Peer/professional partnerships in community brain injury rehabilitation in Queensland

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The Skills To Enable People and CommunitieS (STEPS) Project was developed by the Acquired Brain Injury Outreach Service (ABIOS) in response to the ongoing complex, multiple community rehabilitation needs of people with acquired brain injury (ABI) and their families living in Queensland. Service and support opportunities are often limited and community attitudes can be restrictive in many communities-metropolitan, regional, rural and remote. In rural and remote areas, these problems are compounded by a paucity of community services and/or personnel, and the geographical dispersion of available services across vast distances. The model developed focused on the identification, training, support and supervision of local people to:

▷ organise and deliver a 6-week, structured educationally-based Group Program in their local communities

▷ foster the development of ongoing, self-managed local networks of support.

This paper will describe the deliberate cultivation of partnerships between the Project and local communities, and within local communities, which was critical to Project uptake in all phases of the Project- community development, Leader Training, Group Program delivery, post-Program Networks of Support and STEPS Leader Network.

Partnership cultivation

Community Developmental phase

▷ Initial Project planning involved community engagement in geographical or service areas in which the host service (ABIOS) already had established working relationships. This afforded the opportunity to streamline community engagement processes for the STEPS Project, including strategic exploration of partnership development in diverse local communities. As the Project progressed, focus shifted to areas in Queensland in which ABIOS had significantly less presence and/or working relationships.

▷ Linkages were made with key people in the target communities, and STEPS worked to develop a collective responsibility to progress the STEPS Project in these communities. Identified key people were a varied mix of health, disability and community service providers, and non-service providers with varied experiences with brain injury or stroke.

▷ Because Project staff did not always know of key people in particular communities, public community meetings were held in the target communities, to ensure exposure to as many prospective partners as possible. Word-of-mouth referrals from other local people were vital in identifying key players in each community.

▷ Partnership development and Group Program uptake in regional and rural areas was strongly influenced by major issues raised by local people. These included:

– Workload, multiple work roles and travelling demands for rural service providers

– Capacity for one service solely to take on burden of STEPS Group Program

– Leader support and supervision from STEPS

– Financial considerations for peer and lay people.

Innovative approaches in response to these issues were explored:

▷ STEPS encouraged local services to consider peer/ professional partnerships for program delivery, to:

    – help with workload issues, for both Group Program delivery, and ongoing Networks of Support work

    – lessen the need for the service provider to be present at all 6 consecutive weekly Group Program sessions. This was especially relevant for service providers with regular travelling commitments.

▷ Partnerships amongst local services were actively fostered by STEPS so that burden for STEPS was spread amongst several services. In several areas, these services did not have already- established working partnerships with each other. This approach led to uptake in a number of rural areas, e.g. Charleville, Cunnamulla, Mount Isa.

▷ Practical, interactive experience of the Leader support and supervision techniques was incorporated into the STEPS Leader Training package, so that trainee leaders were familiar with the techniques that would be used throughout their support and supervision by STEPS.

▷ Development of a STEPS Incentive Scheme which offered on application a one-off stipend to Group Program leaders who demonstrated completion of set tasks required of STEPS Group Program leaders.

Leader Training

A 2-day training program was developed to train leaders in the Group Program. Training was offered by Project staff in local communities, and ongoing support and supervision continued by phone and email.

Group Program Leaders were trained to facilitate delivery of the 6-week, structured group program as well as fostering development of an ongoing, local network of support over time. Leader Training courses have been conducted in 17 sites around Queensland during the STEPS Project, in metropolitan, regional and rural locations.

STEPS Group Program Leader Training was promoted to a mix of service providers (allied health professionals, direct support workers, community nurses, indigenous health workers, recreational therapists and allied health assistants) and non-service providers during the developmental visits to local communities. This latter group can be further subdivided into Peer Leaders (people with brain injury or stroke) and Lay Leaders (spouses, siblings, parents or friends). STEPS openly encouraged the concept of peer/professional partnerships as a legitimate, locally-viable means of program development.

In several locations, the use of peer leaders supported by local professionals and/or STEPS Project staff, or peer/professional co-leadership has been a novel method of addressing service delivery needs, with benefits and challenges for both parties.

Trainee Leaders who attended the training were a mix of service providers and peer and lay leaders.

The Interim Report for Leader Training Experience was completed by external evaluators, Griffith University Research Centre for Clinical Practice Innovation in April 2007. It detailed reasons for people choosing to become a STEPS Group Program Leader, their experience of STEPS Group Program Leader Training, experience of STEPS Group Program delivery and challenges involved.

Reasons given by Leaders for becoming a STEPS Group Program Leader included:

For Peer or Lay Leaders
▷ An altruistic response: helping others and the local community
▷ Self-education: understanding the experience and impact of brain injury and gaining first hand knowledge, increase skills in group facilitation
▷ Filling a service gap: Attending to the information and support needs of people with brain injury
For Health Professional Leaders
▷ An opportunity to provide a post-discharge service: A structured course
▷ Professional development: Increasing specialist skills and knowledge in brain injury
▷ Financially viable training option for organisations

Findings highlighted the central and crucial role of local community Leaders in leading STEPS Group Programs. They included:

▷ leaders perceive the Leader role has a positive influence on STEPS Group Program delivery
▷ future STEPS Leader activity (e.g. leading a second Group) is conditional, for a variety of reasons
▷ leaders view the STEPS Leader role as a broader partnership amongst leaders and participants, and local organisations and communities
▷ Volunteer (peer) Leaders require a more formalised and intensive process of engagement and management than service provider Leaders
▷ The need for further development of post-Program Leader support mechanisms

This last finding directly influenced the development of a dedicated STEPS Leader Network.

Trainee leaders completed an evaluation survey at the completion of the 2-day Leader Training. Most trainee leaders (80%) stated they were very satisfied with the training overall, and the remaining 20% stated they were satisfied. Furthermore, 87% stated the content was very relevant and the remaining 13% stated it was mostly relevant fro their work as a STEPS Group Program leader. The practical, interactive nature of the Leader Training was especially well-regarded.

Group Program delivery

STEPS Group Programs have been offered in 34 locations around Queensland, in metropolitan, regional, rural and remote locations.

A key component of local STEPS Group Program development and sustainability is working with local Leaders to offer the STEPS Group Program in a way that makes sense for a given community. STEPS establishes firm partnerships with its Group Program Leaders to ensure this occurs. Hence, STEPS Group Programs have been offered in locally responsive ways. Some examples include:

▷ *Co-leadership between service providers and peer/lay leaders.* This has worked successfully in several sites, including Mackay, Bundaberg, Charleville, Bracken Ridge, Logan Central and remote south west Queensland.

▷ *Co-leadership between peer and lay leaders.* This has strongly been encouraged and worked well in Bundaberg, Capalaba, Innisfail and Chermside.

▷ *Formation of service partnerships to deliver STEPS Group Program locally.* In many training sites, Leaders formed service partnerships to deliver a local STEPS Group Program, e.g. Charleville, Mount Isa, Cunnamulla. This was done for a number of reasons, including other work and life demands for Leaders, confidence in doing certain tasks only and experience with group facilitation. In some cases, STEPS facilitated the process of creating local service partnerships.

▷ *Ongoing partnership amongst STEPS, local host service and local peer leader.* In Bracken Ridge, this arrangement with a HACC service has resulted in twice-yearly STEPS Group Programs on an ongoing basis.

▷ *Partnership between Project and local service to incorporate STEPS Group Program into standard model of service.* In Rockhampton, the hospital rehabilitation unit has incorporated the STEPS Group Program into their organisational procedures, as a standard part of their service delivery. They now run STEPS Group Programs approximately 3 times per year.

Processes used to complete the Leader support and supervision during the STEPS Group Program were refined to respond better to Group Leaders' needs and preferences. STEPS Group Program Leaders reported a high level of satisfaction with the support and supervision provided during the Program, most notably its flexibility and ability to respond to individual Leaders' needs. This is especially important given the diversity of skills and experiences of the Leader population.

Post-Program Networks of Support

In 19 locations, post-Program Networks of Support have been established, and all except one are self-managed. STEPS directly coordinates one combined Group in Brisbane only.

These local Networks of Support continue to meet post-Program in a variety of configurations. Ten (10) sites have formal monthly meetings- with either a support, social or educational focus. In a further 6 sites, members have exchanged contact details and now do informal community activities together, e.g. walk dogs together, learn and play guitar together.

Members report a great sense of achievement in being able to establish much-needed local support, especially in regional and rural locations. They report that they feel they are now actively participating in their communities.

Re-defining any peer/professional partnerships at this juncture has been critical and again, emphasises the need to understand the local context for each community. A variety of configurations exists for these networks of support currently.

These networks are self-managed locally, but require a varying amount of supervision and support from STEPS staff based in Brisbane, to prevent dislocation from the STEPS model.

Leader Network

By April 2007, 71 participants had completed the STEPS Group Program Leader Training.

The Interim Report on Leader Experience from Griffith University , whilst acknowledging that the current sample size was small and not intended to be representative of the entire STEPS leader community, nevertheless indicated some broad conclusions, as follows:

"Even though leaders had every intention to remain in their role at the time of this review, they indicated that their future STEPS course delivery was somewhat dependent on receiving additional and continued support. In this regard, support was desired from other leaders (i.e., co-facilitation, co-leader availability, sharing leader experiences), from ABIOS (i.e., further training, refresher courses), and/or the community (i.e., referrals for the STEPS course from community organisations). Indeed, STEPS leaders indicated that they found the process of co-facilitation "essential", sharing leader experiences "motivating", and the support offered by the organising agency (STEPS) "crucial". The STEPS leader role can be viewed as one that extends beyond the immediate function of the group, into a broader partnership context, i.e., between leaders and the host organisation (ABIOS), other leaders, individual group participants, and the community. The strength and quality of these partnerships with leaders will likely impact on the sustainability of community rehabilitation initiatives."

The report recommended the following strategies for maintaining leaders:

▷ Facilitating leader *partnerships* – Support leader contact and communication with multiple parties (community, participants and other leaders) and monitor regularly.

▷ Promoting leader *activities* - Identify community based champions in organisations, and establish a network of supporters to promote the STEPS course within the local community.

▷ Facilitating processes of *engagement* – Develop guidelines for clarifying community based leader roles (health professionals and peer leaders), responsibilities, and boundaries, and incorporating best-practice research.

▷ Creating a supportive *leader network* in future – There is potential in the STEPS program to establish a state-wide leader network if it intends to remain a state-wide initiative. However, this will require a formalised system of leader engagement."

This final recommendation, the creation of a Leader Network, was embraced by the project as an essential strategy to maintain and retain the Leader group. This also incorporated the first recommendation regarding the facilitation of leader partnerships. The first step in the process to plan and develop these recommendations involved researching the processes used by other organisations who support a volunteer workforce, and by inviting input from the Leader group.

Advice and information was sought from several Queensland-wide organisations to inform project staff regarding the supports that they offer to their volunteer workforce. This was followed by a series of teleconferences in late 2007 where STEPS Group Program leaders were given the opportunity to input to the planning and development of a STEPS Leader Network. These discussions resulted in the following outcomes:

▷ Clear desire amongst leaders for face to face contact as a pre-requisite to other forms of contact;

▷ Decision for STEPS staff to create and circulate a Leader Contact List;

▷ Mixed response to teleconferencing/video conferencing as a medium for networking, but group acknowledgement that these methods provided possible applications for future training;

▷ Geographical location was not considered to be hugely significant, in terms of organising the network into smaller sub groups;

▷ On-line support was not greatly supported because of access to technology, familiarity etc, although there was support for a message board option because it would not be dependant on time.

In addition, STEPS staff recognised the opportunities for the network to perform the following functions:

▷ Applying the concepts of mentoring, supervision and peer support to the diverse mix of community rehabilitation providers that constitute the STEPS Leader Network

▷ Using group functioning theory to strategically support a dynamic state-wide network for STEPS Leaders.

▷ Discussing professional boundaries for STEPS Leaders, particularly those in rural locations.

▷ Providing further training in reflective practice concepts and strategies for STEPS Leaders.

▷ Fostering an holistic approach in Leaders for their own biopsychosocial needs, as well as allowing leaders to share and consider the common and varying needs of their Group participants in their local contexts across Queensland.

▷ Endorsing the success of STEPS Leaders in engaging with their local communities, and exploring further ways to consolidate and enhance this locally.

▷ Fostering further Network development- building on partnerships already established with other Leaders, local health/disability and other community services, and their local communities generally.

▷ Reinforcing the importance of consumer engagement in STEPS Group Programs, which fosters the Group's capacity to choose, control and direct their health and well-being in their local community.

Since November 2007, a number of strategies have been implemented:

▷ Consenting STEPS Leaders now have access to a shared contact list

▷ STEPS staff negotiated with staff of an external registered training organisation to allow STEPS Leaders to access their training opportunities. Leaders are provided with regular calendar updates and several individuals have attended these courses.

▷ "Virtual" networking – Leaders were encouraged to arrange Christmas parties for their group members and cards were sent to all group leaders to share with their groups

▷ 13 and 14 March 2008 – Inaugural STEPS Leader Conference held in Brisbane. This was attended by 16 leaders from around the state, including representatives from Innisfail, Mackay, Rockhampton, Charleville, Bundaberg and Brisbane.

The Inaugural STEPS Leader Conference provided an opportunity to:

▷ Facilitate the development of a strong, cohesive STEPS Leader Network

▷ Offer delegates the opportunity to directly engage with each other and experience face-to-face peer group learning

▷ Improve links with and amongst STEPS Leaders

▷ Plan the future of the STEPS Leader Network, including particular focus on the sustainability of the Network

The plan for the future of the Leader Network was facilitated during a dedicated conference workshop session by focusing on the key themes of role, scope and sustainability. This planning session generated the following actions:

▷ Establishment of leader email group which is administered by a STEPS Leader (not project staff). Any leader without access to an email account, who wishes to participate in this group, has been assisted to obtain access.

▷ Various community based actions agreed, including a request for STEPS staff to produce a DVD for leaders to use as a promotional tool in local areas.

STEPS project staff are continuing to encourage the participation of Leaders in the activities of the network and supporting them to achieve the goals they have set.

Conclusions

The STEPS Project has demonstrated that peer/professional partnerships can work in terms of initial engagement, partnership development within local communities, delivery of community group programs, partnering to maintain ongoing networks of support and participation in a Leader Network. There are benefits and challenges for group program leaders, participants and local communities.

The key requirements that STEPS has identified for its peer/professional partnerships include:

▷ Tapping into personal or work/professional benefits for prospective partners

▷ Embedding peer/professional partnerships as an integral part of the STEPS model. Potential leaders are encouraged to embrace the partnership concept in every phase of the project, from community

development, through leader training, program delivery and ongoing networks of support. The most critical phase is the 2-day leader training, as it is at this point that realistic, locally sustainable planning for group program delivery occurs.

▷ Flexible approach from STEPS throughout all partnership phases

▷ Demonstrated commitment to leaders by STEPS staff from the point of engagement onwards

▷ Formal processes for support and supervision

▷ Formal opportunities for leaders to engage and network.

Presenter

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