



MAGHERAFELT/COOKSTOWN

**An Evaluation of the Flat Cluster (FC)
and Dispersed Intensively Supported Housing
Scheme (DISH) at Magherafelt/Cookstown**

July 1999

Praxis is committed to the evaluation and monitoring of all its services. This report is one of a series of evaluations of various Praxis services.

Praxis currently provides a range of services to individuals with mental health problems, including:

- Befriending Schemes
- Accommodation and Support Schemes
- Home Response Schemes
- Training and Action Employment Project
- Drop-In Facilities

The Accommodation and Support Schemes have been developed from several different accommodation models, including Flat Cluster (FC), Dispersed Intensively Supported Housing (DISH), Residential Care Homes and combinations of these.

This is an evaluation of two of these models - A Residential Flat Cluster Scheme (RFC) and Dispersed Intensively Supported Housing (DISH).

AUTHORS

Tara Lundy, B.A., M.S.Sc.

Research Officer

Sonia Mawhinney, B.A., M.Sc.

Acting Senior Research Officer

For further information, please contact at the following address:

Praxis Research Department

29-31 Lisburn Road

Belfast

BT9 7AA

Tel: 01232-234555

Fax: 01232-245535

ACKNOWLEDGEMENTS

The authors would like to thank all those who participated in the evaluation. In particular, we wish to thank the tenants and staff of the Magherafelt/Cookstown Accommodation and Support Scheme and the statutory key-workers.

CONTENTS

CHAPTER ONE

<i>Introduction</i>		Page
1.1.	The Accommodation & Support Scheme	2
1.2.	Praxis Mental Health Service Principles	2
1.3.	Aims of the Scheme	2
1.4.	Background	3
1.5.	The Evaluation	4
1.6.	Consent	5

CHAPTER TWO

<i>Tenants' Views</i>		
2.1.	Tenants' Characteristics	7
2.2.	Hospital Admissions	7
2.3.	Tenants' Interviews	8
2.4.	Findings	9

CHAPTER THREE

<i>Statutory Key-Workers' Views</i>		
3.1.	Participants	23
3.2.	The Questionnaire	23
3.3.	Statutory Key-Workers' Views	23

CHAPTER FOUR

<i>Discussion</i>		
4.1.	Tenants' Views on the Service	31
4.2.	Consumer Satisfaction Surveys	33
4.3.	Statutory Key-Workers' Views	34
4.4.	Tenant Outcome	35
4.5.	Conclusion	37

CHAPTER FIVE

Recommendations

39

CHAPTER SIX

References

41

1
2
3
4
5

“I would say that it would be very hard for me to try independent living if I hadn’t had Praxis, giving me the compass, knowing that there’s always somebody to call on.”

Praxis Tenant

CHAPTER ONE
INTRODUCTION

1.1. The Accommodation and Support Scheme

The Accommodation and Support Scheme was originally set up in Cookstown in 1991 by Praxis and the Northern Health and Social Services Board. In 1994, the scheme was relocated to Magherafelt where the flat cluster complex was established.

The scheme provides accommodation for twelve individuals in and around the Magherafelt/Cookstown area who require varying degrees of support to enable them to live as independently as possible in the community. Two types of accommodation models are offered:

- **DISH** (Dispersed Intensively Supported Housing). There are 9 houses dispersed throughout the community.
- **FC** (Flat Cluster Units). There are 3 single person flats within a residential unit.

The scheme also provides a befriending service to ten individuals who suffer from mental health problems.

1.2. Praxis Mental Health Service Principles

Praxis aims to improve the quality of life of people who experience, or who are vulnerable to experiencing mental ill health through promoting the independence of such individuals

and encouraging their integration into the local community.

The Magherafelt/Cookstown Accommodation and Support Scheme is based upon the Praxis service principles outlined below:

- Individuals are to be afforded opportunities, choices and rights of self determination which accord with those available to other citizens.
- Individuals are to be given the opportunity to live within local communities and be provided with a standard of housing and local facilities which accord with those available to other members of the community.
- The quality of life for individuals is to be consistent with what other citizens are entitled to expect in terms of individual choice, standards of privacy and rights to risk taking in daily living.
- Individuals are to be encouraged to achieve their optimum level of independence through receiving practical help and support in dealing with everyday situations.

1.3. Aims of the Scheme

The key aims of the Magherafelt/Cookstown Accommodation and Support Scheme are to:

- Provide permanent accommodation for individuals who have suffered mental illness.
- Provide home support in preparation for moving to accommodation.
- Ensure the tenant's emotional and physical needs are met as specified in an agreed support plan for each tenant.
- Reduce hospital stays.
- Offer befriending to people with mental illness residing in the community.

1.4. Background

The scheme consists of nine Dispersed Intensively Supported Houses and three Flat Cluster Units, providing accommodation and support for twelve individuals. Places are funded by both the Northern Health and Social Services Trust and the local housing authority. The scheme is currently in the process of negotiating two additional DISH accommodation places.

- **Operational Policy**

A comprehensive Operational Policy was drawn up to provide clear guidance for the management of the scheme. The Operational Policy addresses the following areas:

- Praxis Service Principles
- Aims and Objectives of the Scheme
- Tenant Referral and Selection Procedure
- Praxis Tenant Review Process

- Tenant Discharge Process
- Tenant's Rights
- Management and Staffing
- Health and Safety
- User/Carer Consultation Process
- Quality Assurance Monitoring and Evaluation

- **The Client Group**

Individuals admitted to the scheme are aged between eighteen and sixty years and suffer from a mental illness. Although these individuals require ongoing support, they should possess a moderate level of domestic self care skills and have the ability to live semi-independently in the community. They should also have the potential to participate in a work situation or day placement.

- **Referrals**

Referrals are made to the scheme by the Community Mental Health Teams based in Cookstown and Magherafelt. An initial selection meeting is held, attended by the Praxis Scheme Manager, Assistant Director and the tenant's Social Worker to discuss the application.

A Praxis review is held after the individual has been a tenant of Praxis for six weeks to ensure that the tenant has settled into the accommodation and that his/her needs are being met. This meeting is held either in the tenant's own home or in the Praxis office.

- **Staffing at the Scheme**

The scheme is staffed by a full-time Scheme Manager, a part-time grade III Project Worker (qualified), five grade I Project Workers (unqualified), who work between twenty and twenty-five hours per week, and a part-time Assistant Project Officer. There are also two relief Project Workers at the scheme.

- **Support**

The accommodation scheme provides 24 hour support to its tenants. Tenants are visited in their own homes by staff and may also call into the office to talk to staff.

Visits are flexible to accommodate the tenant. Frequency and length of visits are dependent on the individual's needs.

- **Monitoring**

A 'day book' is kept in the office, containing a day-to-day account of tenant and staff activity. Weekly staff meetings are held every Wednesday afternoon to report on the progress of tenants and to discuss any incidents which may have arisen.

1.5. The Evaluation

The evaluation of the Magherafelt/Cookstown Accommodation Scheme was carried out by the Research Department within Praxis and took place over a two month period.

A variety of measures were employed in the evaluation, including semi-structured interviews, standardized questionnaires, and record analyses.

The main areas covered in the evaluation were:

- Tenants' satisfaction with the service and other aspects of their lives.
- Tenants' rates of hospitalization.
- Statutory Key-Workers' views on the service.
- Scheme Manager's views on the service.

1.5.1. Views on the Service

- **Tenants' Views**

Tenants were invited to participate in a semi-structured interview to assess their satisfaction with the Praxis service. Issues covered in the interviews included:

- Views on accommodation;
- Support received from staff;
- The degree of choice and decision-making they had in their daily lives;
- General satisfaction with the service.

At the end of the interview, tenants were asked to complete a satisfaction questionnaire. This questionnaire consisted of eight closed questions, with responses ranging from 'delighted' to 'terrible'. Tenants were asked to rate how they felt about different aspects of their lives and the support they received from Praxis.

- **Views of Professionals**

Tenants' statutory key-workers were invited to complete a standardized postal questionnaire to obtain their views on various aspects of the service. The questionnaire consisted of both closed questions, where the respondent was required to rate various aspects of the service, and open-ended questions, where the respondent could comment on why s/he gave a particular response.

Topics covered in the questionnaire included:

- Views on accommodation;
- The support their client received from Praxis;
- The responsiveness of the service to their client's needs;
- The Individual Support Plan and review processes;
- Communication with Praxis staff;
- General views on the service.

- **Scheme Manager's Views**

The scheme manager was asked to participate in a brief, unstructured interview to gather background information on the scheme, including the organization of the scheme, staffing structure, and type of care delivered.

1.5.2. Hospitalization Rates

One of the scheme's key objectives is to reduce the number of tenant hospital admissions. Frequency of admission to hospital and length of stay are often used as indicators of an individual's adjustment to community mental health services. This measure has been used in a

number of previous Praxis evaluations (e.g. McDaid, Mawhinney, and Graham, 1997).

Caution needs to be exercised, however, when employing this method, as other factors may influence whether or not an individual is admitted to hospital. For example, the availability of alternative services in the community and/or the severity of the individual's mental illness.

Taking these factors into consideration, tenants' admissions to hospital prior to taking up tenancy were obtained, and the number of hospital admissions since taking up tenancy, to the time of the evaluation, were monitored.

1.6. Consent

The scheme manager granted permission to carry out the evaluation. Tenants' consent was also obtained.

CHAPTER TWO
TENANTS' VIEWS

2.1. Tenants' Characteristics

2.1.1. Tenancy

At the time of the evaluation, the scheme provided support and accommodation to eleven individuals. Eight tenants lived in dispersed intensively supported housing (DISH), and three tenants lived in the flat cluster (FC). Mean length of tenancy was three years and one month, ranging from one year to six years and three months.

2.1.2. Gender and Age

Eight tenants were female. Three were male. Their mean age was 43.36 years, ranging from twenty one years to sixty seven years.

2.1.3. Living Arrangements

The majority of tenants lived alone (N=7). Two tenants lived with a partner (each other) and two lived with a son/daughter.

Over half the tenants were single (N=6). Two were separated, and one individual was divorced. As stated above, two tenants were cohabiting.

2.1.4. Mental Health Diagnosis

Tenants suffered from a variety of mental health problems. The most common diagnosis was schizophrenia (N=6). Some individuals suffered from more than one type of illness. Other illnesses included depression, anxiety, eating disorders and drug and alcohol abuse. One tenant also suffered from a physical disability.

2.2. Hospital Admissions

2.2.1. Prior to Tenancy

Information relating to the number of hospital admissions prior to taking up tenancy was available for nine tenants. Number of previous admissions ranged from one to twelve, with a mean of 3.4 admissions. It is known that the two individuals for whom the exact number of admissions were unknown had been admitted to hospital on several occasions before taking up tenancy. Number of admissions for each tenant is shown in Table 1.

Table 1 Number of Admissions Prior to Tenancy

No. of Admissions	Number of Tenants
1	N=1
2	N=4
3	N=2
4	N=1
12	N=1
* This information is missing for 2 tenants.	

2.2.2. Since Taking Up Tenancy

Information on the number of hospital admissions after taking up tenancy was available for all eleven tenants. Number of admissions ranged from no admissions to three, with a mean of one (Table 2).

Table 2 Number of Admissions After Taking up Tenancy

No. of Admissions	Number of Tenants
0	N=5
1	N=3
2	N=1
3	N=2

For most individuals (N=8), there was a reduction in the number of admissions to hospital since taking up tenancy at the scheme. There was no change in the number of admissions for two tenants, and one individual's rate increased by one.

2.3. Tenants' Interviews

2.3.1. Participants

Eight of the eleven tenants agreed to participate in the evaluation: seven were female, one was male. Their mean age was 45.9 years, ranging from twenty one to sixty seven years.

Five respondents lived in DISH housing, the other three respondents resided in the Flat Cluster. Length of tenancy ranged from one year to four years and ten months, with a mean of 30.9 months.

Six respondents lived alone, and two respondents lived with a son/daughter.

2.3.2. The Interviews

The interviews were carried out in the tenants' own homes and lasted between thirty minutes and one and a half hours. All interviews were recorded and later transcribed.

Written consent was obtained from both the tenants and the Scheme Manager. Confidentiality was emphasized and tenants were informed that only the interviewer would have access to the data.

2.3.3. Tenant Satisfaction Questionnaire

Tenants were asked to rate how they generally felt about various aspects of their lives and the Praxis service on an eight item, five point satisfaction scale. Their responses are shown in Table 3.

All respondents were 'pleased' or 'delighted' with various aspects of the Praxis service, namely, accommodation, area, support received from Praxis, financial situation, and the general Praxis service.

Questions relating to more personal issues were not rated as favourably. Three of the respondents expressed 'mixed feelings' when answering the questions relating to 'Changes in Self' and 'Social Life'. One respondent reported feeling 'unhappy' with his/her social life.

Two respondents expressed having 'mixed feelings' in relation to 'Life as a Whole', and one individual indicated feeling 'unhappy' with his/her life as a whole. However, five

Table 3 **Tenants' Ratings on Various Aspects of their Lives**

Feelings About ...	Delighted	Pleased	Mixed Feelings	Unhappy	Terrible
Accommodation	25% (N=2)	75% (N=6)	–	–	–
Area	–	100% (N=8)	–	–	–
Support from Praxis	12.5% (N=1)	87.5% (N=7)	–	–	–
Changes in Self *	–	50% (N=4)	37.5% (N=3)	–	–
Social Life	–	50% (N=4)	37.5% (N=3)	12.5% (N=1)	–
Financial Situation	12.5% (N=1)	87.5% (N=7)	–	–	–
Service Received from Praxis	25% (N=2)	75% (N=6)	–	–	–
Life as a Whole	–	62.5% (N=5)	25% (N=2)	12.5% (N=1)	–

* One tenant did not rate this area.

respondents reported feeling 'pleased' with their lives as a whole.

The areas covered in the tenant satisfaction questionnaire were explored in greater detail during the interviews with tenants.

2.4. Findings

2.4.1. Accommodation

Tenants were asked a number of questions about their accommodation, including why they moved to Praxis, how they felt about their accommodation, how they felt about the area they lived in, and any changes or improvements

they would like to see made to their accommodation.

- **Move to Praxis**

Tenants moved into Praxis accommodation for a variety of reasons. Some took up tenancy because they wanted to become more independent. These individuals moved to Praxis from the family home:

I just thought I'd like a place of my own, to be more independent.

I needed to be out and independent living.

A few tenants moved into their present accommodation from hospital. When one tenant

was asked how s/he felt about the move, s/he explained that

It was hard to know what I wanted, the decision was made for me and I suppose I just went along with it.

One tenant stated that s/he moved into Praxis accommodation as a result of having nowhere else to go.

- **Feelings about Flat/House**

Overall, respondents were satisfied with their accommodation. Their homes were described as homely, comfortable and warm. Comments included:

I like it, so I do. I think it's nice and clean and all.

I just have everything I need here.

I need my wee house ... I'm not fit to do much in it, but I still need it ... as a refuge.

Increased independence was mentioned as a benefit of living in Praxis accommodation. One respondent emphasized that s/he enjoyed the independence of having his/her own home:

I'm here on my own and I can do as I like ... I like to have freedom.

Another tenant reiterated this opinion:

It gives me independence.

There were few negative comments from tenants about their accommodation. Size was mentioned by two respondents. One respondent felt that sometimes his/her house/flat was too big to manage but was concerned about moving:

It's nearly too big to be honest with you ... I'd be better of in a pensioner's bungalow but I'm not fit at the moment ... I couldn't go to the hostel.

The other respondent pointed out that, although s/he didn't mind the size, s/he wouldn't mind something larger.

One tenant was concerned about how s/he would get out of his/her house safely in the event of a fire:

If there was a fire I would never get out, with the double-glazed windows upstairs. There's only a wee opening at the top of the window, I'd never get through it.

When asked what provision could be put in place, the tenant replied that s/he would like to have changes made to an upstairs window which would enable him/her to get out of the house if a fire did occur.

One tenant expressed feeling lonely in his/her accommodation:

... I'm feeling it a bit lonely ... the only visitors I have is the Praxis like ... Just being on my own I find it a bit hard.

- **Feelings about the Area**

All the respondents were very happy with the area their homes were situated in. Comments included:

It's a nice area, it's handy to the shops and all.

The privacy, it's private enough.

I found that this area is quite quiet, my next door neighbour is very nice and I think it's a good enough housing estate.

I'm so handy to the supermarket ... the library is just about one hundred yards, so everything is too easy for me ... it's like being spoilt.

Some tenants responded that shops were not always accessible and that they sometimes had transport problems. However, they explained that the Praxis staff were always willing to provide transport if they needed to go anywhere:

No bus service out here [but this is not a problem because] the others [staff] would give me a lift.

Another tenant pointed out that s/he learnt to drive because transport in his/her area was 'pathetic'. This tenant stated that, without a car, s/he would feel quite isolated.

Generally, tenants described their neighbours as 'nice', although two tenants pointed out that the children in their areas could be quite cheeky. One of these tenants also explained that some of

his/her neighbours were 'nosy'. However, this tenant pointed out that s/he had a very kind neighbour who often helped him/her. Another tenant responded that, although s/he liked the neighbours, s/he would prefer a detached house.

Some tenants maintained that their area could be a bit noisy at times, for example, children playing, especially during the summer months, weekend noise from neighbours, and traffic. However, they added that this noise did not unduly affect them.

Tenants were asked if they would like to see any changes or improvements made to their accommodation. Most tenants were satisfied and did not want any changes made. The tenant who felt concerned over fire safety stated s/he would like to have a window which is easily accessible in the event of a fire. Two tenants indicated that there were minor maintenance jobs they would like to see carried out. One tenant wanted a door bell put in - however s/he had not mentioned this to staff and pointed out that s/he would do so soon. The other respondent was to have a shelf erected when s/he first took up tenancy but this had not been carried out.

2.4.2. Activities

Seven tenants participated in some form of day-time activity. Five attended a day-centre. One was in employment, and one individual attended both a day centre and was involved in education. Generally individuals attended day-time activities two to three times per week.

One respondent did not attend any type of day-time activity.

Tenants were asked a number of questions about the things they do in a typical day and the activities they participated in.

- **Praxis Activities**

Praxis regularly organizes events and activities for its tenants. These activities include barbecues, trips away, bowling, cinema, shopping, and seasonal dinners. Most of the tenants interviewed (N=6) participated in at least some of the activities offered by Praxis. Comments on these activities included:

They're quite good.

They're organised well.

They don't push too many things on you, I like that.

Tenants were asked if they would like to see any changes or improvements made to the activities provided by Praxis. Most respondents indicated that they were satisfied with the activities provided:

No, it seems okay the way it is I would say.

I don't think you could make them any better than they are.

One tenant stated that s/he would like to have more events organised which were of interest to

him/her (for example, concerts). However, s/he acknowledged that finding something to suit all the tenants would be difficult for staff.

Another tenant pointed out that, although s/he did not go to the common room based at the Praxis office, s/he would like to go to watch a video. This tenant stated that staff had mentioned arranging this for him/her but, to date, this had not been organised.

Two tenants responded that they did not go to any of the activities and did not want to go. One of these tenants did not participate because of his/her mental health problems. However, s/he seemed to want to do some type of activity:

I'd love to be able to fill my time in more in the evenings.

The other tenant explained that s/he did not attend any activities because s/he was content with what s/he was doing:

I'm quite happy enough in my own house.

This tenant added that

You know that they're there and you are asked.

Participants were asked if they had a say in what activities were organised. The majority of tenants maintained that they did have a choice in what was provided:

... if you want to say where you want to go or anything, you can say.

... they [staff] would just ask us what we wanted.

However one tenant didn't feel involved in deciding what activities were offered.

• Non-Praxis Activities

Most of the respondents participated in some type of weekly activities aside from those arranged by Praxis. Some attended day-centres, such as the Beacon Club and the Resource Centre. One tenant attended the local Institute for Further Education and another tenant was in part-time employment. Other time was spent doing things around the house, watching television, shopping, and visiting friends and family.

2.4.3. Social Network

Respondents were asked how much contact they had with other Praxis tenants and with other people not involved with Praxis.

Generally, the tenants did not have much contact with each other, especially the tenants who lived in dispersed housing, and did not want increased contact. One tenant responded

I find that you don't actually meet the other tenants except with something like the Christmas dinner and then maybe it's a bit, I find it hard to talk to strangers, you know, and they are strangers to me.

Some tenants had made friends with neighbours, at the centres they attend, or at work. Some also visited family.

Most of the tenants interviewed were happy with their social lives and maintained that they 'got out and about enough'. One tenant pointed out that s/he would like to get out more. This person did not take part in any Praxis activities or attend any day-centres.

The tenant whose only visitors were Praxis staff pointed out that s/he was often very lonely:

The evenings are very bad ... I think I'm sort of frustrated, I'm not really a quiet person. I don't really like being on my own, and I spend a lot of time on my own.

This individual attended a day centre but did not socialize with people there. S/he pointed out, however, that s/he did try to get out, despite his/her illness:

I try to get out like, even if it's only down to the shop for the paper or doing my own shopping.

2.4.4. Employment

Only one respondent was employed. This was on a permanent, part-time basis. This individual enjoyed his/her work.

One tenant had carried out a few 'odd jobs' during the past month and pointed out:

I made it like a therapy thing ... it really felt great doing that.

This individual indicated that s/he would like to carry out some more work but has been unable to because of his/her illness.

One respondent engaged in therapeutic work one day a week, and another tenant was studying.

Of the seven tenants not in employment, four expressed a desire to work in the future:

I would love to be able to work in the future, yes, definitely.

One tenant pointed out that the possibility of working had been raised at his/her review meetings a few times. S/he added

... so maybe at the next review I'll see if I can go out for a couple of hours.

This tenant, however, was concerned about how working would affect his/her benefits:

I don't know if I'd suit going back to work with my money you see. It all depends on how much you're going to make, you could lose out on your money ...

S/he stated that s/he would like to find out more about the effect employment has on benefits.

Two respondents pointed out that they would not be able to work because of their illnesses, and one stated that s/he did not want to work.

2.4.5. Finance

Tenants were asked whether they could manage on the money they had coming in. Although all the tenants pointed out that they were managing, some expressed feelings of dissatisfaction:

Well, I'm just about managing, just about, that's all.

Well, I have to manage on it, put it like that, I have to.

One tenant stated that s/he would like to redecorate his/her flat but could not afford to.

Some tenants had financial worries before they moved to Praxis accommodation which have now been alleviated somewhat. One tenant began to receive Disability Living Allowance (DLA) after s/he took up tenancy:

Now thank God I get the wee DLA allowance now ... it helps me out greatly ... it helps me out you know with a wee bit of coal and a bit of food.

Another tenant pointed out that Praxis had helped him/her to manage his/her money as his/her income fluctuated from month to month:

Praxis are helping me financially sort of, keeping the rent at an even amount, and it's

great because I can budget better now ... I'm grateful for Praxis that I can do these things without having to scrimp and save and cut out everything.

2.4.6. Support Received from Staff

Tenants regularly receive visits from staff to provide support and to ensure that their needs are being met. The frequency and length of these visits depend on the needs of the tenants. Staff support tenants in a variety of ways during these visits, including assisting with housework, helping with shopping and gardening, providing transport, and sometimes just having a chat.

Most tenants were satisfied with the number of visits they received from staff and were happy with the way the visits went. No tenants felt that their privacy was threatened during these visits.

One tenant admitted to feeling anxious before staff visits:

... it's the build up to it, you know it's going to happen at a certain time and you have to be in.

However s/he did value the visits, adding *Well, I suppose it's just good to see someone, isn't it.*

This tenant also indicated that sometimes the visits might be too early in the morning for him/her.

The respondents were asked how they felt about the relationship they have with staff. Generally,

the tenants were satisfied with this relationship and found staff easy to talk to:

They're very good I would say.

If I needed anything I'm sure I would get it ...

It's nice that there's somebody who you can rely on and somebody who you can feel confidentiality ... it's like a friend in a way ... it's somebody to talk to ... I find all the staff easy to talk to.

One respondent indicated that, although s/he could talk to staff if s/he had a problem, some staff were easier to talk to than others.

One tenant explained that s/he needed a lot of visits when s/he first moved to the scheme. As his/her confidence increased, s/he was able to reduce the number of visits. Although s/he stated that she felt more independent, s/he pointed out that s/he still needed support from Praxis:

... Sometimes wee crisis' do occur and it's nice to have a shoulder to lean on.

This tenant stated that s/he would eventually like to move on from Praxis and become totally independent.

Although most tenants did not want to see any changes in the relationship they had with staff, two tenants did point out that they were not always comfortable with male members of staff.

They felt that they could communicate easier with female staff. One commented:

I can talk better with a girl.

The other tenant pointed out that s/he felt that s/he could not really identify with the male staff as they were younger than her/him and of a different gender. This tenant felt more comfortable talking to the more mature members of staff. However, s/he did appreciate male help with more difficult household chores.

Two respondents expressed dissatisfaction with the arrangements they had with staff concerning visits. Instead of a staff member visiting them in their homes, they had arranged to call up to the common room to let staff know that they were okay. However, both tenants felt pressurized into going to the common room every night. One tenant suggested that it '*should be enough*' that s/he kept staff informed by way of a note at times when s/he did not feel like going to the common room. The other tenant explained that, when s/he went to the common room, s/he found it difficult to stay for only a short while, and felt that s/he had to stay for longer, even though s/he didn't want to.

Both individuals, however, acknowledged that keeping in contact with staff was an integral part of the scheme:

I realize it's part of their policy so I'm prepared to abide by it.

I think that's part of the scheme that I have to see someone everyday.

2.4.7. Choice and Decision-Making

Praxis principles maintain that its tenants should be afforded opportunities, choices and rights of self-determination which accord with those available to other citizens. There are a number of ways in which Praxis tenants can exercise this choice. These are discussed below:

- **Tenants' Meetings**

Tenants' meetings take place approximately once every two months and are held at the scheme office. These meetings serve as a forum whereby staff can update tenants on issues which are of concern to them, and tenants can raise matters which they feel are important.

Tenants were asked whether they attended tenants' meetings, how they felt about them, and whether they would like to see any changes or improvements made.

Five of the eight respondents had attended at least one tenants' meeting. They felt that the meeting/s '*were good*' and '*went well*'. Some tenants commented that they actively participated in the meetings:

If there was anything to say I would maybe say it.

However, one tenant did not participate during meetings at all, despite wanting to:

There's things you maybe want to say but you don't like [to], you know ... I did feel very uncomfortable.

Respondents were asked if they would like to see any changes made to the tenants' meetings. One tenant pointed out that an activity that had been suggested at a meeting had not be followed up on. However, s/he would not like to see any changes made:

I think they're good as they are.

Another tenant pointed out that s/he was happy with the service s/he received from Praxis and didn't really need to go to tenants' meetings, adding that s/he wouldn't like to see any changes in them:

I wouldn't want to be going to tenants' meetings every week or anything, and no, I'm happy enough having a very odd tenants' meeting ... Praxis provides me with plenty of support and I just need to lead as active a life as possible.

The tenants who had not attended any tenants' meetings were asked why they did not attend and whether anything would encourage them to attend. One of these tenants pointed out that there had only been one meeting since s/he came to the scheme which s/he missed. However, this tenant pointed out that s/he would not like to see any more as s/he was 'happy enough with the set up'.

Another non-attending respondent explained that s/he didn't go to meetings because s/he 'wouldn't have any inclination to go' and added that nothing would encourage him/her to attend:

I wouldn't want to go to them ... I'm here and I'm a tenant and ... I have no complaints.

The third tenant who did not attend the meetings pointed out that s/he didn't go because s/he was not aware that s/he could attend. When asked if s/he would like to go to them s/he responded that s/he didn't really know and that s/he was happy the way s/he was. When asked if s/he would like to find out more about tenants' meetings, the tenant replied that that 'would be alright'.

• Individual Support Plans

It is an aim of Praxis that each tenant has an 'Individual Support Plan' which defines the tenant's emotional and physical needs as a tenant of Praxis, and outlines steps to ensuring these needs are met. The Individual Support Plans are drawn up by the Praxis Scheme Manager, Praxis staff member, the tenant's statutory key-worker, and the tenant upon entry to the service. The Scheme Manager and Praxis staff member are then responsible for monitoring the support plan.

Tenants were asked a number of questions concerning their support plans - whether they were aware that they had a support plan, if they had seen it, and whether they had participated in its planning.

The majority of tenants were not aware of the support plan procedure and seemed confused when asked about it:

I don't have any of those things to do ... I don't go for any goals or anything.

As tenants were uncertain of what a support plan was, they were asked if there were any goals they would like to aim for and any help they would like to receive from Praxis in relation to this. Although most tenants were happy with the way things were, some tenants made some suggestions:

... learn some skills, I'd like to do some computers, get a type writer.

A goal plan that I would love to have would be to be to say that I was totally well and get off medication ... but it doesn't seem to be a realistic goal plan, [it] depends on whether I get better ... or not.

I'd love to be doing something.

• Review Meetings

Review meetings provide an opportunity for tenant's progress to be monitored and support plans to be discussed. They are attended by the Praxis Scheme Manager, Praxis staff member, statutory key-worker, and the tenant, if s/he wishes to attend. The first review meeting is held six weeks after the tenant takes up tenancy. Review meetings take place every six months for

the first year and then annually, or as the need arises.

Tenants were asked whether they attended their review meetings, how they felt about them, and whether they would like to see any changes made to them.

All but one of the respondents attended their review meetings. The tenant who didn't attend stated:

I just don't bother.

However, it appeared that this tenant was somewhat unsure as to what review meetings were, possibly confusing them with staff meetings. When asked, this tenant maintained that nothing would encourage him/her to go to review meetings.

Most of the tenants who attended their review meetings were satisfied with them and felt that their views were listened to:

I felt it went well, I was happy with the way it went.

Not too bad, they're [meetings] quite nice.

They're fine ... it wasn't an ordeal, it was relaxed enough, and it was okay.

Most of the respondents did not want to see any changes made to their review meetings. However, one tenant would like to have more

reviews as s/he had only had a few since taking up tenancy.

Tenants can choose whether they want their review meetings held at home or in the Praxis office. One tenant decided to have the meetings held at home but felt uncomfortable with this. This tenant also indicated that s/he did not know what to say at the meetings.

- **Complaints**

Praxis operates a formal complaints procedure, which is set out in the Tenants' Handbook. Tenants were asked whether they were familiar with this. None of the tenants were aware of the official procedure. However, most pointed out that they felt comfortable about making a complaint and knew how to go about making one if they had to:

I'd talk to whoever came [for visit] ... and tell them about it.

I'd just tell the women down in Praxis if I had any complaints ...

You would ring up head office.

I would always put the questions to them, you know, anything that's not right you would always tell them.

One tenant expressed a concern about making a complaint if it was with regard to staff, but stated that this had never happened as s/he does not have any complaints:

I would probably be very embarrassed and I would probably dither and say should I or shouldn't I ... but ... I can't think of what situation because the staff are all very good ...

When asked how s/he would go about making a complaint about staff if s/he had to, this tenant responded:

... I suppose you would just go to their line manager or something and mention, so then I would go to [the Scheme Manager]

Another tenant also pointed out that s/he didn't have any complaints:

I know you can complain if you want but I wouldn't be doing it because the girls are quite, I don't have to complain on them, they're very good.

One tenant did not know how to go about making a complaint and pointed out that it would be something that s/he would like to know:

I think it would be good to know, it would be useful to know, although at the minute I don't feel that there's anything to complain about.

2.4.8. Health and Well-being

Tenants were asked if they had noticed any changes in themselves or in their lives since becoming tenants of Praxis.

Tenants expressed mixed views. A few tenants did report some positive changes:

Well, I'm more independent for a start ... I feel more confident now, so my confidence grew, but sometimes it can get knocked back again. I feel better.

Another tenant reported making progress with regards to a health problem. This tenant also revealed that s/he had greater independence and that family relationships had improved since becoming a tenant.

Other respondents reported no changes in themselves. One tenant pointed out that s/he was prone to going to the doctor quite often. When asked whether his/her health had improved or become worse since becoming a tenant, s/he replied

I wouldn't say any worse.

Another tenant pointed out that s/he had been unwell with his/her nerves which led to concerns over managing his/her house.

One respondent felt that s/he had not changed at all since coming to the scheme and was concerned that this would result in his/her tenancy being terminated:

I keep thinking that I'm going to be chased because I don't know what I'm doing ... They'd maybe say to me, maybe we're not doing anything for you ... I'm not changing at all you

know, I feel I'm not changing. I feel I'm just living day to day ...

2.4.9. General Satisfaction

Tenants were asked what they liked most about the service Praxis provides, what they liked least, and what changes they would like to see made to the service.

• Likes Most

Tenants identified a number of aspects of the service which they liked most. Some of these comments are shown in Figure 1, overleaf.

• Likes Least

Overall, the tenants were very satisfied with the service and could not think of anything they did not like:

I don't know, I can't find any fault with it or anything.

I can't think. It's a good supportive service.

One tenant reiterated an earlier concern about not liking the pressure put on him/her to go to the common room in the evening.

• Changes / Improvements

Most tenants did not want any changes to be made to the service. However, a few suggestions were put forward. One of the tenants who had mentioned the pressure to go to the common room would like to see some changes made to the arrangements s/he had for maintaining contact with staff:

Figure 1**What Tenants Liked Most about the Service**

I would say that they are very friendly people.

They're very helpful.

I like them coming to visit me.

Well, I like the visits in the morning ... and sometimes I would go down to the flat at night there ... down to the communal room.

The staff are all friendly and empathetic ... and give you a bit of encouragement and advice , and the help is practical at times too ... I like if I have a problem that I can pick up the phone ... it's the fact that you can get advice quickly ... maybe that's the main thing.

It just really gives me my independence, you know, being near the town, and family relationships have improved since I moved out ... so I just feel that things have improved for myself since moving here.

I suppose it's comfortable.

I like it all.

... that they [staff] would be happy if I report to them on a daily business and I'm not made to feel guilty for not going up [to the common room].

One respondent had mentioned earlier that s/he would like one of his/her windows altered to ensure that s/he could escape in the event of a fire.

One tenant suggested that the length of visits could be increased to help with heavy or outside tasks. This tenant also voiced a concern about what would happen when a staff member left the scheme, explaining that the project manager was due for retirement soon:

I wondered to myself if [the Scheme Manager] retires, will I get on as well with the next person and will they be as approachable. I suppose when that happens I'll be a bit concerned about that and will they allow me to come over and talk over something.

CHAPTER THREE

STATUTORY KEY-WORKERS'
VIEWS

3.1. Participants

Seven statutory key-workers were responsible for ten tenants. Three of these key-workers were responsible for two clients each. There was no statutory information on one tenant as s/he had no contact with statutory services since moving to the accommodation scheme.

The key-workers were all female. Two were qualified as Occupational Therapists, two were Social Workers, and three were Community Psychiatric Nurses.

All seven professionals agreed to participate in the evaluation and returned the self-complete postal questionnaires. One key-worker had only limited contact with her client as her position as this tenant's key-worker was on a temporary basis. Therefore, although this key-worker returned the questionnaire, she was unable to provide information on some of the questions.

3.2. The Questionnaire

The self-complete questionnaire consisted of both closed and open-ended questions and was designed to elicit professional's views on a range of aspects of the service. Areas covered in the questionnaire included: accommodation; support received by tenants; outcome of using the service; the support plan procedure; the review process; communication with Praxis staff; and general satisfaction with the service.

3.3. Statutory Key-Workers' Views

3.3.1. Accommodation

Participants were asked to rate how they felt about the quality of the interior and exterior of their client's accommodation, the location of the accommodation in relation to accessibility of local amenities (for example bus service, shops, post office), and the location of the scheme in terms of the surrounding environment. A few key points are summarised below:

- ◇ Key-workers rated 9 out of 10 exteriors of their clients' homes as 'excellent' or 'good';
- ◇ 8 out of 10 interiors were rated as 'excellent' or 'good' by key-workers;
- ◇ All client's homes were regarded as 'excellent' or 'good' in terms of accessibility to local amenities;
- ◇ Key-workers regarded all clients' homes as being in an 'excellent' or 'good' environment.

• Exterior

Six key-workers rated the exterior of their client's accommodation (N=9) as 'excellent' or 'good' :

(The accommodation) appears in good state structurally and well decorated.

(It has a) *shared entrance hall. Clean and tidy, but dark.*

(It is) *adequately maintained by NIHE.*

One key-worker rated the exterior of her client's home as 'fair', stating that it was in a large block of flats and that this was

Unattractive and depressed looking, although in reasonable state of repair.

- **Interior**

Three key-workers rated the quality of the interior of their client's homes (N=4) as 'excellent'. Two of these individuals perceived their client's homes as being 'well maintained' and having 'tasteful decor'.

Three key-workers rated the quality of the interior (N=4) as 'good'. Two commented:

Comfortable home. Well decorated and maintained.

Appropriately cared for by tenant with support from staff.

One key-worker rated the interior of her client's accommodation as 'fair/poor'. This individual responded:

Client does not care for his/her property. Has assistance from staff but even with this support, client's property is not well cared for.

This concern was expressed earlier in this report by the tenant (2.4.1.).

The key-worker who was only responsible for her client on a temporary basis was unable to answer this question as she had only seen the hallway and living room of her client's home.

- **Accessibility**

All key-workers rated the location of their client's homes (N=10) in relation to local amenities as either 'excellent' or 'good'. Comments included:

In centre of town, close to all amenities and within easy access to Woodland Beacon Centre which my client attends, and family who offer a lot of support.

Shopping centre nearby.

Within walking distance of amenities.

One key-worker, responsible for two clients, responded that one of her clients had a steep hill to climb to get into the centre of Magherafelt, and stated that shops were too far away for her other client to walk to. However, she pointed out that staff assisted this client on shopping trips.

- **Surrounding Environment**

All key-workers rated the environment surrounding their client's homes (N=10) as 'excellent' or 'good'. A variety of reasons were provided:

Mixed area - suitable for this tenant.

Tenant is very dependent on support.

Neighbours are attentive and supportive.

The service is very attentive to all needs.

In pleasant housing estate.

Good daily contact.

In good community setting, adjacent to all local amenities.

The key-worker who had brief contact with her client responded that she was 'satisfied' with the support received by her client in all three areas, adding

3.3.2. Support for Tenants

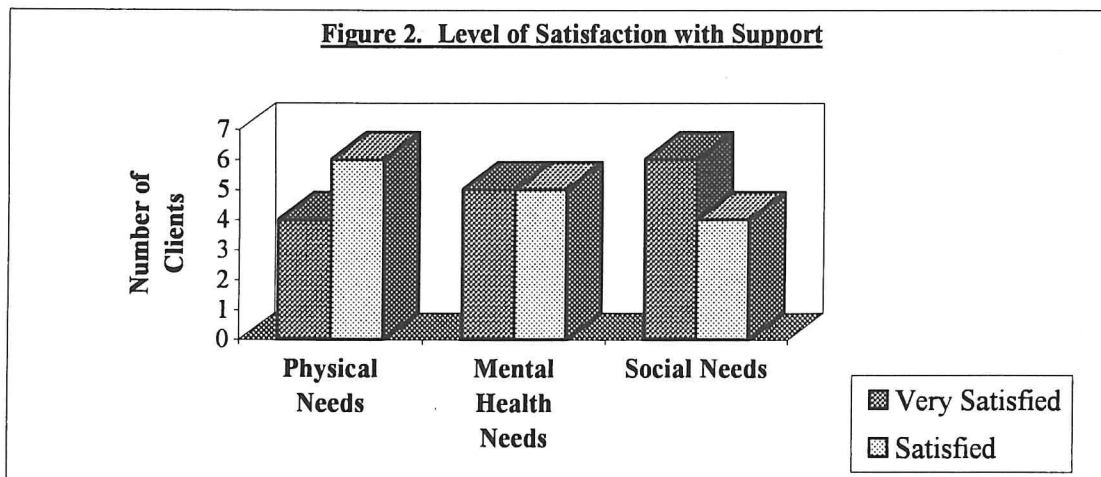
Key-workers were asked to rate the support they felt their clients received from Praxis staff in relation to three areas: physical health; mental health; and social needs.

I have had little experience of his/her contact with your service. However, s/he never complained and seemed happy in accommodation.

All key-workers indicated that they were either 'very satisfied' or 'satisfied' with the level of support their clients received (N=10) in each of the three areas (Figure 2). Reasons provided for these ratings included:

Key-workers were asked whether they would like to see the support provided to their clients changed in any way. Six key-workers stated that they would not like to see any changes in relation to the support provided to nine clients.

As much as possible is done for client.



One individual, responsible for one client, failed to answer this question, indicating that she would like to see support changed

only as that it changes to suit the client's needs as they alter.

Key-workers were asked to rate how responsive they felt the service was in meeting their client's needs. Five reported that the service was 'very responsive' to their client's needs (N=7). One key-worker, responsible for two clients, rated the service as being 'fairly responsive' to both her clients. The key-worker with limited contact was unable to answer this question.

3.3.3. Outcome

Key-workers were asked to describe the impact the service had on the lives of their clients since they had become tenants of Praxis. Increased independence and confidence were identified as dominant outcome factors. These responses are shown in Figure 3.

3.3.4. The Individual Support Plan Process

Key-workers were asked to rate their satisfaction with the level of involvement they had in the support plan process, and to indicate how satisfied they were that the care delivered matched that which was set out in the support plan.

Three key-workers stated they were 'very satisfied' with the level of involvement they had in the support plan process. One individual

Figure 3 Outcome for Client

Independent living.

[client] is now able to maintain independent living within her own area, close to family support. Her confidence in herself has improved and improved family relationships.

Very positive support to enable to live in community. Provided a good social network.

Tenant had been having problems coping in the community prior to Praxis contact - now benefits greatly from help and support.

Good support and monitoring of mental state. Previous numerous admissions to hospital.

Improved quality of life. Improved structure to client's day. Increased sense of confidence and self worth.

Now living independently in the community.

[client] has settled very well into Praxis accommodation and now views it as her home.

[client] has maintained good mental health for several years whilst a client of Praxis.

commented:

[I am] appropriately involved in [the] process.

Two key-workers were 'satisfied' with their level of involvement.

The key-worker who had only brief contact with her client was unable to comment.

One key-worker was unable to answer this question as she had not seen her client's support plan. This individual pointed out that she would like to see some changes made to the process:

More involvement, closer working together; however, in this case, I am aware of support worker contact and [client] is well maintained/supported. Hence perhaps there is no need for closer working relationships.

Three key-workers were 'very satisfied' that the care delivered to their clients matched that which was set out in the support plan. One key-worker responded that she was 'satisfied'. As referred to above, one key-worker was unable to respond as she had not seen her client's support plan, and the other key-worker had only brief contact with her client.

One additional key-worker did not respond to this question.

3.3.5. The Review Process

Key-workers were asked to rate how satisfied they were with the frequency of review meetings and with the way the meetings were conducted.

Five key-workers reported that they were 'satisfied' with the frequency of the meetings. One responded that the reviews were

Flexible in that [they] can be brought forward when required.

Two of these key-workers suggested that sometimes it may be necessary to conduct more frequent reviews:

At times more frequent reviews may be needed.

[Review meetings] could be more frequent, but this is not always necessary.

Two key-workers were unable to answer these questions. One because she had only brief contact with her client, the other because she had never been to a review (this is the same professional who had not participated in her client's support plan; section 3.3.4.).

Two key-workers were 'very satisfied' with the way review meetings were conducted. One individual commented:

Excellent, open and thorough approach to review.

Two key-workers stated that they were 'satisfied' with review meetings. Three did not answer this question.

3.3.6. Communication with Praxis Staff

Key-workers were asked to rate how satisfied they were with the way in which up to date information on their clients was made accessible to them, with the way information was communicated to them, and with the quality of the overall working relationship they had with staff at the scheme. These responses are shown in Table 4.

One key-worker explained that she had no contact with staff and therefore could not answer the questions on accessibility and communication of information. However, she did comment that she was satisfied with the overall quality of the working relationship with staff, explaining that her client was happy with the support provided. This key-worker suggested that relationships could be improved by '*more communication*'.

Table 4 **Communication with Praxis Staff**

Ratings on ...	Very Satisfied	Satisfied	Somewhat Unsatisfied	Very Unsatisfied	No Contact
Accessibility of Information	N=5	N=1	-	-	N=1
Communication of Information	N=4	N=2	-	-	N=1
Overall quality of working relationship with staff	N=4	N=2	-	-	N=1

Key-workers who were in contact with Praxis staff (N=6) rated all three areas positively. In relation to accessibility and communication of information, comments included:

I have very regular contact with Praxis manager and staff.

Information is communicated appropriately and at the correct time.

If [there were] ever problems, I was informed immediately.

Six key-workers reported being either 'satisfied' or 'very satisfied' with their overall relationship with staff:

Praxis staff are approachable, sensitive and insightful.

No difficulties that I am aware of.

The individual who did not answer this question was the key-worker who had only brief contact with her client.

3.3.7. General Issues

Key-workers were asked what they liked best and least about the service.

Staff have a good understanding of the needs of people with a mental illness and respond appropriately.

They identified a number of aspects of the service which they liked best:

Supportive and approachable staff.

Excellent staff, good housing, good communication.

Supportive role, vigilant.

Flexibility and willingness to consider difficult referrals.

No comments were made in relation to what was liked least about the scheme.

CHAPTER FOUR

DISCUSSION

At the time of the evaluation, the Magherafelt/Cookstown scheme provided accommodation and support to eleven individuals suffering from mental illness. This evaluation aimed to examine the delivery of the service, assess satisfaction with the service, identify examples of good practice, and highlight areas that could be improved upon.

The views of tenants and their statutory key-workers were elicited on several aspects of the service provided by Praxis. These views were predominately positive.

4.1. Tenants' Views on the Service

Eight tenants agreed to participate in the semi-structured interviews. Issues covered in these interviews included views on their accommodation, the support received from staff, the degree of choice and decision-making they had in their daily lives, and their general satisfaction with the service.

4.1.1. Independence

Tenants were generally satisfied with their accommodation and the area they lived in. A number of respondents pointed out that living in Praxis accommodation had increased their independence. This theme was reiterated throughout many of the interviews and in questionnaire responses from the statutory key-workers. This supports the Praxis objective to encourage its tenants to achieve their optimum level of independence.

4.1.2. Social Activities

To improve quality of life and mental health, and to encourage integration and socialization, Praxis encourages its tenants to participate in activities provided by Praxis itself, and those provided by other organizations. Almost all the respondents participated in some type of daytime activity (for example, employment, day-centres, Praxis activities, and visiting friends and family). Generally, tenants reported that they were satisfied with their social lives. However, three tenants responded that they had 'mixed feelings' about their social lives on the tenant satisfaction questionnaire, and one tenant revealed feeling 'unhappy' with his/her social life. This tenant expressed strong feelings of loneliness, explaining that s/he spent a lot of time on his/her own. This highlights the problem of social isolation and exclusion experienced by many mentally ill individuals (e.g. Drew, 1991).

4.1.3. Employment

The level of unemployment for individuals with mental health problems is excessively high when compared to the general population. Statistics suggest that 85% of mentally ill individuals are 'economically inactive' (The Labour Force Survey, 1995/96). Only one tenant was in employment at the time of the evaluation. Four tenants expressed a desire to work in the future. One of these tenants, however, was concerned that being in employment might affect his/her benefit entitlement. This is an area of concern for many individuals with mental health problems who wish to secure employment

and has been highlighted in previous Praxis evaluations (e.g. McDaid, Mawhinney and Graham, July 1997).

The Mental Health Foundation (Dec 1997) highlights a number of barriers to employment for mentally ill individuals. Main barriers include:

- Restrictive and rigid rules for Incapacity and Disability Benefits;
- Income Insecurity;
- Housing and Support Costs.

To address these issues, the Mental Health Foundation proposes providing 'accessible, accurate and individualized information' about benefits to mentally ill individuals who are interested in employment, training or education. Additionally, they advocate changes in the law and policy, and in awareness and training to address the benefit issues which have been identified by service-users, mental health organizations and research.

4.1.4. Staff Support

Tenants were generally satisfied with the amount of support they had from staff and valued their visits. However two tenants, who had alternative visiting arrangements with staff, expressed dissatisfaction with these arrangements, explaining that they felt pressurized into going to the common room every evening. However, both these individuals acknowledged that it was Praxis policy to have regular contact with staff.

4.1.5. Choice & Decision-Making

Praxis recognizes the importance for individuals to exercise control over their lives and aims to ensure that its tenants have a significant degree of choice in making decisions about things that are important to them. The importance of informed choice for individuals receiving mental health services is discussed in 'Creating a Home from Home - A Guide to Standards' (Residential Forum, 1996). It states

Research studies suggest that exercising influence is an important determinant of satisfaction, and it is as much about the little things as it is about major life decisions.

Praxis enables its tenants to operate this choice through a number of channels including tenants' meetings, the support plan process, and review meetings.

4.1.6. Tenants' Meetings

Tenants' meetings are held on a regular basis to provide tenants with the opportunity to hear about issues which are of concern to them, and to raise matters that they feel are important. Five of the eight respondents had attended at least one of these meetings and were satisfied with them. No changes to these meetings were proposed. One tenant reported that s/he did not know that s/he could go to the meetings and would like to find out more about them.

4.1.7. Individual Support Plans

The support plan process defines the tenant's emotional and physical needs and outlines steps

to ensuring these needs are met. Support plans are then reviewed at the annual review meetings. The majority of tenants interviewed in this evaluation were unaware of the support plan procedure. There may be at least three explanations for this:

- Firstly, there may be some confusion over the terms used by the interviewer. Tenants did not seem to know what a 'support plan' or 'key-worker' was. It may be that staff use other terms when discussing this process with tenants. However, when the interviewer explained the procedure, most tenants were still unsure.

This was similar to other findings. In a user-focused monitoring project of community mental health services (Rose et al, 1998), the sample's level of knowledge about key services and personnel (for example, 'key-workers', 'care plans' and 'care plan approach, CPA') was patchy. 41% of those interviewed did not know that they had a care plan and 23% were not sure.

- An alternative explanation is that tenants may not be aware of support plans because they had not participated in their planning or review.
- Another reason that should be considered is that tenants may participate in their support plans but that the process has a low profile in the scheme and they are not aware of their involvement.

The application of the support plan process is an area that requires further attention.

4.1.8. General Satisfaction

When asked what they liked most and least about the service, most of the tenants responded that they valued the support they received from staff. Other responses included having increased independence and being able to go to the common room in the evenings. One tenant expressed liking 'it all'. Generally, tenants could not think of anything they did not like about the scheme, although one tenant did point out that s/he did not like the present arrangements s/he had with staff concerning visits.

Areas identified for improvement by tenants included alternative visiting arrangements, additional fire safety measures, and occasional longer visits to assist with heavy tasks. One tenant also raised a concern about what happens when a member of staff leaves.

4.2. Consumer Satisfaction Surveys

Eliciting the views of individuals who use mental health services is crucial for the effective delivery of these services and consumer satisfaction surveys are a useful way of evaluating outcome and monitoring service quality (Stallard, 1996). However, there are a number of limitations when using this method. Individuals in receipt of mental health services over a long period of time may be unaware of

other options available to them and may be satisfied with the service they receive because they have no other experiences to measure it against. As Holloway (1993) suggests, their *'choices will be constrained by their experience'*.

Additionally, data from consumer satisfaction surveys may be biased as a result of the respondent's desire to please the interviewer and/or reluctance to criticize the service on which s/he relies. Indeed, many individuals using mental health services report high levels of satisfaction. To ensure as accurate a reflection of tenant views as possible, this evaluation employed a semi-structured interview technique. Open-ended and follow-up questions enabled deeper probing of tenant's experiences and allowed tenants to raise issues important to them that had not been covered by the interviewer.

The views of tenants' statutory key-workers were also elicited to provide an additional perspective on a number of areas of service provision.

4.3. Statutory Key-Workers Views

All seven statutory key-workers returned questionnaires for ten tenants. One tenant was not in contact with statutory services, therefore there was no information for this individual. Issues covered in the questionnaire included views on the accommodation, support their client/s received from Praxis, responsiveness of

the service to their client's needs, the care plan and review processes, communication with Praxis staff, and general satisfaction with the service.

4.3.1. Accommodation

Key-workers generally perceived their client's accommodation and surrounding environment to be of a high standard. However, one key-worker responded that her client's home was in an *'unattractive and depressed looking'* block of flats. Where shops and other local amenities were difficult to access by tenants, Praxis staff provided transport.

4.3.2. Support Clients Received

The support tenants received from staff in relation to mental health, physical health and social needs was rated highly by all key-workers, who felt that the service was responsive to their client's needs. Most of the key-workers were involved in their client's support plans and were satisfied with the process. One key-worker, who had not seen her client's support plan, did suggest that the process could be improved by increasing key-worker involvement and closer working relationships.

Two key-workers did not have any involvement in their clients' support plans. The reason for this is not known, although one of these key-workers had had only short-term contact with her client at the time of the evaluation.

4.3.3. Review Process

Generally, key-workers were satisfied with the review process. Although the majority of key-workers were satisfied with the frequency of review meetings, two suggested that, at times, it might be necessary to conduct more reviews.

4.3.4. Relationship with Praxis Staff

The majority of key-workers were satisfied with the professional relationship they had with Praxis staff, and stated that information was regularly made accessible to them. Staff were described as approachable, sensitive and insightful. One key-worker had no contact with staff and suggested that relationships could be improved by '*more communication*'.

4.3.5. Liked Most about the Service

Aspects of the scheme valued by key-workers included Praxis staff, the support provided to their clients and the flexibility of the service. Key-workers did not identify any parts of the service that they did not like.

4.4. Tenant Outcome

Both the UK Health of the Nation and the US health reforms place emphasis on the role of relevant outcome measures (Oliver et al, 1996). Outcome measurement is particularly relevant in the evaluation of community mental health services as it provides evidence of the effectiveness of the service to service purchasers, providers and users. Additionally, feedback is crucial to future development.

However, there are a number of difficulties associated with this approach:

- Change in people with enduring mental health problems is often a slow process, and sometimes even limited progress may only occur over an extended period of time. Additionally, progress for some individuals may be remaining in a community setting without repeated admissions to hospital.

Many scales often fail to identify small, yet significant changes in service-user functioning. Therefore, instead of employing a structured social functioning questionnaire, semi-structured interviews were held with tenants to enable a more in-depth exploration of outcome, and to identify issues which tenants themselves felt were important. This information was gathered in conjunction with hospitalisation rates and semi-structured questionnaire responses from statutory key-workers.

- Time constraints with the present evaluation allowed only a snapshot of current provision to be assessed. A longitudinal study is recommended to enable a more comprehensive measurement of outcome in this client group (Okin et al, 1995).

- **Outcome Factors**

Tenants expressed mixed views in relation to how the service had impacted on them. Some tenants reported positive changes, such as having increased independence and confidence,

improvements with a health problem, and generally feeling better. Increased independence and confidence of client were also identified as dominant outcome factors by statutory key-workers. Other developments identified by key-workers were increased mental health stability, improved structure to client's day, improved quality of life, and improved social networks.

Some tenants reported no changes in themselves, with one tenant expressing concern that his/her tenancy would be terminated because his/her lack of improvement.

- **Hospital Admission Rates**

Information relating to number of hospital admissions prior to and after uptake of tenancy was gathered. Some tenants had multiple admissions to hospital before uptake of tenancy. It has been estimated that up to 50% of psychiatric patients are readmitted to hospital within one year of their last discharge (Lamb 1981). However, since becoming tenants of Praxis, there has been a reduction in the number of admissions to hospital for most of the tenants (N=8). There was no change in number of admissions for two tenants, and one tenant's admission rate increased by one. This information is summarized in Table 5.

Table 5 Comparison of Admissions Before and After Tenancy

Tenant	No. of admissions pre-tenancy	No. of admissions post tenancy
1	4	1
2	2	0
3	1	1
4	3	2
5	2	0
6	3	3
7	2	0
8	12	0
9	several	1
10	2	3
11	several	0

This information suggests that involvement in the accommodation scheme may have helped to reduce number of admissions to hospital. However, caution needs to be exercised when employing hospitalisation rates as a measure of client outcome. A number of individual factors may influence the pattern of admissions, including age of tenant, symptom severity (Postrado and Lehman, 1995), length of time at scheme, and history of hospitalisation (Carpenter et al, 1985). Availability of alternative services may also impact upon hospital admission rates.

4.5. Conclusion

This evaluation set out to determine overall satisfaction levels with the provision of accommodation, care and support provided to tenants by the scheme. It also aimed to assess whether there has been any changes in tenants' social and mental well-being since uptake of tenancy.

From the information obtained during the evaluation period, it appears that those involved with the scheme were satisfied with the level and quality of service provision. Positive changes were observed in tenants' social and mental functioning. However, a number of issues were raised which require further consideration. These are explored in Chapter 5, Recommendations.

CHAPTER FIVE
RECOMMENDATIONS

5.1. Accommodation**• Repairs**

On the whole, tenants were satisfied with their accommodation. However, some respondents commented that they would like minor maintenance jobs carried out. To maintain confidentiality and avoid identification of tenants who participated in the evaluation, it is recommended that improvements to accommodation should be expedited via a general review of repairs across the accommodation scheme (Section 2.4.1. page 11).

• Accessibility

Although tenants were happy with the area their homes were situated in, some expressed experiencing accessibility problems. However, this problem was alleviated somewhat by staff, who provided transport for tenants when needed (Sections 2.4.1. page 11 & 3.3.1. page 24).

It is recommended that issues relating to tenants' transport and accessibility needs be attended to in Individual Support Plans.

5.2. Daily Activities & Employment

Most tenants participated in some form of daytime activity and were satisfied with activities available to them. It is recommended that organised activities and events should be maintained and built upon to include a range of activities that meet a variety of interests. This will enable everyone to participate, if willing. A social programme should aim to be as inclusive as possible, also providing solitary

activities for those who prefer this (Section 2.4.2. page 12).

Some tenants expressed an interest in securing employment. In view of this interest, it is recommended that life and work skills preparation and opportunities be provided within the scheme. This should include advice on issues such as benefit entitlement (Section 2.4.4. page 14).

5.3. Individual Support Plans

It is Praxis policy to actively encourage its tenants to participate in drawing up and maintaining their Individual Support Plans. However, the majority of tenants who participated in the evaluation were unaware of this procedure (Section 2.4.7. page 18).

It is recommended that tenants are made aware of their Individual Support Plans and the importance of their contribution to it. Sharing support plan contents and direction with tenants, and ensuring they contribute to its formulation, review and implementation should be core to working practice.

Training for staff in goal planning and person-centred planning should be addressed.

5.4. Quality of Life

Although the majority of tenants were either 'Delighted' or 'Pleased' with various aspects of their lives, a few tenants expressed 'Mixed Feelings' and 'Unhappiness' on some personal elements – namely 'Changes in Self', 'Social

Life' and 'Life as a whole' (Section 2.3.3. page 8).

Evaluations provide an opportunity to obtain a snapshot of tenants' levels of satisfaction with various aspects of their lives. However, these feelings can fluctuate depending upon circumstances and/or mental well-being. Therefore it is recommended that qualitative measures are adopted on a regular basis within schemes to obtain quality of life issues and tenants' satisfaction levels. Particular attention should be given to levels of 'mixed feeling' or unhappiness.

5.5. Staff Support

The evaluation highlighted that some tenants felt more comfortable communicating with staff members of their own gender (Section 2.4.6. page 16). It is recommended that, where possible, consideration should be given to gender issues when allocating Praxis key-workers to tenants, and, where gender preference cannot be facilitated, this should be discussed and agreed with the tenant.

5.6. Hospital Admissions

As detailed earlier in this report, frequency of hospital admission and length of stay are often employed as indicators of an individual's adjustment to community mental health services. This information was available for most tenants (Section 2.2. page 7).

To monitor hospitalisation rates effectively, it is recommended that statistics be regularly compiled at scheme level, and should include the following variables:

- Number of days following discharge before readmission
- Patterns of tenant readmission
- Reasons for readmission to hospital

Such data will enable monitoring of effectiveness as outlined in the 'Health Outcome Indicators for Severe Mental Illness' (Charlwood et al, 1999).

5.7. Communication with Statutory Services

The responses from the statutory key-workers were very positive. It is recommended that the excellent communication with the Community Mental Health Team and local Trust personnel is maintained and consolidated. The scheme is to be commended on the very positive responses of statutory staff on the effectiveness of the scheme (Sections 3.3.7. page 28 & 3.3.7. page 29).

CHAPTER SIX

REFERENCES

- Carpender, M.D., Mulligan, J.C., Brader, I.A. et al (1985). 'Multiple Admissions to an Urban Psychiatric Centre: A Comparative Study.' *Hospital and Community Psychiatry*, 36, p.p. 1305-1308
- Charlwood, P., Mason, A., Goldacre, M. and Wilkinson, E. (1999) (eds). Health Outcome Indicators: Severe Mental Illness. Report of a Working Group to the Department of Health. Oxford: National Centre for Health Outcomes Development.
- Drew, N. (1991). 'Combating the Social Isolation of Chronic Mental Illness.' *Journal of Psychosocial Nursing*, 29, No.6, p.p. 14 - 17
- Holloway, F. (1993). 'The User Perspective on Mental Health Services: Its Values and Limitations.' In R. Leiper & V. Field (Eds) Counting for Something in Mental Health Services. Aldershot, Avebury. p.p. 79-87
- Labour Force Survey (Winter 1995/96). In Mental Health Foundation: The Fundamental Facts ... All the Latest Facts and Figures on Mental Illness. 1999.
- Lamb, R.H. (1981). 'What did we really expect from Deinstitutionalization?' *Hospital and Community Psychiatry*, 32, p.p. 105-109
- McDaid, C., Mawhinney, S. and Graham, C. (July 1997). An Evaluation of the Dispersed Intensively Supported Housing Scheme (DISH) at Lurgan. Praxis.
- Mental Health Foundation (Dec 1997). Welfare to Work: The Benefit Issues for People with Mental Health problems. MHF Briefing No.10.
- Okin, R.L., Borus, J.F., Baer, L. and Levend Jones, A (1995). 'Long Term Outcome of State Hospital Patients Discharged into Structured Community Residential Settings.' *Psychiatric Services*, Jan, Vol. 46, No. 1, p.p. 73-78
- Oliver, J., Huxley, P., Bridges, K. and Mohamad, h. (1996). Quality of Life and Mental Health Services. Routledge. London.
- Postrado, L.T. and Lehman, A.F. (1995). 'Quality of Life and Clinical Predictors of Rehospitalization of Persons with Severe Mental Illness.' *Psychiatric Services*, Nov, Vol 46, No.11, p.p. 1161-1165
- Residential Forum (1996). Creating a Home from Home - A Guide to Standards. London.
- Rose, D., Ford, R., Lindley, P., Gawith, L. and the KCW Mental Health Monitoring Users' Group. (1998). In Our Experience: User-Focused Monitoring of Mental Health Services in Kensington & Chelsea and Westminster Health Authority. The Sainsbury Centre for Mental Health. London.
- Stallard, P. (1996). 'The Role and Use of Consumer Satisfaction Surveys in Mental Health Services.' *Journal of Mental Health*, 5, 4, p.p. 333-348
-