Short Communication

Clients Consenting to be Involved in Partners in Recovery Program; ABCD Process of Community Development.

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This is a review of the skills required by Partners in Recovery (PIR) facilitators that enable the complex needs community, and its members, to provide informed consent to participate. PIR is a program to coordinate support for people (including their carers and families) with complex needs; primarily severe and persistent mental illness. A community development approach is used as the framework to examine these skills and their effects. The theoretical basis for these skills is the Action Based Community Development approach (ABCD), which identifies collecting stories, organising a core group, mapping resources, carers and service provider, building community vision, and linking resources to enable development from within and external to the community. PIR facilitator's require knowledge of these skills to obtain informed consent from clients and stake holders within the complex needs community.

Keywords: Clients, Partners in Recovery, Action Based Community Development approach.

INTRODUCTION

This is a review of the skills required by Partners In Recovery (PIR) facilitators that enable the complex needs community, and its members, to provide informed consent to participate. A community development approach is used as the framework to examine these skills and their effects. The theoretical basis for these skills is the Action Based Community Development approach (ABCD), which identifies collecting stories, organising a core group, mapping resources, carers and service provider, building community vision, and linking resources to enable development from within and external to the community.

PIR is a program to coordinate support for people (including their carers and families) with complex needs; primarily severe and persistent mental illness (DoH, 2013). PIR facilitator's require knowledge of these ABCD skills to obtain informed consent from clients and stake holders within the complex needs community. This is in order to enabling key stake holders make informed consent requires acknowledgement and development of a set of skills. O'Connor, Willson, Setterlund and Hughes (2008) in their review of the

ABCD approach confirmed a set of skills required for community engagement leading to development. The PIR facilitators were able to employ these set of skills.

Simply, PIR facilitator's require knowledge of the theoretical approaches and skills to obtain informed consent from clients and stake holders within the complex needs community. The skills identified in the ABCD approach provided a process of self-mobilisation for the community which facilitates change; for change to occur consent was needed.

Learnings

PIR facilitators had substantial growth and learning regarding their knowledge and skills required to facilitate community education. Providing an environment for informed consent in the complex needs community is complex itself. PIR facilitators learnt about the need to understand theories that underpin and make sense of community education. They learnt about renewing, refining and gaining skills to be an effective facilitator.

And they learnt about the pragmatic proficiencies needed to work with the PIR community to provide them the ability to have informed consent.

As per ethical consideration (AASW, 2010) individuals and service providers who participate in the PIR program (community) need to have a clear understanding of their rights and responsibility; as outlined in good ethic social work practise. The PIR community (clients, carers and service providers) required information and support that enables them to receive and make use of information. They need to be enabled to make informed consent, including withdrawing consent. The community needs to be empowered to have their decisions respected (Pullen-Sansfaçon and Cowden 2012).

On reflection, facilitators learned that informed consent is an interactive communication process between the individuals, service providers and program. It holds to the principle that community members have the right to choice for treatment and social action in their lives (Pullen-Sansfaçon and Cowden 2012). However, in order to decide, relevant and meaningful information is required, to be presented in a way that enables the fullest of understanding.

Pullen-Sansfaçon and Cowden (2012) defined consent as 'the basic legal principle that reflects a person's agreement to something.' For PIR stake holders they were asked to participate, provide and share personal information, be part of needs assessment, conducted an action planning processes and allow their de-identified information provided to government departments of health planning purposes. On reflection this was a very significant request for people with complex needs, primarily severe and persistent mental illness. It provided facilitators with the realisation that for informed consent, you had to be well training and proficient in the craft.

The Theory

Brennan, Bridger and Alter's text (2013) support the philosophy that the PIR program is designed around community development needs. And it aims to assist people and communities to critically examine strategies for change and development. Community development is generally considered a process to empower people (Thorpe, 1992). There are multiple strategies and approaches but common threads in the recommendations are it is conducted with sensitivity, incorporates respect for cultural beliefs, develops collaborative associations and generates lifelong learning (Thorpe, 1992).

Hardina's (2013) review of community development helps provide some general considerations for policy makers and facilitators at the grass roots. These include, facilitating community engagement to understand needs, developing an understanding of community problems, facilitating analysis of power dynamics of the people involved, and encouraging trust and respect for sharing of knowledge. The Department of Health (DoH, 2013) provides compatibility with key research such Hardina (2013), and Chenoweth and McAuliffe (2012) in that it considers it important for key stake holders in the PIR program to understand different models of community development. This provides a platform and theoretical base for a relationship with the community, to meet community requirements and encourage satisfaction.

There are some well know and widely used models of community developemnt, such as Participatory action, an approach that emphasises participation and action within communities for their development (Chevalier and Buckles, 2013). It aims for the community to understand using collaborative change and reflection. Using the community's social history as a base for collective inquiry and experimentation (Chevalier and Buckles, 2013) for the collaborative change and reflection. The Dialogue and Narrative approach (in essence) allows members of the community to tell their stories and generate knowledge and a shared understanding (Kenny, 2011). The Relationship Development approach emphasises that learning and community development comes from the interconnectedness of cooperative relationships (Hardina, 2013). The Action Based Community Development (ABCD) is an approach for people to understand community planning and how it is actioned (Thorpe, 1992), it emphasis the current abilities and resources of the community i.e. a positive narrative to promote community development (Thorpe, 1992).

By and large community development aspires to assist the community members to understand what is happening and recognise their choices to achieve the future community desires (Mendes, 2008.)

The Issue

The complex needs community with severe and persistent mental illness, is a community in need of development and empowerment for multiple and evident reasons. The process of community development can be central to empowerment and providing the community with choices (Fawcett, Goodwin, Meagher and Phillips, 2010). Empowering and providing the community and individuals with choices and the ability to make such choices, is in essence, informed consent.

Informed consent can be difficult in this community for a range of reasons. These include, but are not limited to, lack of power in the service system, the need to participate to gain basic essentials such as food and accommodation or funding, lack of capacity to consent because of mental state impairment, substance affected issues, acquired brain injury or simply the lack of prospective and understand of what consent means.

The PIR program needs informed consent to function and work with the community, at the legal, procedural, ethical and practical level. However, facilitating informed consent across sectors, service providers, clients, and carers requires a firm grasp of the theories and skills of community development.

The Approach

PIR facilitators on thematic analysis and analysis of the theoretical underpinning of PIR, revealed that their professional position was the ABCD approach was used to address informed consent in the PIR program.

The ABCD approach emphasis the resources, capability and strengths of the community members (Trevithick, 2011). Those with persistent mental illness have developed a range of resources, capability and strengths to manage their illness and day to day needs. ABCD begins with positive narrative and moves to strengthen the narrative to create a satisfying community life disposition (Trevithick, 2011) which values and empowers a collective narrative in the PIR community. ABCD as a model focuses on the skills and assets, not the problems within the community; providing an incorporated respect and develops collaborative associations. A principle of PIR is that it is client center (Trevithick, 2011).

A principle of ABCD is the community drives the development not external agency. The ABCD approach is compatible with the principles of PIR and provides a framework to respectfully facilitate consent via community education as part of community development.

The Skills

There are many skill areas required in PIR practice, a wide range of communication skills, trust building, institution-building skills, and so on are essential to be effective. The ABCD approach provided workers with a framework of skills and knowledge (i.e. a tool box) to be an effective facilitator in enabling the PIR community to provide informed consent.

O'Connor, Willson, Setterlund and Hughes (2008) discussed the ABCD skills and provided a summary of the skills required. These skills include collecting stories, organising a core group, mapping the abilities and resources of individuals, carers and service provider, building community vision and plans, and linking resources to enable development from within and external to the community (O'Connor, Willson, Setterlund and Hughes 2008).

Initially, when the PIR facilitators began working with clients, the concept was that community development was about telling people what the program was, providing literature and definitions, then asking for informed consent. It soon became clear facilitators needed to collect stores to empower people. They begin having informal discussions and interviews building confidence in the community, learning about other's experience of successful programs and activities. This quickly learned the need to recognise people, carers and service providers recognising and having pride in their achievements. This understanding contributed to their ability to provide informed consent to participate. In listening to the stories, people in the community emerged as leaders and formed a core group (Benson, 2006). This core group was able to self empower the community by using their networks and relationships inside and out of the community.

Initially, workers thought mapping the abilities and resources of individuals, carers and service providers was simply gathering data. However, they came to understand that part of informed consent, was the community doing its own mapping. This enabled the community to learn about their own abilities and build new relationships within their community. Ultimately, as facilitators, they ascertained this assisted the community understand their resources and their power to employ these resources. O'Connor, Willson, Setterlund and Hughes (2008) work clearly established this as appropriate skills within the ABCD approach to community development.

During the facilitation of informed consent, resources were matched with opportunities available; this soon established a vision for community development, often thought of as success. People needed know what to do to succeed in the PIR program, and what success would look like, this was clearly a facilitation skill that that enabled informed consent. That is people knew what they wanted to achieve and expectations before agreeing to be part of PIR. One key stake holder, referred to this as unifying community resources by bringing people together, where the value of their skills supported the community's development. Another key stake holder, suggested people had a sense of self value and self determination within the process and felt they could agree to be part of the PIR process.

As a facilitator, a central skill required and refined, was the linking of internal and external resources to enable development of the community. Referred to in the literature as mobilising assets for community development (Benson, 2006). Facilitators learnt to provide information that generated a shared purpose, that encouraged engagement by appealing to interests found in common aims, on their (stake holders) own terms. As facilitators they had to assist the community look externally for support and resources that was not necessarily part of PIR program; this added to the ability to provide consent by allowing the community to select stake holders.

What can be seen is that the ABCD model of community development, provides a framework of

knowledge for a set of skills and that works towards enabling PIR stake holders to provide informed consent.

Summation

The skills identified in the ABCD approach provided a process of self-mobilisation for the community (Thorpe, 1992) which facilitates change; for change to occur consent was needed. Enabling key stake holders make informed consent required acknowledgement and development of a set of skills. O'Connor, Willson, Setterlund and Hughes (2008) in their review of the ABCD approach confirmed a set of skills required for community engagement leading to development. The PIR facilitators were able to employ these set of skills.

The PIR facilitators collected stories which empowered the community providing a sense of worth and achievement. The narrative identified and mobilised a core group and network within the community. Mapping was about the community understanding their resources for empowerment and change. Stake holders were provided with information, shared knowledge, shared goals and shared encouragement which provided the prospect to match opportunity with resources which resulted in shared vision and plans. This shared vision stimulated ongoing community development and an ability to link internal and external resources to enhance the community. For this to happen key for the facilitators was informed consent to be part of this process. Simply, PIR facilitator's require knowledge of the theoretical approaches and skills to obtain informed consent from clients and stake holders within the complex needs community.

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