

NgOIT Landscape Survey Report Case Study

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Take 5 and Te Whare Marama

One small, socially-focused mental health service provider has made a conscious decision not to measure outcomes.

Twenty-five years ago, a distinctive social group began in Lower Hutt, offering support and companionship for people who experienced mental ill health. Today, that spirit of socially-focused care lives on in Take 5 and Te Whare Marama's (Take 5) approach to their client satisfaction.

"We have worked very hard to engender a culture of openness in our organisation, where it's okay to complain or suggest new ideas. Our organisation has always been run with a view to empowering service users to have a say in the strategic direction of the organisation," says Stephanie Cairns, Take 5 manager.

Take 5 offers a range of arts and social programmes that cater for adults who experience mental ill health. Social support, advocacy, arts and drop-in facilities form the core of their services. As members of the incorporated society, service users have "ownership" of the organisation.

Ms Cairns says that she has considered adopting specific outcome measurement tools, but a conscious decision was made not to go down this path at this time.

"Our philosophy is that there should be no compulsion to use our services. We measure success by the number of people that come through our doors and their day to day feedback. It's about choice and participation so the atmosphere is very positive and based on a strong set of values.

"A service like ours is not designed to have a clinical focus, so formal outcome measurement tools are hard to apply. People involved in the mental health system could be associated with up to 10 people or services at once. We made a purposeful decision to not put people through any more assessment or planning situations when they come here," she says.

Take 5 clients are asked simple questions related to what they want to get out of the organisation when they first arrive, and are involved in regular ongoing planning and review of services. These directives shape service delivery.

"Many outcome measurement tools are embedded in clinical ideas. We are a community organisation and run on a community development model, so we

need to measure ourselves against realistic estimates of what is acceptable in the community, not necessarily clinical ideals. We judge ourselves on what accepted practice would be at, for example, a bowling club or a community education class. You don't have to tick boxes at your local sports club," Ms Cairns says.

Take 5 would consider using an outcome measurement tool that was socially focused, but Ms Cairns says it is very hard to measure the value and intangibles of a service such as theirs to the individuals that partake in Take 5 programmes.

"For many people, they get immense value from just being able to relax socially in the company of people who understand them and their needs. Those needs change regularly, so our approach changes to accommodate that.

"Outcome measurements are weighty pieces of work to embed in small organisations in ways that are useful. In our case, we need everything we do to add value to our clients, not our funders. It is definitely useful to collect information but it needs to be clearly adding value to what happens for our clients," Ms Cairns says.

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