

An Evaluation of the First Year of Operation of the Pilot
Home Response Service in Coleraine



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Supporting People in Their Own Homes

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For further Information, Contact

Praxis Care Group
27-31 Lisburn Road
Belfast
BT9 7AA
Tel: (028) 90234555
soniamawhinney@praxiscaregroup.org.uk

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Background

The Praxis Home Response Service was set up in Coleraine in April 2001. The service, funded by Causeway Health and Social Services Trust, is a 3-year pilot service and is due to be reviewed in 2004. The pilot service was developed in response to an identified need for greater community support for individuals suffering from mental health problems in Coleraine and surrounding areas. The service has 3 main objectives:

- To promote and improve mental well-being
- To reduce social isolation
- To increase life skills and home management skills

Geographical Area Covered

Initially, the pilot service was planned for the 'triangle area' of Coleraine, Ballymoney and Portrush. However, after initial discussions between Praxis and Causeway Trust, it was realised that although these areas were not heavily resourced, they had more services available to them in comparison to some of the more geographically remote areas. Therefore, the contract was reviewed to enable the service to meet the needs of individuals living in more rural areas (such as Ballycastle and Bushmills) in addition to those living within the main towns of Coleraine, Ballymoney and Portrush.

Client Group

The Home Response Service is aimed at adults, both male and female, who experience or who are vulnerable to experiencing mental ill health. The majority of individuals referred to the service have a serious mental illness diagnosis. However, the scheme maintains a few service hours that are available for individuals who may not have an enduring mental illness but require support for a specific period of time. Although the service is primarily for the client, in a few cases there is contact with other family members.

Service Hours

Praxis is contracted by Causeway Trust to provide 123 service hours per week. This includes travel time to and from the client's home; the actual visit; staff supervision and support time; and administration time.

Activities

One of the primary objectives of the Praxis service is to encourage and support individuals to engage in social activities. This involves supporting individuals to avail of a range of community facilities, such as, the supermarket, local cafes and restaurants, banks, and leisure centres. The activities are tailored to the needs of each individual, with flexibility to afford individuals the

opportunity to move from one type of activity to another. For example, if an individual becomes confident in going out for morning coffee at a local café, s/he may then be encouraged and supported to eat lunch in a larger restaurant. Underlying all the activities is the promotion and development of individuals' social skills and fostering their social confidence. Some individuals also receive support with practical and daily living skills, such as shopping, cooking and managing finances.

Referral Process

The Praxis Home Response Service operates a formal referral procedure, where referrals are made by members of the Community Mental Health Team (CMHT). A senior member of the CMHT has overall responsibility for determining the appropriateness of the referrals and forwards relevant applications to the Praxis scheme. The application form denotes the type of support required by the individual, for example, support to reduce social isolation, improve daily living skills, and/ maintain mental health stability. On receipt of the application, the Praxis manager and the referral agent arrange a suitable time to visit the potential client, usually in his/her own home. This meeting provides an opportunity for the individual to outline their perception of their mental health and/or social needs and to articulate their expectations of the Praxis service. At this meeting, the Praxis manager will detail the services' expectations of the client, in that a visit will not be carried out if the person appears to be under the influence of alcohol or drugs, and to establish the number of hours the person will receive. Following this meeting, the Praxis manager takes responsibility for matching the new client with a Project Worker (PW). This decision is based on a number of factors, such as, the client's personality type and the geographical area where they live. Once a match is made, the PW becomes the client's key-worker. Unless there is a breakdown in relationship, the key-worker remains the same for the duration of the time the client receives the service.

Reviews

The Praxis Home Response Service operates a review system, which provides an opportunity to assess satisfaction with the service, evaluate the care plan, and monitor progress. The Praxis reviews are held on a 6-monthly basis. The reviews involve the client, their referral agent, the Praxis Project Worker and the Praxis manager. They are arranged at a time when the client would normally receive a Praxis visit. The review takes place at the beginning of his/her scheduled visit to enable time at the end for the client and the Praxis PW to continue their regular activities. A review form is completed at the end of each 6-monthly review. The Praxis reviews provide the appropriate venue for determining specific skills to be addressed over the following 6-month period; for assessing levels of satisfaction with the overall service; and for implementing an increase or reduction in service hours.

Staffing

The Home Response staff team consists of a part-time Project Manager (who also manages the Praxis Accommodation and Support Scheme in Coleraine); 4 female Project Workers, who each work 30 hours per week; and a part-time administration officer.

Staff Support and Development

The Project Manager is responsible for the recruitment, supervision and support of the Project Workers. Each PW receives individual supervision on a 4-6 weekly basis and also attends a staff meeting held every second month. The staff meetings provide an opportunity for a staff member to research and present material related to caring for individuals with a mental illness. For example, one of the PWs may present some information on the side effects of a particular medication, or evaluate a strategy for motivating clients. Staff members take turns to facilitate this 'in-house' training programme. In addition, PWs participate in Praxis Care Group training (e.g. calming and diffusing; risk assessment; moving and handling; stress management).

Evaluation

The evaluation of the pilot Home Response Service was carried out by the Praxis Research Department. The evaluation had 3 main strands:

- **Client Views:** Individuals using the service were invited to participate in a face-to-face interview aimed at eliciting their views on various aspects of the service and obtaining a rating of their overall level of satisfaction with the service. Individuals were asked about the type of activities they were involved in; their relationship with their PW; changes in themselves as a result of using the service; and general satisfaction with the service
- **Referral Agent Views:** Clients' referral agents were invited to complete a standardised postal questionnaire to obtain their views and level of satisfaction with various aspects of the Home Response service
- **Manager Views:** The Project Manager was asked to participate in an interview to gather background information on the service and details on a range of operational issues. This included information on the rationale behind setting up the service; the range of clients involved in the service; demand for the service; outcomes for clients; staffing and staff training; and plans for service development

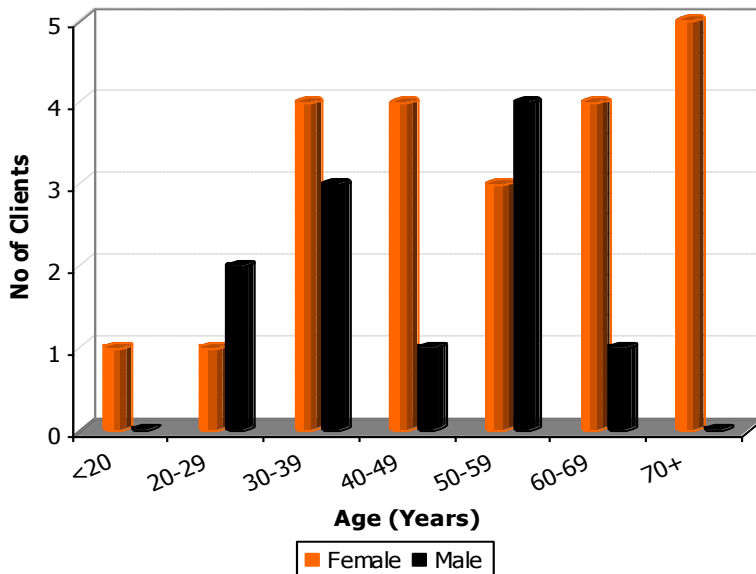
Consent

Written consent was obtained from clients who were interviewed as part of the evaluation.

Client Profile

Part of the evaluation involved generating a profile of individuals using the Home Response service. Statistical information was collated on new referrals including their gender, age and the area in which they lived.

Fig 1: Gender and Age Breakdown of Clients



Over the first year a total of 33 clients were referred to service, 22 females and 11 males. The average age was 51 years, ranging from 19 to 83 years. As shown in Fig 1, the majority of clients (n=19) were aged between 30 and 59 years. Only a small number of clients (n=4) were under 30 years of

age. Females had a higher average age (54 years) compare to males (45 years). This is evident from the graph in that of those individuals aged 60 years and over, all but one (n=9) was female.

Location

For each individual referred to the service, information was collated on the geographical areas in which s/he lived. As can be seen from Table 1, the majority of clients (n=11) came from the Coleraine area. Ballymoney (n=5) and Portrush (n=4) were the next most popular home towns of the clients. Therefore, the majority of clients lived in the 'triangle area' of Coleraine, Ballymoney and Portrush for which the service was originally intended. However, the service also extended into more dispersed rural areas, with 10 clients receiving the service living in locations such as, Ballycastle, Bushmills, Dervock and Kilrea.

Table 1: Location of Clients

Location	Clients
Coleraine	11
Ballymoney	5
Portrush	4
P'stewart	3
B'Castle	2
Kilrea	2
Bushmills	1
Castlerock	1
Dervock	1
Garvagh	1
L'giel	1
S/nocum	1
TOTAL	33

Service Profile

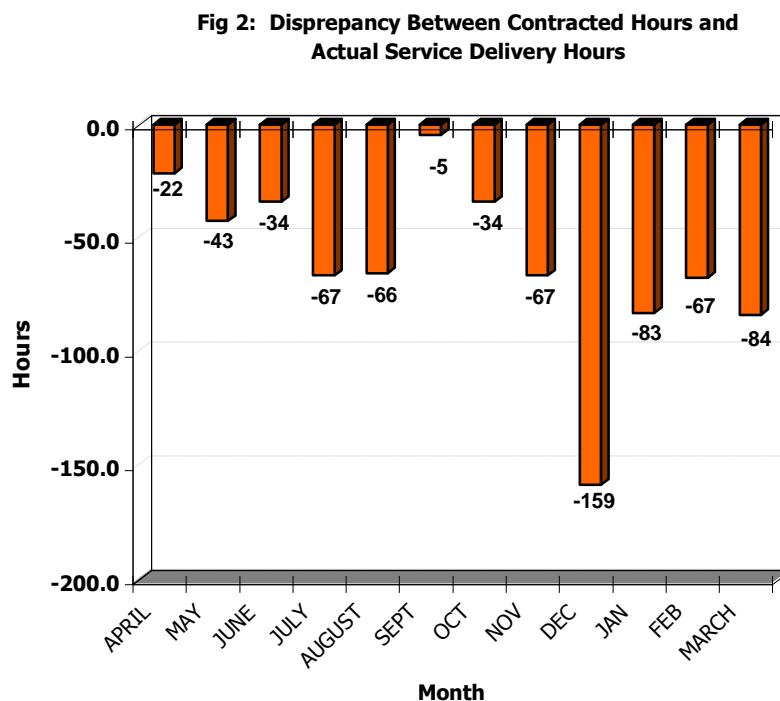
In order to build up a profile of the service provided, statistical information was collected on a monthly basis detailing the number of service contract hours, service delivery hours, and staff mileage.

Contracted and Actual Service Hours

Information was collated each month on the number of service contract hours and the number of actual service delivery hours (including travel time, supervision and administration time).

- Over the year, the Causeway Trust contracted **4,253** Home Response service hours
- Over the year, Praxis provided **3,525** service hours

The discrepancy between contracted hours and actual service delivery hours for each month of the first year is plotted in Figure 2. As can be seen from the graph, the greatest level of



discrepancy occurred during the month of December, with a difference of -159 hours. This was chiefly due to staff members being on public holidays and taking annual leave over the Christmas holiday period. The other main reasons for the discrepancy in contracted and actual service delivery hours across each of the months was staff training; bank holidays; the client cancelling the visit; and client hospitalisation.

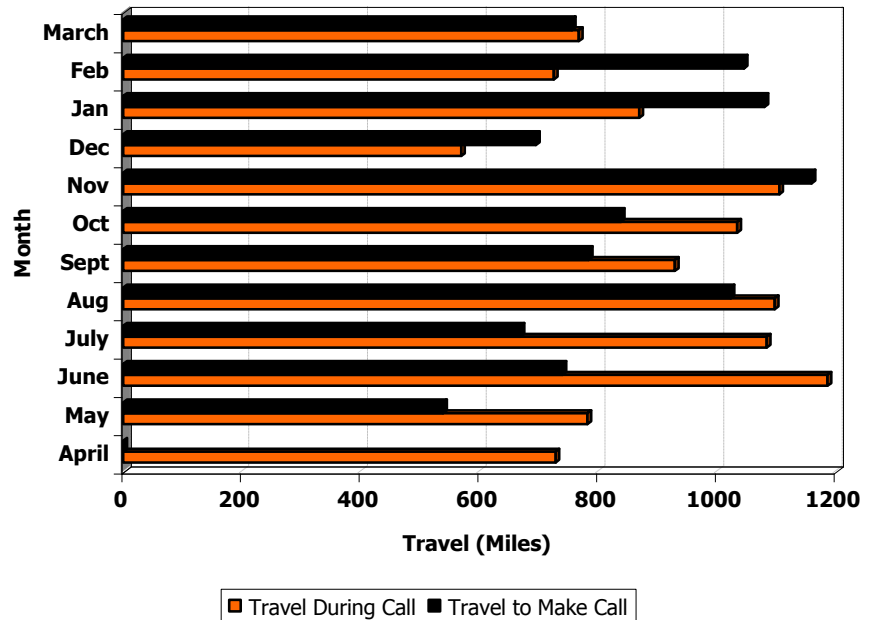
Mileage

Staff mileage was calculated each month. This was broken down into two categories:

- Mileage required to get to the client’s home in order to make the call
- Mileage made during the actual call

As can be seen from Figure 3, for most of the months (8 out of 12) the mileage made during the call (orange bar) exceeded the mileage that was needed to make the call (black bar). Therefore, a greater portion of staffs’ travel time was spent *with* the client as opposed to *getting to* the client’s home.

Fig 3: Total Mileage Over Year I



- Over the first year, staff accrued **20,201** miles (1,683 miles per month)
- Costed at 0.40p per mile, this amounts to **£8,080** per annum (£673 per month) on travelling expenses

Client Views

Individuals using the Home Response Service were asked to take part in a face-to-face interview to find out their views on the service provided. The Project Workers explained the nature of the evaluation to each individual and clarified what taking part in it would involve. Individuals were also given an information leaflet that provided further details about the evaluation and included the contact details of the researcher involved. In total 8 individuals agreed to take part in an interview, 5 females and 3 males. Written consent was obtained from each person and the interviews were recorded with the individual's permission. The interview included questions on the visits or activities they were involved in; the relationship with their Project Worker; perceived changes in themselves as a result of using the Praxis service; aspects of the service which they liked best; and areas of the service which they felt could be improved. The interviews lasted between 15 minutes and 40 minutes and all were conducted in the individual's home.

Activities

Individuals were asked about the nature of the activities they were involved in when their PW called to see them. All of the individuals stated they would often visit a café for coffee or lunch, go shopping, and spend time chatting with their worker. For a few individuals, the visits also provided an opportunity to get some physical exercise in the form of *'taking a walk along the prom'*, or *'walking the dogs on the beach'*. Some individuals also mentioned receiving assistance with various practical tasks, such as, doing the laundry, preparing meals and choosing furnishings for their home. Only 1 individual referred to other activities which h/she would like to have an opportunity to be involved in. These included playing golf or snooker and going to Ballymena on a shopping trip. However, the individual acknowledged that the length of their current visit was insufficient to permit such activities, stating, *'by the time you get down there (snooker room) and back again, the time is up'*.

Project Worker Visits

On average, individuals received around 4 hours of staff input on a weekly basis. This ranged from 3 individuals receiving 2 hours per week to 1 individual having 8 hours of staff input each week. One individual stated that h/she would like to have longer visits and would prefer the visits to take place later in the afternoon, as opposed to before lunch when they were currently scheduled for. The client stated that h/she was aware that Praxis had other clients and that *'this is the only way they can do it'*. Two individuals were anticipating cutting back on the number of hours they were receiving over the forthcoming months, with 1 client suggesting s/he would like to terminate the service as s/he felt s/he had progressed sufficiently to cope without the service.

Cancelled Visits

Individuals were asked about the procedure if their PW was off on annual leave or sick leave. For some individuals, this situation had not arisen during their time using the Praxis service. In the event of this occurring, 4 clients stated they would be happy to have another staff member to carry out the visit, with 1 individual stating *'I don't mind if PW is off...I can go out with somebody else'*. The other 4 clients stated they would prefer to cancel the visit and wait for their regular project worker to return to work. These individuals stated that they had built up a good relationship with their project worker and would find it difficult to establish a relationship with a new project worker, with 1 individual acknowledging *'I have got to know this worker and built up a friendship. I would not want to start with someone new'*. All of the individuals interviewed were aware that both of these options were available to them.

Relationship with Project Worker

Overall, individuals reported very positive relationships with their PW, referring to the relationship as friendly, helpful, supportive and understanding (Table 2). The workers were regarded as someone the clients felt they could easily approach for information and/or advice. They were described as being good listeners and having an understanding of the person's mental state.

Table 2: Relationship with Project Worker

'..Very, very friendly. She is very good at listening and advising me...she is very supportive and understanding'

'They are like friends, and I don't have any friends...they listen to me and reassure me when I am getting a bit paranoid'

'..Like brother and sister..friendly..she gives me support with things and advice on anything..she is easy to talk to and listens to me.'

'Very friendly. She makes you feel as though you are worth something. She is very helpful..if you are feeling down she brings you back up again..she understands how you are feeling'

Changes in Self

Individuals were asked if, and in what ways, they felt they had changed as a result of using the Praxis Home Response Service. All but 1 individual felt a number of positive changes had come about since they had first received the service. For most individuals, this was related to getting out of the house and meeting other people (Table 3). One individual felt the service had helped him/her become more confident. Only 1

Table 3: Changes in Self

'I can get out far more now and places where I would not have been able to go before'

'It helps me them taking me out.. I have learned a lot of things since I have been going out'

'Not so isolated now, I am getting out'

'I am able to meet other people who have their own problems rather than just sitting in the house focused on your own problems and getting down'

'I feel stronger now and able to do things again. I feel more confident'

individual did not feel s/he had made much progress since using the Praxis service. A major life event had occurred prior to him/her receiving the service and the person felt that the emotion involved in coming to terms with the situation had hampered their self-development.

Support Received

Individuals highlighted a number of areas in which they received support from their PW:

- Feeling reassured and more confident
- Getting out of the house
- Managing money
- Speaking out, with the PW acting as their advocate
- Taking their mind off their own problems

Like Best about the Service

When asked what they liked best about the Praxis service, individuals referred to a range of aspects of the service including the social contact with their PW; having the opportunity to get out of the house; being able to talk to someone about their problems; and the friendly relationship they had built up with the Praxis staff.

Like Least about the Service

The majority of individuals interviewed did not mention any aspect of the service that they did not like or that they wanted changed. However, 3 individuals referred to some parts of the service that they felt could be improved. For 1 individual this was related to reducing what s/he described as 'red tape'. This was in terms of Praxis being unable to accommodate providing him/her with a one-off extended visit to enable him/her to receive some medical treatment. Another individual, who was receiving a visit after lunchtime, stated that s/he would prefer the visit to be 2 hours earlier. However, the person had not mentioned this to their PW and said that if *'she (PW) can only fit it in then, 2.00 o'clock will do rightly'*. The third individual asserted that the PW's should be permitted more authority to take action in certain circumstances. The individual was referring to a difficult family situation where h/she felt the worker was *'powerless'* to get the *'right people in to sort out the problem'*.

Recommending the Service

At the end of the interview, individuals were asked to rate on a 5-point scale (ranging from delighted to terrible) how satisfied they were with the Praxis service and whether they would recommend the service to a friend who was in a similar situation to themselves.

- 5 individuals stated they were 'delighted' with the service and 3 individuals were 'pleased'
- All 8 individuals said they would 'definitely' recommend the Praxis service to someone else who was in a similar situation to themselves.

Referral Agent Views

Members of the Community Mental Health Team (CMHT) who had referred individuals to the Praxis Home Response Service were invited to complete a standardised postal questionnaire to obtain their views on various aspects of the Praxis service. The questionnaire consisted of both closed questions, where the respondent was required to rate various aspects of the service, and open-ended questions, which allowed the respondent to comment on why s/he gave a particular response. Topics covered in the questionnaire included:

- Communication with Praxis Staff
- Working Relationship with Praxis Staff
- The support their client received from Praxis
- The responsiveness of the Praxis service to their client's needs
- Client outcome since first using the Praxis service
- General views on the service
- Areas for improvement / development

Postal questionnaires were returned by 10 referral agents. The number of individuals each referral agent had using the Praxis service ranged from 1 to 5, providing information on a total of 29 clients.

Communication with Praxis Staff

The referral agents were asked to what extent they felt they received up-to-date information on their clients from Praxis staff. All 10 of the referral agents stated they were either 'very satisfied' (n=6) or 'satisfied' (n=4) with the exchange of information. Referral agents highlighted 2 main aspects of communication. Firstly that the flow of information was **timely**, with referral agents stating that they were informed 'immediately' of any concerns and that they were provided with 'current' information. Secondly, referral agents highlighted the benefit of having the Praxis **review** system for ensuring an adequate exchange of information. One referral agent suggested communication could be improved if he/she were informed immediately should their client not attend a Praxis visit.

Referral agents were also asked to rate their level of satisfaction with the quality of the working relationship they had with members of the Praxis staff team. All of the referral agents were either 'very satisfied' (n=7) or 'satisfied' (n=3) with the current working relationship. The most common word used to describe Praxis staff members was 'approachable'. Referral agents also referred to Praxis staff as being 'friendly', 'co-operative' and 'accessible', with one referral agent noting the benefit of having the Praxis office and the CMHT offices in close proximity.

Support Provided

Referral agents were asked to rate their level of satisfaction with the support their clients received from Praxis in 3 areas: practical needs, mental health needs and social needs. All but 1 referral agent was either 'very satisfied' or 'satisfied' with the amount of support their clients received from Praxis in relation to meeting their practical, mental health and social needs. The 1 referral agent who was 'somewhat unsatisfied' with the support provided to their client in these 3 areas stated that the client expressed some dissatisfaction regarding the PW visits; the general promptness of the worker, and that their social needs were not addressed.

Support Changed

Referral agents were satisfied with the amount of support received by the majority of their clients (n=23) and did not want to see any changes. However, suggestions for changes to the support provided to 6 clients were proposed. These included:

- Offering the service at evenings and weekends (3 clients)
- Increase in service hours (1 client)
- Decrease in service hours (1 client)
- Adherence to agreed care plan (1 client)

Responsiveness of Service

Referral agents were asked how responsive they felt the Praxis service was to their clients' needs. The service was rated as 'very responsive' to the needs of the majority of clients (n=20) and 'fairly responsive' to the needs of the other clients. One referral agent stated that a change in days requested by the client was responded to immediately. However, another referral agent stated that the time of the calls to one of their clients was changed to *'suit the Praxis worker'*.

Support Delivered

Referral agents were asked to rate the extent to which they felt the Praxis service delivered the support requested to their client. Referral agents stated that the Praxis service 'completely delivered' the support requested in relation to the majority of clients (n=21) and 'somewhat delivered' the support requested to the others. Referral agents commented on the value of the care plans and the Praxis reviews as an opportunity to address clients' support needs.

Client Outcome

Referral agents were asked to describe the impact they perceived the Praxis service had on the lives of their clients in relation to their social skills and mental health stability.

Responses were generally very positive, with most referral agents indicating at least some improvement in their clients' social skills and/or mental health stability. Referral agents stated that most of their clients had developed their social skills since using the Praxis service. Referral agents believed that clients had become more socially active, had greater confidence, were more responsive and interactive with others, and had become less socially withdrawn (Table 4). Referral agents indicated that only 3 clients had shown no improvement in their social skills. With regard to changes in clients' mental health, referral agents stated that, for the majority of individuals (n=15), their mental health remained stable.

Table 4: Client Outcome (Social Skills)

'appears more pleasant and interacts well with staff'

'less withdrawn, greater enjoyment and quality of life'

'looks forward to outings with worker'

'more socially active, less withdrawn'

'not as reluctant to meet strangers. Has more to talk about'

'social skills improved and confidence has grown'

'socially less isolated, more confident'

'used to be very reclusive. Enjoys going out with PW and can tolerate being in cafes'

General Issues

Referral agents were asked what they liked best and least about the Praxis service. The positive aspects of the service included the efficiency of the communication process; the flexibility of the

Table 5: Like Best About the Service

'A reliable, professionally organized support service'

'Increased opportunity of clients to socialize and engage in recreational activities'

'Provides good support to client'

'The client and worker decided what activities they do. Service is client focused to a point where practical'

'The service is versatile to meet the needs of the particular if at all possible'

'The efficiency of the communication process'

service; the support provided to clients; the increased opportunity for social activities; the professional way in which the service operates; and the client focus of the service. Comments from the referral agents are detailed in Table 5.

Referral agents highlighted 2 main issues that they liked least about the service. These were related to:

- i. **Service Provision.** 4 of the referral agents referred to the limited available service hours; that it was difficult to access the service in more rural areas (e.g. in Ballycastle); and the restrictions around providing evening calls to clients

- ii. Staffing.** One referral agent expressed concern that the lack of a male Praxis Project Worker could limit the service offered to male clients. Another referral agent felt that not knowing the Praxis staff members was a difficulty, as s/he could not match their client to the personality of a particular staff member

With regard to making suggestions for further improvements of the scheme, referral agents documented 2 main areas for improvement and development. These were:

- i. Extending Service Provision** - in terms of having more service hours; extending the service into other geographical areas; increasing evening and weekend calls; and having a greater service provision for clients aged over 65 years.
- ii. Staffing** - having a male staff worker as part of the Praxis Home Response staff team.

Discussion

The aim of this evaluation was to identify good practice within the Coleraine Home Response Service and to suggest ways of improving the quality of care provided. Overall, the evaluation was very positive, indicating high levels of satisfaction from clients and referral agents, and demonstrating some improvements in client outcome. Some of the main findings are discussed below.

Client Satisfaction

As part of any successful evaluation, the views of clients must be central. Therefore, the present evaluation sought the views of individuals using the Home Response service. At the time of the evaluation, of those individuals using the service (n=30), only 8 agreed to participate. Given the small proportion of clients who participated in the evaluation, caution must be exercised when interpreting the findings. It cannot be assumed that the views of those who participated in the evaluation accurately reflect the views of those individuals who chose not to be involved. However, of those who took part, all were highly satisfied with the service provided.

Concern is often raised that individuals in receipt of mental health services report high levels of satisfaction with the service they receive (Elbeck and Fecteau, 1990). To ensure that an accurate reflection of the quality of service was obtained, the evaluation used open-ended and follow-up questions. This allowed clients' experiences to be explored and enabled clients to raise issues which were important to them. As such, the evaluation was not concerned solely with gauging clients' level of satisfaction, rather, with specific aspects of the service that were regarded as beneficial.

One specific aspect of the service which individuals highly valued was their relationship with their Project Worker. Overall, individuals reported very positive relationships with their PW referring to the relationship as friendly, helpful, supportive and understanding. The PWs were regarded as someone the clients felt they could easily approach for information and/or advice. They were described as being good listeners and having an understanding of the person's mental state. Reference to the personal qualities of staff members is quite frequent in mental health service evaluations. For example, in a similar study carried out in England, clients were most complimentary of the quality of the staff, the continuity of the staff and the kind, helpful and caring attitude of staff (Newham Social Services, 1998). Such positive feedback from clients regarding the caring and supportive nature of the Praxis PWs reflects very well on the quality of the service being provided.

Staffing

The commitment and skills of staff are key factors in supporting people with mental illness within the community (SWSI, 1995). Therefore, it is significant that both clients and referral agents were very positive about the qualities of the staff members. Referral agents used words such as approachable, friendly, co-operative and accessible to describe the Praxis staff. Such high qualities are to be commended and promoted. The PWs engage in 'in-house' peer training and also participate in formal training offered by Praxis Care Group. Providing such training and personal development opportunities should be continued to ensure staff expand their awareness and understanding of mental health issues.

Client Outcome

Measuring outcome is fundamentally important when assessing community mental health services. It provides evidence of the effectiveness of the service and sets an agenda for future development. Clients were asked how the service had impacted on them and if they felt they had changed as a result of using the service. All but 1 individual stated that a number of positive changes had come about since they had received the service. For most individuals this was related to them getting out of the house and meeting other people.

Referral agents also indicated improvements in their clients' social skills, stating that clients had become more socially active, had greater confidence, were more responsive and interactive with others, and had become less socially withdrawn.

Promoting and developing clients' social activity is an important aspect of any psychiatric rehabilitative programme, whether within the hospital setting or the community. Research has shown that individuals with greater and more satisfactory social activity tend to report that they have higher life satisfaction (Sullivan, 1992). This evaluation did not employ a standardised questionnaire to measure social activity/and or social isolation over time. However, through the interviews with clients and feedback from the referral agents, reference was repeatedly made to clients' improved social skills and greater levels of social activity. This suggests that the service fulfils one of its chief objectives, that of promoting social skills and reducing feelings of social isolation.

It is important to note that the present evaluation only allowed for a snapshot of clients' outcome, whereas a longitudinal study would provide a more extensive measurement of client outcome over time (Okin et al, 1995).

Service for Males

The current pilot service is female dominated, with all the PWs and two thirds (n=22) of the clients being female. Having a mostly female client group could be a reflection of the current client caseload and/or could be related to the fact that the PWs are female. Within a review of mental health day care service in Scotland, it was found that services that had more female clients than men had a female manager, whereas those services with more men than women had a male manager. However, 2 services that had few female clients altered the gender balance by organising activities specifically for women with the result that the number of female attendees grew. (SWSI, 1995). The same principle could be applied to the Praxis Home Response service, with the existing female staff focusing purposely on male activities in an attempt to attract and engage more male clients. An alternative solution is that a male PW could be employed with the specific remit of offering the service to males within the catchment area. In fact, one of the recommendations from referral agents regarding improving the service, was that a male staff member should be employed. This suggestion merits further exploration. However, the difficulties of attracting male care workers are well documented and frequently experienced.

Conclusion

From the evaluation, the Coleraine Home Response service is shown to be a highly valued service both by clients and referral agents. Views from client and referral agents have indicated that the service has played a role in developing clients' social skills. This is a notable achievement within the first year of operation and demonstrates the value of the service in providing quality care. However, in order for the project to develop in areas such as, providing more service hours, extending the service into other geographical areas, increasing evening/weekend calls, and having greater provision for clients aged 65+ years, additional long term funding must become available.

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