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**Summary Report:**

**Wellington PATHS Service**

**October 2005 Implementation Review**

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*A summary of findings from the 12 month implementation review undertaken by the Capital and Coast District Health Board of the Wellington PATHS service – a tripartite partnership between the DHB, Work and Income – Wellington region, and the Inner City Project.*

## Table of Contents

|            |  |    |
|------------|--|----|
| 1.         | Service Overview                                     | 3  |
| 2.         | Review Methodology                                   | 3  |
| 3.         | Key Statistics                                       | 4  |
|            | 3.1 Referral and Uptake to the PATHS Programme       | 4  |
| 4.         | Client Perspectives                                  | 5  |
|            | 4.1 What is working well?                            | 5  |
|            | 4.2 What opportunities exist for future development? | 6  |
| 5.         | Agency Perspectives                                  | 8  |
|            | 5.1 What is working well?                            | 8  |
|            | 5.2 What opportunities exist for future development? | 8  |
| 6.         | Next Steps   | 10 |
| Appendix 1 | Staircase to Independence Model                      | 12 |

## **1. Service Overview**

The Wellington PATHS (Providing Access to Health Services) service is a partnership between the Capital and Coast District Health Board, the Ministry of Social Development and the Inner City Project.

The service assists clients of Work and Income who are in receipt of either the sickness or invalids benefit, who want to return to work but are prevented from doing so because of health related barriers to employment.

The PATHS service is an intensive case management approach which is founded on an alternative service paradigm that puts the client in control of the pace and the sequencing of assistance needed. The services within the PATHS framework include:

- (a) developing a health and wellness plan to address the complexity of health, social and work readiness needs of the client
- (b) providing one on one case management support and advocacy
- (c) navigating and supporting clients through the health system to ensure they access the services they need as well as the additional assistance PATHS provides to those clients who might otherwise wait 6 months or longer for a health intervention
- (d) assisting clients with linkages to community services and local support, and
- (e) providing pre-employment, job placement and in-work support services that are appropriate to clients' transition back into the workforce.

In addition to the alternative service paradigm, there are two other aspects of the service that makes PATHS special.

Firstly, the "intervention team" comprises coordinators from Work and Income, the District Health Board and the Community Mental Health sector, together with a GP advisor to the team. At all times communication is maintained with the client's own GP. PATHS aims to take holistic approach to case management, breaking down the traditional silos between partnering agencies.

Secondly, Cabinet approved funding for a number of PATHS projects to be established across the country. The fund is administered by MSD and allows a mix of services to be put together in a way that could not be funded by either Work and Income or the DHB alone. This means that sophisticated health and wellness plans can be developed for clients with complex issues that actually address the broad needs of these clients to facilitate their journey back to employment.

The Capital and Coast District Health Board were approached by MSD in 2004 to be the first of the non-pilot regions to roll-out PATHS. The significant good-will and commitment by staff of Work and Income regional office, ICP and C&CDHB has resulted in a very satisfactory first year of operation. There is still some work to be done to bed-down aspects of the service, but as this review shows, the Wellington PATHS service is well on track to being a most effective approach to assisting SB and IB clients transition back into work.

## **2. Review Methodology**

The Capital and Coast District Health Board contracted an external evaluator to undertake this review. Although PATHS had "officially" been running in the Wellington region for 14 months, the service had taken about 4 months of that period to establish, gain referrals and begin working with clients. As a result, it was decided this exercise should not be a fully blown evaluation, but instead an implementation review based around:

- (a) The statistical data at hand collated from MSD's PATHS excel database
- (b) The client progress data as tracked by the "staircase to independence framework" and collected for each client by the intervention team, and
- (c) The perspectives, opinions and experiences of stakeholders to the service – clients, partnering agencies and contracted providers.

### 3. Key Statistics

#### 3.1 Referral and uptake to the PATHS programme

- In the 14 months since the programme began, more than 200 people have been referred to PATHS. On average, 50% of the people referred go on to participate in the programme. The overwhelming majority complete the programme with only 11 clients leaving PATHS before finishing the interventions they had planned.
- A snapshot of progress at February 2005 showed that:
  - (a) 31% of participants of Wellington PATHS participants had transitioned into volunteer work, part-time work or full time employment, and
  - (b) a further 2% of Wellington PATHS participants had transitioned into training opportunities

In other words, a very encouraging 40 of the 120 participants had successfully received sufficient health interventions to allow them to move into employment or development opportunities. This is not a static process as work with clients is ongoing to ensure their employment outcomes are sustainable.

- The majority of people *referred* to the programme are European (70%), while Maori make up 19% of referrals, Pacific people 8% and people other ethnicity 4%. However, Pacific people have the highest *uptake* of the service (67%), followed by Maori and Other (55%).
- The majority of people participating in the service are aged between 35 and 44 years (65%), followed by people 55 and over (64%). The lowest uptake is among adults aged 25 to 34 years. People between 45 and 54 years are the group most likely to complete the programme (81%).
- Over half of the referrals to PATHS were made by Work & Income case managers. However a higher proportion of people referred by community or health professionals actually entered the service. Of those who completed the programme, the highest proportion from the group were referred by health professionals.
- People who entered the service in the first 6 months tended to have moderate to high levels of complexity of health and social issues (85% medium to high), while those who joined later are slightly less complex (67% medium to high). This difference impacts on their progress through different stages of the programme.
- Overall, earlier participants progressed through the programme more slowly than those who joined later (after May 2005). For example, the time taken for early participants to reach Stage C (full-time study, part-time or voluntary work) ranged

from 4 to 10 months, while later participants reached this stage after 4 months. This reflects both the complexity of the participants' issues, as well as the improvements in the PATHS processes as the service was established.

## **4. Client Perspectives**

Comment from people who used the Wellington PATHS service revealed the following common threads about what is working well for the service and areas for further development.

### **4.1 What is working well?**

#### *The co-ordinators*

The review gathered a wealth of comment praising the attitude and approach of the PATHS co-ordinators.

People who have used the service commented on the friendliness, helpfulness, respect, care and support that co-ordinators offered to them. Comments revealed a deep appreciation for the supportive relationships that developed between people and their co-ordinator, and the genuine effort that co-ordinators made to find the best services and supports for each person. People felt that this relationship was a boost to their morale and motivation to achieve the goals they had set.

In addition to developing a supportive relationship with people using the service, comments also note the teamwork displayed by co-ordinators and their ability to find real solutions.

#### *The access*

A significant number of people who contributed to this review wanted to change their lives. However they faced barriers to achieving what was required including the financial restrictions of the invalids or sickness benefit, and the practical restrictions associated with their condition. For example, long waiting lists for surgery can mean living in pain, incapacity and financial hardship, for considerable periods of time. For many people, the PATHS process has provided expert help to obtain the services they needed but could not arrange through normal channels. As a result of the process people have been able to achieve what they could not achieve on their own – improvement in their lives, confidence in their ability to work and increased employment opportunities.

#### *The solutions*

The PATHS process is focussed on individual needs and on creating tailor-made solutions for each individual. Comment from people using the service indicates that they found this invaluable. For many people the PATHS process is the first opportunity they have had to explore what they needed with someone focused on this and able to help them achieve it. They felt that the PATHS process was working effectively with them to address their problems rather than just treating their symptoms.

Comments again put emphasis on the approach taken by co-ordinators and employment consultants also. People stated that the flexibility, knowledge, and expertise offered during the process had made their lives easier.

#### *The approach*

People using PATHS commented that the different agencies involved in the project were able to work together in a more efficient and effective way.

People felt that this meant their needs were addressed in an integrated manner, making it possible to achieve much more than a person who approaches different agencies one by one. As a result, people were able to address their personal and social needs while pursuing employment goals.

The integrated approach and institutional support had also helped people to address any difficulties that occur along the way.

#### *The interface*

People commented that it can be stressful and difficult to approach different agencies for support or care, such as those involved in PATHS. As a result some people “miss out” on services that might be available to them. The co-ordination involved in the PATHS process meant that people had support when contacting or liaising with different agencies. People felt that this support reduced their stress and any risk of an adverse affect on health and wellbeing.

## 4.2 What opportunities exist for future development?

#### *Increase the pace*

Many clients noted that they left the initial PATHS interview feeling motivated and “ready to go”. Increasing the pace of early steps within the process would ensure that people maintain this sense of optimism and momentum. Any delays at this early stage can lead people to become confused and lose motivation.

#### *Explain the process*

Not all clients recalled seeing their Health and Wellness plan. Ensuring the written plan is shared with each client would help to explain the process and avoid any potential confusion. Clearly explaining the services and supports the person can expect to receive is essential in ensuring the client maintains control of their involvement in the process.

Some clients noted that they were dealing with more than one coordinator at different points in the process. Assigning a lead-coordinator to be the main contact person would make communication clearer for people using the service. Keeping people informed of any changes to the co-ordinator and the reasons for such changes will also help to reduce confusion or concern.

#### *Explain the referral*

To become involved in PATHS, clients require referrals from their GP and their Work & Income case manager. If a referral is declined it would be helpful to explain why this has happened as clients tend to become excited about the prospect of the PATHS service but can feel a strong sense of disappointment when a referral is declined.

#### *Maintain contact*

Comment from clients who have used PATHS revealed that their relationship and contact with the co-ordinator was a highlight of the service. Maintaining regular contact throughout the process is important to that relationship and will help people to feel in touch with what is happening, even if there are delays. Some people noted that there are times during the process when *additional* contact and support from the co-ordinator would be particularly e.g. immediately following surgery.

#### *Watch the workload*

Clients using PATHS have seen it grow and realise that it could be valuable to many others who are currently unable to work. As the service reaches saturation point it is possible that staff will become overloaded, particularly the co-ordinators who are seen to play such a crucial role. Monitoring the workload of each PATHS co-ordinator will help to ensure they have the time required to maintain relationships and provide intensive case management and regular contact with people using the service.

*Sort the entitlements*

People using PATHS are often entitled to a range of services and payments. However these entitlements are not always clearly explained and navigating entitlements continues to be confusing and stressful for clients. Ensuring better linkages between the PATHS coordinator and the clients' case managers may assist in addressing this issue.

*Automate the payments*

The PATHS process can include payment for care and support that is not typically made to people who receive a sickness or invalids benefit. In order to obtain approval for these payments clients sometimes have to explain their personal circumstances to their own Case Managers, who may still be becoming familiar with the with the PATHS service themselves. Clients using the service note that they find it difficult and/or awkward to provide such personal information to their Case Managers. Developing an automatic payment process would help to avoid these difficulties and overcome the "dual Work and Income relationship management" issue that still remains for clients engaging in PATHS.

## **5. Agency Perspectives**

### **5.1 What is working well?**

The PATHS project brought together a number of agencies that provide care, treatment and support. While the agencies took different roles in the project, several key themes about the success of the project have emerged through this evaluation. Comment across the agencies highlights the following.

#### *The integrated partnership approach*

A sense of partnership and shared support developed around the PATHS project at a service level. Working in this way allowed agencies to contribute their knowledge, skills and resources, which lead to the integrated approach that helped participants achieve what they need. The co-operation and commitment demonstrated by each agency was considered vital to the success of the project as it encouraged a willingness to deal with operational issues and service development in a flexible and constructive manner. The early input and active participation of the primary care sector was particularly valuable in ensuring the collaborative approach to the service was effective.

#### *The teamwork*

Staff from different agencies felt they could work together as an interdisciplinary team. Comments note a shared focus on the needs of people using the service, so there was no conflict of interest between team members. Team members had clear roles and people respected the knowledge, skill and expertise each brought to the project. Privacy around clients' health information was understood to be paramount by each of the partners. Clear protocols were developed to protect personal information early on in the service's design.

Communication processes between team members helped to develop positive relationships and encouraged a problem-solving approach. This ensured that people did not lose sight of the "power of this opportunity to do things differently".

#### *A shared commitment to a new paradigm*

Comment across the agencies recognises that the PATHS project offered an opportunity to try a different paradigm. There was a sense that staff had recognised that "more of the same" was not going to work – "if it worked for people with complex needs then we wouldn't need PATHS".

There was a clear commitment to the new approach across the agencies and the management involved. An open and honest culture developed which meant that any issues were dealt with promptly and in a collaborative manner.

### *Continuity of Staffing*

Continuity of staff allows relationships to develop between team members and people who use the service. Changing staff can cause difficulties, particularly where the role includes discretion around the support or services that can be made available to people. The continuity of staff at a service provision level has ensured the team has remained cohesive and the clients have benefited from continuity and quality of service.

## **5.2 What opportunities exist for future development?**

It should be noted that some of the points raised by agencies support those already presented by clients using the service. These points have not been repeated in the following section.

### *Further refinement of the process*

Comment from participating agencies note that some aspects of the current PATHS process have the potential to cause delays for people using the service which can become frustrating and disheartening. Agencies suggest a design issue with the process that might warrant refinement. For example some aspects of the process occur in sequence where one aspect is required before others can occur, eg the GP report. Agencies note that this can cause problems as any delay in receiving the report currently delays the start of other aspects of the process. A second example occurs when people refer themselves to a supported employment service and are then redirected to PATHS, experiencing delays as they go through the process of assessment and health planning.

Comment suggests that further discussion of the PATHS process may help to understand and address the cause of the delays that currently occur, and also confirm the necessity for steps within the process or the sequence in which they occur. Communicating this information to people using the service would also help to reduce any frustration or feeling that the process has become stalled.

### *Share opinions*

Agencies note that there is sometimes an unexplained difference of opinion about the suitability of a person wanting to use PATHS, e.g. an application that is supported by other team members is declined by the GP or case manager. Training sessions, or clearer communications from the intervention team may help to address any issues leading to this situation. Providing a contact number for the PATHS co-ordinator in the service brochure would allow people to call and discuss their issues in the first instance.

### *Continue to address limitations*

In the initial stages of the PATHS project there was no service available to help people towards training or employment while they were receiving an Invalids or Sickness Benefit. People using PATHS raised this issue and it has now been addressed so that they also have access to such services. Identifying and addressing such limitations in the future will help to address the barriers experienced by people who seek employment.

### *Increase awareness*

Knowledge of PATHS appears to fluctuate across the services of participating organisations. This can mean there is no help provided to some clients seeking information or referral from welfare or health professionals. Regular contact between team members and staff in their own agency, together with training sessions could help to maintain awareness of the project, particularly where there are frequent staff changes.

### *Resource expansion*

Agencies are aware that the increasing number of people using PATHS has placed greater demand on the time available to work with them effectively. Monitoring the size of the team and increasing this as required will ensure that the achievements of people using the service are not limited by a lack of staff resources.

### *Continue to address discrimination*

The PATHS team is currently in the process of identifying organisations that provide training and support to address discrimination among employers.

Agencies involved in supported employment and community co-ordination have recommended that PATHS develop strategies to address the discrimination experienced by some people. Both groups note the wariness, overt or covert discrimination practiced by some employers. This discrimination is linked to perceptions about mental and physical health issues, age, body weight, religious beliefs and criminal record.

## **6. Next Steps**

Since the completion of this review, the PATHS intervention team and the PATHS working group have been working together to identify some solutions to issues raised in the review.

The following table outlines the issues currently being addressed, and the mitigating responses the team is working through to improve the service experience for clients.

| <b>Issue</b>   | <b>Response</b>  |
|--|--|
| <b>Health and Wellness Reports</b><br><br>Delays in the receipt of GP reports delays interventions for clients | Issues around timeliness of reports addressed at the local GPs conference in March 2006<br><br>Process implemented to ensure reports not received within one week are followed up with Practice Nurses   |
| <b>Coordinator Work-loads</b><br><br>Growing workloads are seen to be a problem with a limited staff resource  | The Working group is currently working through a staff resource plan to ensure:<br><ul style="list-style-type: none"><li>(a) we have sufficient staff to cover a growing client base</li><li>(b) we have sufficient cover for when staff are on leave</li><li>(c) coordinators are well supported through professional supervision and development</li></ul> |
| <b>Institutional Knowledge of the PATHS</b>  | Coordinators will complete visits to all   |

|  |  |
|--|--|
| <p>service</p> <p><b>Work and Income Case Manager Knowledge of the PATHS Service</b></p> | <p><b>Work &amp; Income sites by March 30 2006 to</b></p> <ul style="list-style-type: none"> <li>(a) provide an update of the service after a year</li> <li>(b) reacquaint existing case managers with the service's approach, and</li> <li>(c) provide training to new SB/IB case managers about the service and the referral process</li> </ul> <p>Ongoing follow up and site visit will be planned over 2006/2007</p> |
|--|--|

|  |   |
|--|---|
| <p><b>Sufficiency of Client Information</b></p> <p>Assurance that there is sufficient information within the GP reports for the intervention team to progress the full intervention plan</p> | <p>GP Liaison (Dr Sean Hanna) will call each client's GP on receipt of the GP report to discuss the patient's issues, and gain additional information where necessary.</p>  |
| <p><b>Multiple Service Contacts</b></p> <p>People confused as to which coordinator to deal with and have indicated they would prefer one contact.</p>  | <p>The intervention team will improve communications to clients about the roles of each coordinator</p> <p>Single PATHS business card will reinforce roles in the team</p> <p>Staff will build confidence with clients in a "no wrong door" approach to the service</p>                         |
| <p><b>Complexity of Entitlement</b></p> <p>Clients sometimes feel they are missing out on W&amp;I entitlements</p>   | <p>W&amp;I PATHS coordinator will strengthen link with clients' case managers to ensure all entitlements are explored with client.</p> <p>Where privacy of information is inhibiting access to full and correct entitlement, W&amp;I PATHS coordinator will liaise fully with Case Manager.</p> |
| <p><b>Ongoing Service Development</b></p>  | <p>Unlike some regions, Wellington has opted to maintain a PATHS working group to provide additional support to the intervention team in:</p>   |

|  |  |
|--|--|
|  | <ul style="list-style-type: none"> <li>(a) securing the resources necessary to develop the service</li> <li>(b) Identify service enhancements locally that improve health and employment outcomes for Wellington clients</li> <li>(c) Continuously review the services processes and policies ensuring relevance and focus</li> <li>(d) Maintain the notion of partnership as an underpinning principle in delivering a PATHS service that is positively different to normal silo-based service delivery.</li> </ul> |
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## Appendix 1 – Staircase to Independence Model

### Introduction

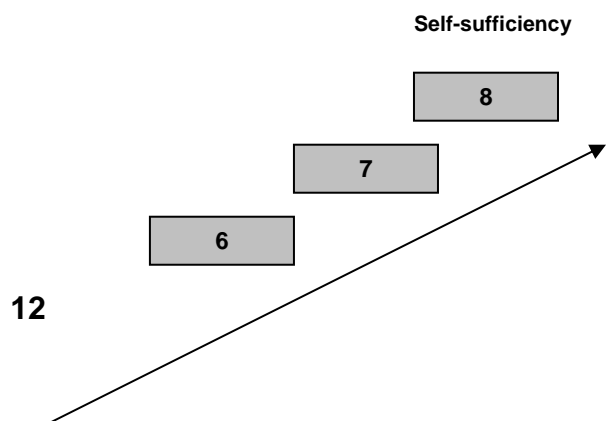
It is important that we are able to track PATHS clients’ progress within the service so that we can:

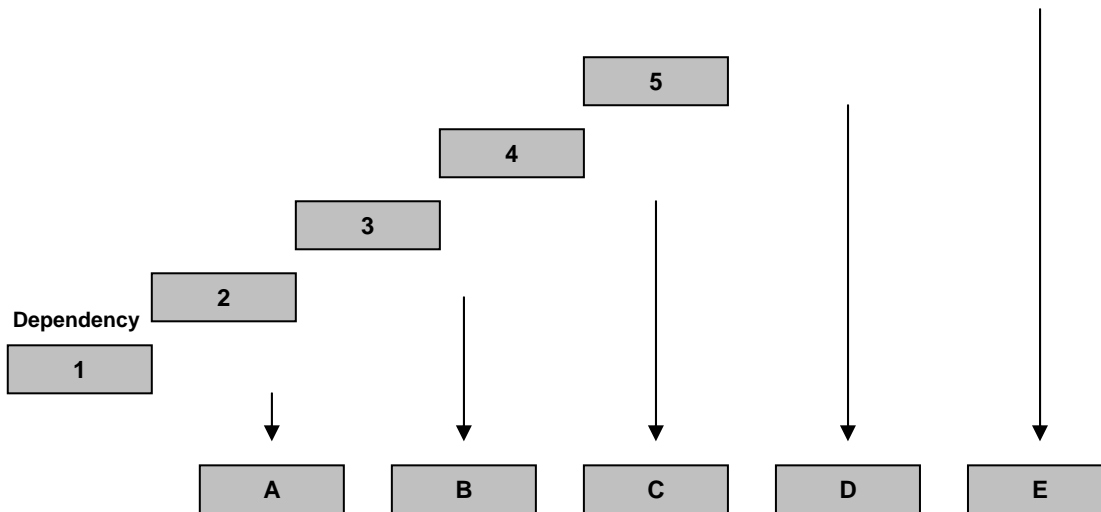
- (a) monitor and proactively manage individual clients’ transition to wellness and employment, and
- (b) report aggregate client progress across the region to key stakeholders and interested ministers.

To this end, the following mechanism has been developed to track progress. The mechanism attributes a numerical value to each client’s transition to wellness and employment on a scale from 1 to 8. In this scale 1 represents a benefit dependent client awaiting the health assistance they need to return to work, and 8 represents a successful transition to wellness and moderate self-sufficiency having exited the PATHS service successfully.

The descriptors for each of the measures in the scale are intended to be broad enough to clearly “fit” each client in the service into a progression category.

Additionally, we have identified a small number of exception categories so that we can clearly identify reasons for clients leaving the programme for various reasons.





#### Progression measures within the PATHS tracking tool

| Measure Code | Client Progress  |
|--------------|--|
| 1            | Client has multiple and complex needs and is in the early stages of having underlying health needs addressed   |
| 2            | Client has entered the PATHS service, has an intervention plan in place, and services have been engaged to assist client navigate regional health services   |
| 3            | Immediate have been addressed and other health related barriers to employment are currently being addressed  |
| 4            | Client is still receiving health related assistance, has been referred to Work and Income employment services to develop a "transition to employment" plan, and is receiving assistance to become "work ready" |
| 5            | Health set-back has referred client back into intensive health service   |
| 6            | Client is transitioning back into employment through supported part-time or voluntary work   |
| 7            | Client has transitioned into full-time employment with "in-work support"   |
| 8            | Client in work and no longer supported by PATHS  |

#### Exception Codes

| Exception Code | Reason   |
|----------------|--|
| A              | Client erroneously referred into the PATHS service   |
| B              | Client left PATHS by personal choice and returned to Sickness or Invalids Benefit without any health intervention provided   |
| C              | Client left PATHS by personal choice and returned to Sickness or Invalids Benefit with partial health interventions provided |
| D              | Client left PATHS as a result of the intervention team's recommendation that PATHS was no longer appropriate for them        |
| E              | Client passed away during participation  |