



Malatest
International

Final Report:

Step Up Trial Formative and Process Evaluation

November 2019



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Executive Summary

The Step Up Trial formative and process evaluation was developed and conducted to inform decisions about how to improve the service design and implementation of the Health Navigator model. The trial started in November 2018 after modification from the prototype. The limited time from trial implementation to key decisions and the relatively low numbers of participants within that time period meant that an impact evaluation was not feasible.

This report describes the evaluation's implementation-focused results.

Background to the Step Up Trial

Step Up is a health practice-based service that provides navigation and support to people in receipt of a main benefit living with a health condition or disabilities to take steps to manage and improve their health, enabling a return to work.

The main objectives of Step Up are that people who are on a benefit and living with health conditions or disabilities:

- Are better able to manage their health conditions leading to a greater quality of life
- Find sustainable employment where appropriate and relevant, and become or remain independent of benefit by developing skills to sustain employment¹.

The Ministry of Social Development (MSD) trialled Step Up in partnership with Canterbury District Health Board (CDHB) and Pegasus Health. The trial commenced in November 2018² following the implementation of a prototype model from February 2017 to October 2018.

In the Step Up Trial model, clients were referred to Step Up by their general practitioner (GP) and could access four funded GP visits. Clients were linked with a Health Navigator who worked intensively with them for up to 16 weeks. An additional four weeks of intensive support was available if required. Supported by the Health Navigator through weekly contact, clients developed a plan of achievable goals to become work ready. The Health Navigator referred clients to a range of

¹ Step Up Trial Business Process, March 2019. With additions at cross-agency evaluation report meeting September 2019.

² The Step Up Trial Service Manager at the Pegasus Health PHO noted that although the Step Up contract started in November 2018, due to contract delays, recruitment of the full team of Health Navigators was not completed until January 2019.

health and social services that assisted them with achieving the goals in their plan. Following the intensive phase, a less intensive phase (that lasted up to 52 weeks from enrolment) involved at least once monthly contact between the Health Navigator and client to support a return to work.

Work and Income Case Managers met with the Health Navigator and client every four weeks and facilitated introductions to Work Brokers who connected clients with work opportunities.

In the first year of operation, up to 200 clients were expected to be recruited. The service was voluntary.

About the Step Up Trial formative and process evaluation

The purpose of the Step Up Trial formative and process evaluation was to assess the implementation of Step Up and how well it was working overall. The evaluation will inform decisions about future implementation of the Health Navigator model.

Information sources for the evaluation

The foundation of the evaluation was the Step Up logic model (Appendix 1) developed by MSD. Information for the evaluation was sourced from a document review, monitoring data provided by MSD and interviews with 35 clients, eight GPs and seven practice staff, six Health Navigators, the Health Navigator Team Leader and Step Up Service Manager, three Contract/Strategic Managers from CDHB, two MSD Service Centre Managers, the Regional Director, four Case Managers, two Work Brokers, and two Employment Co-ordinators, and a stakeholder Live Life³.

Out of scope for the evaluation were: a literature review of similar programmes, analyses of health information from providers or clients, an exploration of DHB and MSD funding and contracting systems, any form of comparisons to other services or a value for money analysis.

Evaluation results

Overall, the Step Up Trial was working well at the operational level. Health Navigators were investing time in building relationships with all general practices in the area and were connected to a plethora of services which assisted with their referral process.

³ Live Life is one of the services Step Up clients can be referred to. A representative of Live Life was interviewed as a stakeholder at the request of CDHB.

Partnerships among stakeholders and service participants

At the agency partnership level, key stakeholders including MSD, Pegasus Health and CDHB⁴ met regularly via teleconferences and reported having good channels of communication. The Step Up Service Manager played a lead role in cross-agency meetings.

There were different perspectives on the role of Live Life in Step Up. Both MSD and Pegasus Health considered that Live Life was a potential provider of services should the client need these services. CDHB and Live Life thought that Live Life was integral to the model.

At the service participant level, clients reported feeling supported by Health Navigators and Work and Income Case Managers in progressing towards work readiness. However, the monitoring data showed only one client had achieved employment outcomes⁵. Interviews with clients and Health Navigators highlighted that having a Work and Income Case Manager who knew the client and their plan helped Step Up clients. Clients felt less anxious about their interface with Work and Income and saw this engagement as helping them on their journey to wellness and employment.

Although Case Managers were actively engaged with Step Up clients, Work Brokers and Employment Co-ordinators received few Step Up referrals and had little interaction with Step Up clients.

At the operational level, there was scope for better understanding by a few GPs of the electronic referral system. General practice staff, including GPs, reported satisfaction with the service. Communication between general practices and Health Navigators seemed to be working well although it was often one-way with Health Navigators providing information to general practices.

The need for more communication between Health Navigators, Employment Co-ordinators and Work Brokers was noted as well as ongoing information and training for Work and Income staff in working with Step Up Trial clients. Wider site collaboration to learn from other Work and Income staff and Health Navigators was suggested as well as more transparency of reporting. It was expressed that staff changes at national office impeded continuity of communication with regional offices.

⁴ Meeting invitations and minutes show that CDHB, Pegasus Health, Live Life, MSD Regional staff, MSD Service Centre staff and MSD national office were invited to the meetings.

⁵ Health Navigators noted that since the evaluation data collection, more clients have moved to work readiness and a range of work opportunities, some of which have resulted in off benefit outcomes.

What specifically helped or hindered the implementation and operation of Step Up?

Implementation of Step Up was helped by the prototype preceding the trial. Relationships between stakeholders were in place and meetings held regularly. MSD observed that partnering with health providers around an action-oriented task strengthened relationships.

Clients told us that referral by a GP helped them to consider Step Up. However, the transfer of Step Up clients from GP to Health Navigator meant that clients were being contacted by someone they did not yet know or trust. Each month approximately twice as many people were referred than enrolled in the service.

The Health Navigator roles were central to Step Up. Our interviews with clients and other key stakeholders suggested that although many clients were difficult to engage and/or do not enrol in the service after referral, the Step Up Health Navigator model was successful in developing good relationships with clients who would not usually have the opportunity or ability to set and achieve goals. Clients and Health Navigators reported that having a single point of contact and continuity of support from a trusted Health Navigator assisted clients to identify and work towards achieving their goals.

Health Navigators valued having one point of contact at Work and Income for the interface between MSD and the Health Navigators. Clients emphasised the increased level of comfort they felt having a designated Case Manager at Work and Income. However, interviews with some Work and Income staff indicated that staff training on how to work sensitively with clients who live with mental health challenges and disability may be helpful.

Extent to which the Step Up Trial service model was enabling clients to progress on a pathway to achieving their goals, including increased wellbeing and social and economic independence

NZ WHOQOL-BREF⁶ measurements compared to New Zealand norms indicated that when they entered the service, Step Up Trial clients were worse off in regard to their

⁶ The **WHOQOL-BREF** instrument comprises 26 items, which measure the following broad domains: physical health, psychological wellbeing, social relationships, and environment to provide a descriptive profile of quality of life. A **NZ WHOQOL-BREF** was developed which includes five additional NZ items. The **WHOQOL-BREF** is a shorter version of the original instrument that may be more convenient for use in large research studies or clinical trials. (https://www.who.int/mental_health/media/en/76.pdf).

physical, psychological and social aspects of quality of life compared to a general New Zealand population sample⁷.

Our interviews with Health Navigators, Work and Income, general practice staff and clients indicated that clients were supported to build confidence and improve their health outcomes, so that they could progress further towards employment. Importantly, Health Navigators placed emphasis on empowering clients to be independent by encouraging planning and goal setting. The focus was on reducing health barriers, setting goals and constant review.

Clients we spoke with described improved awareness of their entitlements and access to services. Many clients reported experiencing benefits to their mental and physical wellbeing and work readiness. However, because of the time it takes for clients to progress towards employment it is too early to report employment outcomes.

Service participants' perceptions of the cultural acceptability and appropriateness of the service

Most clients described feeling listened to by the Health Navigators. Health Navigators reported being mindful of cultural factors, for example ability, age and ethnicity, when they enrolled clients into the service. Work and Income Case Managers also described their efforts in building respectful relationships by spending time getting to know clients and putting them at ease before starting to set goals.

Awareness and helpfulness of the additional GP visits

Twenty-nine percent of clients enrolled in Step Up used one of the four funded GP visits, 10% had used two and 1% had used three. Most clients told us they were aware of the additional, funded GP visits. Those who took up the visits found them very helpful to manage their chronic health needs⁸. Health Navigators and general practice staff thought most clients did not require the additional visits as they were able to manage their health. However, Health Navigators reflected that these visits were being used for reviews of diagnoses, medication regimens, further tests and investigations.

⁷ Krägeloh, C. U., Billington, D. R., Hsu, P. H.-C., Feng, X. J., Medvedev, O. N., Kersten, P., Landon, J., & Siegert, R. J. (2016). Ordinal-to-interval scale conversion tables and national items for the New Zealand version of the WHOQOL-BREF. *PLoS ONE*, *11*(11), e0166065. doi:10.1371/journal.pone.0166065.

⁸ We did not ask questions about specific health needs due to ethical and privacy reasons, however Health Navigators described clients experiencing a wide range of chronic health conditions.

Levels of client uptake and engagement with Step Up

NZ WHOQOL-BREF scores and benefit status of clients indicated that the Step Up Trial is reaching the intended client group. Interview data from Health Navigators, Case Managers, general practice staff and clients agreed that clients who enrolled and stayed engaged with the Step Up Trial were ready to commit to the service.

Enrolment numbers were lower than expected with less than half the expected 200 clients enrolled at the time of the evaluation. Just under half (48%) of the referred clients enrolled in the Step Up service and there were high client drop-out rates early after enrolment⁹. Health Navigators reported that many clients were difficult to contact after referral. They observed people changing their minds, living in crisis, or not having reliable means of communication. Health Navigators felt that they could not do anything further to contact these clients, but *the seed was planted*. Clients remained linked to their general practices and there was potential for later referral, which Health Navigators had observed occurring. Monitoring data showed that 6% of enrolments in Step Up were from a second referral.

Demographic profile of clients who opt-in to the service

Although numbers were small, the demographic characteristics of enrolled clients (those who met with a Health Navigator and became a Step Up client) were roughly the same as those referred by a GP but not yet enrolled with Step Up, suggesting engagement rates are not meaningfully different across demographic characteristics.

Most people referred to Step Up were New Zealand European (78%) followed by Māori (15%) and a small number of other ethnic groups. Males were more likely to be referred to Step Up (61% males). Over half (54%) of the people referred to Step Up were younger than 35 years old. This evaluation did not include health data, however, Health Navigators stressed the complex needs of people in the Step Up client group with most clients experiencing multiple barriers including high rates of mental health challenges and addictions.

Achieving short-term service outcomes

Monitoring data showed 57% of enrolled Step Up clients were referred to at least one service/organisation. However, Pegasus Health staff reported that all their clients who were actively engaged with their Navigators had been referred to a service. Pegasus Health staff explained the difference arose because some of the

⁹ Health Navigators explained that some clients exit early because they are engaged in work, study or training. These outcomes occurred after monitoring data were assessed for this evaluation.

clients who had not been referred anywhere had exited the service early and there was a time delay in engaging with clients and making appropriate referrals. Those who exited the service early were less likely to have been referred anywhere.

Clients were referred to a variety of services. The most common were work/training related. Twenty-six percent of referrals were to services that support people with mental health needs such as counselling, life coaching, AOD/addiction support services, NGO mental health services and primary mental health supports. Other referrals included social support, healthy lifestyle, physical health services, other government agencies and other local services.

Changes in work capacity and gaining employment (part-time or full-time).

The evaluation took place eight months into the trial and only one trial client had moved into employment. Health Navigators observed how changes in work capacity could not happen until immediate client needs were met. They supported clients with immediate safety, food, clothing and shelter before moving on to other referrals. Due to the timing of the evaluation, Health Navigators considered there was not enough time for clients to address their barriers to work and therefore achieve off-benefit outcomes.

However, many positive short-term service outcomes were described by clients, Health Navigators, Case Managers and general practice staff such as identifying skills and interests that could be developed further and finding training courses to attend. Clients described achieving goals outlined in their plan and building confidence towards increased work capacity.

Some Health Navigators raised concerns about clients with zero work ability hours being referred to the service as there were limited services these clients could be linked with and they had a longer and more difficult journey to move into work.

Differences the Health Navigator role was making for clients.

Client and Health Navigator interviews highlighted how the friendly and regular Health Navigator client engagement is a strength of Step Up. Building a trusting relationship and checking in with clients regularly placed Health Navigators in a good position to make a positive difference in the lives of Step Up clients.

Most clients we spoke with valued having someone alongside them to develop and implement a plan. Clients and Health Navigators described support in accessing services to meet individual needs, helping clients to feel accountable and able to take ownership of their wellbeing and ongoing progress. A few clients we spoke with did not share this view as they did not want to make a plan towards work readiness.

Extent to which Step Up has resulted in changes in perceptions of GPs/health practitioners and MSD staff.

General practice and Work and Income staff had improved awareness of each other's role in supporting clients to become work ready. This awareness may have been influenced by communication from the Health Navigators. In this way, the Health Navigator role acted as a conduit between organisations, sharing information and helping general practice and Work and Income staff to work effectively with mutual Step Up clients.

How GPs/health practitioners saw their roles in relation to MSD clients and whether they considered their understanding of MSD and MSD clients had changed as a result of Step Up.

General practice staff saw their role as referring and providing ongoing treatment to Step Up clients. They felt better informed to treat patients who were Step Up clients because they were able to follow patients' Step Up progress on their case management system. In addition, when Health Navigators attended GP appointments with clients, GPs had much wider wellbeing information and up-to-date reports on patients' Step Up activities.

Changes in MSD frontline workers understanding of the role General Practices had in relation to MSD clients and how MSD frontline workers can work with health services to support their clients.

Work and Income staff highlighted the referral source of GPs as an important aspect of Step Up. Work and Income staff valued the health information GPs provided to Health Navigators, as it helped them to build a more complete picture of clients' situations and needs. Work and Income staff suggested that having more GPs taking part in Step Up would be beneficial¹⁰.

¹⁰ These interviews were conducted before the trial was extended to all general practices in urban Christchurch.

1. Step Up Trial formative and process evaluation background

The Step Up Trial formative and process evaluation was developed and conducted to inform decisions about how to improve the service design and implementation of the Health Navigator model. The trial started in November 2018 after modification from the prototype. The limited time from trial implementation to key decisions and the relatively low numbers of participants within that time period meant that an impact evaluation was not feasible. This report describes the evaluation's implementation-focused results.

1.1. Background to the Step Up Trial

Step Up is a health practice-based service. It provides navigation and support to people on a main benefit living with a health condition or disabilities. The main objectives of Step Up are that people who are on a benefit and living with health conditions or disabilities:

- Are better able to manage their health conditions with improved health literacy, leading to a greater quality of life
- Find sustainable employment where appropriate and relevant, become or remain independent of benefit by developing skills to sustain employment¹¹.

1.2. Step Up Trial

Step Up is part of Oranga Mahi, a set of cross-agency trials delivered in partnership with District Health Boards and Public Health Organisations. The Ministry of Social Development (MSD) trialled Step Up in partnership with Canterbury District Health Board (CDHB) and Pegasus Health. Initially, all eligible individuals enrolled in Pegasus-affiliated general practices were eligible to participate in the service and this has been extended to practices from all PHOs. Client participation in Step Up is voluntary.

The trial commenced in November 2018¹² following the implementation of a prototype model from February 2017 to October 2018. The trial incorporated several modifications from the prototype:

¹¹ Step Up Trial Business Process, March 2019. With additions at cross-agency evaluation report meeting September 2019.

¹² The Step Up Trial Service Manager at the Pegasus Health PHO noted that although the Step Up contract started in November 2018, due to contract delays, recruitment of the full team of Health Navigators was not completed until January 2019.

The trial implemented learnings from the prototype on a larger scale to trial:

- An increase in the duration of the intensive service period from 12 to 16 weeks and in some cases up to 20 weeks.
- Implementation of the NZ WHOQOL-BREF¹³ to measure clients' wellbeing throughout service engagement.
- Expansion of the client eligibility criteria to include a wider age-range and more flexibility in the form of benefit and time on a benefit.
- If appropriate, Case Managers and Health Navigators could profile participants to MSD Work Brokers. Work Brokers may be able to assist participants with job placements.

The first year of the Step Up Trial ran from November 2018 to October 2019 and was expected to support up to 200 new eligible participants within the Canterbury region. Over the three years of operation, 800 clients are expected to participate in the service.

1.3. Eligibility criteria for the Step Up Trial

To be eligible for the Step Up Trial, clients must:

- Be in receipt of a main benefit (including Jobseeker Support, Sole Parent Support and Supported Living Payment)
- Have a medical deferral from work obligations
- Be assigned to a service centre within the Canterbury region excluding the Ashburton office¹⁴
- Be enrolled with a participating general practice.

¹³ The **WHOQOL-BREF** instrument comprises 26 items, which measure the following broad domains: physical health, psychological wellbeing, social relationships, and environment to provide a descriptive profile of quality of life. A **NZ WHOQOL-BREF** was developed which includes five additional NZ items. The **WHOQOL-BREF** is a shorter version of the original instrument that may be more convenient for use in large research studies or clinical trials. (https://www.who.int/mental_health/media/en/76.pdf).

¹⁴ National office staff reported that Ashburton were excluded due to being geographically distant from Christchurch Central and sensitivity to the event that took place there in 2014.

1.4. How Step Up Trial participants were supported once enrolled

Participants received support from the following team:

- Their general practice (up to four free health practitioner consultations over one year).
- Health Navigators (health professionals such as social workers and/or registered nurses who supported the participant to create a return to work and health management plan and helped connect them to engage and actively participate with different support services they may have needed to implement the plan). At the time of the evaluation there were seven Navigators employed by Pegasus Health.
- MSD Case Managers (who provided a Work Focused Case Management service¹⁵).
- MSD Work Brokers and Employment Co-ordinators (who supported participants with job search and placement).
- Health and social service agencies.

Delivery of the service considered the situation of each participant and supported participants in a manner sensitive to their needs and at a mutually agreed location. The service was intended to be delivered in a way that was positive and encouraged achievement. The intended Step Up journey and roles are described below:

- A Health Navigator works intensively with participants for up to 16 weeks with an additional four weeks of intensive support if required. This intensive phase includes face-to-face meetings between the Health Navigator and client at least once a week. The Health Navigators meet clients at their local Work and Income office and very seldom visit clients at home. The Health Navigator refers the client to services to help them achieve goals.
- A less intensive phase (which starts approximately 17 weeks from enrolment and can last up to 52 weeks from enrolment) involves at least once monthly contact between the Health Navigator and client to support a return to work.
- Work and Income Case Managers meet with the client every four weeks (sometimes accompanied by their Health Navigator) and, when the client is work ready, facilitate introductions to Work Brokers who will connect clients with work opportunities.

¹⁵ While participating in Step Up, clients in General Case Management receive Work Focused Case Management.

- If a client gains employment near the end of the one-year programme, the Health Navigator will continue to support the client in their employment for up to 91 days.

1.5. Key stakeholders

Agencies, organisations, roles, activities and relationships within the Step Up system are represented in Figure 1 and described in more detail below. The arrows represent communication between key stakeholders. The arrow between Health Navigators and General Practitioners represents interview data from both who described communication as mostly 'one way' from the Health Navigators.

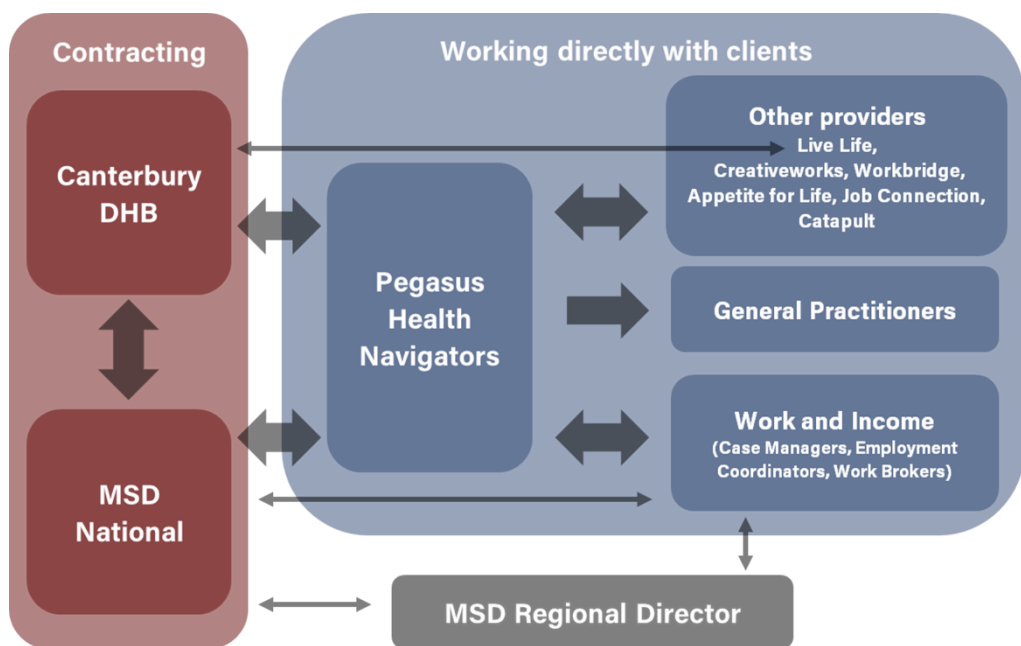


Figure 1: Step Up system

1.5.1. MSD national office and CDHB

- The MSD project team were MSD national office staff responsible for monitoring Step Up, contract management with CDHB and problem solving with any challenges that arose.

1.5.2. MSD regional and Work and Income staff

- The Regional Director was involved in the early stages of developing and rolling out Step Up but has had less involvement over the trial period.
- Service Centre Managers took on aspects of the Step Up champion role such as:

- Reviewing weekly reports sent by the MSD project team of new client enrolments and exits.
- Ensuring all participants had an assigned Case Manager and received a Work Focused Case Management service
- Informing Case Managers of new enrolments in the Step Up service (although often these were sent directly to Case Managers).
- Work and Income Case Managers were engaged in Step Up to a much greater extent than Work Brokers and Employment Co-ordinators.
- Case Managers met with Step Up participants and their Health Navigator every four weeks while clients were in the intensive support service. They supported clients with their work, training or education goals.
- Case Managers referred appropriate clients to Work Brokers and Employment Co-ordinators. Health Navigators also referred.
- Work brokers provided job placement support for Step Up participants when they were ready and able to work.

1.5.3. General Practice

- General practice staff including GPs promoted, recruited and referred suitable patients to Step Up.
- They provided up to four Step Up consultations free of charge to the patient.
- General practitioners had in-depth discussions with the patient at each consultation about their wider circumstances, work goals, the appropriate health interventions and steps needed for them to return to work.
- General practices did not receive additional funding for their Step Up activities.

1.5.4. Pegasus Health

- The seven Health Navigators, the Team Leader and Step Up Service Manager were employed by and based at the Pegasus Health PHO. The Step Up Service Manager previously held the team leader role and had extensive knowledge of the service. The team leader was responsible for the day to day running of Step Up, which included:
 - Managing new referrals and exits from the service.
 - Managing the Health Navigators' relationships with the general practices.
 - Implementing and managing the Step Up service.
 - Providing up to date reporting to MSD on a quarterly basis.

- Almost all Health Navigators came from a social work background and one had extensive experience as a Work and Income Case Manager. Health Navigators:
 - Facilitated participants engagement with their Case Manager, Work Broker and Health Practitioner.
 - Created an individual plan in collaboration with the client and with the health practitioner and case manager. This plan identified and addressed any health-related issues and barriers.
 - Helped clients to manage their health issues using tools and strategies to support health management.
 - Supported clients to improve their work capacity and achieve work goals.
 - Helped clients to build their self-confidence and motivation, and actively supported clients to access, attend and engage in suitable services they were referred to, in line with the client's plan.

1.5.5. Other providers

- Health Navigators referred clients to other providers for a range of services including PHO services and mental health services, counselling, careers advice and training, job search services, healthy lifestyle support, bike riding classes, voluntary work opportunities, and social support. A glossary of providers is appended to this report (Appendix 2).
- A representative from Live Life was interviewed as a provider for this evaluation at the request of CDHB. Live Life was described in the Step Up Trial Business Process¹⁶ as an optional service available through Step Up. Live Life offered participants a mentor they could work with over a four-week period. To participate, clients must have been referred by a Health Navigator and been enrolled in Step Up. Live Life was targeted at clients aged between 18 and 35 years old. However, clients aged over 35 years old were accepted on a case by case basis.

¹⁶ Step Up Trial Business Process, March 2019. With additions at cross-agency evaluation report meeting September 2019.

2. Step Up Trial formative and process evaluation

2.1. Evaluation purpose

The Ministry of Social Development (MSD) commissioned the Step Up Trial formative and process evaluation to assess the implementation and how well it was working overall in the trial phase. The evaluation was intended to inform decisions about future implementation of the Health Navigator model.

The evaluation answered the following questions:

- How is Step Up operating?
- What is working well about the service overall and where could improvements be made including in the roles and relationships of GP services, the Health Navigators, Work and Income staff (e.g. the work brokers, case managers, and employment co-ordinators) and other providers?
- What specifically helps or hinders the implementation and operation of Step Up?
- Does the Step Up service model enable clients to progress on a pathway to achieving their goals including increased wellbeing and social and economic independence?
- What are the service participants' perceptions of the cultural acceptability and appropriateness of the service?
- Are the additional GP visits happening and do clients find them helpful?
- What are the levels of client uptake of, and engagement with, the service?
- What is the demographic profile of clients who opt-in to the service?
- Are the short-term service outcomes being achieved? These may include accessing support services; enrolled in training or education programmes; changes in work capacity; referral to work brokers; improved NZ WHOQOL-BREF scores; and employment (part-time or full-time).

Of particular importance is whether the relationships among all the stakeholders and the Health Navigator role were operating well so that clients:

- Were provided with the timely support to develop and then implement a plan that focuses on the client's goals
- Received referrals to services they need (the right services for the clients) in the intensive and less intensive phases
- Participated in services
- Were better able to manage their health conditions or disability (self-management)

- Developed confidence and capacities to enable their participation in work.

The role of the Health Navigator was central to Step Up. Therefore, the evaluation explored the difference that the Health Navigator role made for clients. The views and roles of key stakeholders in the process were considered including: GPs, general practice nurses; the Health Navigators; MSD Case Managers, Work Brokers, and Employment Co-ordinators; and other services.

It was also important to consider whether Step Up resulted in changes in perceptions of GPs/health practitioners and MSD staff. We therefore asked:

- How do GPs/health practitioners see their role in relation to MSD clients? Do they consider their understanding of MSD and MSD clients has changed as a result of Step Up?
- What is MSD frontline workers understanding of the role General Practices have in relation to MSD clients and how MSD frontline workers can work with health services to support their clients? Do they consider their understanding has changed as a result of Step Up?

2.2. Ethics and Privacy

MSD was responsible for ensuring that ethical and privacy considerations were addressed in this evaluation. This involved review by the MSD Ethics Committee, a Health and Disability Ethics Committee scope of review, a Privacy assessment by MSD's Information Privacy and Sharing office and including ethical and privacy protocols within the evaluation contract. The evaluation approach and protocols were approved by both the MSD Ethics Committee and the Information Privacy and Sharing Office. As this was an implementation focused service evaluation in an early trial phase, health information was excluded from the data collection and analysis.

2.3. Information sources

The foundation of the evaluation was a logic model developed by MSD (Appendix 1). The evaluation was based on both qualitative and quantitative data (MSD monitoring data aggregated by MSD).

2.3.1. Document review

At the outset of the evaluation we completed a document review, comprising material provided by MSD and the Health Navigators such as Business Process documents, Health Navigator manual and brochure. The document review provided background to the service and informed our evaluation plan.

2.3.2. In-depth interviews

The evaluation included the perspectives of people from a range of roles across the Step Up service and also incorporated the voices of current and previous Step Up clients (Table 1). Interviews were completed face-to-face or by telephone depending on the preference of the participants.

We selected the Work and Income sites, general practices and other participants in discussion with the MSD national office team. The Step Up Service Manager provided us with contact details for 20 general practices who referred patients to Step Up. All 20 were invited to take part in the evaluation. We were able to interview staff from ten general practices (eight GPs¹⁷ and seven other practice staff). At the request of one GP we offered to pay for the time of all GPs.

Regional and National MSD staff were chosen by the National MSD Step Up Project Manager and Canterbury DHB participants were self-selected. A representative from Live Life service was interviewed for the evaluation. From Canterbury DHB's perspective, Live Life were considered an important key stakeholder in the Step Up Trial. However, from MSD and Pegasus' perspective they were considered one of a number of service providers to whom Step Up clients could be referred, if appropriate to meet their needs.

All 71 clients¹⁸ who had been engaged with the service since the beginning of the trial in November 2018 were invited to be interviewed. Thirty-five clients accepted, five declined and we were unable to contact 31. The main reasons given by clients for declining included not being in the service for long, being too busy to take part or not interested. We did not have access to individual client demographic information and cannot report how representative the 35 interviews are of the 71 engaged clients.

Potential interview participants were provided with information sheets about the evaluation. Participants gave verbal consent to be interviewed. The in-depth interviews with all participants (MSD, Pegasus, CDHB, general practices, key stakeholders and clients) were semi-structured and conversational.

Clients were offered the option of face-to-face or telephone interviews. All clients chose to be interviewed by phone. We thanked them with a \$20 koha in the form of a grocery voucher which was posted to their home address. Interviews were audio-recorded and transcribed.

¹⁷ There were seven GP interviews and one GP answered our questions via email.

¹⁸ Aggregated data from 165 referred including 79 enrolled clients were provided in MSD's monitoring data but 71 clients consented to be contacted for the evaluation.

Table 1: Evaluation data collection - number of interviewed participants

Interviews	
Clients	35 of 71 Step Up clients (one referred and not enrolled, five exited the service and 29 currently enrolled)
Pegasus	
Health Navigators	Six Health Navigators
Team Leader	Health Navigator Team Leader
Manager	Step Up Service Manager who has also worked in the team leader capacity
MSD Regional	
Regional Director	One Regional Director
Work and Income staff	
Service Centre Managers	Two Work and Income Service Centre managers
Case Managers	Four Work and Income Case Managers
Work Brokers	Two Work and Income Work Brokers
Employment Co-ordinators	Two Work and Income Employment Co-ordinators
MSD National	
	Four staff from MSD national office, including: Project Manager, Medical Advisor, Contract Manager and Director of Service Design
General Practice staff	
	Eight GPs and seven general practice staff (including one practice manager, four nurses, one social worker and one care coordinator)
Canterbury DHB	
	Three Contract/Strategic Managers
Other interviews	
Live Life	At the outset of the evaluation, Canterbury DHB and MSD agreed to add Live Life as a stakeholder in Step Up and one person from Live Life was interviewed.

2.3.3. Analysis of qualitative data

The Step Up logic model developed by MSD (Appendix 1) informed our theoretical framework for thematic analysis. The aim of our analysis was to identify key themes that related to each evaluation question. We did this by grouping data under each topic area and then searching for similarities and differences within the themes in

the data. Throughout this process the evaluation team met regularly to discuss and agree on thematic coding.

2.3.4. Monitoring data

MSD provided monitoring data in aggregated form from 165 client referrals and 79 enrolments. Data included:

- Month of enrolment
- Length of involvement
- Exit reason
- Stage of programme at exit
- Number of referrals
- Types of referrals
- Demographics (ethnicity, age, gender)
- Benefit type
- Time on benefit
- Baseline NZ WHOQOL-BREF scores

2.3.5. Evaluation scope

The evaluation was a formative and process evaluation and focussed on progress to date with the trial. The evaluation took place eight months after the start of the trial so some outcomes were not observed as the Step Up service was intended to last for 52 weeks.

In-scope	Out of scope
Limited review of Step Up documentation	Literature review of similar programmes
Perspectives of the main stakeholders and a key stakeholder	Analysis of health information from providers or clients
Analysis of aggregated data provided by MSD	Exploration of DHB and MSD funding and contracting systems
	Any form of comparisons to other services or value for money analysis

2.3.6. Strengths and limitations

A mixed methods approach examining qualitative and quantitative data strengthened this evaluation. Interview data included viewpoints from a range of stakeholders and clients. A further strength of the evaluation was the willingness of stakeholders and clients to engage in interviews.

Potential limitations to the evaluation include:

- The extent the interviewed clients were representative of all clients. We attempted to contact all 71 Step Up clients from the list provided to us and interviewed just under half (n=35). Clients who were willing to take part in interviews may have had different experiences than those who were not.
- Health-related information was not available to us. Interview data highlighted barriers to community participation for clients who lived with anxiety and other mental health challenges. While we could describe these barriers, we were unable to quantify how many clients were likely to be facing these.
- Due to the small number of Step Up clients and the short amount of time they were involved with Step Up, the analysis of the monitoring data was only able to be descriptive. The monitoring data were from a single point in time in July 2019. The data received only referred to benefit type as of July 2019 so we were unable to analyse any changes in benefit type.
- The small number of pre-post NZ WHOQOL-BREF completions meant that we could only report baseline data.
- The evaluation took place early in the trial phase of Step Up before many clients had reached the point of engagement with Work Brokers and where they could move into employment.

3. Step Up Trial partnerships

3.1. Communication and collaboration

Step Up provided an opportunity for MSD to partner with health providers around an action-oriented task.

This has been very good for MSD staff in terms of actually we work in partnership with Pegasus, with the DHB, with surgeries, to get an outcome for the client. I think Step Up is a great example of where it happens really successfully at the grassroots level through action. You can have wonderful documents and philosophies, vision statements that talk about working in partnership with others but really the magic happens when you have got an action-oriented programme that actually does that. (MSD)

Although working together for improved client outcomes built good relationships between MSD and health providers, staff changes caused some difficulties in maintaining these. Staffing changes at MSD national office caused a loss of institutional knowledge, which affected the initial contracting and service design. Staffing changes also made it harder for Christchurch-based stakeholders to build a relationship with MSD national office.

Staff from MSD national office teleconferenced monthly with CDHB and Pegasus Health¹⁹. These meetings provided an opportunity to discuss Step Up and address any ongoing challenges to the project. Pegasus took the lead on most updating.

We meet monthly, just to catch up, get an update from Pegasus Health, Live Life, CDHB and raise any issues and address any concerns that they might have (MSD national office)

The meetings were a critical interface for MSD national office with the health sector. Meetings during the prototype and trial phases facilitated important changes. One example from the prototype phase was changes to Step Up eligibility criteria. Clients were missing out on Step Up due to the rigidity of criteria and the meetings provided a platform for discussion and modifications. Throughout the prototype and trial phases there was also weekly contact between MSD, CDHB and Pegasus which was important for everyone to be *on the same page*.

¹⁹ Meeting invitations and minutes show that CDHB, Pegasus Health, Live Life, MSD Regional staff, MSD Service Centre staff and MSD national office were invited to the meetings.

3.2. Managing the Step Up Trial contract

As a public entity responsible for the health of the Canterbury population, supporting services and maintaining strategic overview, CDHB considered that managing the Step Up contract was part of their strategic role:

It's important that we are front and centre of supporting, negotiating, monitoring this service for our population. (CDHB)

Canterbury DHB described their role in Step Up as a bridge between MSD, Pegasus and other PHOs. This was because MSD had different ways of managing contracts than the health sector. In this way, CDHB felt that they were able to assist Pegasus by undertaking the contracting activities and ensure the Step Up contract was fit for purpose within the health setting.

There was a triangle of monitoring and reporting around Step Up between MSD, CDHB and Pegasus which some stakeholders felt was not always efficient. CDHB managed the contract for the service, meaning communication between MSD and Pegasus health (including monitoring and reporting) had to pass through CDHB. However, CDHB was not directly involved in service provision so their involvement was considered by some to add time and complexity. The CDHB role in Step Up was not always clear to Health Navigators and was sometimes perceived as an extra layer of reporting.

Canterbury DHB considered that they were able to provide more funding security to Pegasus and in the process remove some of the financial risk. They were able to work with other providers for example other PHOs whose enrolled population would also benefit from the Step Up service. The DHB reported good relationships and lines of communication with MSD, Pegasus, the Step Up Health Navigator team and Live Life.

Communication is very open, we pick up the phone and talk to mainly [the Team Leader and Service Manager], rather than the actual navigators. But also an open line of communication with the MSD. We meet with the Pegasus navigators and the Live Life team quite regularly to touch bases and look at trouble shooting, look for opportunities, and offer help. (CDHB)

In regard to the one-year length of the contract, interview participants from MSD, CDHB and Pegasus described uncertainty about the ongoing security of the project. It was suggested two to three years would be a more appropriate contract length. For example, the twelve-month contract created difficulties for Pegasus to recruit and retain staff, who felt insecure on a short-term contract and sought permanent roles.

4. Step Up Trial Operation

4.1. Overview of the Step Up Trial service journey

General practitioners identified, recruited and referred suitable patients to Step Up. They provided patients with information about the service and completed a referral to Step Up for those who wanted to participate. Accompanying the referral was the patient's latest medical certificate. The referral was processed by the Team Leader and allocated to a Health Navigator via the Step Up weekly triage meeting. The assigned Health Navigator contacted the client to arrange a first meeting. The meeting usually took place in a private space within a local Work and Income office. At the initial meeting the Health Navigator and the client got to know each other, and the service was outlined in greater detail. At a further meeting the induction paperwork was completed. The client then began the intensive support phase (0-16 weeks, which can be extended to 20 weeks). The less intensive phase ran from 16-20 weeks up to 52 weeks.

A simplified Step Up Trial service model is shown in Figure 2.

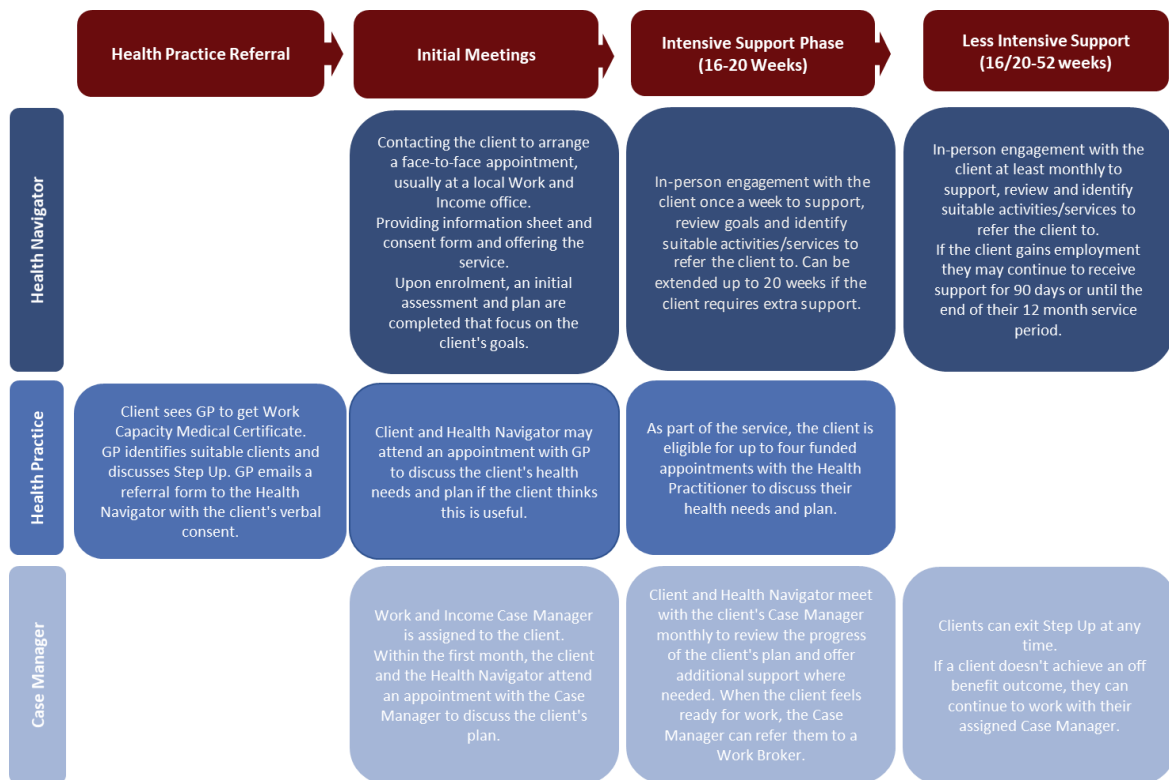


Figure 2: Step Up service journey²⁰

²⁰ Adapted from MSD Step Up Trial -Client Journey (undated).

4.2. Recruitment

Step Up client recruitment and referral began at general practices. During the prototype phase general practice staff were given lists of eligible clients from the Step Up team. However, this process was not considered effective by GPs and practice staff, and potentially breached patient privacy. Throughout the Step Up Trial phase, general practices used their own records to identify patients who met the Step Up criteria. General practitioners reported feeling well-informed by Health Navigators about Step Up Trial participant eligibility.

The methods GPs used to identify patients for Step Up varied. Two GPs said they offered it to everyone who fulfilled the criteria. Several others offered it to patients on a case-by-case basis, after assessing their health needs and likelihood of engaging in Step Up. These GPs sometimes relied on their long-standing relationships with patients to assess their suitability for referral to Step Up.

With the people who you just know haven't got the capacity to work, it wouldn't be something you bring up with them. It would be people who are getting well and who are maybe ready for full-time employment or are thinking about it but who are struggling to move forwards... it's very much on a case-by-case basis. I've known some of my patients for over 20 years... you get a feel for who might need encouragement. (General Practitioner)

Once patients were identified, GPs and practice staff introduced the service during a usual consultation. They provided patients with a Step Up brochure and briefly discussed how it could benefit them. If patients expressed interest, GPs either referred them to an assigned person in the practice or did the referral themselves.

Generally the doctors have a conversation with patients and then they are referred onto me to then refer them onto the Step Up programme. So I send all the referrals into Step Up at Pegasus. (General practice staff)

Step Up information coming from a trusted health provider was critical in influencing clients to give the service a go. A few clients specifically described their GP as one of the few remaining providers they would listen to. All clients reported that they were provided with pamphlets or other information when they talked to their GP about Step Up – this gave them a clear understanding of what the service could do for them.

She was recommended by my doctor. I knew that my doctor was the only person that I had a lot of faith and trust in... I was well aware that she wouldn't just throw me to the lions, should I say. I just knew it was all going to be good. So, I was prepared to, how would I say, work alongside her and do what we could to get myself motivated, get myself up and running, get myself moving forward. (Client)

Nurses and Care-Co-ordinators found the Step Up referral process to be straightforward and seamless. Most GPs felt less positive about the steps involved in referring patients to Step Up and wanted the referral system to be more user-

friendly and simpler. Several GPs thought it was a burden to print off the paperwork, fill it out, scan it and then email it back. One GP was unaware of the electronic referral system that Health Navigators had put in place the previous year. Other practices were already able to refer electronically through an Electronic Request Management System (ERMS) and said it was an efficient process.

[The current process] isn't bad but it would be nice to have an electronic form through the electronic referral system we have for everything else... it would really mean it's recorded in the system immediately instead of having to print it out, write it out by hand, then scan it and then email it. (General Practitioner)

4.2.1. Step Up referrals and enrolments were increasing

Referral and enrolment data (Figure 3) showed a gradual increase in referrals by general practices and enrolments by Health Navigators over time. Significant events in Canterbury affected the focus of GPs on Step Up which resulted in the trial extending to all urban Christchurch practices sooner than planned.

We went through a period of no referrals after the Measles outbreak here in Christchurch, then the mosque attacks, then the Influenza. So everybody began to panic in terms of DHB, in terms of us as well, that we weren't going to get the referrals. So instead of gradually rolling out, we rolled out to all general practices in Christchurch²¹. (Step Up Service Manager)

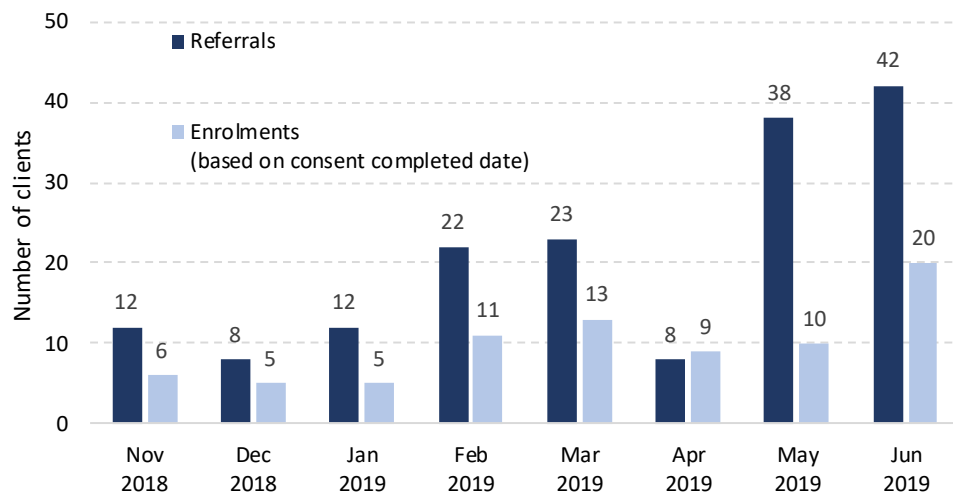


Figure 3: Step Up referrals by month

²¹ CDHB noted that the planned rollout to general practices in Canterbury didn't occur due to these events resulting in a marked decrease in referrals. Instead Step Up rolled out to all urban practices without the planned practice visits and additional support. This is now occurring.

The levels of activity in practices' everyday business affected the frequency of referrals. One staff member referred one patient a month on average while a staff member from another practice made two to three referrals a week. Referrals varied due to practice staff time constraints and the need to remember all the resources and services that were available for patients.

There is a huge expectation on general practices to remember a lot of information, remember a lot of agencies and resources... patients present with more than one need quite often, social need. It's a matter of remembering the time to do it. (General practice staff)

Like most things in general practice, when [Step Up is] in this spotlight we're really good at focusing on it and bringing it up regularly, and then when other things make us busy, we are less likely to push services. It may actually be at that stage where it's stagnated again. (General practice staff)

After referring patients to Step Up, GPs and practice staff continued to see enrolled Step Up clients as usual for their treatment. They would normally see clients every three months to re-issue their medical certificates but could sometimes see them more often.

4.2.2. General practitioners and practice staff felt positive about Step Up

Both GPs and practice staff agreed that Step Up was an effective and beneficial service with the potential to make positive and life-altering impacts on patients' lives. They found it effective because it offered patients more intensive and personalised treatment and care, which was often not possible in the limited timeframe of GP consultations. They valued the opportunity to help patients receive holistic care that addressed physical, medical, social and psychological needs.

As a medical practice, you get a very small window to impact the patient. They may only come to you once a year... a programme like Step Up allows us to merge the social and physical health stuff... It's beneficial to the patients. It's one of those things that can make a huge life-altering impact on someone. (General practice staff)

We've never had any options before [Step Up]. Now we've been able to encourage people. I mean in a consultation time, there's very little we can organise for them, and having this service, which obviously has a lot more time for people and is specialised, it helps them with what they need. (General Practitioner)

As well as a relatively smooth referral process for most general practice staff, practice staff said they appreciated easy access to patient case notes made by the Health Navigators through MedTech²². This enabled GPs to track progress and follow-up with patients about issues and achievements. Patients were able to work

²² Case management system

collaboratively with GPs to implement an effective care plan and look at clinical needs in the context of social and psychological needs.

We have notifications that come directly into our inbox that has things like results and other specialist letters... an update on how their meeting has gone, what the plan is and if there are any other issues... that works quite well. (General Practitioner)

However, other general practice staff (including a few GPs) said they did not always have time to read patient case notes on MedTech. Overall, practice staff did not have major suggestions for improvements to the service.

4.2.3. General practitioners and practice staff did not report changes to their understanding or relationship with MSD through Step Up

General practitioners primarily recognised their roles as:

- Being the entry/referral point for Step Up
- Following up with Step Up patients every three months to issue medical certificates
- Working collaboratively with Health Navigators and patients where necessary on specific medical issues.

As such, GPs had infrequent communication with Step Up clients and Health Navigators. Perceptions of MSD held by GPs were mainly linked to Work and Income, and their understanding of Work and Income's role was that of an agency that provided welfare and entitlements for their patients.

General practitioners had no interaction with Work and Income. Everything they heard about Work and Income came from what patients told them and their feedback varied. General practitioners and other practice staff did not describe any changes in their understanding of MSD's role during the trial. However, communications with Step Up clients and Health Navigators assisted them in patient case management.

[What I've heard about Work and Income] is varied. I've heard both good stories from patients who have dealt with them, and there are also some awful stories, and everything in between. (General Practitioner)

General practice staff had good working relationships with Health Navigators, the Team Leader and Service Manager, and thought their current communications with Health Navigators (face-to-face, phone, MedTech) were sufficient to manage Step Up clients. Practice nurses, social workers and care co-ordinators we spoke to usually had more interaction than GPs with Health Navigators.

It's one-way communication, they tell us what's going on and what they are doing. I haven't had a need to say to them, do this or do that at this stage. I may have had one patient that was really difficult through the Navigator. I think it was the Navigator or someone else, used to come in and try and get him on that path to the appointment. (General Practitioner)

4.3. Initial meetings - How Health Navigators were engaging with clients

Once a general practice referred a client to Step Up, clients were assigned to a Health Navigator during their weekly team triage meetings. This was based on Health Navigator caseload and suitability of fit. Health Navigators told us that where possible, efforts were made to match navigators with clients, for example by gender, ethnicity or age. Health Navigators spent their first session getting to know clients and establishing a good rapport which was assisted by the extensive enrolment paperwork.

Of the 165 clients who were referred to the service between November 2018 and June 2019, just under half (79) were enrolled. This could be for a variety of reasons including:

- Clients were suspicious of unknown phone callers, and even with a follow-up text and letter they would not respond to attempts at communication by the Health Navigators.
- Some clients were living in constant crisis and were unable to be contacted as they did not have a reliable telephone number or fixed abode. Other reasons for non-participation included family violence, addictions and social issues. Client, general practice staff and Health Navigator interviews highlighted the crises and uncertainty that inhibited their ability to engage with services. One client disclosed personal circumstances that had led them to opt out of Step Up. Another client noted their living arrangements as a barrier to engagement.

It could just be the complexity of the patient. Whatever else is going on generally or have that mental health struggle. Could be family violence, could be a multitude of reasons why they don't respond. (General practice staff)

I felt like the place where I was living was quite toxic. When I was doing well for myself, they just basically brought me back down. There was no point in wasting [Health Navigator's] time. (Client)

- Health issues. For instance, a few general practice staff members noted that clients often dealt with severe mental health challenges that inhibited their willingness to engage.

A lot of it's psychological. About half the patients we see here have psychological issues and significant anxiety and even find it hard to leave the house, never mind go and do a job. It can be a significant barrier for many people. There are addiction issues, alcohol and drug issues... [or] they have a chronic condition that doesn't allow them to do much but they're trying to do what they're able to do. There's a whole multitude of problems. (General Practitioner)

Health Navigators described some clients as enthusiastic when they first heard about Step Up from their GP, but once the Health Navigator contacted them they found the idea of Step Up too overwhelming.

There's been a couple of people that have dropped off... often they will say at the end [of the initial engagement] that they are not interested in carrying on. I have had a couple that I have started working with and part way through they have decided that they're not ready. (Health Navigator)

Although some clients were not ready to commit to Step Up initially, *the seed was planted*. Health Navigators noted that some clients have re-engaged with the service at a later time and this was supported by the monitoring data which showed that although nearly all clients who enrolled in Step Up did so after their first referral (94%), 6% enrolled in Step Up after a second referral.

GPs also suggested that a small proportion of their patients were simply disinclined to engage with *'the system'* in any way, even if services were available and accessible. One client who declined to be part of Step Up said they chose not to participate as they thought it would be more work focused.

I thought it was to help find me a job but it wasn't so I didn't do it. (Client)

Health Navigators developed processes to mitigate barriers in contacting clients. They never left voicemail messages as clients often would not have credit on their phones to listen to them. Instead, they texted clients and after four attempts would post a letter.

We have to make at least four attempts before we close, so what that generally looks like is a phone call. If they don't answer, then we follow up with a text ideally... and then we give it a couple of days ideally and then if we haven't heard back, then we'll ring them once more. (Health Navigator)

Health Navigators notified GPs when a patient they had referred to Step Up did not enrol. GPs reported following up with these patients at their next consultation and discussing the barriers that prevented them from enrolling in Step Up.

When we see them the next time around, we tend to discuss with them if we can just to see what were the barriers, if they're still looking at needing the service and if the time's not right, we just put it on hold until the time is right, but in some cases it unfortunately isn't. (General Practitioner)

4.4. Client participation status

MSD monitoring data (at 3 July 2019) (Figure 4) showed 28% of referred clients were in the intensive phase, 4% were in the less intensive phase and 1% had completed the service. Fifteen percent of referred clients enrolled but exited early.

Of the referred clients who were enrolled, 58% were in the intensive phase, 8% were in the less intensive phase, 3% had completed the service, while 32% had exited before completion.

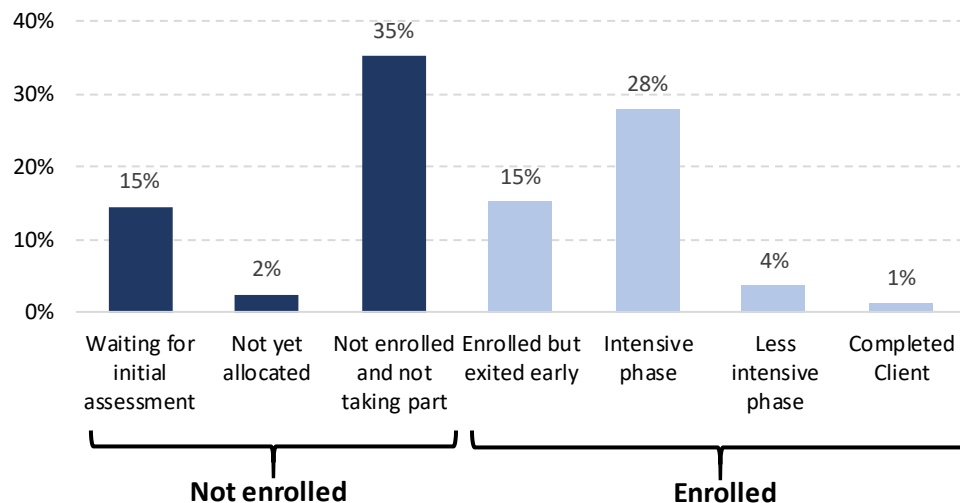


Figure 4: Participation status (referred but not enrolled n=86, enrolled n=79)

4.5. Intensive phase

The intensive Step Up support phase began at enrolment and continued for up to 16-20 weeks²³. During the intensive phase, clients connected with the Health Navigator every week.

The focus of the intensive support phase was described by the Step Up Service Manager as *supporting clients to address health and social barriers*. This weekly support began with developing a plan alongside the client. After the first visit Health Navigators met with clients face-to-face and sometimes by phone call. Health Navigators described checking in with clients, following their plan progress, and referring them to new services if required.

Health Navigators accompanied clients to their first visit with the Work and Income Case Manager, and went with them to other appointments, including GP visits for some clients. Health Navigators thought being alongside clients as they met Work and Income Case Managers and providers for the first time helped clients to build confidence in these relationships.

The Health Navigator role is so crucial in improving a lot of the other relationships. Just to give them that support. (Health Navigator Team Leader)

People that are very anxious at the beginning, you see them definitely develop confidence. I've got heaps of examples where people wouldn't have attended appointments at the

²³ Health Navigators noted that for some clients, *things can happen very quickly* and clients may achieve their goals and exit the service engaged in training, study or employment before 16 weeks.

beginning, but then if you [meet] weekly with them over a period of three months, by that time they're actually ready to do things on their own. (Health Navigator)

4.5.1. Developing a plan with step-by-step goals was an important tool for Health Navigators in working with clients

Health Navigators helped clients to develop a plan towards being ready for work. Developing a plan involved talking with clients about their strengths and aspirations. Health Navigators described how for many clients, the Step Up plan provided a first opportunity to think about goal setting. Setting achievable goals helped clients to progress towards improved health outcomes, education and employment.

A lot of people think everything is just too hard. So when we start breaking things down into little steps, little bites, it makes a difference. And being able to support them to achieve some of those is really important. (Health Navigator)

The plan could include addressing immediate needs such as housing, bus fares or food. It could then move into training and employment. Health Navigators had extensive local knowledge of a range of services available to their clients that would best suit the goals identified in their plan.

Work and Income Case Managers and Health Navigators agreed that breaking goals into achievable steps within a plan assisted clients in being realistic and therefore more likely to succeed. Most clients understood the importance of building a plan with their Health Navigator as a way of breaking down long-term goals into smaller, easier-to-achieve components. Many clients said they and their Health Navigators regularly reviewed plans and goals together.

At the start, we set goals. I still have some. [Health Navigator] gave me a copy and everything... I think they are going good. We set them and she brings them up and we have a look over it. We've done that twice now. Just reminders of where I started. (Client)

Types of goals that clients discussed aiming to achieve included:

- Finding suitable employment that catered to their needs and aspirations: For one client, this involved starting their own business.
- Improving their physical and mental health – while finding employment was a major goal for most clients, they recognised that it would be unrealistic to do so while their health continued to be a significant and not well-managed barrier.
- Becoming more independent. Clients with this goal typically wanted to move out of their family home, find their own living space and generally become more independent.
- Reducing dependency on drugs, alcohol and cigarettes: Several clients had been dependent on substances for a long time and wanted to become abstinent for the sake of their health.

- Travelling abroad: A few clients discussed wanting to visit other parts of the country or the world, often with whānau.

4.5.2. Health Navigators promoted client independence at the outset of enrolment into Step Up

Health Navigators stressed the importance of building a strong, respectful and positive relationship with clients because these relationships helped clients build confidence and go out into the world. Health Navigators considered this an important element of the Step Up client journey.

Although not all Step Up clients faced the same challenges, Health Navigators reported that many clients were socially isolated before being part of Step Up. Many clients had not been in regular employment or training for a long time. Health Navigators attributed challenges in leaving the house to reasons such as anxiety, confusion around using the public transport system or lack of funds for purchasing a bus ticket.

Navigators felt that an important part of their engagement was promoting independence.

From my social work training, it's like the point of engagement is the beginning of ending the relationship because we want to make these people independent, not dependant (Health Navigator)

Health Navigators considered having a reason to get up and out of the house was a step for clients in building a routine to start regular employment. They encouraged this by:

- Providing bus passes and encouraging clients to travel to their appointments
- Meeting clients at a local Work and Income office rather than the client's home.

It's good to have routine before you need routine. I had a client who was starting a full time course this year and so he hadn't been working for a wee while so we talked about, "Okay, so what can you do over the summer to build in that routine so when you start the course, it's not this shock that sets you up to fail. (Health Navigator)

Gaining confidence in attending appointments was considered by Health Navigators to be a first step towards a sustainable, independent life after leaving the Step Up service. Clients and Health Navigators reported increased confidence for clients in managing their health and wellbeing.

MSD Step Up Case Managers and Employment Co-ordinators also reported trying to promote independence by referring clients to providers who connected them with volunteer work or helped them to get into a routine. Some clients described building independence as they got out of the house more to see their Navigator.

The weekly appointments have made me have a reason to remember what day of the week it is now and I'm getting outside more often... that's helping a little bit, putting some variety in my week as well as helping my anxiety issues. That's something that has changed. I'm a bit more comfortable going out in public. (Client)

4.6. Less intensive phase

The less intensive support phase started between 16 and 20 weeks into the Step Up service and continued up to 52 weeks. During the less intensive phase, Health Navigators checked in with clients monthly instead of weekly and the focus was on reviewing and monitoring client progress. For one Health Navigator, this tied in with monthly visits to the Case Manager at Work and Income. One Health Navigator who had worked with clients before the trial reported that clients who gained employment while part of Step Up sometimes did not want to continue with the service for the entire 52 weeks.

Most people don't want that. But we'll stay with them for maybe a month or two, just in the background. And phone or text them just to check in with them, to send them information, and once they feel really stable then they choose to drop off. But they know that if anything went really wrong they can always come back in. (Health Navigator)

At the conclusion of 52 weeks clients were discharged from Step Up. At the time of this evaluation the trial had not reached 52 weeks but Health Navigators reflected on previous, pre-trial clients who had completed the 52 week service. The Step Up Service Manager described the finality associated with the word 'discharge' and how the team had changed the name to 'transition plan' to emphasise client strengths that would last beyond the service.

Because all of the things that the client has done and learnt, that whole journey of self-improvement, improved health and wellbeing. That whole journey around looking towards work should continue even after the Navigator has finished working with that person. So it's not something that stops at the time we finish with them, it's something that should continue. It should be lifelong. (Step Up Service Manager)

4.6.1. Most clients were aware of the four funded GP visits and 40% chose to use them

Step Up offered four free extended GP visits to all patients referred to the service. Twenty-nine percent of clients enrolled in Step Up used one of the four funded GP visits, 10% had used two and 1% had used three. This compares with 29% of those referred but not enrolled in in Step Up using one or two funded GP appointments. (Figure 5).

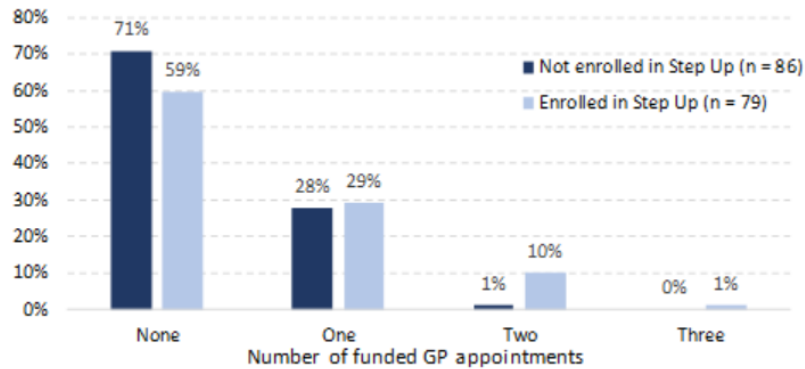


Figure 5: Number of funded GP visits for everyone referred to Step Up

At the time of this report, there were not enough clients who had completed the programme to get a clear indication of whether the use of GP visits increased for clients enrolled in Step Up.

Most clients we interviewed knew about the free GP visits. For the most part, clients with physical health conditions that required ongoing medical care and support said they had been told by their Health Navigators about the free visits and had actively used them. These clients said the funded visits were beneficial as they reduced stress.

[Health Navigator] told me [about the visits] ... I've had two because I have this [medical condition]. That's the other thing she helped me with. My doctor was just prescribing me [medication], so she gave me funding for a doctor's visit and told me to ask for a referral to a [specialist]. (Client)

A small proportion of clients knew about the free visits but did not feel the need to use them, as they did not frequently visit their GP.

[Health Navigator] explained that Step Up was able to both attend and also meet the cost of GP appointments. I haven't made use of that but it's reassuring to know that that's there if I do need it. (Client)

General practice staff also varied in their observations of funded visit uptake by clients. Two GPs had noticed Step Up clients making good use of the visits, while others said clients would generally return to get their medical certificate signed off every three months.

One practice staff member noted that for many clients, there may not have been much need to access the free visits as they did not have urgent physical or mental health conditions that required frequent GP consultation. This view was shared by most Health Navigators, who thought that the majority of Step Up clients did not feel the need to access all four funded GP visits. However, Health Navigators reflected that these visits are being used for reviews of diagnoses, medication regimens, further tests and investigations.

4.7. Work and Income support for clients

4.7.1. Work and Income Case Managers

Health Navigators referred Step Up clients to Work and Income Case Managers. The Case Managers viewed their roles as:

- Helping clients address specific employment and/or training goals that were part of their Step Up plan and facilitating financial and housing assistance for clients.

There are goals that we set, we try to see what we can do to improve their capabilities of maybe moving into work, full-time, part-time, are there any training options we can offer... so they will possibly get work at the end of it. That's the outcome we're hoping for. (Case Manager)

- Working collaboratively with Health Navigators to help clients implement their goal plans. Input from Health Navigators and their work with clients to develop plans was valued by the Work and Income Case Managers.

I've been working with [Health Navigator] quite significantly with the number of clients that I have. She emails me quite regularly with such and such question and I'll respond back. So it'll be more about how we can collaboratively help the client. (Work and Income Case Manager)

- Coordinating Work Brokers and Employment Co-ordinators when the client was ready.

I won't refer [clients] to the Work Brokers if I don't think that they're ready. It's just pointless because the Work Brokers have one goal, to get that person into work. (Work and Income Case Manager)

Some Case Managers suggested wider site collaboration so that they could learn about Step Up from other Work and Income staff and Health Navigators. They thought that monthly inter-site teleconferences had been planned but these had not happened. They also felt that having access to Step Up reporting would help them to see achievements overall and opportunities for improvement. Health Navigators described a newsletter that used to be distributed in the early stages of Step Up by MSD which was considered valuable at keeping local Work and Income service centres informed. It also allowed the Step Up team to be aware of what Work and Income offices knew about Step Up which helped in their communication with Work and Income staff.

Like Health Navigators, Case Managers waited until the client felt comfortable before they started to discuss plans, unless the client raised it themselves.

We don't jump straight into business with our first meeting. It's really just a get to know me and I get to know them... it's normally a real laid-back conversation. (Work and Income Case Manager)

Case Managers valued having the Health Navigator accompany the client to their first appointment. This was beneficial as it focussed on listening to clients and understanding their situation. However, Case Managers noted that there was sometimes overlap between them and Health Navigators in setting goals with clients. This issue was not significant as they had good working relationships with Health Navigators and could easily resolve any miscommunications through a conversation.

I feel like there is quite a bit of overlap, because with my clients, we try and set goals as well and if they've been picked up by Step Up and they come in with their goal sheet, it's pretty much the same as what we're doing but... they may be able to look at different things like volunteer work. (Work and Income Case Manager)

We try to sort that out at our initial meeting all together so there isn't any of me ringing the Navigators and saying, 'hey you're doing this', and the Navigators are trying to do something else... then the client is very clear on who will be talking to them on different aspects.. [when] there's been a mix-up, we'll sort it out. It's as easy as that. It's just a conversation. (Work and Income Case Manager)

Health Navigators emphasised the importance of having one key, consistent person at Work and Income to engage with. One Health Navigator described strengths in having a combined appointment with Step Up clients and Case Managers. All three people, including the client could agree on one plan and review this together with *everybody on the same page*. One Health Navigator felt that working together with the Case Manager helped to motivate clients and provided a seamless handover if required when clients completed the service.

It's really collaborative, and especially if the client's maybe not overly motivated or interested in doing things. Then you've got someone alongside you helping. And she also likes to be part of the final appointment, so when someone reaches 12 months, which is really good because then it's like a handover back to them. (Health Navigator)

4.7.2. Work Brokers and Employment Co-ordinators

Work Brokers and Employment Co-ordinators knew little about Step Up and had very limited experience of working with Health Navigators and Step Up clients. Those we spoke to had only had three or four Step Up clients in the past one and a half years. Low numbers of referrals to Work Brokers and Employment Co-ordinators were also reflected in MSD monitoring data. Work Brokers and Employment Co-ordinators said they did not work any differently with Step Up clients than other Work and Income clients.

I treat them just like any other clients and just work with them. Find out what their interests are, what's a normal day in their lives, then go from there... talk to them about what's available, what our products are. (Employment Coordinator)

Most Health Navigators had not engaged extensively with Work Brokers and Employment Co-ordinators, but one stressed the positive influence they had for recent clients:

...the two Work Brokers who worked with my two clients who attended the [courses]. They were fantastic and assisted both of my clients with positive outcomes into full-time jobs. (Health Navigator)

There were differences in the Work Broker and Employment Coordinator roles:

- Work Brokers worked primarily with clients who had much lower levels of need and focused on getting them into employment.

At that point of referring it through to a Work Broker, the person needs to be at that point [of] "I can go to work now". There are no barriers or anything in place. (Work and Income Case Manager)

- Employment Co-ordinators worked with clients with higher levels of health need and either helped them find employment or some voluntary work in the community.

Work Brokers, there's not much difference. If you took out the health barriers, that would probably be the only difference. As time has gone on, Work Brokers have taken on some of the clients with health barriers, but generally they like to have the low-hanging fruit, so they work with them, place them, whereas ours take a bit longer. (Employment Coordinator)

MSD national office were aware that Work Brokers and Employment Co-ordinators were not engaged with Step Up to a large extent. In the Step Up Business Process document the role of Work Brokers was to provide job placement support for Step Up participants when they are ready and able to work. The Work Broker also had access to a Flexi-Wage fund for Step Up clients. MSD acknowledged that there may have been confusion for Work Brokers taking on clients with a medical deferral and were working to improve communication with Work Brokers and Employment Co-ordinators about working with Step Up clients.

We've heard that there's not been a lot of engagement from Work Brokers and Employment Co-ordinators, so that's supposed to be stepping up... We have these medical certificates that say you don't have work capacity which you require to get a deferral from work obligations, and then we're saying, but we want these people to get support to get into work, so that's a flaw. (MSD national office)

4.8. MSD frontline staff understanding of the general practice role with MSD clients and how MSD can work with health services to support their clients.

Work and Income staff highlighted referrals from GPs as an important aspect of Step Up. They considered that GPs refer appropriate clients who would benefit from Step Up as part of their rehabilitative process.

Of late what's really working is referrals from doctors. There's been an increase in referrals from GPs, and I know that there are some really proactive, committed GPs that are advocating [for] this service. (Site manager)

Work and Income staff reported having little or no contact with GPs but their understanding had changed over the course of Step Up as they valued the health information GPs provided to Health Navigators. This information helped them to build a more complete picture of client situations and needs. Work and Income staff suggested that having more GPs taking part in Step Up would be beneficial as sometimes they had clients who they believed would benefit from the service but were not enrolled with a Step Up GP.

GPs are good at what they do, but as far as being a part of this particular service, because they're not all on board, it just makes it harder. (Case Manager)

Work and Income staff sometimes referred clients back to GPs to access services such as the Green Prescription if they felt this would benefit the client.

4.9. Cultural responsiveness

Participants were asked questions that explored how culturally appropriate or responsive they thought Step Up was to clients. Cultural responsiveness applies across all aspects of culture including age, gender, ability, religion, sexuality and ethnicity.

Health Navigators talked about trying to match clients with Navigators who came from similar cultural groups. For example, a Māori Health Navigator described understanding how to work with Māori in a way that was tika, and a younger Health Navigator had many young clients in her caseload which she felt helped put them at ease and create rapport. This was reiterated in several client interviews.

She's young, she's my age which makes me feel good. (Client)

Health Navigators observed variation in the responsiveness of different organisations to clients who lived with mental illness. Health Navigators identified organisations in the community who came from a strengths-based kaupapa for people with mental health challenges. These organisations had decades of expertise and skills in working with clients who suffered from anxiety, depression and other conditions. Health Navigators felt that when they referred a client to these agencies, the client would be looked after well. Almost all interviewed clients reported feeling listened to and their identities respected by the people they engaged with through Step Up.

We heard from clients, Health Navigators and general practice staff that Step Up clients had not always been treated respectfully and appropriately by agencies including Work and Income in the past, but this changed when clients were part of Step Up. Clients supported by their Health Navigator to meet with a Case Manager

had positive experiences with Work and Income. Visiting Work and Income with a designated Case Manager and a plan with achievable goals was a different experience to turning up to receive benefit entitlements and seeing a different Case Manager every time.

It reduces some of the negative feelings that they have. Because normally when people go to Work and Income it is to ask for money...Whereas with us it's always a positive thing that we're engaged with Work and Income. (Health Navigator)

We asked Work and Income staff about working with clients generally, how they build rapport and how they work differently with different clients. Most staff described spending time getting to know clients and listening to what clients had to say. However, for a small number there appeared to be gaps in understanding of how to talk about mental health, suggesting opportunities for further training in engaging appropriately with these clients.

4.10. Client referral to services they need

Step Up clients were referred to a range of services by Health Navigators, Work and Income Case Managers, Work Brokers and Employment Co-ordinators. Referrals were made in both the intensive and less intensive phases.

Over half of enrolled Step Up clients were referred to other services (Figure 6)²⁴.

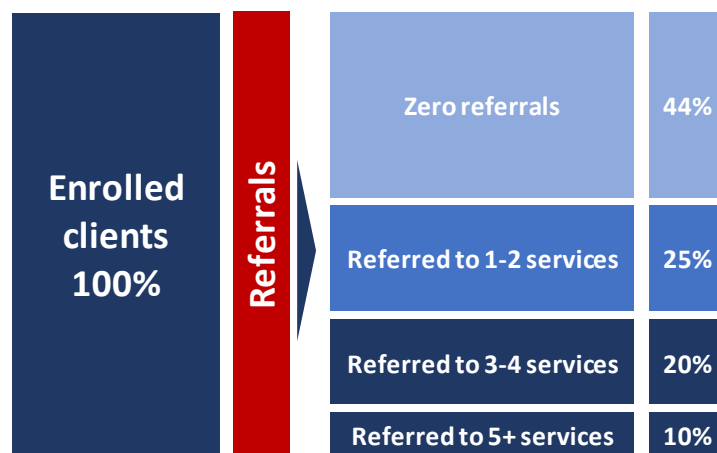


Figure 6: Number of referrals for clients by Pegasus (Pegasus data n=79) (note, referred percent does not add up to 100 due to rounding).

²⁴ The Zero referrals percentage reflects the timeframe of the evaluation. The Step Up Service Manager reported that of the 44% zero referrals (35 clients), 19 exited early (54%). Reasons were 'unable to contact, client disengaged, circumstances changed'. The other 16 (46%) were enrolled after the MSD monitoring data were presented to Malatest. Twelve of the 16 have now been referred to multiple services.

Health Navigators described connecting clients with the services that would be of most benefit to their needs and the goals identified in their plan. They thought that community services tended to be responsive to Step Up clients in providing specialised employment support services. For example, Workbridge and Catapult were able to respond comprehensively to clients with disabilities and health conditions. They were also able to engage with clients quickly and with greater frequency than Work Brokers and Employment Co-ordinators which kept up the momentum for clients.

The services that can meet with them weekly or fortnightly [are] often a lot better fit. Because it keeps them hooked in... they really need that motivation and momentum of someone walking alongside them really closely on that job search, as opposed to being a bit more hands-off. So I think if there was the option that the Work Brokers could be more hands-on and more regular with the appointments, that would make a difference. (Health Navigator)

I do know they [Work Brokers] have a lot of valuable links to employers but it's just that regular support. (Health Navigator)

There were many different services across Christchurch to refer clients including: kaupapa Māori services, therapeutic services such as art therapy, job training, skills training, food preparation and cooking, literacy, driver training and the mentoring service offered by Live Life. A glossary of services is appended.

Monitoring data showed that most referrals were work related but 26% of referrals were to support mental health needs and there were a variety of other referrals to training, education and other supports (Table 2). Work and Income Case Managers had access to services such as the Salvation Army driving course, the Police driving course, First Aid certificates, Site Safe certificate. Work and Income staff reported enrolling Step Up clients in these and paying their fees.

Table 2: Services clients are referred to by Pegasus (Pegasus data n=79).

Type of service	Service	Percent of enrolled clients referred ²⁵
Work related referrals	Job Search Support	29%
	Work Preparation Services	25%
	Career Advice/Exploration	11%
	Training and Education	13%
	Voluntary Work Opportunities	5%
	Temp Agencies	1%
Mental health related referrals	Counselling/Life-Coaching	11%
	AOD/Addiction Support Services	5%
	NGO Mental Health Services	5%
	Primary Mental Health Supports	5%
Other referrals	Social Support Needs	14%
	Healthy Lifestyle Services/Supt	10%
	Physical Health Services	10%
	Govt Agencies/Public Services	9%
	Bike riding classes	1%
	Buy Cycles	1%
	Navigation Services	1%
	Physical Sense Gym and Physio	1%

Health Navigators often accompanied clients to services when they visited for the first time. They followed up with clients to see how the services were working and whether clients required further support.

All clients described understanding Health Navigators would connect them to other health and social services that could benefit them. Most understood that while the main goal was to get them into employment, they would be working with the Health Navigator to address their physical and mental health. Many clients also said Health Navigators had offered to attend various appointments with them. They were grateful for Health Navigators attending Work and Income appointments with them as they were apprehensive about talking to a Case Manager. On the other hand, they felt comfortable with their GPs and did not generally need assistance at medical visits.

The offer has been there, and [Health Navigator] has mentioned that a couple of times. The relationship I have with my GP is quite a good one. I haven't felt the need to include [Health Navigator] in those appointments but it'd certainly be excellent to know that's available if I change my mind for any reason. (Client)

²⁵ Totals do not add to 100% as some participants accessed multiple services

4.11. Stakeholders - Live Life

Live Life were funded by CDHB as part of Step Up and provided an eight-week training course that taught clients a wide range of social skills including gratitude and positivity, and elements of physical health such as sleep hygiene, nutrition and exercise. Live Life provided a mentoring service and assisted with practical tasks such as CV preparation and interviews. Live Life also placed clients in community volunteer roles. They held regular dinners for past and current clients.

CDHB considered that a significant number of younger Step Up clients who lacked basic social skills could be assisted by Live Life. They perceived Live Life as a good alternative and well positioned to address these skill deficits.

It was identified that a significant number of the younger client group didn't have basic core life and social skills to start to seek employment or study. Making eye contact, for example, how to shake someone's hand, how to sit in a room and participate in a conversation. Basic, every-day skills that assist people to get employment were lacking. (CDHB)

CDHB thought it was important to connect clients to Live Life as the service provides a comprehensive mentoring service. Although Health Navigators referred clients to other services, Live Life was the only mentoring service available.

Step Up does refer onto Live Life, but it's very much part of the Step Up program and concept in terms of work readiness where we, as the DHB, are contracted to ensure that the clients get exposure to those types of elements. And because it couldn't be duplicated in other services that Step Up could refer to, then it was essential that we made that a component of Step Up. (CDHB)

MSD national office identified different views between CDHB, Live Life and Pegasus around whether Live Life was a core component of Step Up or another optional service for clients. Both MSD and Pegasus Health considered that Live Life was a potential provider of services should the client need these services. CDHB and Live Life thought that Live Life was integral to the model.

MSD monitoring data recorded only three referrals to Live Life through Step Up. Live Life believed that many of the clients who were not referred by Step Up would fit the Live Life criteria and would benefit from their service. Live Life suggested that modifications to the referral process to allow GPs to refer clients directly to Live Life would allow more clients to access the service.

Health Navigators considered Live Life was the most appropriate service for a small number of Step Up clients. Although there was some flexibility, the age criteria for Live Life ruled out a significant number of Step Up clients. Health Navigators considered other services were able to provide tailored support and training for people with a variety of needs and people of all ages. For example, it was appropriate to refer to other community organisations for immediate, practical support:

I have referred to the partnership community workers because sometimes when you're doing the assessment there are other practical things that people need addressing, not necessarily directly linked to health. So the mum that I was talking about... she didn't have curtains. She needed firewood for her log-burner, and she needed a school uniform for her daughter. (Health Navigator)

Health Navigators described some cases where there was a lack of interest from clients who would likely benefit from the Live Life service.

Very non-committal, didn't want to do the voluntary work, wanted to find something outside of what they (Live Life) were offering. (Health Navigator)

Two Health Navigators who had referred clients to Live Life said these clients had built confidence and developed social skills.

By the end of his four weeks, at the Biz Dojo where Live Life is based, he was involved in the morning quiz. In fact, on the last week, he led the morning quiz. I've had quite a bit of engagement with him since. He's now working two days a week as a volunteer at [shop]. He gets the bus himself to work and home again. (Health Navigator)

4.12. Length of engagement with Step Up

Most people who were referred to Step Up but were not ready to engage or unable to be contacted, were exited (dropped out) by eight weeks with the majority of those exits happening between two and four weeks (Figure 7). Of the enrolled clients who have exited Step Up, nearly half (49%) were exited before eight weeks.

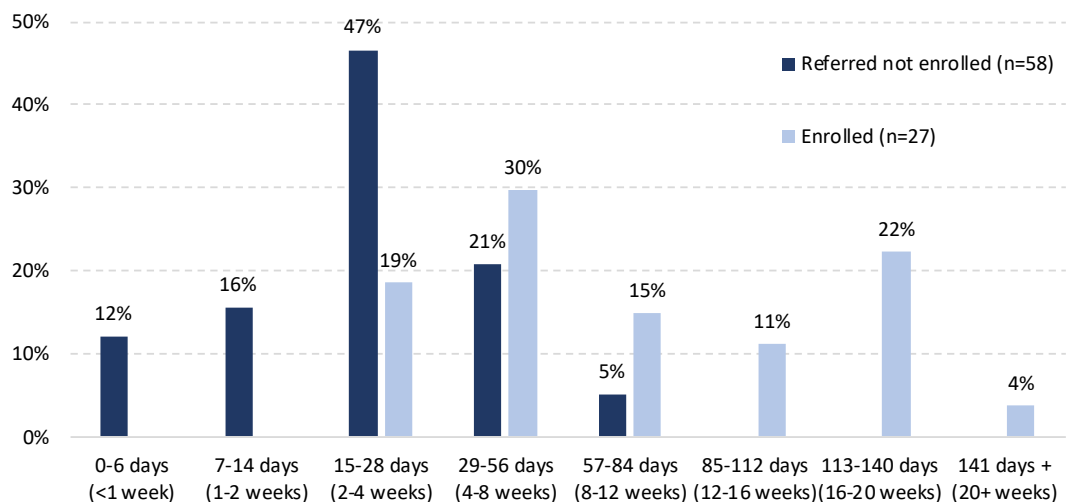


Figure 7: Length of engagement from referral to exit (Pegasus aggregated data)

Eight months into the service a small number of clients had exited Step Up because they had achieved their goals (Figure 8). One client found employment. Clients were also considered as exits if they dropped out before enrolment (referred but not

enrolled). The most common reasons why referred clients were not enrolled was they were not contactable (67%) or declined to take part (28%). Even after enrolling in Step Up, 44% of clients were exited because they were unable to be contacted.

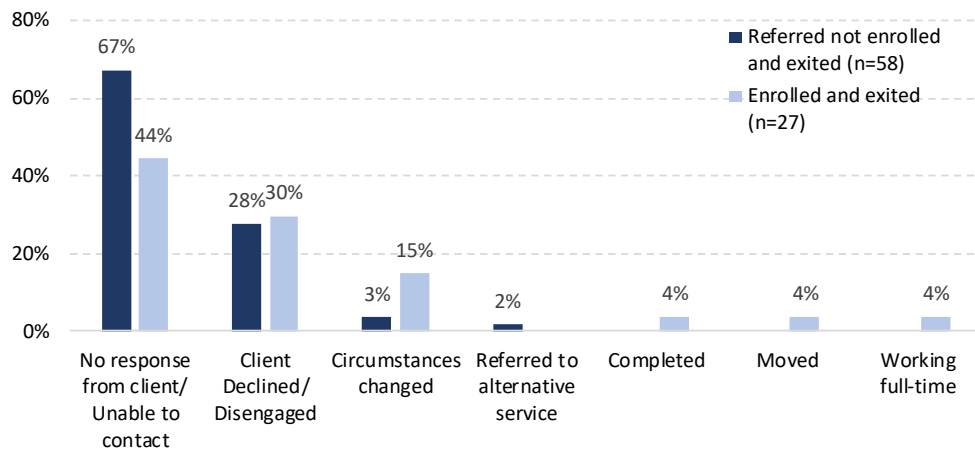


Figure 8: Exit reasons (Pegasus aggregated data)

5. Step Up Trial clients

5.1. Reaching the intended participant group: Demographic profile of clients who opt-in to the service

The demographic characteristics of people referred compared to enrolled clients was roughly the same (Table 3). With the small numbers of Step Up referrals we are unable to say if there were significantly different engagement rates for different groups. This evaluation did not include health data, however Health Navigators emphasised the range of complexities in the Step Up client group. Most clients experienced mental health barriers and psycho-social difficulties.

Most people referred to Step Up were New Zealand European (78%) followed by Māori (15%) and a small number of other ethnic groups. Over half the individuals referred to and enrolled in Step Up were male (61% and 59% respectively). Over half (58%) of the people referred to Step Up were younger than 35 years old, however fewer referrals in this age group enrolled (54%).

Table 3: Demographics of referred people and enrolled clients (Pegasus aggregated data) (Please note not all groups sum to the total due to missing data)

	Referred not enrolled	Enrolled	Total referrals
Ethnicity¹	N=85	N=79	N=165
NZ European	74%	82%	78%
Māori	16%	14%	15%
Pacific	2%	3%	2%
Unknown	5%	0%	2%
Other²	2%	1%	2%
Gender	N=84	N=79	N=165
Male	63%	59%	61%
Female	33%	39%	36%
Not specified	5%	1%	3%
Age	N=86	N=79	N=165
<25	27%	24%	25%
25-34	36%	30%	33%
35-54	29%	38%	33%
55+	8%	8%	8%

5.2. Quality of life domains measured by NZ WHOQOL-BREF³

The WHOQOL-BREF is a short quality of life measure developed by the World Health Organisation based on the WHOQOL100. Pegasus were using the NZ WHOQOL-BREF which includes five additional New Zealand specific items (26 standard items plus five New Zealand specific items). It is too early to have post-programme scores to

compare the change over time for Step Up participants. Initial assessment scores showed, Step Up clients scored significantly²⁶ lower in three out of the four quality of life domains from the NZ WHOQOL-BREF compared to New Zealand norms supplied by MSD. Norms were based on the general New Zealand population and were originally provided by the NZ WHOQOL group²⁷. The biggest difference was in the psychological domain where Step Up clients scored 25% lower than the New Zealand norms.

Table 4: NZ WHOQOL-BREF scores for Step Up clients at entry compared to New Zealand norms²⁸ (0% = worst possible score, 100% = best possible score²⁹) (Statistically significant differences are shown in bold and highlighted blue (p<0.05)).

	New Zealand Population norms (n=763-786)	Step Up clients at entry (n=51)	Difference
Environmental	56%	54%	-2%
Physical	65%	52%	-13%
Psychological	69%	44%	-25%
Social	60%	47%	-13%

5.3. Work capacity hours

Enrolled clients had roughly the same capacity to work as those referred to Step Up but not enrolled. One in six (16%) Step Up referrals had a zero hour per week work capacity³⁰ while nearly two-thirds (61%) had 15 hours. Although the numbers are small, people with different levels of work capacity have very similar percentages of being enrolled or not enrolled in the service (Figure 9). Some Health Navigators raised concerns about clients with zero work ability hours being referred to the service as these clients would have a longer and more difficult journey in moving into work and there were fewer services to support them.

²⁶ Significance was tested with an independent samples two tailed t-test comparing means.

²⁷ Krägeloh, C. U., Billington, D. R., Hsu, P. H.-C., Feng, X. J., Medvedev, O. N., Kersten, P., Landon, J., & Siegert, R. J. (2016). Ordinal-to-interval scale conversion tables and national items for the New Zealand version of the WHOQOL-BREF. *PLoS ONE*, 11(11), e0166065. doi:10.1371/journal.pone.0166065

²⁸ New Zealand Population norms were provided by MSD.

²⁹ Domain scores were standardised to be percentage scores.

³⁰ Work capacity is the hours clients can work as assessed by their GP and presented on their medical certificate.

One challenge we're finding is that we're getting a lot of referrals that have zero work ability hours, which can impact on some of the services we can link them in with. (Health Navigator)

I guess the positive thing is if they're sitting on zero hours when they come to us, they can only go up. But often the ones with zero hours are the ones that are a lot harder to move because they just have more limited ability to start the journey of moving into work. (Health Navigator)

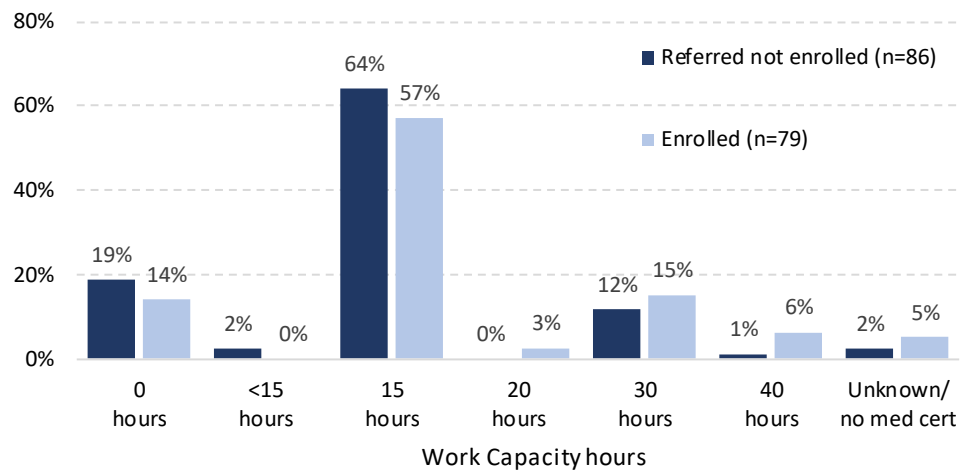


Figure 9: Work capacity of Step Up referrals as based on their medical certificate (Pegasus data).

5.4. Benefit duration and type of enrolled clients

Duration on a benefit for clients enrolled in Step Up varied with 33% on a benefit for less than one year, 24% for one to two years and 37% for over two years. Most clients received a Job Seeker – HCID (Health Condition or Disability) benefit (Table 5).

Table 5: Benefit type and time on benefit for enrolled clients (MSD data)

		Enrolled clients (n=77) ³¹
Weeks on benefit	Cancelled benefit	5%
	<20	12%
	20-49	21%
	50-79	14%
	80-109	10%
	110-199	17%
	200-300	12%
	>300	8%
	Unknown	1%
Benefit type	Job Seeker – HCD ³	82%
	Job Seeker - Student Hardship	1%
	Job Seeker-Work Ready	9%
	Supported Living Payment related	3%
	Sole Parent Support	5%

³¹ Some clients had multiple referrals and enrolments which explains the change in the number enrolled.

6. Changes for Step Up Trial clients

This section is augmented by client case stories that highlight different client journeys. The case stories are composites, made up of different interview participant quotes. We have not used client names.

Changes for clients who were part of Step Up depended on their situation. While all clients received a main benefit with a medical deferral from work obligations, they experienced a range of health conditions and disabilities that affected their ability to plan and achieve goals with Health Navigators. For example, some clients' health conditions temporarily inhibited their work capacity. Addressing clinical needs, followed by updating/refining their employment skills (e.g., updating CVs and cover letters, applying for jobs, practising interviews, etc.), typically progressed these clients faster to work readiness (as determined collaboratively between clients and Health Navigators).

I wasn't sort of completely lost, it was just an interesting situation for me. Apart from opening my eyes to the options I had post-[medical event], I wouldn't say it's a significant change. It's just nice to have somebody there that I can talk to and bounce ideas off of to get an idea of what direction I should go in. (Client)

Other clients faced mental health challenges, which extended the steps they needed to take to be ready for employment. These clients usually needed to address wider health issues (including anxiety, self-esteem, confidence and motivation) before they were ready to begin working on their employment skills.

It depends on if [the client] was solely for employment options with Step Up or if it was a more complex case. If that was one element of an assessment, I would continue working with them and I might keep in contact with the Navigator, but generally that referral would go and we would get updates to the file and where the patient is at. (General practice staff)

6.1. Improved awareness and trust

Most clients said being part of Step Up had given them greater knowledge of the available types of supports and opened their eyes to services they had not been aware of before. Health Navigators helped them access entitlements from Work and Income and helped improve communication with GPs. As a result, these clients felt more knowledgeable and better able to self-advocate.

She came with me to an appointment with my [WINZ] Case Manager and I didn't know that they covered whiteware and dental and glasses. (Client)

Some clients spoke about how their previous dealings with services (particularly Work and Income) had left them hesitant to re-engage with agencies and services.

With the support of their Health Navigators, clients' trust in services improved, including Work and Income.

Case Story: Scott

About Scott

- Suffered a moderate medical event a few months ago and was still recovering - seeking employment
- Physical health had improved but could no longer work in the same job (involved a lot of physical work).

Engaging in Step Up

- Felt frustrated because he was very independent but didn't know what other jobs he could do
- Had worked in the same industry for most of his life but didn't think his skills were transferable
- Eager to return to work but worried because he was middle-aged and thought he couldn't compete with younger applicants
- Relieved that Step Up could help him find other work and welcomed the Health Navigator's help
- Initially resistant to finding work in a different industry because he wasn't confident in himself.

This industry is a young man's game... I didn't want to put my age on my CV because then employers would know I'm older and have these health problems. (Scott)

He hadn't worked for a while and he was a bit rigid in his thinking. (General Practitioner)

How he used Step Up and the difference it made

- Health Navigator helped Scott identify his strengths and skillset
- Scott realised he had qualifications and skills that were more transferable than he realised
- Connected with Workbridge and a Work Broker - they helped him apply for jobs.

Even though I've been in [industry] for years, there's a number of skills in that industry which can cross over to different industries, and I've got different qualifications I've picked up throughout the years... It was sort of mashing it all together, and she sort of pointed it out well, that there can cross over to that there... She's opened my eyes up. (Scott)

Where is Scott now?

- Scott has a few interviews lined up
- He feels optimistic about his ability to get a new role soon
- He has a new outlook - he said without his Health Navigator, he wouldn't have realised the broad scope of other opportunities out there for him.

It's been just what I needed, really. It hasn't been overbearing or anything like that. It's just sort of helped me look in a different direction and sort of get things moving again. (Scott)

6.2. Mental wellbeing benefits

Many clients experienced a variety of positive mental wellbeing outcomes. These included increased self-confidence, direction and optimism. Progressively achieving their goals helped clients see it was possible for them to change their current circumstances and helped them feel more confident.

Because without [Health Navigator's] input, I wouldn't be able to focus... It's all part of the circle of the programme to motivate me and move myself forward. (Client)

Many clients spoke about how getting the support they needed led to greater optimism and being more focused on the future, instead of their present circumstances. Even if very little had actually changed in clients' lives, the work they had done with Health Navigators exposed them to more possibilities for the future and prompted them to look at their lives with more hope.

I've got a different mindset... it's kind of like having an older sister almost. It's pretty much cool because I get to watch her and then carry on from there, take after her and then I carry on with what I'm doing and I finish everything off. Just sort my life out. (Client)

Clients set short to long-term goals and made a plan with Health Navigators to achieve them. Having a plan consisting of clear and realistic goals helped many clients staircase to their overall long-term goals, which gave them more direction and motivation. This helped these clients feel less stagnant.

[Working with Health Navigator] prompted me to assess myself, 'What are you up to, man? Are you going to continue doing what you're doing or are you going to come in here?' (Client)

The more clients achieved their goals, the more autonomous and competent they felt. This was particularly beneficial for clients with ongoing mental health challenges, as it helped them manage their conditions more effectively. For several clients, a key outcome was being able to leave their homes more often and by themselves.

A few clients said they had reached a stage where Health Navigators had done all they could for them, and they were now able to progress independently.

I think we've covered a lot of the help that [Health Navigator] could provide, ... things are now at a point where it's on me to put things in place and move things forward. (Client)

Having Health Navigators as a source of support and advocacy helped reduce stress for many clients, particularly if they were struggling with becoming accustomed to big changes in their health and lifestyle. Many clients described feeling reassured and safe knowing that Health Navigators were there to help them understand what to do, where to go and how to get the supports they needed.

My life is pretty much coming together. I started working with [Health Navigator] and I don't know if that's her or if it's me or if it's other things that are working, but it's helping, and my anxiety is going away. Not going away but it's a lot more under control and I can breathe. It's nice. (Client)

Several clients mentioned they set and achieved goals with their Health Navigators to stop smoking, using drugs or drinking alcohol.

I let her know what I was struggling, doing a lot of drugs and alcohol... [for four months] I've been abstinent from alcohol and drugs. (Client)

Case Story: Ada

About Ada

- Struggled with addictions for a long time
- Had talked to her GP about mental health and was taking medication
- Struggled to leave her house because after the earthquakes she didn't feel safe in the outside world.

Before Step Up

- Ada's GP spoke to her about Step Up during a normal consultation to get her prescription and medical certificate renewed
- Ada was sceptical about Step Up because she didn't think there was much she could do to change her life.

Engaging in Step Up

- Ada and a Health Navigator met up at the nearest Work and Income - this was convenient because it was close to her home
- Ada was nervous about meeting the Health Navigator but they put her at ease by listening to her story and being compassionate and non-judgemental
- Ada put some goals in place to achieve - they worked together for a few months and caught up with the Health Navigator every week.

How she used Step Up and the difference it made

- Connected with a good counsellor - having access to ongoing therapy has helped Ada manage her addictions more effectively
- Attended some courses on personal development to develop more social skills
- Currently attends support groups for her addictions and mental health.

Where is Ada now?

- Ada says her whole outlook on life has changed - her Health Navigator acted as a role model and helped her believe her life could change for the better
- Her struggles haven't gone away but she can manage things better
- She feels more hopeful for her future and is thinking about enrolling in a training course to help her get the type of job she wants.

[She] was incredibly socially isolated, unable to leave the house, hadn't worked in years, lots of complexity... had a lot of mental health struggles. (General Practitioner)

I didn't think there was much I could do. I was kind of in a state where I was like, 'This is how my life is going to be and this is how I'm going to have to carry on and survive'. (Ada)

I did umm and aah about whether to refer her. I was a little bit sceptical and she was a little bit sceptical. (GP practice staff)

We've set goals on an initial plan. So three-month goals, six-month goals and one-year goals. (Ada)

Before [Health Navigator] came along, I tried to get on a course and things and try and sort out... I didn't know what I could do and they were just vague and now... I mean [Health Navigator] sent me through all of these courses and she's been able to give me more information. (Ada)

[Health Navigator] was like, 'no, this isn't how [your life] has to be.' And now I'm like, 'I can.' And now I've started changing it. (Ada)

She has gotten on really well with the Navigator. I think that is the key thing... she's just really blossomed. So she may not have found paid work yet but her life is hugely impacted in a really positive way. (General Practitioner)

Case Story: Terry

About Terry

- Late teens
- Mental health condition
- Lived with his mum and was fearful of leaving the house
- Felt anxious about communicating with people out in the community.

Engaging in Step Up

- Terry was worried about having to talk to the Health Navigator
- The Navigator arranged to meet him at Work and Income, which made Terry feel anxious. It stressed him out to be left waiting for a long time and he found it hard to talk to the people there
- But the Health Navigator met Terry in the waiting room and they went to a private space to talk about how he was feeling and what he might want to get out of the service
- Terry was fine with meeting up again and making a plan for his future - he wanted to get out more, meet people and be part of something.

How he used Step Up and the difference it made

- Connected with LiveLife, an organisation that got him into working in a community garden and talking to other people on a daily basis
- Became more social and could manage his anxiety better.

Where is Terry now?

- Terry is now working two days a week, volunteering in a shop
- He is looking for paid employment in retail
- The Health Navigator, GP and Terry's mum have noticed his newfound confidence.

He is not the sort of boy who would shake your hand because he has a phobia... He wouldn't look at you, he wouldn't speak to you... (Health Navigator)

It's hard to go around new people and everything. Doing new things is always hard for me. (Terry)

It's really brought him out of himself. The voluntary work that he is doing plays to his strengths. (General Practitioner)

[Terry's mum] said, "I have never heard him speak to anyone as much as he speaks to you." (Health Navigator)

6.3. Physical health benefits

Some clients mentioned benefits to their physical health through engaging with Step Up. A few clients talked about how Health Navigators helped them get a gym membership to work on their physical fitness, in preparation for moving into employment. These clients were able to get their gym memberships paid through Work and Income.

[Health Navigator] referred me to Appetite for Life, which I did. She referred me to a physiotherapist, which is ongoing... [she] went to my GP and WINZ is paying for subscription for the pool and gym, to help with my getting better in shape so I'm able to go back to work. (Client)

Most Health Navigators observed positive changes in self-esteem for clients having a long-term health issue such as dental work or chronic condition addressed. Navigating the health system, finding funding and the right specialist treatment was obtainable with the support of a Health Navigator. The ease and speed of this were re-iterated in a client interview.

[Health Navigator] helped with the momentum to get my teeth done. Bang, I got that done today. (Client)

Case Story: Kiri

About Kiri

- Had worked full-time since her early twenties
- Developed a severe health condition and couldn't continue working
- Wanted to get treatment and return to employment.

Engaging in Step Up

- Being unable to work had a negative effect on Kiri's mental wellbeing
- She was depressed at the time her GP connected her with Step Up
- When Kiri met with her Health Navigator, they recognised the first step on her journey to wellness and employment was getting specialist treatment.

One of the things that we were really clear about was that we had to address the [health condition] before [we could see] what else she could do. (Health Navigator)

How Step Up removed the barriers to Kiri receiving treatment

- Kiri didn't know where or how to find a specialist - so the Health Navigator helped her identify a good specialist in her city
- The Health Navigator helped Kiri to apply for and receive funding through Work and Income and Step Up for the specialist consultation
- Kiri saw the specialist and had a test. She found that there were limitations to the work she could do based on her health condition.

So for us, it was identifying where we could get some funding to get her to a [specialist]... We arranged with Work and Income to fund part of it. Step Up funded part of it. We funded the initial appointment at \$240. And then Work and Income funded the next two appointments at \$140 each and then we did the next two. (Health Navigator)

Where is Kiri now?

- Kiri's health condition has been successfully treated
- She now has the confidence to find a different role in the industry she had been previously employed in for most of her life.

I have gotten lots more done than I could on my own, especially because she reminded me not to stress over everything and helped me sort it. (Kiri)

6.4. Employment/training benefits

A few clients mentioned they received assistance with important paperwork as well as legal aid for minor offences.

[Health Navigator] has helped me recently with StudyLink. She helped me do that because it was heaps of paperwork, it was overwhelming. (Client)

Some clients and Health Navigators identified clients' skills and interests that could be developed further and found training courses for clients to attend. Courses included: forklift licence, mechanical course, cooking classes, personal development, mentorships, etc.

They helped me find out who the current driving lesson provider was that was approved by WINZ... and helped me get onto that... it took a while but I eventually

got my application in and got off the waitlist and got some help there... the progress towards the driving licence has been the most tangible thing. (Client)

Many clients mentioned they had been referred to Work and Income and/or Workbridge and subsequently received support to update their CVs and cover letters, practise their interview skills and apply for jobs. One client said his referral to Live Life had helped enhance his existing job and life skills.

They help people who have been having trouble getting back into work... the life skills and the job preparation skills I already had... but it was the job interview practice that I found quite helpful. (Client)

Step Up clients are being supported on a pathway to work readiness. Despite not having attained employment, some clients said they felt they had made progress towards work readiness by having their mental health needs addressed.

I'm happy, especially this year, a lot has changed. I'm still not working, but I have a job interview on Tuesday and I feel more ready, at least for part-time work. (Client)

A few clients we spoke to had succeeded in obtaining volunteer work or work experience, which impacted positively on their mental wellbeing and independence.

I've got one patient who was really struggling to get out of the house and is now doing voluntary work four days a week and is looking at possibly getting some paid work... and he's really just blossomed. So he may not have actually found paid work yet, but his life is hugely impacted in a really positive way. (General Practitioner)

At the time of the evaluation, the trial had been running for eight months. Given this duration it is reasonable that the monitoring data show only one client has achieved the goal of finding stable employment. Our qualitative data show that many clients were making good progress towards being work ready and had experienced other important outcomes such as improved health and wellbeing. Step Up appears to be working best for clients who are able to commit to their plan and keep up their motivation to make progress.

Case Story: Angie

About Angie

- Had an anxiety-related illness that prevented her from working full-time
- But wanted to find employment to supplement her benefit that understood her health needs and would allow her to work for a limited number of hours per week.

Engaging in Step Up

- Angie had a hard time finding the kind of work appropriate for her health limitations
- Her GP suggested the Step Up service as an option to facilitate finding work
- The Health Navigator contacted her and they met to discuss her options
- Angie appreciated how the Health Navigator took the time to listen to her and what she wanted to achieve, instead of just finding a job that maybe wouldn't suit her needs.

How she used Step Up and the difference it made

- The Health Navigator rang Work and Income and set up a dedicated case manager for Angie and went with her to appointments
- With the help of her Health Navigator and case manager, Angie was linked with a service that provided her with work clothes
- Step Up helped her look for casual work and to apply for jobs.

Where is Angie now?

- Angie is now working a few hours every day - her employer was understanding of her health needs and worked with her to make sure she wasn't overextending herself
- She is also feeling physically healthier and interacts with people more than she used to before.

[GP] said that there were people who could help me look for a job even under my medical condition... I could probably work about 15 hours at most, so three hours a day. (Angie)

[Health Navigator] did help me out with some appointments because I don't understand all their jargon sometimes... [she came] to make sure I was getting the right amount that I needed... I got tired of having to talk to too many people at once so she was able to allocate just one person. If I needed help with something, I'd just ring her. (Angie)

I'm losing weight. I'm eating a lot better, which is a good thing, and I'm meeting new people. I love meeting people. (Angie)

6.5. Case Story: Stuart

About Stuart

- Living at his brother's house
- Lack of motivation
- Gaming every night and sleeping all day
- Mental Health condition resulting from traumatic event preventing him from participating in his community.

There's been so much trauma and all the mental health issues in Christchurch from the earthquakes especially. (Health Navigator)

Engaging in Step Up

- Stuart's GP told him about Step Up when he went to get his regular medical certificate
- Stuart thought it sounded ok and said he would give Step Up a go
- Stuart met the Health Navigator at a Work and Income office which was an uncomfortable environment for him
- When they talked through Step Up, Stuart felt non-committal about making a plan.

He had worked himself up so much that he was quite apprehensive about the whole process. (Health Navigator)

She just more or less just let me know about the services they are offering and how they could help me out and that. (Stuart)

He's like I might do this course or I might do that but it feels very much like he's just saying it because he thinks that is what we want to hear. (Health Navigator)

The difference Step Up made for Stuart

- The Health Navigator referred Stuart to an organisation that could link him with work experience but none of the options appealed to him.
- Stuart's Health Navigator and Work and Income Case Manager referred him to a training course but he didn't turn up.

He didn't go to the seminar. So my plan is today when I meet with him, just to find out, does he actually want to do any work prep stuff? (Health Navigator)

Where is Stuart now?

- Stuart is still at home and spending most of his time gaming
- His Health Navigator has been talking with him about exiting from the service as he is not progressing with his plan
- His GP knows that he has not been going to the training courses or other services he is referred to.

I saw him the other day for his repeat medications and he is still much brighter in himself. He is just not quite ready to look for any work at the moment. (GP)

6.6. Enablers of progress

- **Willingness to engage and motivation:** Clients remembered hearing about Step Up from their GP. Many clients were grateful that this source of support was available to them. Some clients wanted help navigating and getting accustomed to their new health limitations to find employment. Others appreciated support in finding employment that would fit with their chronic health conditions.

I didn't know about Step Up. The nurse that relieved my doctor's visit got all this underway... she thought that would be an appropriate thing for me.... when I knew nothing about the road I was going down. It was quite nice. (Client)

- **Health Navigator engagement:** Clients were motivated to make progress on achieving their goals by the warmth, empathy and non-judgemental attitudes of their Health Navigators.

[Health Navigator] was very empathetic and compassionate and sensitive, I thought. I was very impressed. I had been quite nervous [before the first appointment]. (Client)

The regular contact and way Health Navigators worked, helped several clients feel accountable and take ownership of their wellbeing and ongoing progress.

Man, I can't let these people down because they're here to help me." (Client)

- **Setting clear and realistic goals and working alongside Health Navigators to achieve them:** This was important because several clients experienced a big change in lifestyle after an accident or illness and many others had limitations due to their chronic health conditions. It was necessary to set goals that were achievable within these limitations but which, where possible, could slowly progress clients outside of their comfort zone.

6.7. Barriers getting in the way of progress

- **Managing health conditions:** Some clients found constantly managing their health made it difficult to progress with long-term employment goals.

In terms of getting better, things seem to keep knocking me back on that. I get [health condition] and whenever that flares up, that sets me back about a week. (Client)

I think it's mental health as well and anxiety. A lot of people, it's too much to talk to some stranger on a phone or make an appointment with someone. (General practice staff)

- **Adapting to changed circumstances:** It could be challenging for clients with injuries or health conditions who were no longer capable of returning to their old career and that they would have to adapt and do something they had never done before.

A lot of our folks are only capable of manual labour... [and] they don't have a clue how to go about doing something different. Because all that they know and all that their family knows is manual labour. (General Practitioner)

- **Immediate, practical needs:** Recognising and working with wider systemic issues such as access to transport, food and housing were vital for clients to be able to achieve the goals in their plan. This was described by many clients and the Health Navigators. Health Navigators also described family violence as an immediate safety need for some clients.

7. Conclusions

We have structured this section around the evaluation questions to show how Step Up is operating.

7.1. **Aspects of Step Up that were working well overall and where improvements could be made, including in the roles and relationships of GP services, the Health Navigators, Work and Income staff and other providers**

Overall, Step Up was working well at the operational level. Health Navigators were investing time in building relationships with all general practices in the area. They were providing information about Step Up, how to identify suitable clients and how to make a referral. Health Navigators were also connected to a plethora of services throughout Christchurch. This assisted with their referral process as they know the services will work responsively and in a timely fashion.

General practice staff, including GPs, reported satisfaction with Step Up. Although some GPs thought the referral process was arduous, other practice staff described it as seamless and all general practice staff we spoke to think that Step Up is beneficial for their patients who join the service. Communication between general practices and Health Navigators seems to be working well although it is seen by many GPs and Health Navigators as one-way, with Health Navigators providing information for GPs on Medtech. Due to GPs being extremely time-poor a two-way communication may not necessarily be feasible. There was scope for better understanding by some GPs of the electronic referral process but it was unlikely that this would lead to greater Step Up enrolments as the GP who did not know about the existence of the electronic system was still referring using paper-based means.

Work and Income Case Managers and Health Navigators reported working together positively and complementing each other's roles in supporting Step Up clients. Interviews with clients and Health Navigators showed that having a Work and Income Case Manager who knew the client and their plan helped Step Up clients to feel less anxious about interfacing with Work and Income and saw this engagement instead as helping them on their journey to wellness and employment.

Work Brokers and Employment Co-ordinators had little interaction with Step Up clients. A small number of Health Navigators provided examples of Work Brokers successfully helping clients to be placed in work which signals that there is a role for Work Brokers and Employment Coordinators in supporting some Step Up clients. However, other community organisations were thought by Health Navigators to be more responsive to Step Up clients who had mental health challenges than Work Brokers/Employment Co-ordinators, and able to meet with clients quickly which kept up momentum and client motivation.

At the partnership level, key stakeholders were meeting regularly via teleconferences and all described having good channels of communication at and outside the meetings. Meetings during the prototype and trial phases facilitated important changes and continued to be a critical interface between MSD and the health sector. The Step Up Service Manager played a lead role in cross-agency meetings.

7.2. Identifying what helped and hindered the implementation and operation of Step Up

Implementation of the service was helped by the prototype phase that preceded the trial phase. Relationships between stakeholders were in place and meetings held regularly. MSD partnering with health providers around an action-oriented task strengthened relationships. However, interviewees thought staff changes at MSD national office impeded continuity of communication.

The positive influence of a GP referral helped patients decide to give Step Up a go. General practice was often one of the few services that clients trusted and referral from their GP positively influenced their decision to participate in Step Up. However, MSD monitoring data showed 35% of clients who had been referred had exited early without being enrolled while another 17% were either waiting for assessment or allocation. Of those who exited early before being enrolled, 67% were exited by the Navigators because they were not contactable and 28% declined to be enrolled. GPs were informed, thoughtful and careful in identifying patients for referral but the referral transfer of Step Up from GP to Health Navigator meant that clients were being contacted by someone they did not yet know or trust. Strategies to support clients through the transfer such as more emphasis from the referrer regarding the trustworthiness of the Health Navigator or initial meetings at the general practice might assist in maintaining clients' enthusiasm for Step Up.

Step Up operation was helped by the connecting role undertaken by Health Navigators. Health Navigators built relationships with general practices, Work and Income Offices and service providers. Their networks were important for connecting clients to people who could help them achieve the goals in their plan, but it was also vital that a connection was made with clients, encouraging them to be on board with Step Up. Having a single point of contact and continuity of support from a trusted Health Navigator assisted clients to identify and achieve goals.

7.3. The Step Up service model enabled clients to progress on a pathway to achieving their goals including increased wellbeing and social and economic independence

Although many referred clients were difficult to engage and/or did not enrol in the service, the Step Up Health Navigator model was successful in developing good relationships and enrolling clients who would not usually have the opportunity or ability to set and achieve goals. The Step Up trial phase has only been running since late 2018 so it is too early to gauge client outcomes. However, our interviews with Health Navigators, Work and Income staff, general practice staff and clients suggested that together, clients were being supported to build confidence and improved health outcomes, enabling them to progress further towards employment. Importantly, Health Navigators placed emphasis on empowering clients to be independent by encouraging planning and goal setting. The focus was on reducing health barriers, setting goals and constant review.

7.3.1. Clients were building confidence and capacity to enable their participation in work.

Clients we spoke with described improved awareness of entitlements and access to services. They reported improvements in their mental and physical wellbeing. Clients and the Step Up supports around them shared examples of improved work readiness, for example having a CV and attending a job interview. On a practical level, clients felt confident to catch the bus or had assistance to obtain their driver license. Other clients had been supported to have warm housing, food, dental work or other treatment which boosted their confidence and ability to participate in their communities. This finding would be strengthened by comparing pre-post NZ WHOQOL-BREF measurements.

7.4. Service participants' perceptions of the cultural acceptability and appropriateness of the service

Health Navigators reported being mindful of culture when they enrol clients into the service. They tried to match clients with Navigators based on age, ethnicity and other aspects of culture. Health Navigators were aware of kaupapa Māori services in the region and referred appropriately. They were skilled in working gently and respectfully with clients who had physical and mental challenges or disability and who were sometimes in crisis. Most clients described feeling listened to by the Health Navigators and appreciated catching up each week (intensive phase) or month (less intensive phase).

Case Managers also described their efforts in building respectful relationships with clients. They spent time getting to know clients and putting them at ease before starting to set goals. Clients emphasised the increased level of comfort they felt having a designated Case Manager at Work and Income. However, interviews with some Work and Income staff showed gaps in understanding about how to talk about

mental health, and opportunities for training in working better with clients who live with mental health challenges and/or disability.

7.5. Uptake of additional GP visits and whether clients found them helpful

Almost all clients told us they were aware of the additional, funded GP visits. Those who took up the visits found them very helpful to manage their chronic health needs. Most clients, Health Navigators and general practice staff thought the majority of clients would not require the visits as they were able to manage their health and had no need to visit the doctor. However, Health Navigators reflected that these visits are being used for reviews of diagnoses, medication regimens, further tests and investigations.

7.6. Levels of client uptake and engagement with the service

Despite a high number of referred clients dropping out of the service, Step Up was reaching the intended client group. This was highlighted in our interviews with clients, Health Navigators and others who observed that those who commit to Step Up are ready to plan for employment outcomes and benefit from having a Health Navigator alongside them to achieve goals.

The service reached less than half of the projected 200 clients and early client exit rates from Step Up, both after referral and enrolment, were high. Sixty seven percent of clients referred but not enrolled were exited because they were not contactable and 28% declined to be enrolled. Forty four percent of enrolled clients were exited because they were unable to be contacted. Health Navigators made extensive efforts to contact clients and felt that they could not do anything further but *the seed was planted*. Clients remained linked to their general practices and there was the potential for later referral when clients may be more ready to engage, which was also evidenced in the monitoring data. Health Navigators reported making efforts to increase client uptake by extending the service to all GP services in Christchurch, having posters available in GP waiting rooms and continuing to build and strengthen relationships with general practice staff.

7.7. Demographic profile of clients who opt-in to the service

The ethnic profile of referrals was roughly representative of New Zealand overall. Most people referred to Step Up were New Zealand European (78%) followed by Māori (15%) and a small number of other ethnic groups. Over half the individuals referred to, and enrolled in Step Up were male (61% and 59% respectively). Over half (58%) of the people referred to Step Up were younger than 35 years old, however fewer referrals in this age group enrolled (54%).

Health data were out of scope for this evaluation, however Health Navigators stressed the range of complexities in the Step Up client group. Most clients experienced mental health barriers and psycho-social difficulties. The demographic characteristics of people referred compared to enrolled clients was similar. With the small numbers of Step Up referrals we are unable to say if there are significantly different engagement rates for different groups.

7.8. Achievement of short-term service outcomes

7.8.1. Accessing support services and training or education programmes

Monitoring data showed a variety of referrals to training, education and other supports for Step Up clients. The relationships that Health Navigators developed with a wide range of services meant that they could refer clients to the service best suited to the individual client. Health Navigators selected services that could respond nimbly and keep up client momentum. This assisted clients to develop and then implement a plan focussed on their goals.

Interviews with clients and Health Navigators told us that accessing the services meant more than a referral, and Health Navigators often accompanied clients to their first appointment.

Assessment and referral to services that were responsive to the needs of people facing mental challenges helped clients to better manage their health conditions or disability which in turn led to increased wellbeing and work capacity. Monitoring data showed that 26% of referrals were to services that support people with mental health needs.

7.8.2. Changes in work capacity and gaining employment (part-time or full-time).

MSD monitoring data showed that at the time of this evaluation, only one trial client had moved into employment. However, many short-term service outcomes were described positively by clients, Health Navigators, Work and Income Case Managers and general practice staff. Changes in work capacity could not happen until immediate needs were met. Clients presented with a variety of needs and Health Navigators reported supporting clients with safety, food and shelter before moving on to other referrals.

Some Health Navigators raised concerns about clients with zero work ability hours being referred to the service as they were limited in the services these clients could be linked with and had a longer and more difficult journey in moving into work.

While long-term outcomes for Step Up clients are yet to be determined, short-term outcomes described by clients suggest that Step Up is making a difference. Despite not having attained employment, clients described achieving goals outlined in their plan and building confidence towards increased work capacity. These included

identifying skills and interests that could be developed further and finding training courses to attend. Many clients mentioned they had been referred to Work and Income and/or Workbridge and subsequently received support to update their CVs and cover letters, practise their interview skills and apply for jobs. One client said they had been referred to Live Life, which had helped enhance their existing job and life skills.

A few clients we spoke to had succeeded in obtaining volunteer work or work experience, which impacted positively on their mental wellbeing and independence.

7.9. Differences the Health Navigator role was making for clients.

Clients and Health Navigators reported that the friendly and regular Health Navigator client engagement is a strength of Step Up. Building a good relationship, making a plan and checking in with clients weekly (or monthly for the less intensive phase) placed Health Navigators in a good position to make a difference in the lives of Step Up clients. Health Navigators emphasised sustainable independence for clients. They assisted clients in setting goals and becoming motivated to achieve their goals.

Most clients valued having someone alongside them to develop and implement a plan. The opportunity to be supported in accessing services to meet individual needs made a difference to clients. Several clients described this support enabling them to feel accountable and able to take ownership of their wellbeing and ongoing progress. A small number of clients did not want to make a plan and did not report valuing the Health Navigator support.

7.10. Extent to which Step Up has resulted in changes in perceptions of GPs/health practitioners and MSD staff.

General practice and MSD staff interviews did not describe changed perceptions of each other's role in supporting Step Up clients. However improved awareness by general practice and Work and Income staff of each other's role in supporting clients may have been influenced by communication from the Health Navigators. In this way, the Health Navigator role acted as a conduit between organisations, sharing information and helping general practice and Work and Income staff to work with mutual Step Up clients.

7.10.1. How GPs/health practitioners saw their role in relation to MSD clients and whether they considered their understanding of MSD and MSD clients had changed as a result of Step Up

General practice staff saw their role as referring and providing ongoing treatment to Step Up clients. They did not consider that their understanding of MSD changed as a

result of Step Up, however they were better informed to treat patients who were Step Up clients. General Practitioners were able to follow patients' Step Up progress on their case management system Medtech. Some Health Navigators attended GP appointments with clients. This meant that GPs had much wider wellbeing information and up-to-date reports on patients Step Up activities.

7.10.2. MSD frontline workers understanding of the role General Practices had in relation to MSD clients, how MSD frontline workers could work with health services to support their clients and whether their understanding has changed as a result of Step Up

Despite Work and Income staff having very little or no contact with GPs, they valued information GPs provided to Health Navigators which assisted in their work with clients. Information about health conditions and living situations helped Work and Income staff to respond to client's needs.

Work and Income staff sometimes referred clients back to GPs to access services such as the Green Prescription if they felt this would benefit the client. They described seeing clients who they believe would benefit from the service but had not been referred by a GP³².

7.11. Opportunities

At partnership level:

- Better communication between partnership stakeholders regarding contracting and governance roles. Stakeholders described a triangle of reporting between MSD, CDHB and Pegasus, and all agencies reported uncertainty around funding, given contract timelines.
- Agreement between partnership stakeholders around the role of Live Life in Step Up.

At operational level:

- Greater inclusion of the Regional Director to promote ongoing understanding of Step Up in Work and Income offices. The Regional Director described contributing to the development of the service but had less involvement in the trial phase.
- Emphasis by general practice staff at point of referral regarding Health Navigator friendliness and competency, which may assist Health Navigators in being able to contact potential Step Up clients

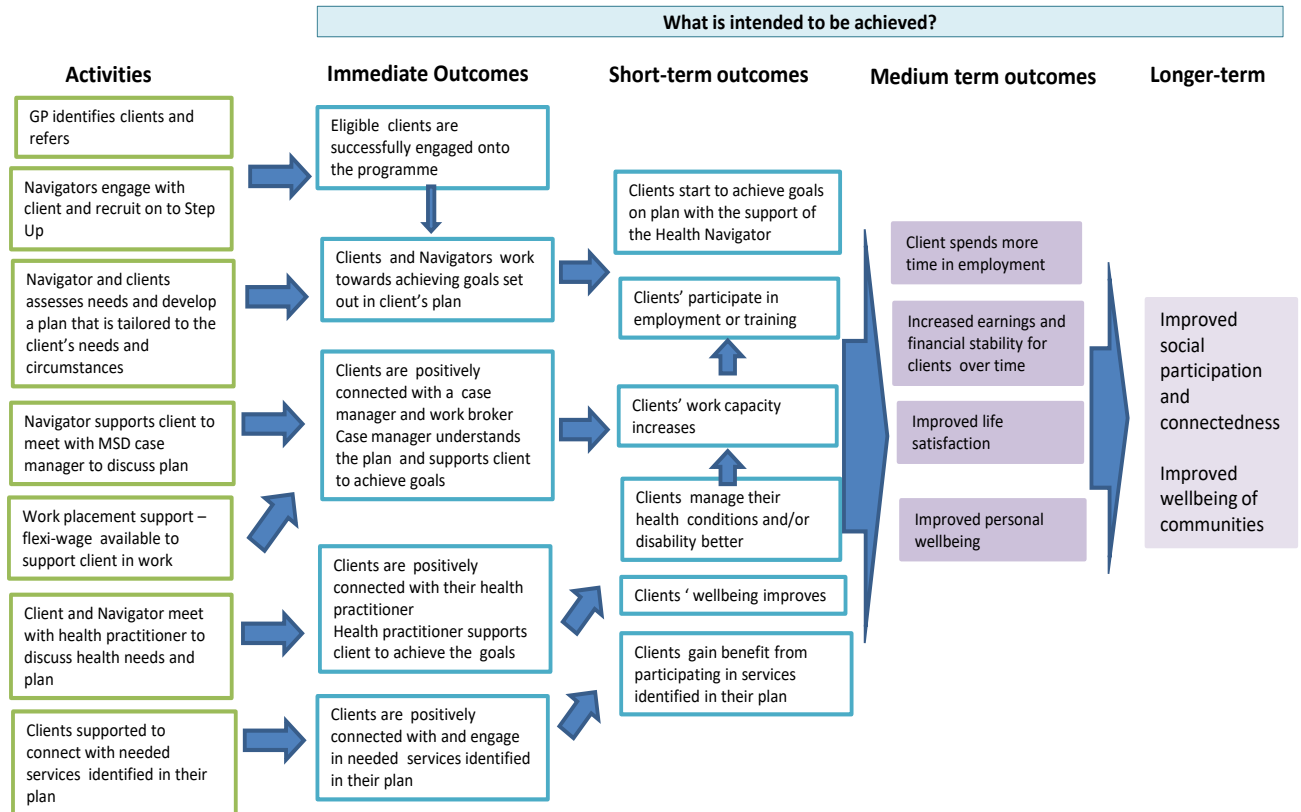
³² Step Up has now been rolled out with all General Practices across urban Christchurch.

- More communication between Health Navigators and Work and Income staff, particularly for Employment Co-ordinators and Work Brokers, who had little interaction with Health Navigators
- Ongoing information and training for Work and Income staff so new staff had a good understanding of the Step Up service, their role and working sensitively with clients who have mental health challenges
- Wider site collaboration to learn from other Work and Income staff and Health Navigators – while there were meant to be monthly inter-site teleconferences, these had not happened and a regular newsletter had ceased.
- Establish and provide some reporting at regional level – Work and Income staff said it would be useful to see what they had achieved so far and what they could improve
- Get more GPs involved in Step Up³³ – some clients were part of the normal Work and Income caseload but unable to be referred to Step Up as their GPs were not involved.

³³ The roll-out to all general practices in urban Christchurch may have overlapped with the timing of the Work and Income staff interviews.

Appendix 1: Intended outcomes and programme logic

Step Up aims to help MSD clients improve the management of their health conditions and/or disability and achieve sustainable employment outcomes.



Appendix 2: Glossary of providers for Step Up client referrals³⁴

Job Search Support

- Work Brokers/ Work Co-ordinators
- Job Connect
- Catapult
- Workbridge
- CV Development
- Workwise
- Interview skill development

Career Advice/ Exploration

- Career NZ
- Career Quest
- ARA Voyager
- Strengths finder
- Career Consultants

AOD/ Addiction Support services

- AOD Coordination Centre
- Gambling Supports
- Overeaters
- Drug Arm
- Familial Trust
- Odyssey House
- Drug and Alcohol phone lines

Primary Mental Health Supports

- Brief Intervention Counsellors
- Enhanced Recovery Practitioners
- Equally Well
- Extended MH Consults
- 298 Youth Health Centre

Work Preparation Services

- Live life
- Dress for success
- Mentor Driving Programmes
- CV Support

NGO Mental Health services

- Peer supports services
- Mental Health and advocacy services

³⁴ Provided by Pegasus Health

- Step Ahead Trust
- Mental Health Community Support Workers

Healthy Lifestyle Services/ Supports

- Appetite for life
- Green Prescription
- Smoking cessation

Social Support Needs

- Curtain bank
- Budgeting advice/ support services
- Food banks
- Firewood support
- AVIVA (Domestic/ family violence)
- Salvation Army Services
- Christchurch City Mission
- Housing support
- Justice/Court/ Community Corrections

Counselling/ Life-Coaching

- Peters gate
- ACC counsellors
- Men's and Women's centres
- Male Survivors Trust
- STOP
- Start

Navigation Services

- PCW-Partnership Community Workers
- Whānau Ora navigators
- Whānau Ora

Training/ Education providers

- Secondary and Tertiary providers
- Next Step Services programmes
- Work related Courses
- General courses/ training

Voluntary Work opportunities

- Voluntary work opportunities