CRM Fidelity Study

Part Two: CRM Implementation in Everyday Practice Report

2014

Acknowledgments

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Executive Summary

This report presents findings that demonstrate the extent to which service delivery staff at Neami National implement practices that maintain fidelity to the guiding principles and therapeutic structure of the Collaborative Recovery Model (CRM) in their everyday work practices. It is the second in a series of reports aimed at sharing the results obtained from the CRM Fidelity study across the organisation.

Results and feedback presented in this report highlight that overall there is a high level of adherence to the model across the organisation. Staff self-ratings, consumer ratings, documentation evaluation and staff interview feedback all demonstrate a substantial level of implementation fidelity in particular for principle driven and conversation based actions.

Implementation fidelity is an ongoing process that takes reflection and commitment from individuals, teams and leaders across the organisation. The findings in this report point to a number of areas for reflection and refinement in order to strengthen and maintain fidelity to the model and thus ensure the services we provide are beneficial towards supporting wellbeing and recovery for consumers.

Introduction

Earlier this year Neami National (NN) initiated a research project titled "An Exploration of the Application of the Collaborative Recovery Model (CRM). The aim of the project was to:

- Assess whether the CRM is being implemented as intended (fidelity) within Neami,
- Provide an opportunity for staff and consumers to contribute as to what is working and what could be improved when it comes to utilising the CRM as a service delivery framework,
- Utilise input from staff, consumers, training data, Carelink data, and consumer file data to inform change management/implementation strategies that will enhance service delivery practices.

Overall, the intention was to provide an opportunity to reflect on how we are going with the model in practice and what areas or strategies can be improved to enhance our ability to deliver effective services to consumers.

Implementation Fidelity

Implementation fidelity refers to the degree to which a practice model is being delivered as intended by its designers. Within implementation fidelity research literature, if a practice model is being delivered as prescribed by its designers, then fidelity can be said to be high. The goal of assessing implementation fidelity is to ensure services to consumers are based on practices that have been designed to improve outcomes. Moreover, to authentically link outcomes to a practice model, fidelity must first be established. Threats to fidelity can arise from implementation gaps i.e. inadequate processes to establish fidelity or implementation drift i.e. inadequate processes to maintain fidelity.

As a practice model the CRM has a defined set of attitudes, knowledge and skills for practitioners to follow and utilise in their work practice. To support practitioner implementation fidelity, Neami has worked to embed the vital components of the model within the culture, structure and practices of the organisation. The CRM research project forms part of an ongoing process to strengthen and maintain fidelity to the model.

Evaluating CRM Implementation Fidelity

The core competencies that link to fidelity as defined by the developers of the CRM include attitudes, knowledge and skills pertaining to six domains as follows:

1) Recovery as an Individual Process
2) Collaboration and Autonomy Support
3) Change Enhancement
4) Values and Strengths identification
5) Life Visioning and Goal Setting
6) Action Planning and Monitoring

Embedded within each of these domains are actions and processes that can be assessed for fidelity. To explore the extent to which service delivery staff implement practices that maintain fidelity to the approach we used measures that included both broad-based action and process items and more specific action items, critical to fidelity, from across the six domains. The measures were designed by the developers of CRM and adapted for use in this study after consultation with consumers and

staff. For a full review of the measures used please refer to the CRM Fidelity Study Overview document on EMI.

Data Sources

In this report we present findings that demonstrate the level at which the CRM is currently being implemented during service delivery practices across NN. The report draws on a range of data sources that were obtained as part of CRM Fidelity Research project.

1. *Online Staff Survey*

Firstly, we present results from an online survey showing staff self-ratings for implementing the guiding principles and therapeutic structure of the CRM during work practices. Staff were asked to rate the frequency by which they applied practices generally i.e. across work practices and with a range of consumers. We have also included comments obtained through staff interviews to illustrate how these competencies are enacted during work with consumers.

2. *Consumer Evaluation of CRM (CEO-CRM) compared to Staff Evaluation of CRM (SEO-CRM)*

Secondly, we present results obtained through another part of the study where consumers and their key workers from 12 sites across NN individually completed a matched survey and brief interview. To compare consumer and key worker perspectives we used item matched survey measures; the Consumer Evaluation of CRM (CEO-CRM) and the Staff Evaluation of CRM (SEO-CRM).

3. *LifeJet Protocol Quality Completion Evaluation (GAP IQ)*

Thirdly, we present the results from an evaluation of consumers completed LifeJet protocols using the Goal and Action Planning Quality Audit Instrument (GAP IQ). Quality completion of the LifeJet protocols allows for documentation of 17 key implementation practices that pertain to both the guiding principles and the life planning enhancement activities that form the therapeutic structure of the CRM.

4. *Staff Interview Feedback*

Finally, utilising staff interview feedback and results that have emerged from other data sources included in this report we present a summary of common themes in relation to the benefits and challenges of using the CRM in everyday practice. Together the results in this report provide an opportunity for reflection and review towards enhancing our capacity to deliver effective services to consumers.

Staff Online Survey: CRM Implementation

In June this year, NN staff shared their views and experiences of using the CRM in their work role through the completion of an online survey. The online survey consisted of 58 questions and was designed to gather input and feedback from service delivery staff across implementation themes that relate to; learning, the extent of application in work practice, and the parallel process.

Two hundred and twenty two staff across Outreach, Homelessness, Sub-Acute, Peer, Arts and PIR roles contributed; with 174 of these being from direct service delivery roles and 48 from service delivery management roles. Staff respondent demographics demonstrate a reasonable representation of service delivery staff across NN at the time the survey was completed. Demographics of who responded are presented in the appendix at the conclusion of this report.

Results

The following results were obtained from the online staff survey. In the survey we asked service delivery staff to rate themselves for their application of a range of recovery focused practices consistent with the attitudes, knowledge and skills that are central to the CRM generally, i.e. across work practices and with a range of consumers. To complement these results we have included comments obtained through interviews with staff from another part of the CRM fidelity study.

Use of Guiding Principles

How staff rated themselves for implementing practices in line with Guiding Principles

Practice	Average Rating
Encouraging (or promoting ideas that lead to) consumers taking charge of their own wellbeing and recovery	4.5
Proactively facilitating (or promoting ideas that lead to) consumer involvement in considering choices, expressing choice and making decisions about their own recovery	4.5
Respecting (or promoting ideas that lead to respect for) a consumers' right not to have to take advice	4.6

Rating scale 1 = Never, 2 = Occasionally, 3 = Sometimes, 4 = Usually, 5 = Always.

Data source: Online staff survey completed June 2014.

Figure 1. Average staff self-ratings of implementing practices consistent with guiding principles of CRM.

More than 90% of staff who participated in the online survey rated themselves as implementing practices that relate to the guiding principles at usually or always. Feedback, obtained from interviews with staff, provide examples of how the guiding principles are perceived by staff in relation to their practice.

> *"So overall just having that sort of attitude in which the person's interests and values are what I'm following up on, I'm not really trying to get in the way of that, I always try and make sure that the person's interests are being met"*

> *"It instils a bit of confidence and gives people… allows people to start considering the possibility that they might be able to take ownership of their circumstances in some way".*

> *"So I think it gives you the benefit of really having the person in the centre of their own recovery, and really calling the shots".*

How staff rated themselves for practices in line with Guiding Principles
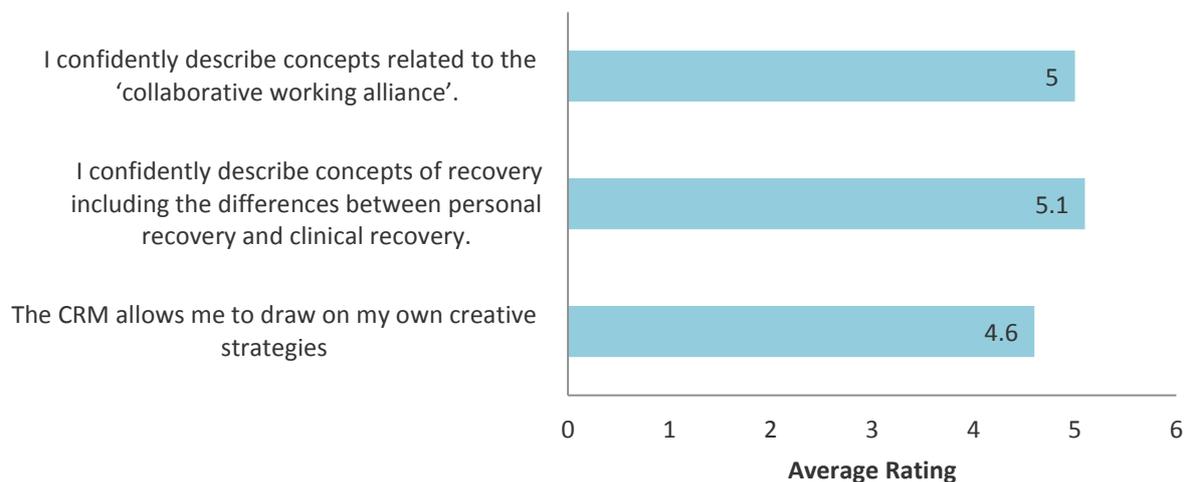
Rating scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Slightly Disagree, 4 = Slightly Agree, 5 = Agree, 6 = Strongly Agree.

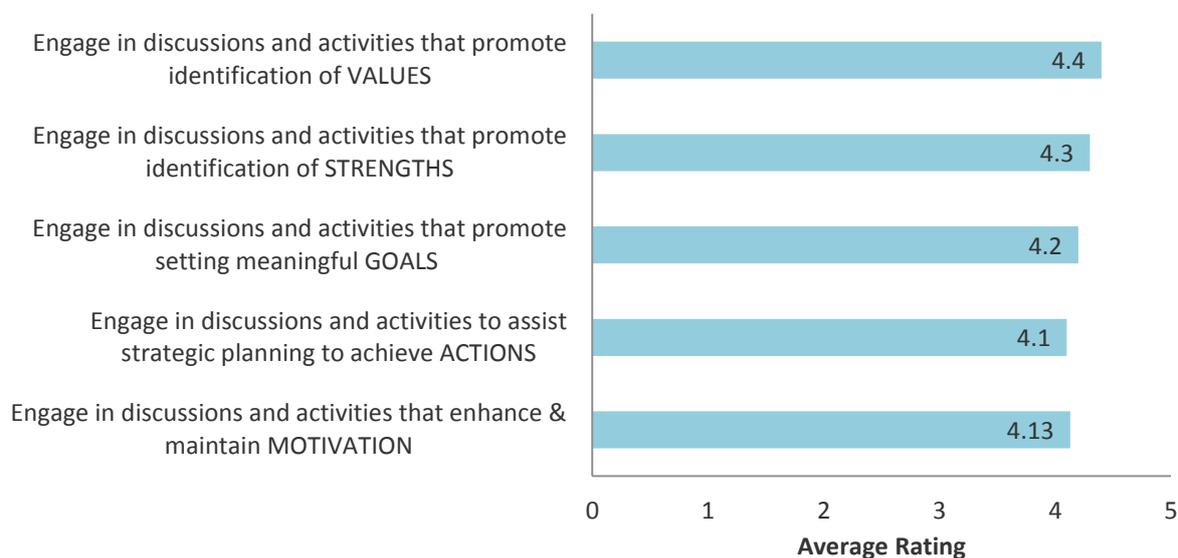*Data source: Online staff survey completed June 2014.*

Figure 2. Average staff self-ratings of knowledge and ability to implement practices consistent with guiding principles of CRM.

More than 90% of staff agreed that they can confidently describe concepts key to the guiding principles with consumers, colleagues and partner agencies. Close to 7% disagreed that they could confidently describe concepts related to the collaborative working alliance and 3% disagreed that they confidently describe concepts of recovery.

> *"So just around where the person is at in terms of their recovery, whether or not they feel like they've got hope in their life, whether or not they feel like they have a sense of autonomy in their life, so we have a lot of conversations around that, where the person is at, like if they even feel like they are in a recovery journey, if they don't really know what it is we try to explain it to them".*

Use of CRM Therapeutic Structure

How staff rated themselves for practices in line with CRM Therapeutic Structure

Practice	Average Rating
Engage in discussions and activities that promote identification of VALUES	4.4
Engage in discussions and activities that promote identification of STRENGTHS	4.3
Engage in discussions and activities that promote setting meaningful GOALS	4.2
Engage in discussions and activities to assist strategic planning to achieve ACTIONS	4.1
Engage in discussions and activities that enhance & maintain MOTIVATION	4.13

Rating scale: 1 = Never, 2 = Occasionally, 3 = Sometimes, 4 = Usually, 5 = Always

Data source: Online staff survey completed June 2014.

Figure 3. Average staff self-ratings to implement practices consistent with knowledge, attitudes and skills pertaining to therapeutic structure of CRM.

Almost 90% of staff rated themselves as implementing practices pertaining to the CRM therapeutic structure at the usually or always level. This represents a high level of fidelity in relation to the extent or frequency by which these competencies are implemented during service delivery practices.

The five items included in the online survey are broad-based actions that relate to practices that form the therapeutic structure of the CRM. The following is a break-down of how these actions may be applied within support interactions.

- **Engage in discussions and activities that promote the identification of values.** This includes what has become known within Neami as 'Camera' conversations, and includes activities that promote reflective processes towards being able to understand what is important or really matters to a person. Activities to support this process can include completing a Life Album, sorting values cards or using exploratory questions to uncover priority values and documenting on the Camera LifeJet protocol. Whilst CRM protocol holds that documentation and review of values identification is formally conducted every six months, skilful application of this competency means that values identification conversations will be threaded throughout most support interactions.

- **Engage in discussions and activities that promote the identification of strengths.** Given the alignment between values and strengths conversations and activities that identify strengths are likely to overlap with those of values. As with values identification, activities to support

this process can include completing a Life Album, card sorting exercise or using exploratory questions to uncover past and possible strengths and documenting on the Camera LifeJet protocol. Strengths identification processes are particularly useful when a person is considering what resources they have available to support themselves towards a goal or action. Skilful application of this competency means that conversations that promote clarification or acknowledgement of strengths will be interspersed throughout most support interactions.

- **Engage in discussion and activities that promote setting meaningful goals.** This includes what has become known as having Compass conversations. Activities to support this can include referring to Life Album and Camera documentation to identify a goal that is based on something that truly matters to a person. The Compass LifeJet protocol incorporates strategies based on goal setting literature to enhance visioning and commitment. Whilst CRM fidelity protocol holds that goal setting is formally conducted on a three month basis, skilful application of this competency includes purposely engaging in activities that allow for monitoring and review of progress towards goals throughout support interactions. Compass goals may also form a basis for support activity planning.

- **Engage in discussion and activities to assist strategic planning to achieve actions.** This includes what has become known as Map conversations. Activities to support this process can include referring to Life Album, Camera (strengths and values) and Compass documentation. The Map LifeJet protocol incorporates strategies based on between session support and goal setting literature to enhance confidence towards completing actions in line with larger goals or actions on their own. Whilst CRM fidelity protocol holds that Map discussions and activities are formally documented on a weekly to fortnightly basis skilful application of this competency includes the ability to use Map strategies throughout support interactions and use documentation activities in a manner appropriate to consumer needs.

- **Engage in discussion and activities that enhance and maintain motivation.** Practitioner ability to engage in discussions and activities that enhance and maintain motivation are supported through the knowledge of theoretical concepts and literature that pertain to, for example; recovery, wellbeing, resilience building, collaboration, and self-determination theory. Practitioner skill to utilise these concepts in practise is supported through development of coaching and motivational interviewing skills. The decisional balance LifeJet protocol supports processes related to exploring options for change. CRM fidelity requires that the skilful use of conversations and activities that enhance and maintain motivation are used throughout all support interactions. However, as a consumer's motivation momentum builds, a practitioner's implementation of this competency may become less visible.
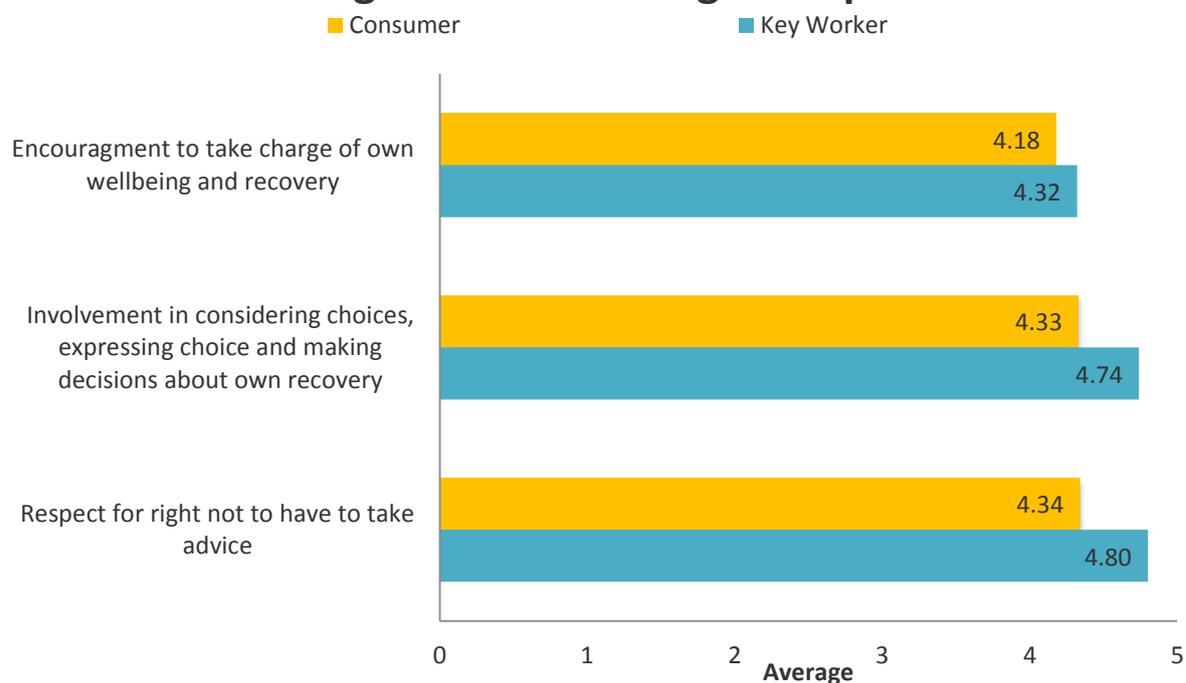
How do consumer ratings compare with staff ratings?

In a separate part of the CRM fidelity study, 116 consumers and their key workers from 12 sites across NN completed a survey and brief interview. In this part of the study we used parallel survey measures; the Consumer Evaluation of CRM (CEO-CRM) and the Staff Evaluation of CRM (SEO-CRM). Within the survey (CEO-CRM) consumers were asked to rate the frequency by which they received support that reflected the same key practices that staff were asked to self-rate in the online survey e.g. encouragement to take charge of wellbeing and recovery. For comparison, the key workers for these consumers also completed the SEO-CRM and were asked to rate from their perspective how often they implemented the same practices during their support interactions with the same consumer.

The following results provide a point of difference from staff self-ratings from the online survey. For the online survey service delivery staff were asked to rate the frequency by which the applied practices key to the CRM generally i.e. across work practices and with a range of consumers. In this part of the study key workers were asked to rate the frequency by which they applied the same practices but in relation to a specific consumer.

Results

Rating scale: 1 = Never, 2 = Occasionally, 3 = Sometimes, 4 = Usually, 5 = Always

Data source: Consumer Evaluation of CRM (CEO-CRM) and Staff Evaluation of CRM (SEO-CRM) completed July to August 2014.

Figure 4. Comparison between consumer ratings and key worker ratings for actions related to guiding principles.

Ratings of the frequency by which key workers implement practices during support interactions that embody the guiding principles of the CRM are rated highly by both consumers and staff. Staff rate themselves as applying these practises somewhat higher than consumers rate their application. However, more than 80% of both consumers and staff rated each of these practices as being implemented at the usually or always level during support interactions.

Consumer feedback demonstrates how these practices are experienced by consumers.

> *"I've worked with a number of workers and like them all as they all show respect."*

> *"It's not just the support and guidance but the overall positive attitude and language used; it helps me to understand where I am at, gives you someone to talk to, there is interaction that is productive."*

> *"Neami doesn't give you answers; they help you find your own."*

> *"xxx approach is very non-judgemental. I can be honest and say how it is for me. I don't have to pretty it up. It's like we are brainstorming."*

Comparison between consumer and key worker ratings - use of CRM Structure
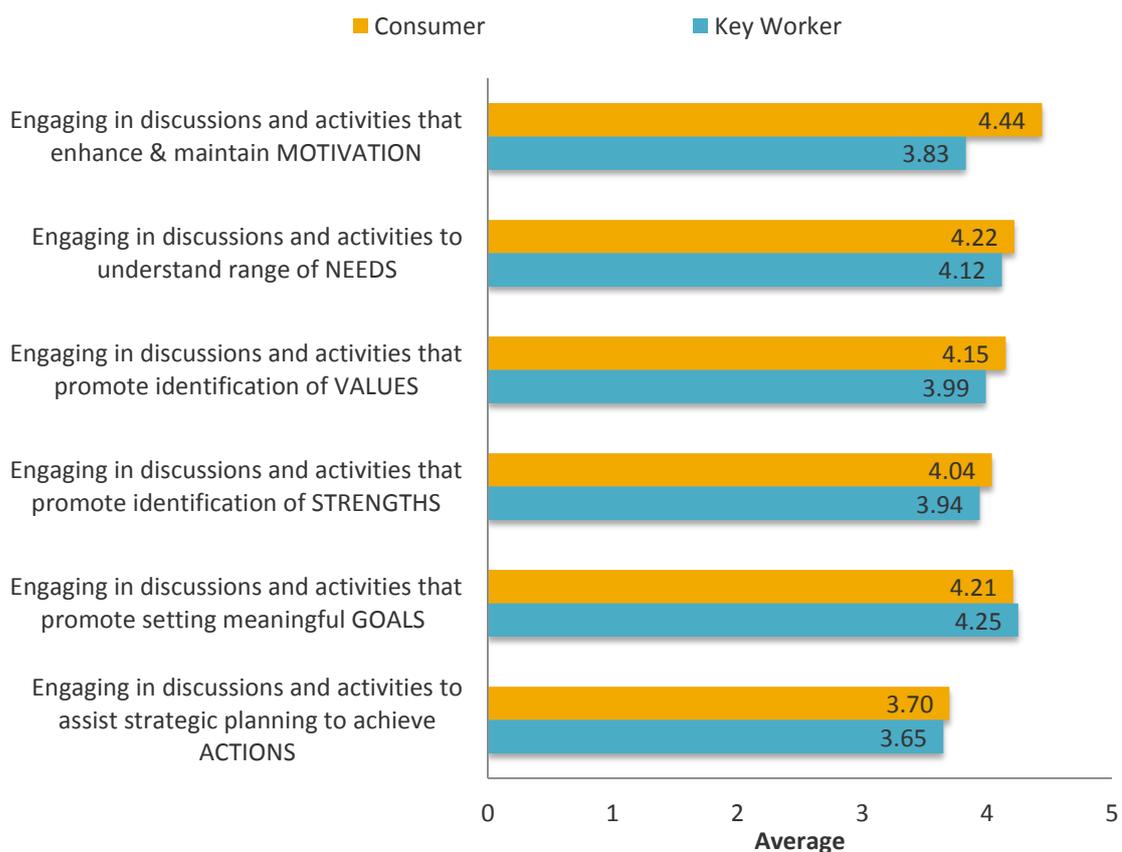
Rating scale: 1 = Never, 2 = Occasionally, 3 = Sometimes, 4 = Usually, 5 = Always

Data source: Consumer Evaluation of CRM (CEO-CRM) and Staff Evaluation of CRM (SEO-CRM) completed July to August 2014.

Figure 5. Comparison between consumer ratings and key worker self-ratings to implement practices consistent with knowledge, attitudes and skills pertaining to therapeutic structure of CRM.

Consumer ratings of the frequency in which their key worker applies practices in line with the therapeutic structure of the CRM during support interactions are predominantly consistent with staff self-reported ratings for implementing the same practices. There are small differences across each process action between staff and consumer ratings with consumer ratings showing averages slightly higher than staff ratings. Statistical analysis shows that consumers rated their worker as helping them with motivation significantly higher than how staff rated themselves as applying this process.

Consumer feedback demonstrates how these practices are experienced by consumers:

> *"Overall, Neami has been the most meaningful part of my recovery in terms of identifying goals based on those values and strengths, helping me build my self-esteem and self-confidence".*

> *"It's given me the opportunity to think about things that I want to do in the future… and goals".*

> *"They've given me an ear to be listened to. Motivation, encouragement, things to do, taking a step back and reviewing my situation… given me patience, being a support system in general."*

> *"My Neami worker has encouraged me to keep pushing me toward goals even when the medication is draining the very soul from me, which is very helpful."*

> *"Helpful because basically they encourage me to do my best in everything that I do".*

> *"I'm starting to live a normal life after the support I've gained from Neami. I feel a lot better… showed me that I can get the strength to do this".*

> *"I didn't have a huge fast improvement but it allowed me to try things and move forward".*

It is encouraging to see the extent to which practices that are core to the CRM are being implemented across Neami. Consumer ratings substantiate staff self-ratings from the online survey and staff interview and demonstrate that these practises are being implemented predominantly at the usually and always levels.

Do consumers LifeJet protocols provide evidence of use of CRM Guiding Principles and Therapuetic Structure?

LifeJet protocols obtained from 116 consumers, who took part in the CRM Fidelity study, were evaluated for evidence of inclusion of 17 key implementation practices. Quality completion of the LifeJet protocols allows for documentation of practices that pertain to both the guiding principles and the life planning enhancement activities that form the therapeutic structure of the CRM.

Table 1. LifeJet protocol evaluation results *n* = 116						
	YES		**PARTIAL**		**NO**	
Item	%	Freq	%	Freq	Freq	%
1. Overall Recovery Vision	73%	(85)	18%	(21)	9%	(10)
2. Collaboration	96%	(111)	0%	(0)	4%	(5)
3. Goals	78%	(90)	11%	(13)	11%	(13)
4. Goal Importance	47%	(54)	3%	(4)	50%	(58)
5. Confidence	85%	(99)	2%	(2)	13%	(15)
6. Time Frames	11%	(13)	6%	(7)	83%	(96)
7. Attainment Levels	54%	(63)	28%	(32)	18%	(21)
8. Barriers Identified	59%	(69)	16%	(18)	25%	(29)
9. Social Support	55%	(64)	22%	(25)	23%	(27)
10. Monitoring	42%	(49)	31%	(36)	27%	(31)
11. Action Plans	57%	(65)	25%	(29)	18%	(21)
12. Action Description	68%	(79)	15%	(17)	17%	(20)
13. Action How Often	69%	(80)	5%	(6)	26%	(30)
14. Action When	51%	(59)	19%	(22)	30%	(35)
15. Action Where	70%	(81)	3%	(3)	28%	(32)
16. Action Confidence	66%	(77)	6%	(7)	28%	(32)
17. Action Review	25%	(29)	10%	(12)	65%	(75)
TOTAL	**59%**	**(1167)**	**13%**	**(254)**	**28%**	**(550)**

LifeJet protocol documents evaluated in this study highlight some areas that are highly successful and some areas that require greater attention to improve implementation fidelity and effectiveness of services. Ratings of evidence for; having an overall recovery vision, collaboration between consumer and practitioner, goal setting, and confidence rating processes are all high. Whereas actions pertaining to goal importance, time frames, monitoring, and review demonstrate areas for improvement.

Consumer recovery literature highlights the power of these processes towards enhancing a sense of personal mastery and hope. Whilst there is evidence that goal setting and action planning activities and discussions are taking place, there is inadequate evidence to demonstrate that goals and actions are being time-framed, monitored, and reviewed in accordance with the design of the model.

Feedback obtained from a consumer participant discussing the value of the Life Album, Camera, Compass and Map, highlights the importance of review processes for consumers:

> *"I believe the system works very well for me, but I would like the opportunity to re-assess, to re-evaluate more often. I would like to have set times, say every six months, to go back and reflect on my progress, to consolidate what I am now able to do and explore new possibilities… so that you don't lose the significance of your achievements".*

This may reflect a gap in planning processes where staff or consumers feel reluctant to commit to dates to carry out review processes. It could also reflect the potential to simplify 'goal setting' processes within a 'path of least resistance' rather than retaining recovery as the driver to sit with the subtler processes that can maximise commitment and opportunities for learning, and personal growth.

Alternatively, review processes may be happening on a conversational level without adequate documentation. Given we are funded to support positive outcomes for consumers we need to be able to document evidence that goal setting and action planning activities are followed through with regular reviews of progress and outcomes.

Benefits and challenges of implementing CRM

As part of the CRM Fidelity study, 35 staff from varying roles across the organisation were interviewed for feedback in relation to their experiences of using the model in everyday practice. Staff feedback demonstrated some common themes in relation to how the CRM influences work practices; individually, in teams, and across Neami, and the benefits and challenges in using the model within one's practice. In this part of the report we present a summary of these common themes combined with results that have emerged from other parts of the CRM fidelity study i.e. online survey feedback, consumer feedback and LifeJet protocol quality analysis results.

Benefits for Consumers

Staff across the organisation frequently attributed the benefits of the model in relation to its value for consumers. In particular, the focus on a 'meaningful life' rather than just managing illness, choice and empowerment, taking a strengths based approach, and respecting recovery support as being directed by what genuinely matters to a person. Many staff reflected that the CRM approach aligned to their own values.

> *"What I like about the CRM is, it is about the consumer's goals and their values, it is genuinely and authentically about them".*

> *"It allows people to start considering the possibility that they might be able to take ownership of their circumstances in some way".*

Benefits Across Organisation

Staff frequently credited and valued the CRM as providing a 'consistent thread' and 'shared dialogue' to the way things are done at NN. The CRM is seen to influence and benefit practices

across; recruitment, service type and environment, role variation, practice development processes, team processes, and engagement with partners and stakeholders in the wider field.

> *"I'm constantly struck how different the atmosphere and the culture is within our organisation, and I think that is due to not just the sort of work we do in the community, but the way we do it, which is through CRM, I think it colours the way we work and it influences who we attract to the organisation in terms of recruitment and staff".*

> *"I think you very much have that sense that we've got a shared dialogue".*

> *"it's very much in the whole lexicon of the organisation".*

> *"I think that our profile and respect for the organisation as a whole is improved by having a clear model, having evidence based practice behind what we do".*

Benefits for Staff & Team Processes

The CRM is seen by staff to influence and benefit individual growth and learning, and team activities and processes. Staff frequently talked about the usefulness of having a clear structure to draw on and use in their work with consumers. In addition staff often reflected on the usefulness of the parallel process i.e. how using the same structure within practice development and team activities supports their own learning and development which in turn enhances their ability to work effectively with consumers.

> *"The benefits I get are better insight into myself, and a better insight into how I can apply myself to be a better practitioner"*

> *"it's very supported by sort of clear steps and processes that you go through".*

> *"I think that the CRM definitely influences staff to be more collaborative in general with each other… like I think there's just that general understanding of collaborative recovery model as similar to like a team approach.*

> *"I do use it with my manager when we're doing some more informal service planning, I also utilise it in the working groups that we have with our service planning days".*

Challenges

The following challenges reflect common themes within staff interview feedback and results obtained in other parts of the CRM study.

Maintaining 'recovery' at the heart of practice: Whilst staff talk about having a shared understanding about recovery and being able to discuss concepts in relation to recovery, staff feedback indicates that, at times 'goal setting' can appear to guide the rationale for service delivery practices over and above 'recovery' as being the driver for creating directions, goals and actions.

> *Sometimes the goal is the focus, not the recovery or the psychosocial development.*

> *I think because they (direct support staff) only see the camera compass and map they sometimes forget the rest, they forget about recovery.*

Access to skills, knowledge and resources to ensure model can be used flexibly to meet consumers where they are at. Staff feedback demonstrates variability in staff confidence and competence to use the components of the model flexibly, and to utilise creative alternatives to achieve the goals of

the model in particular when it comes to meeting consumers where they are at e.g. earlier stages of recovery, different learning styles and abilities, cultural diversity, co-existing conditions & complex needs. Using the model in a way that meets the needs of consumers can be further challenged by:

- Competing expectations of role
- Inconsistent messages regarding flexibility
- Access to ideas and resources
- Practitioner skill development

"It goes back to consistent messages, yeah, I think on one particular moment we can be told that it's vastly flexible and others, no it's not… which I think can then flow onto the consumers and they (direct support workers) don't feel confident explaining what they're doing".

Collaboration and Autonomy: Staff feedback indicates that at times it can be challenging for practitioners (i.e. managers supporting staff in PD and direct service delivery staff supporting consumers) to hold back from using their own preferences, values, beliefs or assumptions to decide what another person is capable of or would like or dislike.

Inconsistent use in PD: Whilst feedback mostly indicates that staff value using components of the CRM within practice development contexts, there is inconsistency to what extent or how often these opportunities are utilised. Staff feedback also indicates that some staff are uncomfortable with 'being coached' and/or using the LifeJet protocols as part of their practice development planning.

"I think some staff have a tendency to think that they're in the workplace and they shouldn't need to be doing these exploration of their own values and their own goals. I think others are wonderfully open to it and I guess I've seen the people that are open to it, the work that they're doing with consumers is just getting a lot more positive results for consumers, they're moving along and you can see these, I guess the growth in people's lives which is quite good".

Consolidating quality conversations with quality documentation: Feedback across the CRM study indicates that whilst there is a high level of CRM implementation during conversation based interactions these could be better supported with improvements to documentation processes. Feedback and LifeJet quality analysis ratings point to potential under-use, over-use, and inappropriate use of the LifeJet protocols in relation to purpose, method, quality completion, timing and pace. Challenges specific to LifeJet protocol documentation processes will be covered in a separate report.

"Such as blasé usage of the protocols, over usage of the protocols, pushing consumers in their striving pace rather than taking the striving pace from the consumer"

Review, Reflect, Celebrate: LifeJet protocol quality analysis ratings, staff feedback, and consumer comments indicate areas for improvement in ensuring consumer engagement activities include times and opportunities to monitor and review progress and achievements, reflect on strengths, and celebrate successes. Consumer comments indicate the power of these processes towards enhancing a sense of personal mastery and hope.

Results Summary

Results from part two of the staff online survey indicate that staff rate themselves as applying a high level of adherence to core competencies that underpin the guiding principles and therapeutic structure of the CRM. These results are verified by consumer observations, which demonstrate similar levels of adherence across comparable competencies. Results demonstrate a high level of implementation particularly when it comes to principle-driven and conversation-based actions pertaining to the CRM.

Documentary evidence from an evaluation of completed LifeJet protocols from consumer files further supports results from staff self-ratings and consumer observations with high ratings for broad-based actions including; overall recovery vision, collaboration and goal setting. However, there is also evidence that the more detailed processes of goal setting related to monitoring and review actions require attention and improvement. Consumer feedback supports these findings and highlights the importance of ensuring consumer engagement activities include times and opportunities to monitor and review progress and achievements, reflect on strengths, and celebrate successes. Consumer feedback validates the design of the model in using these actions to enhance commitment and a sense of personal mastery.

Staff interview feedback demonstrated some common themes in relation to how the CRM influences work practices; individually, in teams, and across Neami, and the benefits and challenges in using the model within one's practice. Staff frequently discussed the benefits in terms of the value of the model towards supporting consumer recovery. In particular, the emphasis on the use of values and strengths to promote a meaningful life, support activities being individually directed by what matters to a person, and how the collaborative approach enhances opportunities for consumer self-empowerment.

A key NN implementation strategy has been to embed the model through the use of a 'whole of organisation' approach. Staff frequently discussed the value of using the CRM in terms of it being a 'shared dialogue' and 'consistent framework' for practise. There is a strong recognition that across service delivery type, site or role the model underpins and guides how services are delivered.

Common themes in relation to implementation challenges include variability in staff confidence and competence to use the model flexibly and creatively to 'meet consumers where they are at' and references to struggles with documentation processes. Areas for potential drift included concerns that at times staff may focus on goal setting without appropriate reference to 'recovery' as being the driver for goals, and observations that at times assumptions can be made regarding capacity or choices rather than asking first. These challenges represent both implementation gaps and potential drift that may be influenced by competing expectations, inconsistent messages regarding flexibility, practitioner skills, and access to ideas and resources.

Implications

Taken together the results and feedback that are presented in this report highlight that overall there is a high level of adherence to the model across the organisation. Staff self-ratings, consumer ratings, documentation evaluation and staff interview feedback all demonstrate a substantial level of implementation fidelity in particular for principle driven and conversation based actions. These results confirm the effectiveness of NN's approach to supporting practitioner implementation

through strategies designed to embed the vital components of the model within the culture, structural processes, and practices of the organisation.

Implementation fidelity is an ongoing process that takes reflection and commitment from individuals, teams and leaders across the organisation. The findings in this report point to a number of areas for reflection and refinement in order to strengthen and maintain fidelity to the model and thus ensure the services we provide are beneficial towards supporting wellbeing and recovery for consumers.

In summary, the key areas of challenge include:

1. Attention to maintaining 'recovery' as the driver of goal setting and action planning activities.

2. Reflection on how assumptions and personal preferences can detract from true collaboration and consumer autonomy.

3. Development of skills, ideas and resources to enhance our ability to more flexibly meet consumers where they are at e.g. earlier stages of recovery, different learning styles and abilities, cultural diversity, co-existing conditions & complex needs,

4. Improvements to documentation processes.

5. Improvements to processes in relation to reviewing and monitoring.

6. Exploration of barriers to use of parallel process in relation to values and strengths identification, goal setting and action planning activities in PD.

Appendix

Table 1. Demographics of staff who responded to Neami National online CRM fidelity survey in June 2014.

Staff respondents by State

VIC	SA	WA	QLD	NSW	Total
75 (34.9%)	31 (14.4%)	8 (3.7%)	12 (5.6%)	89 (41.4%)	215

Length of time at Neami

Under 6 mths	6-12 mths	1-2 years	2-3 years	3-5 years	Over 5 years
26 (12%)	35 (16.2%)	49 (22.7%)	28 (13%)	47 (21.8%)	31 (14.4%)

Length of time working in Mental Health services

Under 6 mths	6-12 mths	1-2 years	2-3 years	3-5 years	Over 5 years
12 (5.6%)	25 (11.6%)	40 (18.5%)	26 (12%)	37 (17.1%)	76 (35.2%)

Service delivery type

Outreach	Homeless	Sub-Acute	Peer Support	Arts	PIR
160 (70.7%)	4 (1.1%)	23 (10.9%)	18 (9.8%)	10 (4.6%)	5 (2.9%)

No. of CRM Boosters workshops attended

0	1 Session	2-3 Sessions	4-5 Sessions	More than 5
35 (16.3%)	59 (27.4%)	97 (45.1%)	17 (7.9%)	7 (3.3%)

Age of respondents

19-29	30-39	40-49	50-59	60-69
70 (32.4%)	70 (32.4%)	46 (21.3%)	22 (10.2%)	8 (3.7%)

Education level

High-School	TAFE	Bachelor	Post Grad/Mast	PhD
5 (2.4%)	44 (21.1%)	93 (44.5%)	65 (31.1%)	2 (1%)

More information

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