessarily discussed or reviewed with clients. Further, it does not appear that IRPs are being reviewed and updated regularly in partnership with the client, as when asked about their approach to supporting clients, most staff did not note the use of a plan. Similarly, when discussing their experience with Resolve, some clients mentioned broad goals (i.e., going back to study, getting a job), but no client referenced a 'plan' that was guiding them towards these goals. IRPs may not be reviewed and updated as regularly as intended due to staff being highly busy. However, best practice suggests regular review and discussion surrounding IRPs are critical to providing support that progresses a client's recovery journey that is meaningful to them.

23 Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L. (2019). *Queensland Framework for the Development of the Mental Health Lived Experience Workforce.* Queensland Government: Brisbane; National Mental Health Commission. 2021. National Lived Experience (Peer) Workforce Development Guidelines. Retrieved from: https://www.mentalhealthcommission.gov.au/getmedia/a33cce2a-e7fa-4f90-964d-85dbf1514b6b/NMHC_Lived-Experience-Workforce-Development-Guidelines

24 Ibid.

25 Rose, G and Smith, L. (2018). 'Mental Health Recovery, Goal Setting and Working Alliance in an Australian Community-managed Organisation.' *Health Psychology Open*.

26 Ibid.

27 Heyeres, M, Kinchin, I, Whatley, E., et al. (2018). Evaluation of a Residential Mental Health Recovery Service in North Queensland. *Frontiers in Public Health.*

PROGRAM IMPLEMENTATION CONTINUED

Early and ongoing transition planning

At times, Resolve appears to lack support that intentionally progresses clients towards outcome achievement and improved self-management. This has implications for client readiness to be transitioned out of Resolve. As noted earlier, a transition support worker has been employed at each site to ensure clients have appropriate supports in place upon program discharge. Recovery-oriented practice involves effective transition planning that starts from the beginning of support and is regularly reviewed in partnership with a client throughout their time in the program. Management confirmed it is intended that transition planning be undertaken from the beginning, throughout a client's time in the program. The extent to which this is happening appears to be inconsistent. Some Resolve staff indicated that transition planning is undertaken well before a client exits the program. However, some LHD stakeholders perceived transition planning to occur too late in a client's support period as discussions regarding other supports tended to occur close to the time of exit. Many clients were also not aware of the support they would have following Resolve, and so were concerned as to how they would manage without Resolve's support. This may indicate transition planning is not always happening earlier in a client's support period and/or transition planning is not consistently undertaken in partnership with a client (reportedly driven by staff vacancies within the Transition Support Worker position). This is at odds with recovery-oriented practice which involves working with a client to build a sustainable support network so that a client is able to manage without Resolve's support.

Low uptake of recovery assessment tools may indicate a need to better communicate their purpose and benefit to clients

According to the literature, CANSAS and RAS-DS are reasonably effective tools for facilitating shared understanding and collaborative goal setting.[28] They are also reported to be quick and easy to use for clients and staff.[29] More generally, best practice shows that needs assessments should be carried out regularly to allow staff and clients to review progress and identify whether types of support could be improved.

At Resolve, assessment completion rates reduce over time (by the third and fourth assessment period, only a small number of clients are completing a CANSAS or RAS-DS assessment) (see Figure 15 overleaf). Some variability in completion rates has been found to be normal.[30] The literature indicates reasons for declining completion rates may include clients perceiving the measure to be too confronting, time-consuming, lacking relevance or value.[31] At Resolve, completion rates reportedly vary when clients refuse to take part or a staff member may choose not to complete it because a client has chosen not to participate – and data recording has been rectified to better record this preference versus non-completion with no reason recorded. Program data indicates that overall, CANSAS had an incompletion rate of 27% (29% in Cranebrook and 25% in Orange) and RAS-DS assessments incompletion rates were 29% (29% in Cranebrook and Orange respectively). Additionally, it may be possible that restrictions during the COVID-19 pandemic made it difficult for clients to engage and complete these assessments.

However, the number of completed assessments appears to be rather low. It is possible that completion of two types of assessments is too confronting and overwhelming for a client (who likely already has completed a lot of paperwork for their mental health issues and have retold their story multiple times). This may indicate a need for peer workers to better communicate the purpose and value of the tool, what it entails and how long it takes. An enhanced understanding of the outcomes funding model underpinning the program (discussed further above) may also help to comprehend the importance of these assessments. Additionally, from a scan of the research, it appears that using both these types of assessments in tandem is uncommon. Further research would be needed to understand the potential limitations of having two assessment tools – one focused on needs assessment and planning and the other on recovery progress.

28 Hancock, N., Scanlan, J. N., Honey, A., Bundy, A. C., & O'Shea, K. (2015). Recovery Assessment Scale - Domains and Stages (RAS-DS): Its feasibility and outcome measurement capacity. *The Australian and New Zealand journal of psychiatry*, 49(7), 624–633. https://doi.org/10.1177/0004867414564084

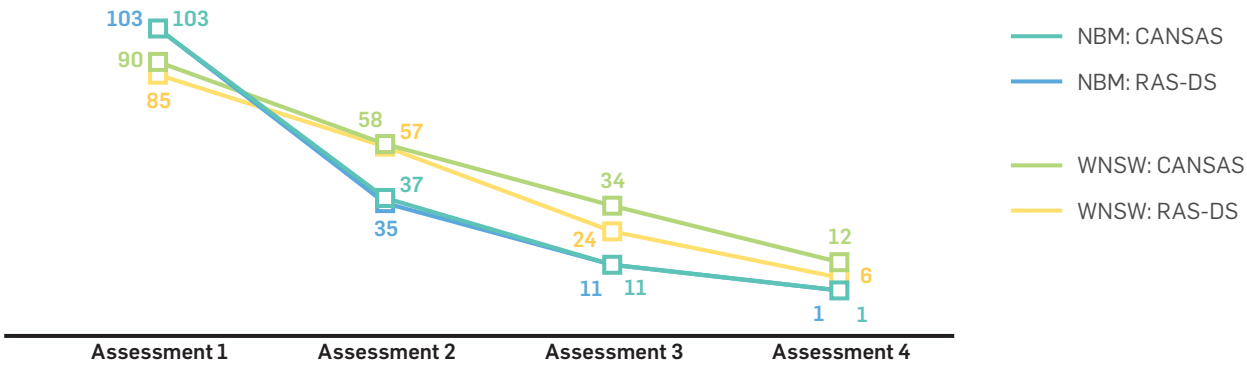
29 Ibid.

30 Ibid.

31 Ibid.

PROGRAM IMPLEMENTATION CONTINUED

Figure 15 Number of CANSAS and RAS-DS assessments



Adopting a stronger partnership approach between LHD and Resolve staff may strengthen recovery

Partnerships between LHD clinicians and community service providers are important to provide coordinated and holistic support to progress a client's recovery journey. Overall, LHD and Flourish staff characterised the partnership between the LHD and Resolve as having adjacent, rather than integrated, roles in supporting clients' recovery. Some stakeholders suggested that this partnership could be strengthened to provide better support for clients. Flourish staff and LHD stakeholders agreed that Resolve can build a different relationship with the client as they are outside the clinical setting. That means Resolve can play a role to increase the effectiveness of clinical care. Stakeholders identified two practical ways in which Resolve could better support clinical care: by providing deeper insight into a client's needs and supporting clients to regularly attend their clinical appointments.

> *We don't often get a chance to liaise with other services involved in the consumer's life...it's not often we have a support coordination meeting.*
>
> **Resolve staff**

Resolve staff often have different information or insights about the clients they support. For instance, one LHD stakeholder reported that their client felt more comfortable disclosing certain challenges to their peer worker because of the relationship they had developed. However, some LHD stakeholders noted Resolve staff did not always provide these insights to LHD staff. One LHD stakeholder described this as a 'missed opportunity', as insights from Resolve staff could help them to better understand what the client needs for recovery and provides shared information for a partnership approach to client care.

> *As a clinician I would like feedback about my client's progress...it would be good to get more feedback on their use of the warmline, if someone is calling it a lot....*
>
> **LHD stakeholder**

LHDs stakeholders also reflected that the effectiveness of clinical treatment is reduced if clients do not regularly attend their appointments. They indicated that Resolve has a role to play in encouraging clients to maintain and attend these appointments, although their role is ultimately limited given the person-centred nature of the program model. However, there appears to be mixed views on the extent to which this role is being fulfilled across staff members. Consultations with Flourish management revealed staff were supporting some clients to attend GP and NDIS appointments, noting that at times there were challenges due to clients refusing to attend. However, LHD stakeholders indicated they lacked awareness of and engagement with a client's other supports (such as psychologists, caseworkers and carers). For example, one LHD stakeholder reported having limited contact with staff, and perceived that they were not in contact with their clients' GPs and/or psychiatrists. Additionally, one carer indicated they were not aware of the support the client in their care was receiving from Resolve. This suggests a lack of communication between Resolve and other supports in a client's life which may be due to a number of reasons, including clients' preferences and consent regarding information sharing.

5.0 PROGRAM ACCESS AND REACH

This section of the report outlines referral pathways for the Resolve program and the level of engagement and experience with different types of Resolve support. This is based on consultations with clients (n=18), family/carers (n=7), Flourish staff (n=12), site partners (n=11) and program partners (n=10). This section of the report also draws upon program data to outline evidence of program reach.

PROGRAM ACCESS AND REACH CONTINUED

5.1 PROGRAM ACCESS AND REFERRAL

From October 2017 to June 2021, 403 people have been eligible for Resolve, with 318 successfully referred to the program (see Figure 16 below). Of those, 148 were referred to the Orange site and 170 were referred to Cranebrook (see Figure 17 below). Outcomes for the remaining 85 people are shown in Figure 18 below.

Figure 16 Referral pathway data

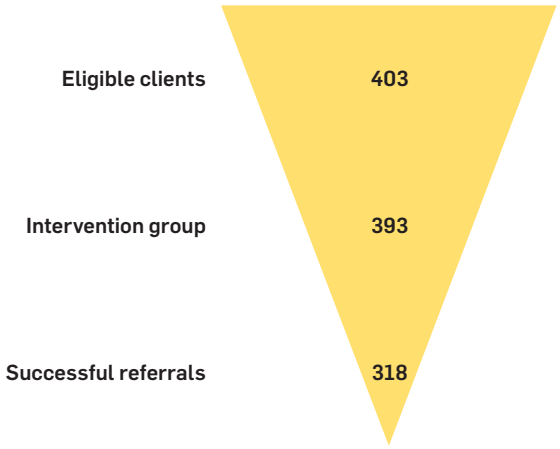


Figure 17 Referrals compared to target

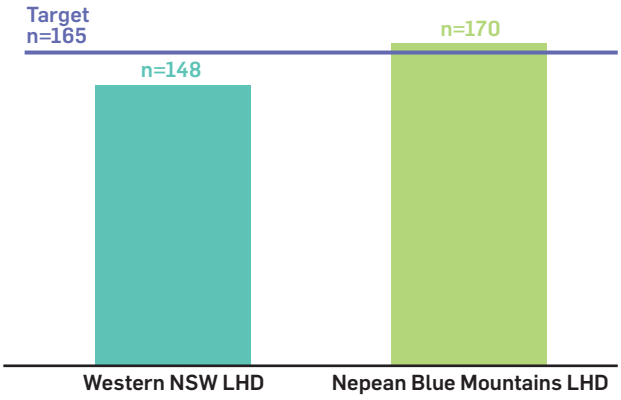
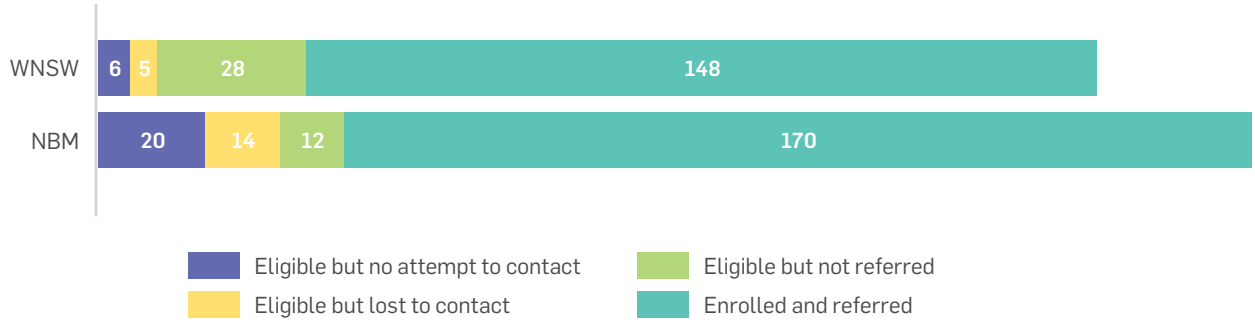


Figure 18 Eligible person by LHD



Overall, the program almost achieved its target of 330 clients

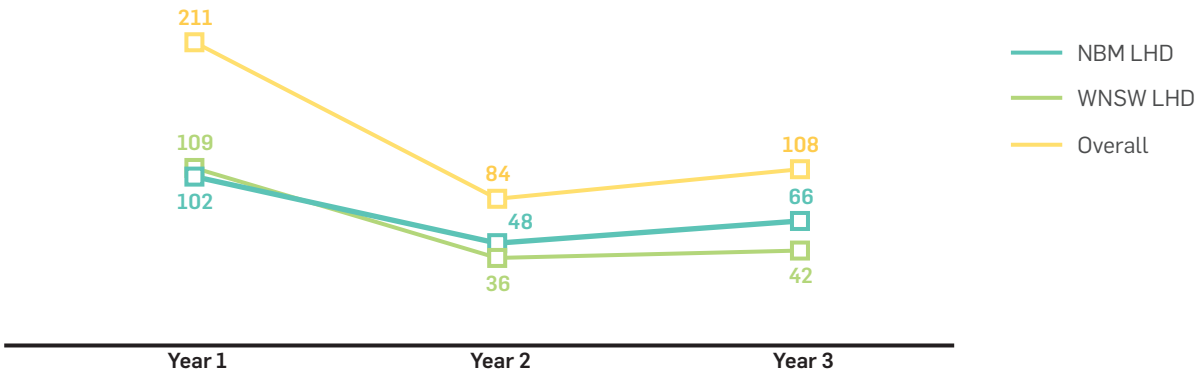
As per the Operations Manual, the LHDs are required to provide the required number of referrals to the Resolve sites. The program data shows that the number of people referred to Resolve is close to expectations. A total of 318 clients were successfully referred to the program (148 in Orange, 170 in Cranebrook) from a total of 393 clients enrolled in the intervention group (187 in Orange, 216 in Cranebrook). This is only 12 referrals short of the agreed minimum referrals of 330 referrals. By site, Cranebrook has surpassed their referral target by 5 and has consistently met or exceeded their referral targets each year. Orange is 17 referrals short of their target, but Western NSW LHD has experienced challenges in meeting their referral targets due to a smaller pool of eligible persons (discussed further overleaf).

PROGRAM ACCESS AND REACH CONTINUED

Availability of eligible people and increasing proportion who refuse LHD referrals may limit program referrals

The available pool of eligible persons is a key factor that influences the ability of Resolve to achieve its referral targets. Feedback from stakeholders highlighted that over time, the pool of eligible persons for Resolve has declined, possibly affecting the ability to achieve referral targets. This is reflected in the program data, which shows the number of eligible persons has steeply declined in Year 2 (from 211 to 84) and has remained within around a 20% range of this figure since then (see Figure 19 below) – although it should be noted the initial level of referrals in Year 1 to reach program capacity is higher than that required for the program to maintain program capacity. There has also been a gradual reduction in the number of eligible people across NSW since the program started (19% reduction) and over the past 10 years (50% reduction).[32]

Figure 19 Eligible persons over time



Consultations with Flourish staff and LHD stakeholders indicated that the pool of eligible persons appears to be declining for a range of reasons, including:

- In year 1 of the program, there were many eligible un-serviced individuals. By year 2 of the program, many of those people were being serviced by a new program.
- After clients complete Resolve's two-year period, or exit from the program at an earlier date, they are no longer eligible for support from the program irrespective of their mental health needs.
- There is an increasing focus on supporting people with mental health issues in the community. This is supported by the literature which finds that the number of community mental health service patients has increased annually by 2.1% in NSW from 2007-08 to 2019-20 (108,755 in 2007-08 to 138,088 2019-20)[33].

> *Earlier in the program we had many people eligible... as time has gone on, that cohort has been exhausted and people are no longer eligible after using the two years.*
>
> **LHD stakeholder**

> *Community mental health is a rotating door.*
>
> **LHD stakeholder**

32 Social Ventures Australia. (2021). Resolve Social Benefit Bond: Annual Investor Report. Retrieved from: https://www.socialventures.com.au/assets/Resolve-Social-Benefit-Bond-Annual-Investor-Report-April-2021.pdf

33 Australian Institute of Health and Welfare. (2020). *Community Mental Health Care Services.* Retrieved from: https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/community-mental-health-care-services

PROGRAM ACCESS AND REACH CONTINUED

- The main mental health unit in WNSW LHD is at Bloomfield Hospital, which is a state facility. Many people discharged from this hospital tend to return to their homes outside of the catchment area. The program data also indicates that fewer people in Western NSW have been eligible for Resolve, compared to Nepean Blue Mountains (total of 180 compared to 223).

Additionally, the eligibility criteria are objective, with an algorithm used to identify eligible persons. As LHD clinicians cannot provide input into suitable people for Resolve, the eligibility criteria cannot be flexibly applied to increase the pool of eligible persons.

Further, in Western NSW LHD there is a growing proportion of people who are refusing to accept referrals to Resolve. Overall, 16% of referrals have been refused in Western NSW LHD (compared to 7% in Nepean Blue Mountains LHD). The data also indicates the proportion refusing referrals in the LHD are rising, with an increase from 8% in Year 2 to 14% in Year 3.

An effective referral process is underpinned by clear understanding of the program and a strong relationship between the LHD and Resolve staff

Overall, 79% of eligible persons convert to an accepted referral (79% in Nepean Blue Mountains LHD and Western NSW LHD respectively) (see Figure 16 and Figure 17 above). While conversion from enrolment to referrals is similar across the two sites, varied experiences of the referral process highlight consistent collaboration and understanding of the program as critical success factors for an effective referral process.

Following an eligible person being identified, LHD clinicians instigate a warm program referral by explaining to the eligible person what support Resolve can provide. LHD stakeholders and Resolve Site Managers and staff reported that clients may accept a referral but not engage for a range of reasons such as not feeling ready, feeling overwhelmed with the supports offered at discharge or agreeing to the program based on the belief it will lead to their discharge. This highlights the importance of LHD clinicians adequately describing the program to prospective clients, so they are able to make a fully informed decision upon referral acceptance and are ready and willing to engage in the program.

There appeared to be inconsistent understanding of the program among LHD stakeholders. Some Flourish staff and LHD stakeholders perceived there to be some inconsistency in how the program was being explained to clients due to a lack of understanding of the Resolve model. For instance, one LHD stakeholder had limited understanding of the type of supports their client was accessing at Resolve. Another LHD stakeholder appeared to have limited depth of understanding of peer work and how they support clients. This was more apparent in WNSW LHD where there has reportedly been a higher turnover in staff at both the LHD and the Orange site, making it more challenging to establish a consistent referral process.

When the referral process worked well, it was underpinned by a strong understanding of the program and a good working relationship between the LHD and Resolve. As discussed in Section 3.2, this was in part facilitated by the JOG, which has promoted stronger relationships between sites and LHDs. Enhanced relationships between the LHD and Resolve seemed more apparent in the NBM LHD where there has been less staff turnover, and LHD and Resolve management has remained consistent from the program's inception. At this LHD, stakeholders could clearly articulate Resolve as a psycho-social program that works in tandem with clinical supports, underpinned by a peer workforce and a homely physical environment. Another stakeholder noted that visiting the Resolve sites helped to better understand and communicate the program to potential clients.

> *"I let them know it's a place they can continue their recovery journey...in a homely space.*
>
> **LHD stakeholder**

Additional enablers of an effective referral process appeared to include having an LHD peer worker initiate warm referrals and organising eligible persons to meet with Resolve staff in a comforting space. LHD stakeholders highlighted that having a peer worker on the LHD side may assist in encouraging eligible persons to accept referrals by showing empathy and compassion, and by clearly understanding how a peer workforce operates.

PROGRAM ACCESS AND REACH CONTINUED

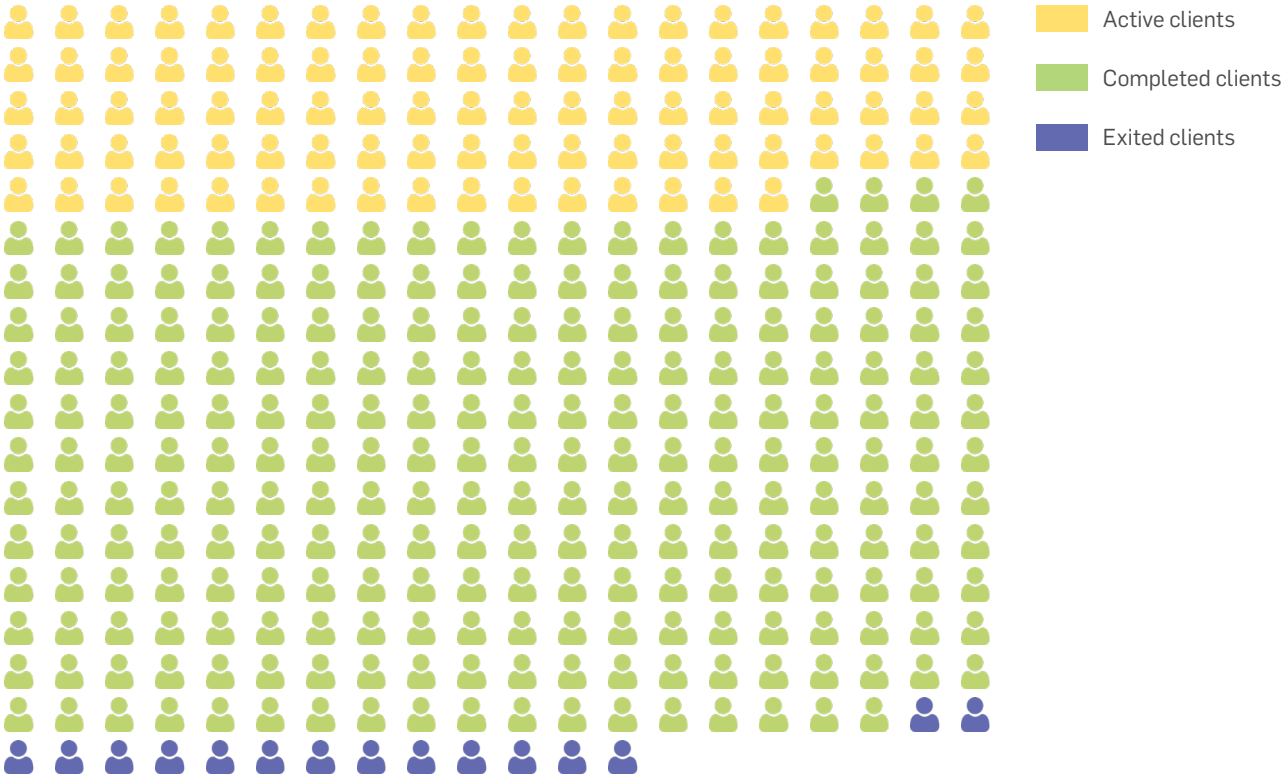
The referral process was further enabled when together, an LHD stakeholder and Resolve peer worker met with a prospective client to explain the benefits of Resolve. For example, one LHD stakeholder spoke of organising a meeting with Resolve peer workers and an eligible person. They met in a location of the individual's choice (e.g., a park) to ensure they felt comfortable and to convey Resolve as being non-clinical. The LHD stakeholder highlighted that the peer workers were able to demonstrate empathy and understanding, and explained Resolve in digestible, easy to understand language. The LHD stakeholder indicated that by meeting in a safe space and offering a 'taster' of Resolve, they felt more at ease with the idea of engaging with Resolve and eventually consented to participate in the program.

> *"Sometimes I'll go attend Resolve with a consumer or organise for them to meet some staff in public without a case manager... it's about building rapport with Resolve and the consumer.*
>
> **LHD stakeholder**

5.2 PROGRAM REACH

Since October 2017, 318 clients have joined Resolve, of which 96 are currently active and 222 have successfully completed the program (see Figure 20 below). In addition, 15 clients have exited the program early (7 deceased, 4 no longer wished to participate, 1 relocated and 3 other). However, it should be noted that if a person has left the program prior to their two-year completion, they will be marked as 'completed' when they reach their second year.

Figure 20 Participant status



PROGRAM ACCESS AND REACH CONTINUED

Figure 21 Resolve clients by age and LHD

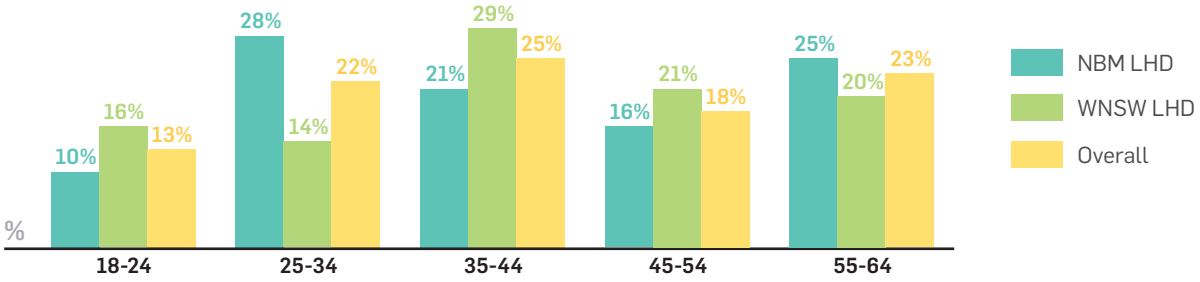


Figure 22 Resolve clients by gender and LHD

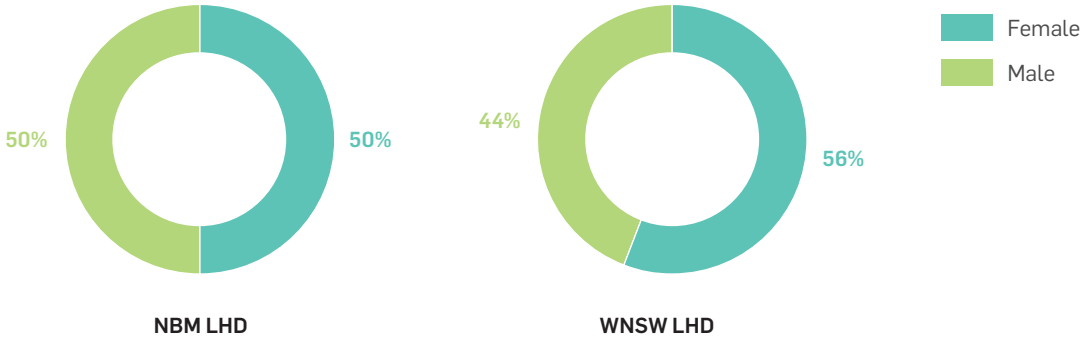
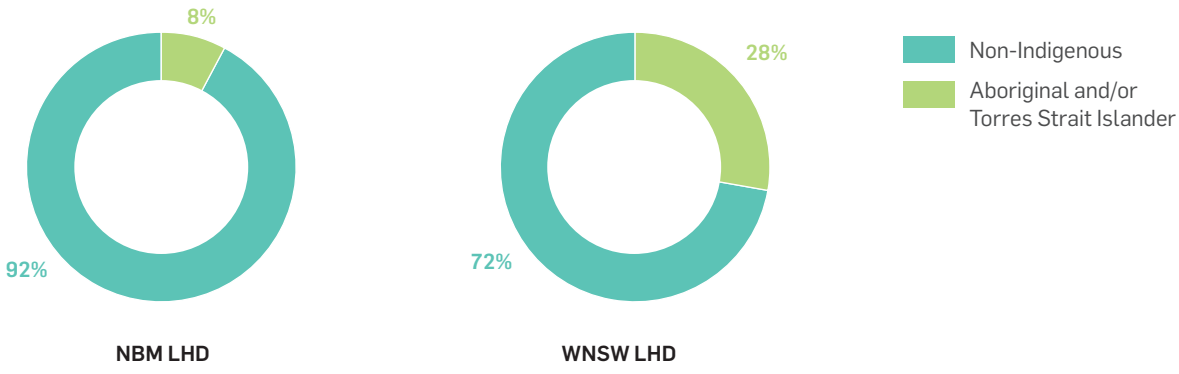


Figure 23 Resolve clients by Aborinality and LHD



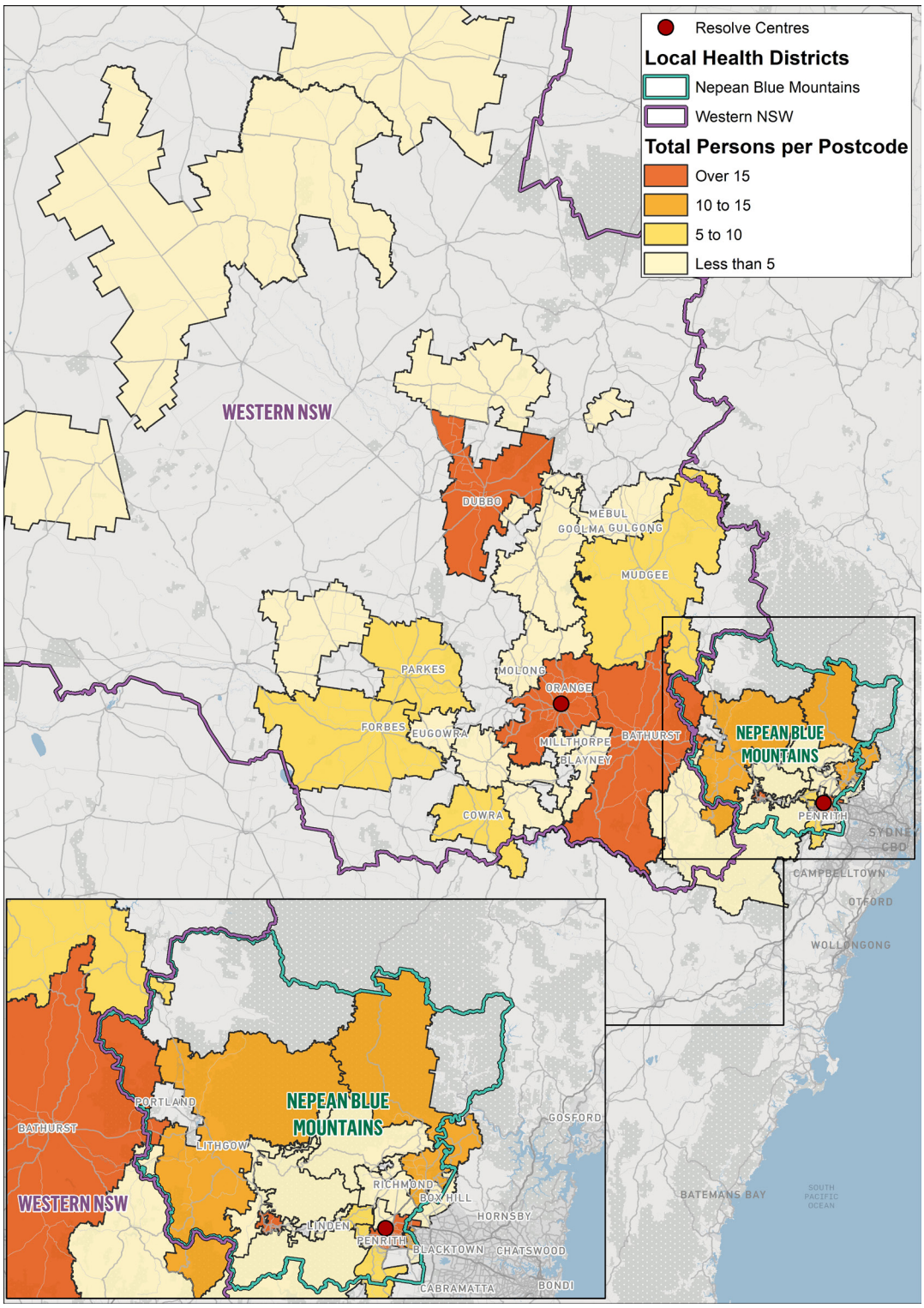
Across both sites, 17% of Resolve clients are Aboriginal and/or Torres Strait Islander and 83% are non-Indigenous. In NSW, Aboriginal and/or Torres Strait Islander people make up 3.4% of the population (Source: ABS, 2016 Census). This is compared to 11%[34] in Western NSW LHD and 3.6%[35] in Nepean Blue Mountains LHD that identify as being Aboriginal and/or Torres Strait Islander, as reported in the 2016 census. This highlights that both sites are supporting a larger proportion of Aboriginal and Torres Strait Islander people than their LHD average.

34 https://www.health.nsw.gov.au/lhd/Pages/wnswlhd.aspx

35 https://facs-web.squiz.cloud/__data/assets/pdf_file/0007/725848/Nepean-Blue-Mountains-District-Data-Profile.pdf

PROGRAM ACCESS AND REACH CONTINUED

Figure 24 Participant location map



PROGRAM ACCESS AND REACH CONTINUED

Figure 25 Resolve clients by 5 most common primary diagnoses and LHD

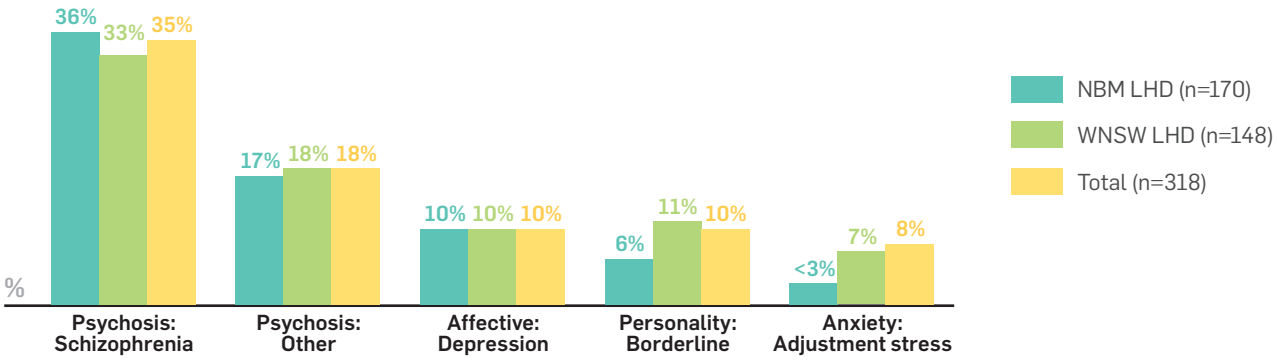


Figure 26 Resolve clients by 5 most common primary diagnoses and Aboriginality

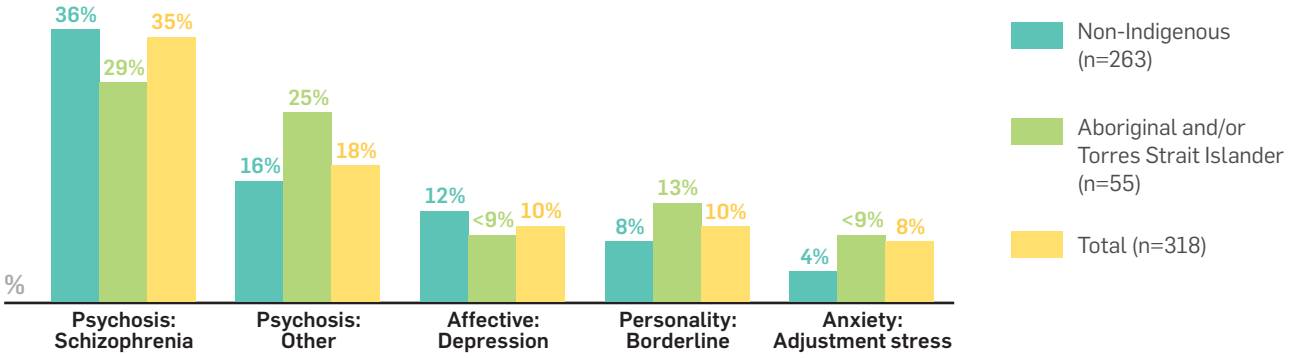
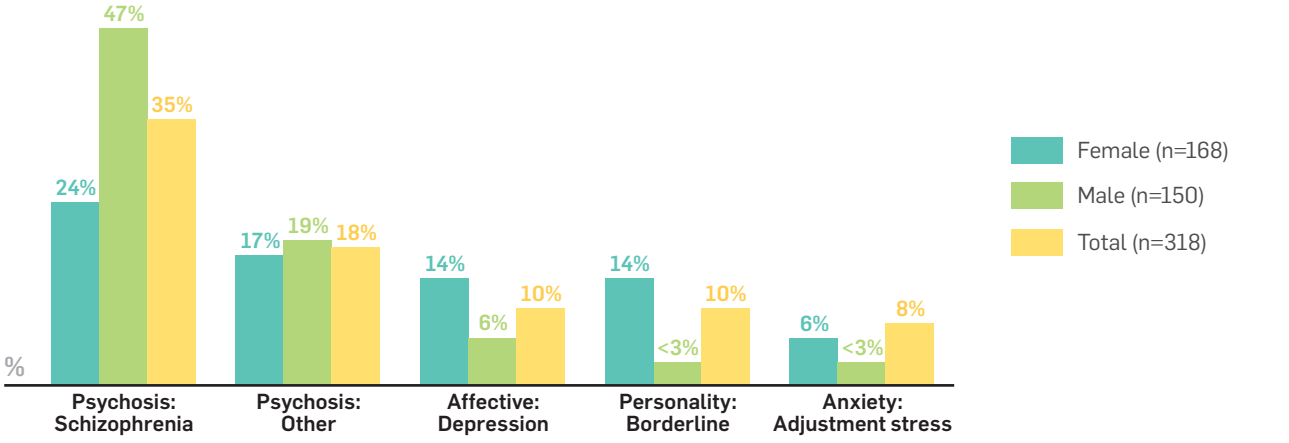
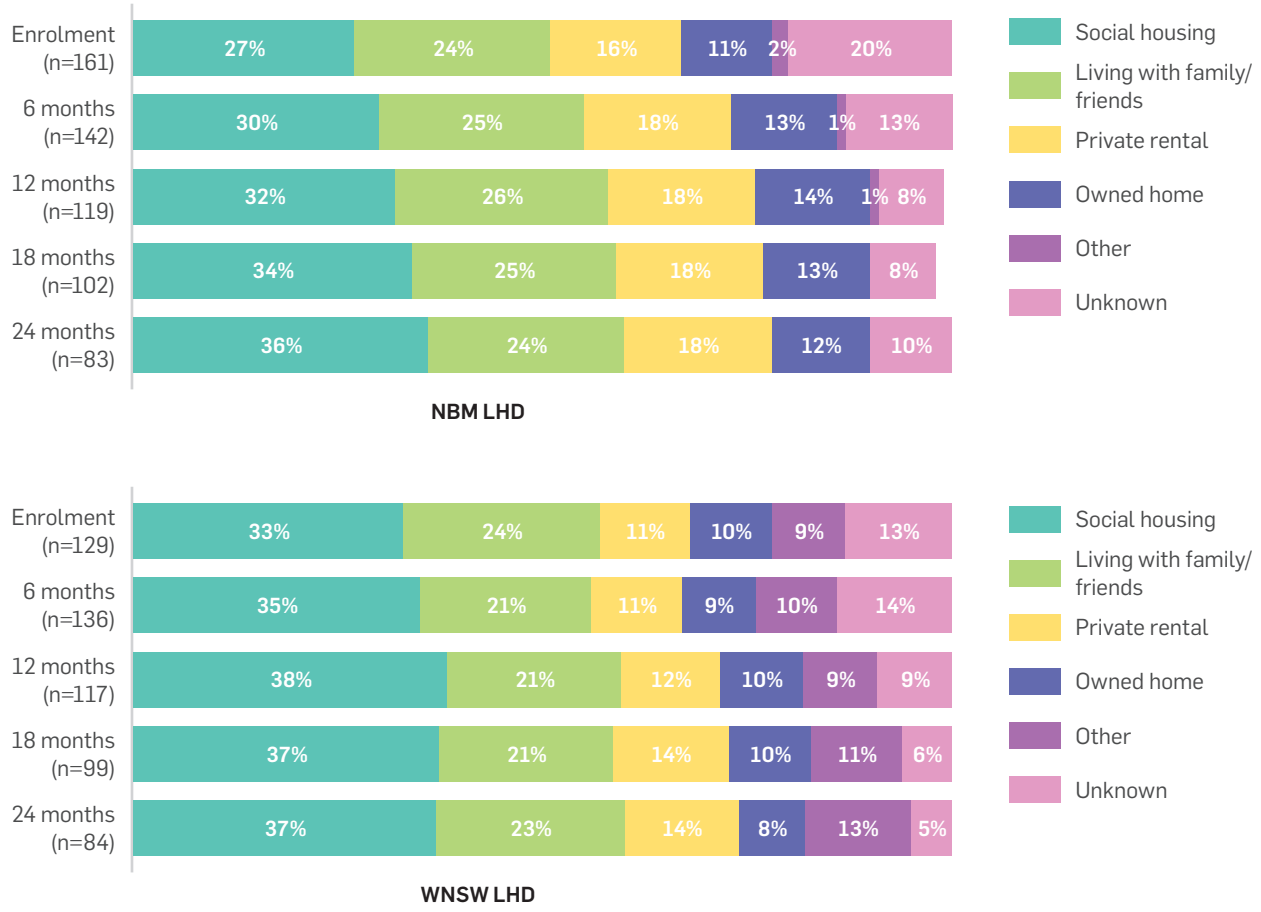


Figure 27 Resolve clients by 5 most common primary diagnoses and gender



PROGRAM ACCESS AND REACH CONTINUED

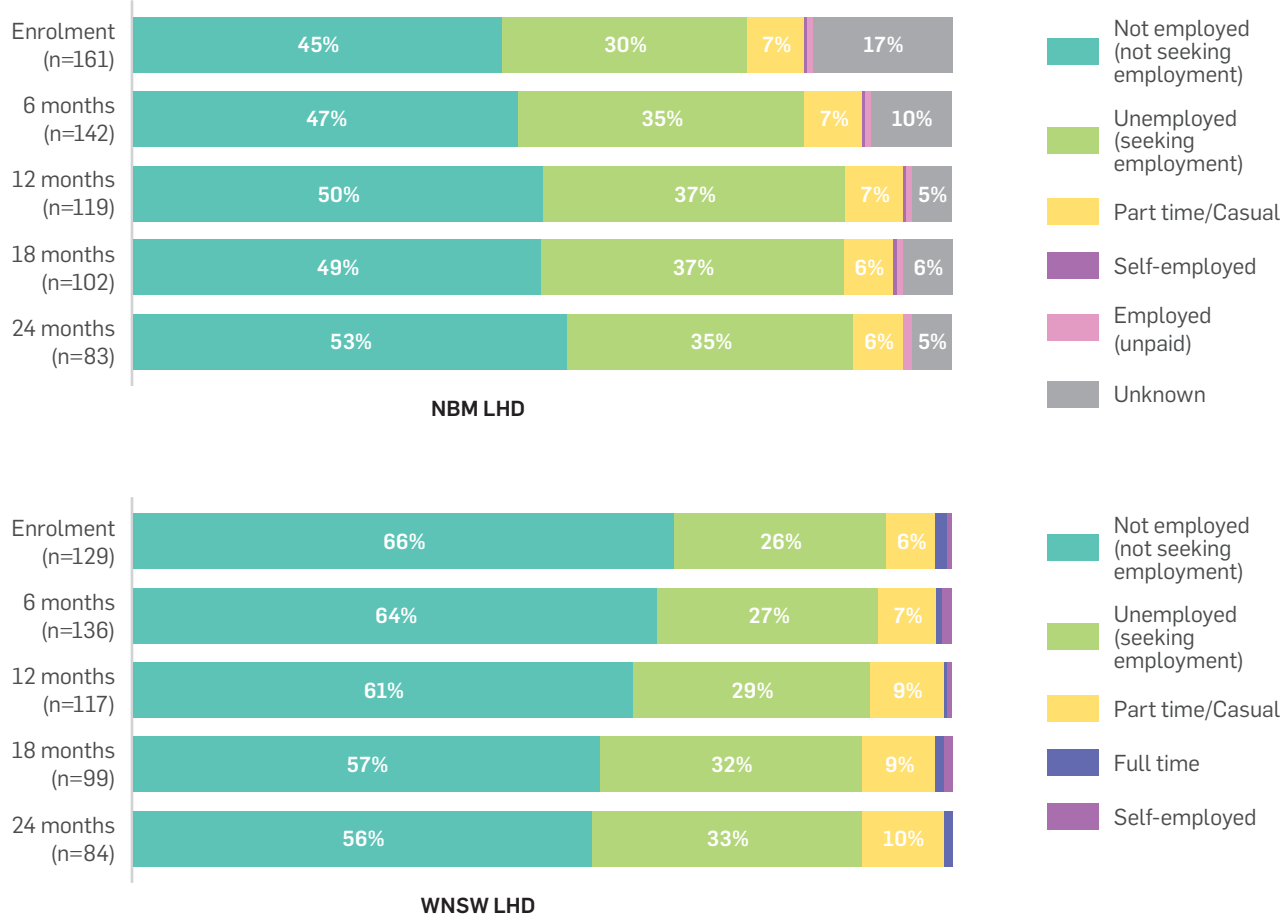
Figure 28 Resolve clients by time period in program and housing status



NB: others may include boarding house, hospital, emergency housing, refuge, correctional facility or homeless (rough sleeping).

PROGRAM ACCESS AND REACH CONTINUED

Figure 29 Reolve clients by time period in program and employment status



6.0 CONCLUSIONS AND RECOMMENDATIONS

Overall, Resolve offers people with severe and persistent mental illness a unique and valuable form of support. The program has demonstrated that it is supporting a reduction in health service usage and there was strong positive feedback from a range of stakeholders that the program had a positive impact on their mental health recovery.

CONCLUSIONS AND RECOMMENDATIONS CONTINUED

The program has improved since the Baseline evaluation, with adjustments made to the governance and delivery of the model enabling staff to better support clients. Even so, opportunities exist to strengthen alignment between model design and model implementation to ensure Resolve can consistently drive positive recovery outcomes for clients. Eight key evaluation findings are summarised below. Each finding has associated recommendations, which are categorised in the following way:

Immediate term	**To be implemented now**
Beyond 2025	**To be implemented if the program continues beyond 2025**
Learnings for outcomes-based contract commissioning	**Learnings relevant for future outcomes-based contracting**

Resolve plays a valuable role in clients' mental health recovery

The evidence highlights Resolve has a positive impact on clients' lives. The data indicates that Resolve has supported clients to reduce the number and length of their hospital stays, and Emergency Department presentations (when compared with their year prior to enrolment). Feedback from clients and staff highlight the positive impact Resolve has for clients. Commonly clients asserted that Resolve contributed to their reduced engagement with the health system, particularly for unplanned engagements such as presentations to Emergency Departments, as well as improved confidence, social connections, participation in community life, and relationships.

These outcomes have largely been attributed to highly relational nature of the Resolve program, underpinned by the lived experience of staff. All clients commented on the quality of the relationships they had with Resolve staff, explaining that they felt accepted, understood, cared for, and supported. This was largely attributed to staff's lived experience and clients described this sense of a shared experience with their worker being powerful in terms of establishing a rapport and a trusting environment.

While a non-clinical, peer delivered model of psycho-social support is not unique to Resolve, many frontline stakeholders believed Resolve addressed a service gap for clients with severe and persistent mental illness. While some elements of Resolve provide unique support (i.e., short-term residential stays and an after-hours warmline), the ability for clients to access a range of support through a single relationship was seen as particularly valuable as it facilitated flexible and holistic support alongside a client's recovery journey, underpinned by strong relationships with peers.

RECOMMENDATION 1 — Immediate term

Conduct a comparative analysis with other community-based psycho-social support programs (such as HASI, CLS or YCLSS) to identify features which can be adapted to strengthen all programs.

NSW Health provides a range of different community-based mental health support services, all with different target cohorts and models of service delivery. This evaluation has identified key features of the Resolve program which stakeholders have found valuable, and a comparative analysis would enable NSW Health to improve and streamline all support for people recovering from severe and persistent mental illness.

CONCLUSIONS AND RECOMMENDATIONS CONTINUED

Recovery-oriented practice is inconsistently implemented to effectively drive clients towards achieving their recovery goals

The delivery of Resolve as recovery-oriented has matured at both sites since the Baseline report. However, the evidence demonstrates the model is being inconsistently implemented by staff and across sites.

Key areas of focus to improve implementation include:

- **Consistent application of peer work principles** – to ensure all staff are supported to intentionally integrate their lived experience into their practice and maintain appropriate boundaries with clients.
- **Consistent use of systems and tools to support recovery** – including the use of IRPs with clients to provide a sense of a programmatic journey over the two years that is strongly anchored to outcomes and recovery goals. Additionally, clear and consistent communication as to the purpose of assessment tools (such as CANSAS and RAS-DS) to improve their uptake and monitor individual progress and collective impact. This will help enable staff to intentionally apply the various model elements to secure strong outcomes.
- **Early and ongoing transition planning** – while initiatives such as introducing transition support workers have supported clients to connect with additional support at program exit, there is limited evidence that transition planning is occurring at the beginning of support and is regularly reviewed in partnership with a client. More frequent check-in points with clients to assess their current and future support needs, paired with improved collaboration and partnerships with LHD staff could enhance recovery outcomes.

RECOMMENDATION 2

Immediate term

Reallocate program underspend to recruit an individual focussed on consistent and deep application of the recovery-orientated model elements to provide a strong foundation for supporting recovery goals

Program underspend should be used to employ a Flourish role with a focus on ensuring Resolve's recovery-oriented model is consistently implemented. Ideally, this individual would have a lived experience of a mental health issue/s and would be focussed on:

- training and educating staff in their role as a peer worker, and guiding their application of their lived experience in their peer work practice
- supporting staff to use and appropriately position recovery tools (including IRPs and assessment tools) and the model elements (warmline, residential stays) to shape a client's support and drive outcomes
- monitoring the extent to which recovery-oriented practice is being consistently implemented to inform continuous improvement
- identifying what additional tools and supports a client needs to achieve their recovery goals
- identifying learning and development opportunities to enhance staff capabilities in recovery-oriented practice.

CONCLUSIONS AND RECOMMENDATIONS CONTINUED

RECOMMENDATION 3

Immediate term

Strengthen partnerships between Resolve and the LHDs to better enable holistic and integrated care

Resolve and LHD staff can consolidate their current processes surrounding client updates and strengthen their partnership through working together at a series of interfaces, such as:

- client update meetings, held monthly, to discuss the progress and needs of clients
- three-monthly reviews where the client, LHD clinician and Resolve peer worker (and transition support worker if appropriate) meet to coordinate and update the IRP
- regular communication on an ad hoc basis either face-to-face, or via email, phone or SMS to keep each other informed about: changes in the client's mental health and wellbeing, incidents (i.e., hospitalisations), new information in relation to client condition (i.e., past experiences that had previously not been disclosed), optimal application of the model elements to support recovery, and updates to the goals or focus areas for the client.

The frequency of meetings and communications may change depending on the client's recovery journey.

There has been low uptake of the residential stays, which may be due to multiple factors

The residential stays offer clients the option of a short-term stay at the Resolve site, a unique feature of Resolve. Once clients engage with this program feature, its value is realised, but engaging clients to participate in a stay in the first instance, has been a challenge. This may be due to a range of reasons, including:

- lack of clarity regarding the potential value of the residential stay feature influencing how staff position the option with clients
- peer workers' appetite to staff the overnight shift potentially affecting how the stays are communicated to clients
- the COVID-19 restrictions meaning the stays were not able to operate.

RECOMMENDATION 4A

Immediate term

Clarify the program model and the purpose of the program features to improve how they are communicated to clients

Site Managers should work with staff to ensure they are clear on the purpose/s of the program's features, particularly the residential stays, and how to communicate these to clients. It may also help to document the purpose of each program feature and how it may support a client's recovery, which can be reviewed during the onboarding process for new staff. This, in tandem with Recommendation 1, should support staff to appropriately communicate and integrate program features, namely the residential stays, into a client's recovery experience.

RECOMMENDATION 4B

Immediate term

Gather an understanding of staff and client preferences to inform rostering

As best as possible, staff should be placed on shifts that correspond to their strengths and preferences, noting all staff must work on a rotation in order to benefit from opportunities for support and supervision. Site Managers should identify which staff have a preference and strengths in being on the overnight shift. If staff are identified as less willing or enthusiastic to staff the overnight shift, this barrier should be explored with Site Managers to understand the drivers and potentially alleviate any hesitation (acknowledging there will be some peer workers for whom the overnight shift does not suit their own recovery journeys and/or their personal circumstances). This knowledge will help to inform rostering.

CONCLUSIONS AND RECOMMENDATIONS CONTINUED

Eligibility criteria may prevent Resolve meeting referral targets, and supporting people who would benefit from Resolve's support

With 318 people referred to the program as of September 2021, Resolve is slightly behind its referral target of supporting 330 people. Challenges in the Western NSW LHD being able to achieve referral targets appears to be a function of the reducing pool of people eligible to join the program and the growing proportion of people who are refusing to accept referrals to Resolve.

Stakeholders also suggested the eligibility criteria and referral processes may prevent the program from overcoming challenges in meeting referral targets. As the eligibility criteria are applied entirely objectively, this may exclude people who fall just outside the program parameters and would benefit from Resolve's support. Additionally, restrictions on when Resolve can begin engaging with clients does not overlap with their time as inpatients, limiting the ability for LHD staff to spend time supporting potential clients to engage with Resolve.

RECOMMENDATION 5A

Immediate term

Undertake data collection to identify ineligible individuals who could benefit from Resolve's support

Data collection could be undertaken over a 3-to-6-month period to understand which individuals, not eligible for Resolve, may benefit from the program (such as those who fall just outside the inpatient days, geographic or age boundaries, those who frequently present to Emergency Departments or intensively use community mental health services). Data collection should seek to understand the demographic and diagnostic profile of these individuals, and the factors that influence their ineligibility. This information will help to inform the development of a supplementary eligibility criteria.

RECOMMENDATION 5B

Immediate term

Develop supplementary criteria to enable a wider group of people to engage with Resolve

Based on the data collection outlined above, a supplementary eligibility criterion could be developed that allows individuals to access Resolve support when the program has capacity to accept them without preventing an eligible person from participating. Examples of secondary criteria may include broadening the upper age limit, expanding the geographical boundaries of the program and/or accepting individuals who have spent less than 40 days in hospital or who have presented to the Emergency Department on several occasions.

CONCLUSIONS AND RECOMMENDATIONS CONTINUED

Program partners could have invested more into supporting an organisational shift at Flourish towards a culture that supports outcomes-based contracting

Flourish, and the Resolve program, have had to adjust to a new operating environment under an outcomes-based funding contract such as an SBB. Under an outcomes-based funding contract, there is much more flexibility to shape support that enables clients to achieve outcomes. This differs substantially to the type of arrangement Flourish and LHD staff are used to operating under – one that requires them to meet a range of conditions and where funding is linked to their client numbers and services delivered. Flourish and Resolve has made some changes to how they work (such as the use of brokerage and introduction of the transition support worker) but there is a lack of evidence that suggests a shift within the organisation more broadly that is focussed on changing practice to improve outcome achievement. This may signal a need for greater investment in education and training to support a greater cultural shift from delivering traditionally block-funded programs to outcomes-based contracting and represents an opportunity for all program partners to focus on and better support this organisational change.

RECOMMENDATION 6A

Immediate term

Flourish to invest in training to support a shift to an outcomes-based contracting culture

It is important that Flourish staff from Head Office to peer workers understand why Resolve operates under an outcomes-based contract, the flexibility this affords and the role they can play in delivering strong outcomes. Greater investment in training may help support Site Managers and staff to identify how they can alter their practice in line with an outcomes focussed approach. Training needs to be paired with ongoing support and encouragement from management – tailored training for Site Managers could be of utility. Practice discussion meetings with staff from both sites could also be conducted to brainstorm ideas about how to improve their practice to be focussed on outcome achievement.

RECOMMENDATION 6B

Immediate term

Gather and document learnings about support needs for organisations new to outcomes-based contracts

Any organisation shifting to an outcomes-based contract arrangement (both funders and recipients of funding) should from the outset be afforded the necessary support to build their capacity to operate under this new type of contract. To support future organisations operating under an SBB, and particularly those new to outcomes-based contracting, program partners should meet to discuss and document learnings. Specifically, learning regarding the type of support Flourish would have found beneficial, as well as partners' roles in supporting a mindset shift, should be discussed.

CONCLUSIONS AND RECOMMENDATIONS CONTINUED

The two-year timeframe lacks flexibility to respond to different recovery experiences of people with severe and persistent mental health issues

Flexibility in mental health programs is important for enabling support to be customised to meet individual clients' needs. While the Resolve program model mostly allows for a client-centred recovery-oriented approach, the strict two-year timeframe lacks flexibility to respond to varied recovery journeys. While having a time limit is a reasonable expectation in program design generally and was required to support the SBB structure for Resolve specifically, it is critical there is flexibility to keep clients on the program for longer (if needed) to ensure they reach a stage in their recovery where they can manage their symptoms and reduce their need for hospital. If the Resolve program continues beyond 2025, consideration should be given to extending the two-year timeframe as required by individual clients.

RECOMMENDATION 7 — Beyond 2025

Introduce flexibility into the two-year timeframe to respond to different recovery journeys

A client's readiness for program exit should be assessed 6 months and 3 months before they have completed two years in the program. This may involve LHD and Resolve staff (including the transition support worker) meeting with the client to determine their preparedness for program exit. If it is determined that the client may not be ready to exit from the program after two years, they should be offered the opportunity to stay on the program for an additional 3-6 months (depending on their level of need). Additionally, consideration should be made to counting a client's time in the program from the date they engage with Resolve (rather than their date of enrolment).

The reduction in NWAU as a measurement may not adequately capture the impact of Resolve on clients

The payable outcome measure of NWAU reduction is a reasonable proxy for assessing whether clients have reached a stage in their recovery where they need less support from hospital. However, this measure of success can give an incomplete picture of the value of Resolve. The outcome metric is not able to capture the outcomes that may be significant to the experience of the client (e.g., improved social connections, increased confidence, improved self-management) as they do not translate into savings to the public health system. An outcome metric that embeds some of these other positive outcomes would be ideal as it may offer a more holistic picture of program success. For future mental health related SBB investments, it may be prudent to consider a diversified payable outcome measure that includes a reduction in service usage as well as a more person-centred and recovery-focused measure.

RECOMMENDATION 8 — Learnings for outcomes-based contract commissioning

Consider a diversified payable outcome measure of NWAU and a recovery assessment tool to assess program performance

Establishing an index of hard (objectively and independently measured) and soft outcomes (subjectively measured) can mitigate some of the limitations of solely using a hard outcome such as NWAU. An index of hard and soft outcomes have been used for programs funded by a SIB in the United Kingdom (such as Ways to Wellness).[36] The advantages of using a soft outcome in tandem with a hard outcome is that it can reduce some of the limitations of a hard outcome by adding a richer, person-centred picture of program success and indicating progress towards a hard outcome that may take time to achieve.[37] For Resolve or future mental health focused SBBs in NSW, consideration could be paid to adopting an index of health service reduction (NWAU) (hard outcome) and patient reported measure (such as RAS-DS) (soft outcome), and providing a weighting to each of these measures. This may help ensure the program's impacts are more fairly assessed.

36 Government Outcomes Labs. (n.d.). Setting and Measuring Outcomes. Accessed at: https://golab.bsg.ox.ac.uk/toolkit/technical-guidance/setting-measuring-outcomes/#identifying-the-right-outcomes__hard-and-soft-outcomes

37 Ibid.

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