

# **ISLE OF MAN HOME SUPPORT**



**A 3-Year Evaluation of the  
Isle of Man Home Support Service**

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## **Further Information**

For further information on this evaluation, please contact:

Praxis Care Group

Research Department

27-31 Lisburn Road

Belfast, BT9 7AA

Tel: 028 90234555

E-mail: [soniamawhinney@praxiscaregroup.org.uk](mailto:soniamawhinney@praxiscaregroup.org.uk)

**Praxis Care Group 2004**

# SUMMARY

## WHO USES THE SERVICE?

Between January 2000 and August 2004, 129 individuals used the Home Support Service. 58 Service Users currently receive the Home Support Service. The typical Home Support Service User was around 50 years of age and female. Many had at least one previous hospital admission (73%), with one in every 2 Users having had an admission during the previous 2 years. Almost 50% of Users experienced Depression and/or Anxiety symptoms.

## SOCIAL & BEHAVIOURAL FUNCTIONING

The impact of the service on Service Users was examined using the Life Skills Profile and by obtaining ratings in other aspects of functioning and quality of life. Ratings for 18 Service Users were collected over 4 time-points (on entry to the service, and after 12, 24 and 36 months).

Overall, the greatest improvements in Service User functioning can be observed during the *first 12 months*:

- Significantly less **reckless/offensive** behaviour
- Significantly greater **compliance** with treatment
- Significant improvements in **personal appearance**
- Significantly improved **interpersonal skills**
- Significantly increased **confidence & self-esteem**
- Increased **assertiveness**
- Increased **interactions with staff**

Ratings of Service User **quality of life** also increased significantly over the first 24 months of the service. Although, a few small dips in ratings were observed in reckless/offensive behaviour, compliance and self-esteem over the next 24 months, these dips were marginal and failed to reach statistical significance. Functioning in all these areas remained higher at 36 months than on entry. Ratings of User **communication** decreased slightly between entry to the service and 12 months, rose again at 24 months, and generally stabilised at 36 months.

Overall, ratings on **social contact** (interpersonal contact; social activities) only marginally increased over the 36 months. Closer examination revealed 2 distinct groups:

- 11 Users, whose social contact significantly *increased*
- 7 Users, whose social contact significantly *decreased*

## VIEWS ON THE SERVICE

Both Care Coordinators and Service Users were asked to provide their views on the Home Support Service. A number of **positive aspects** were identified, including:

- The Action Plan and Review Process were commended as inclusive and beneficial
- Working relationships between Praxis staff and Care Coordinators were valued and communication was good
- Care Coordinators were generally very satisfied with the support provided to their clients, indicating increases in User confidence, reduced hospital admissions, fewer fluctuations in mood and reduced anxiety
- Coordinators also reported that their clients were engaging in a greater number of social activities, were less socially isolated and had improved social skills
- Service Users identified a number of positive changes in themselves, including feeling better, feeling happier, getting out and about more, and having greater confidence
- Users reported very positive relationships with their Home Support Workers, with many referring to their Support Workers as a friend, a confidant, and someone they can turn to for support

A number of **recommendations** for improving the service were also proposed, including:

- More training for Home Support Workers
- Increasing the staff team, including more male workers
- Improving communication during office hours
- Greater contact with management
- Increasing social activities and more practical support
- Provision of an 'out of hours' service and longer visits
- A more assertive approach with some Users
- Maintaining contact with hospitalised Users

### **IN SUMMARY ...**

Many areas of Service Users' functioning and quality of life improved significantly during their first 12 months receiving the service. This level of functioning was generally maintained over the following 24 months. However, ratings on Service User social contact and communication increased only marginally over the 36 months, despite Service Users and Care Coordinators emphasising the value of the service in improving social skills and reducing social isolation. The reasons for these ratings require further exploration.

The evaluation has identified many positive aspects of the Home Support Service and has encapsulated the important role the service plays in the lives of those who use it. The ethos of the service is epitomised in the words of one user:

**'It has broadened my horizon & seeing life is for living & having fun ...  
It has helped me to learn to enjoy life'**

# CHAPTER ONE

## Introduction

This report details the findings of an evaluation of the first 3 years of the Home Support Service. The Home Support Service was set up in 2000 by Praxis in partnership with the Department of Health and Social Security on the Isle of Man. The service was developed in response to an identified need for community support for individuals with mental health problems living in the community. The Leslie Report (1997) and the ensuing recommendations for community care legislation on the Isle of Man generated an awareness of a gap in mental health service provision. This included the introduction of the Care Programme Approach whereby individuals discharged from hospital, or those on a community supervision order, would have a carefully assessed and adequately resourced care plan (Leslie Report, 1997). Home Support has been designed to complement statutory service provision on the Island. At the time of writing, the service is in its fourth year.

### **The Home Support Model of Care**

The Home Support Service is a domiciliary model of care for individuals experiencing mental ill-health. The service is based on the following principles:

- Individuals should be offered opportunities, choices and rights of self-determination which accord with those available to other citizens
- Individuals should be given the opportunity to live within their local communities and avail of local facilities
- The quality of life for individuals should 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 should be encouraged to achieve their optimum level of independence through receiving practical help and support in dealing with everyday situations

### **Aims**

The service aims to:

- Offer a service that, as part of an individuals' total Care Plan package, would enable individuals who have experienced mental ill-health to remain in their own home
- Reduce the possibility of individuals becoming involved in a revolving door pattern of frequent re-admission to hospital
- Enable individuals who require a high level of support in the short term to return directly to their own homes on discharge from hospital
- Ensure a more effective use of professional staff time by employing suitably trained Home Support Workers
- To offer support and advice to the carers of individuals who are in receipt of Praxis Home Support

## **Objectives**

The Home Support Service strives to achieve the above aims by:

- Offering Home Support to individuals who have experienced mental ill health in the form of practical, social and emotional support
- Drawing up an individualised support/action plan which will enable Service Users to develop their optimum level of independence
- Ensuring individuals' involvement in the drawing up of action plans. The Community Mental Health Team Care Coordinator (referred to as Care Coordinator from this point forward) will consult with the Service User, relevant professionals and Praxis staff and formulate an agreed action plan
- Reviewing the action plan on a regular basis via formal processes and regular liaison between the Service User, Praxis and statutory staff

## **The Evaluation**

In its commitment to providing high standards of care and support to individuals with mental ill-health, Praxis undertakes the evaluation and monitoring of all its services. The evaluation of the Home Support Service was carried out by the Praxis Research Department and took place over the first 3 years of the service. The evaluation had a number of objectives:

- To monitor the development and implementation of the Home Support Service
- To determine the Users of the service in terms of their demographic profile
- To evaluate the impact of the service on Service Users' level of social and behavioural functioning
- To elicit the views of Service Users and statutory professionals on the quality of the Home Support Service

A variety of methods were employed in the evaluation, including the use of standardised questionnaires, semi-structured interviews and record analyses.

## **The Report**

The development of the Home Support Service is reported in Chapter Two of this report. Chapter Three provides a demographic profile of the individuals who use the Home Support Service, while Chapter Four examines the impact of the service on Service user social and behavioural functioning. Chapter Five presents Care Coordinator views on the service and Chapter Six considers Service User perceptions. In Chapter Seven, the main findings from the evaluation are summarised and discussed. Issues that require further consideration are identified.

# CHAPTER TWO

## Service Development

As indicated in the first chapter, the Home Support Service is based on a domiciliary model of care for individuals experiencing mental ill-health. The service began operations in January 2000, although a considerable amount of service planning and developmental preparation took place over the preceding months. As the Home Support Service was new to the Isle of Man, and it was the first Praxis service to be developed on the Island, the evaluation aimed to document the process of setting up and delivering this type of service. This would provide an account of the practicalities of setting up such a service, including obstacles overcome and lessons learned. It would also facilitate future planning for the development of other services under similar circumstances. The information in this section was obtained via interviews with key Praxis staff, held at various time points throughout the first 3 years of the service.

### **Setting Up the Service**

Planning for the Home Support Service began in mid 1999, with the service becoming operational in January 2000. Little was known about Praxis on the Island prior to the setting up of the Home Support Service. Therefore, to raise the profile of both Praxis and the new service, the Home Support Development Officer organised a number of presentations with key professionals, including GPs, Social Workers, Hospital staff and the Community Mental Health Teams. These presentations provided information on the type of service offered and how to make referrals.

Some early difficulties were experienced in finding suitable office space. The service was initially based in the Social Services Offices in Hilary House and then in rented accommodation in Port St Mary. However, these were only temporary arrangements. The service relocated to its permanent office in Douglas in July 2000. This enabled it to establish its own identity and to be recognised as separate from Social Services. The Douglas office is centrally based and accessible to staff working in both the North and South of the Island.

### **Registration Status**

Early difficulties were encountered in registering Praxis as a charity on the island, as another company already employed the name Praxis. This meant that the service was not able to fundraise and it also delayed the promotion of Praxis on the island. Registration was eventually obtained around 18 months after the service was set up. With charity status, the service could fundraise, receive donations and get charity discounts.

### **A New Service**

Although Praxis operates a number of Home Support Services in Northern Ireland, Praxis had not previously provided Home Support on the Isle of Man. Indeed, not only was it Praxis' first service on the island, Home

Support was the first of its kind on the island. The service was therefore removed from the main organisation in Northern Ireland and the good communication links that existed between accommodation and support services across the province. Although some isolation was experienced during the early months of setting up the service, this decreased over time. The Home Support Service staff have made a concerted effort to ensure that the service was sufficiently 'Manxified' to enable it to operate smoothly on the island, while establishing and maintaining strong links with the main organisation in Northern Ireland.

### **Service Hours**

The service is offered to Service Users 7 days a week, between 9.00am and 9.00pm. It is contracted to provide 165 hours face-to-face contact time per week. It takes a number of months to build up referrals, recruit a full staff team, and match Home Support Workers with Service Users. However, 9 months after the development of the service, 140 face-to-face contact hours were provided, rising to around 160 hours by 24 months. At the time of writing, the service provides between 150 and 160 face-to-face contact hours. The number of hours may vary slightly from month to month, depending on the number of current Service Users, the required length of visits and staffing levels.

### **Staffing**

A Development Manager and an Administrative Assistant were the first members of staff recruited to set up the service. A Team Leader was then recruited to coordinate the day to day running of the service. The responsibilities of the Team Leader include overseeing the Home Support Service, processing referrals, arranging referral meetings and reviews, formulating Action Plans, supporting staff, and supervising the Service User/Support Worker relationships.

Two attempts were made to recruit Home Support Workers, with the required number of staff acquired at the second attempt. 5 full-time Home Support Workers, 1 part-time worker and 1 relief worker were recruited. There may be a number of reasons for the initial difficulties in recruiting staff. Firstly, both Praxis and Home Support were new to the Island and people may have been reluctant to work for an organisation they knew very little about. Furthermore, the original posts were advertised as temporary and this may have deterred some potential applicants. Additionally, the criteria deemed as essential for the Support Worker role was at least 2 years experience of working with people with mental ill-health. This caused problems as the service was trying to recruit from a small pool of eligible people on the Island. At the second recruitment drive, more general experience of working with people in a care-related environment was specified. The lack of experience in the mental health field was addressed through an intensive induction programme and on-going training.



## **Staff Training**

All new Home Support staff undergo an intensive induction programme. Community Mental Health Team (CMHT) professionals facilitate some of the training sessions. Topics covered in induction training include:

- Praxis service principles and operational policy
- Role and responsibilities of the Home Support Worker
- Reporting and recording information
- Confidentiality
- Health and safety
- Basic first aid
- Calming and diffusing difficult situations
- Mental health issues

On-going training is also provided to develop staff skills and update staff on new policies, procedures and practices. The service also utilises the training calendar offered by the Centre for Nurse Education. This training is free to voluntary organisations on the Island.

## **The Referral Process**

The Home Support Service covers the whole Island, receiving referrals from both the North and South CMHTs. Potential referrals must be aged between 18 and 65 years of age. They should have recognised mental health needs and require a level of practical/emotional support that cannot be provided through existing services. The individual must not be in an acute phase of mental illness nor require the level of support offered within an institutional setting.

A comprehensive referral assessment form is completed by the Care Coordinator and forwarded to the Team Leader. The information provided on the referral application form includes:

- Socio-demographic information
- Statutory professionals' details
- Service User's use of day centre/hospital provision and a brief hospitalisation history
- Brief mental health and physical health history
- Medication
- Risk assessment
- Social circumstances and existing support
- Specification of duties which the Home Support Worker is being requested to carry out, including hours and days per week the Support Worker is required
- Expected duration on the service

Where possible, referrals are responded to within 5 working days. An introductory meeting is then arranged between the Praxis Team Leader, Care Coordinator, potential Service User, and if possible, the Home Support Worker who may be matched with the Service User. This meeting determines the Service User's desired outcomes from the service and informs him/her of the aims and objectives of the service and clarifies what they can expect from the service.

### **The Action Plan**

Based on information obtained at the introductory meeting, the Care Coordinator and Team Leader draw up an individualised action plan outlining the support to be provided to the Service User. The action plan will state clearly tasks, roles and responsibilities, risk management strategy and desired outcomes. The Service User's views are considered crucial to the assessment and action plan development. All Service Users receive a copy of their action plan.

At the first visit, the Service User is also given a welcome pack that includes general information on the service; a leaflet on confidentiality and gaining access to records; a leaflet outlining the complaints procedure; information on the days and times of visits; and contact details for their Home Support Worker.

### **The Review Process**

The first 6 weeks of support are discussed at the introductory meeting and agreed by the Service User, Care Coordinator and Praxis Team Leader. This is then reviewed after 6 weeks at the Service User's first Review Meeting. The Review Meetings are attended by the Service User, Home Support Worker, Team Leader, Care Coordinator and sometimes the Service User's Occupational Therapist. The meetings are generally held in the Service User's own home. The User is encouraged to be actively involved at all stages of the process.

Review meetings are then held 3 and 6 months after initial contact with the service. Future reviews are then scheduled depending on the individual's needs. An emergency review may be called at any time by the Care Coordinator, Team Leader, Support Worker or Service User.

### **Support Provided**

When a decision has been made to accept a Service User to Home Support, this Service User is then matched with a Support Worker. When possible, matches are made based on age, personalities and interests. However, as the small staff team has to cover a large geographical area, distance is often a key factor in determining a match. The type of supported offered varies according to the Service User's needs. However, assistance may be provided in the following areas:

- Promoting/encouragement with personal care/hygiene
- Home/domestic management

- Social integration and interpersonal skills development
- Motivation and direction in developing recreational and leisure activities
- Budget management
- Direction in terms of day to day management and structure
- Monitoring and promoting prescribed medication compliance
- Social/emotional support.

The service aims to bridge the gaps and strengthen the weaknesses in the prospective Service User's social network by offering practical support, social integration, education and respite to Service Users and their Carers.

### **Multi-Agency Working**

As indicated earlier, the Home Support Service was set up as the result of collaboration between Praxis Care Group and the Department of Health and Social Security on the Island. A joint service agreement and operational policy was drawn up by both organisations.

Good working relationships have been developed between Praxis staff and the CMHT. Close contact has been maintained since the early stages of the service, with the Team Leader regularly attending the CMHT multidisciplinary meetings. Care Coordinators are involved at every stage of the referral process – including making referrals, assessing suitability, and working with Praxis staff to formulate action plans. Day to day issues are discussed and resolved with the Care Coordinators on a regular, informal basis. Reviews provide a more formal means of addressing issues that arise in respect of individual Service Users. Good communication and consultation continues as a measure of good practice.

### **Monitoring and Supervision**

The quality and appropriateness of the service is monitored both informally and formally within the service:

- Home Support Workers write a short report on every visit to record the activities carried out during the day. This information is placed in the Service User's case file.
- Staff are supported at weekly staff meetings, individual monthly supervision and yearly appraisals. Two Service User files are discussed at random at staff supervision to ensure that all procedures are followed correctly (e.g. to ensure the Support Worker deals with difficult situations in an appropriate manner).
- Informal evaluation regularly takes place between the Team Leader, Care Coordinator and Home Support Worker.
- Formal feedback and discussion is practiced at the Review Meetings.

## CHAPTER THREE

### Who Uses the Home Support Service?

Between January 2000 and August 2004, 129 individuals have used the Home Support Service. During this time, 71 Service Users have discontinued their use of the service, either due to changes in personal circumstances, or as a result of being discharged from the service. 58 Users currently receive Home Support. Information is available on 52 Service Users who have discontinued their use of the service. Over half of these individuals (56%; N=29) discontinued use due to no longer needing the service. 21% (N=11) had been hospitalised and 10% (N=5) were receiving Praxis Accommodation services in replace of Home Support. 13% (N=7) of the discontinued Service Users had deceased.

Table 1 provides summary data on the 129 individuals who have used the service. The average age of Service Users was 50 years, ranging from 20 to 68 years. Almost three quarters were female. Just over one third of Service Users were single, and 30% were married/cohabiting. 43% lived alone. Most Service Users had at least one previous hospital admission (73%), with one in every 2 Users having had an admission during the previous 2 years. 75% of Service Users were attending an out-patient clinic. Almost 50% were attending either day care or day hospital. Almost 50% of Service Users experienced Depression and/or Anxiety symptoms. Service Users were also commonly diagnosed with the Schizophrenias, Bi-Polar Disorder, and Psychosis.

**Table 1: Demographics for All Service Users (N=129)**

|  |                      |
|--|----------------------|
| <b>Female</b>                            | 73% (N=94)           |
| <b>Average Age</b>                       | 50 years (20-68 yrs) |
| <b>Single</b>                            | 36% (N=47)           |
| <b>Married/Cohabiting</b>                | 30% (N=38)           |
| <b>Separated/Divorced</b>                | 22% (N=28)           |
| <b>Widowed</b>                           | 12% (N=16)           |
| <b>Lives alone</b>                       | 43% (N=54)*          |
| <b>Attends Day Care/Day Hospital</b>     | 49% (N=62)*          |
| <b>Prior Hospital Admissions</b>         | 73% (N=93)*          |
| <b>Hospital Admissions in last 2 yrs</b> | 50% (N=61)***        |
| <b>Attends Out-Patient Clinic</b>        | 75% (N=94)**         |

\* Missing data N=2

\*\* Missing data N=3

\*\*\* Missing data N=6

Table 2 summarises the demographic data for those individuals who are currently in receipt of the service and for those who have discontinued contact. With an average age of 53 years, current Service Users were significantly older than those who discontinued ( $t=3.05$ ,  $df\ 125$ ,  $p<0.01$ ). There were no other significant differences between current and discontinued Service Users, although current Users were more likely to live alone, attend an out-patient clinic, and have been admitted to hospital during the previous 2 years.

**Table 2: Demographics for Current and Discontinued Service Users**

|  | <b>Current<br/>(N=58)</b> | <b>Discontinued<br/>(N=71)</b> |
|--|---------------------------|--------------------------------|
| <b>Female</b>                            | 71% (N=41)                | 75% (N=53)                     |
| <b>Average Age</b>                       | 53 years                  | 47 years                       |
| <b>Single</b>                            | 31% (N=18)                | 41% (N=29)                     |
| <b>Married/Cohabiting</b>                | 29% (N=17)                | 30% (N=21)                     |
| <b>Separated/Divorced</b>                | 28% (N=16)                | 17% (N=12)                     |
| <b>Widowed</b>                           | 12% (N=7)                 | 13% (N=9)                      |
| <b>Lives alone</b>                       | 50% (N=29)                | 36% (N=25)**                   |
| <b>Attends Day Care/Day Hospital</b>     | 47% (N=27)**              | 50% (N=35)**                   |
| <b>Prior Hospital Admissions</b>         | 71% (N=40)*               | 75% (N=53)                     |
| <b>Hospital Admissions in last 2 yrs</b> | 53% (N=30)*               | 47% (N=31)***                  |
| <b>Attends Out-Patient Clinic</b>        | 79% (N=45)**              | 71% (N=49)*                    |

\* Missing data N=2

\*\* Missing data N=1

\*\*\* Missing data N=5

# CHAPTER FOUR

## Service User Social & Behavioural Functioning

The impact of the Home Support Service on Service Users was examined in 2 ways:

- Using the Life Skills Profile, a standardised questionnaire that measures social and behavioural functioning
- By obtaining Care Coordinator/Home Support Worker ratings in other aspects of Service User functioning and quality of life

### Life Skills Profile

Social and behavioural functioning was assessed using the Life Skills Profile (LSP; Rosen et al, 1989). This scale, which consists of 39 items, is comprised of 5 sub-scales:

**Self-care:** Appearance, personal grooming, hygiene;

**Non-Turbulence:** Reckless/ offensive behaviour, violence;

**Social Contact:** Interpersonal contact, social activities, friendships, leisure pursuits;

**Communication:** Interpersonal skills, coherence of speech;

**Responsibility:** Medication, treatment compliance.

LSP data was gathered over 4 time-points for a sample of 18 Service Users. Ratings were provided by their Care Coordinators on first receipt of the service (baseline), and by their Home Support Workers 12 months, 24 months and 36 months after the Service User first received the service. The LSP demonstrates good inter-rater reliability, suggesting that we can be confident in the consistency of the rating system when repeated by different raters. A total LSP score is produced, along with total scores for each of the sub-scales. The total LSP score can range between 39 and 156.

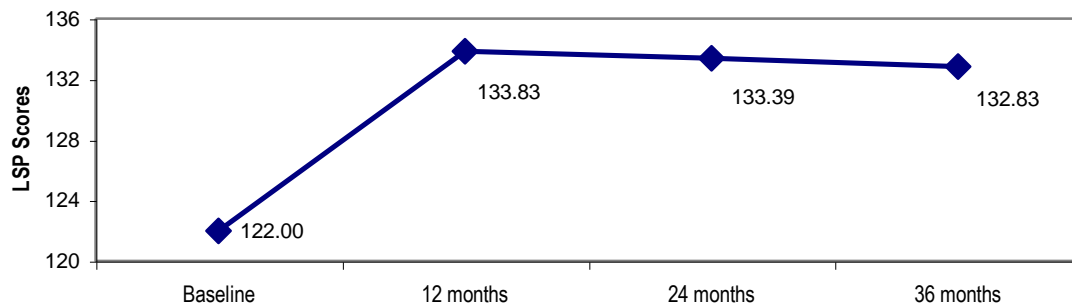
### **Demographics**

The majority of the Service Users in this sample were female (72%; N=13). Their ages ranged from 40-67 years, with an average age of 56 years. 60% (N=11) lived alone. In terms of marital status, 7 Service Users (39%) were separated, 5 (28%) were single, 3 (17%) were widowed and 3 (17%) were married/cohabiting. 9 (50%) attended day care and one attended day hospital. 16 (89%) had prior hospital admissions, with 12 (67%) Service Users being admitted at least once over the previous 2 years. Psychiatric diagnosis varied for individual Service Users, although most had been diagnosed with a Schizophrenic disorder, depression or anxiety. 78% (N=14) of Service Users attended at out-patient clinic.

## Total LSP

Change<sup>1</sup> was examined across the 4 time-points for the total LSP score and for each sub-scale. Total LSP scores significantly increased between baseline and 3-year follow-up (Fig 1). The greatest increase ( $p < 0.01$ ) occurred during the Service Users' first year in receipt of the service, with total scores peaking at 12 months. Although dipping slightly, Service User social and behavioural functioning remained relatively stable between 12 and 36 months.

Fig 1. Total LSP Scores over 4 Testing Times



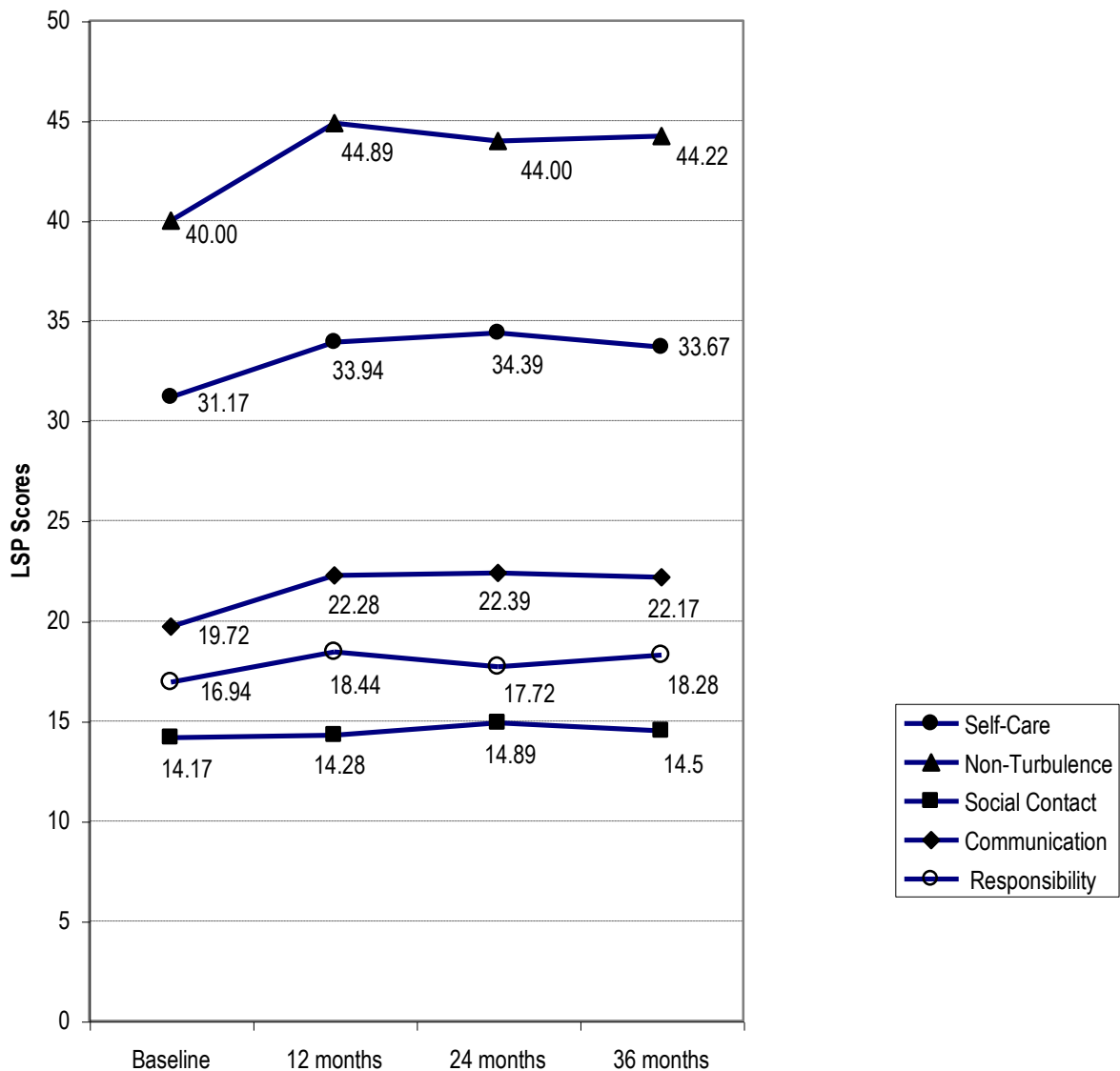
## LSP Subscales

A general improvement can be observed between baseline and 36-month follow-up for 4 of the 5 subscales (Fig 2). The greatest improvements can be observed during the first 12 months of the service, with **Non-Turbulence** ( $p < 0.01$ ), **Responsibility** ( $p < 0.01$ ), **Self-Care** ( $p < 0.05$ ) and **Communication** ( $p < 0.05$ ) all reaching statistical significance. These findings suggest that, in general, there were significant improvements in the social and behavioural functioning of Service Users during the *first 12 months* of using the Home Support service. Service Users were rated as exhibiting:

- Significantly less reckless/offensive behaviour;
- Significantly greater compliance with medication and treatment;
- Significant improvements in personal grooming, hygiene and appearance;
- And having significantly improved interpersonal skills.

<sup>1</sup> Examined using the Friedman non-parametric two-way analysis of variance.

Fig 2: Subscale LSP Scores over 4 Testing Times



Progress in these 4 aspects of functioning generally stabilised over the next 24 months. Minor dips can be observed in Non-Turbulence and Responsibility at 24 months, and in Self-Care at 36 months. However, none of these dips reached statistical significance. Ratings at 36 months for each of these subscales remained higher than baseline ratings.

Overall, ratings on **Social Contact** increased marginally over the 36 months of the service – however this increase failed to reach statistical significance. As increasing social contact is one of the main aims of the Home Support Service, this data was examined further by dividing the Service Users into 2 groups – those whose ratings on Social Contact *increased* over the 36 months, and those whose ratings *decreased*.



11 Service Users fell within the *increased* social contact group. A significant increase in Social Contact was observed in this group over the 36 months, particularly within the first 2 years of receiving the service ( $p < 0.01$ ). However, 7 Service Users fell within the *decreased* social contact group, with a significant *decrease* observed over the 36 months ( $p < 0.05$ ). No significant gender or age differences were observed between the 2 groups.

### **Other Aspects of Service User Functioning**

Care Coordinator and Home Support Worker ratings in several other aspects of Service User functioning were also gathered at the 4 time-points, with Care Coordinators providing baseline ratings, and Home Support Workers providing ratings at 12, 24 and 36 months. Functioning was examined in the following areas:

- Self-esteem;                      Confidence;
- Assertiveness;                  Communication skills;
- Interactions with staff.

Care Coordinators and Home Support Workers also provided ratings on their perceptions of Service User quality of life.

#### **Confidence and Self Esteem**

Increases were observed in both Service User confidence and self-esteem during the 36 months they were in receipt of the Home Support service.

**Confidence** increased significantly during the first 12 months ( $p < 0.01$ ), and continued to increase throughout the 36 months (Fig 3).

**Self-esteem** also increased significantly during the first 12 months ( $p < 0.05$ ) and continued to increase significantly after 24 months ( $p < 0.05$ ). Although it dipped marginally between 24 and 36 months, Service User self-esteem at 36 months remained significantly higher than self-esteem at baseline (Fig 4).

Fig 3. Confidence

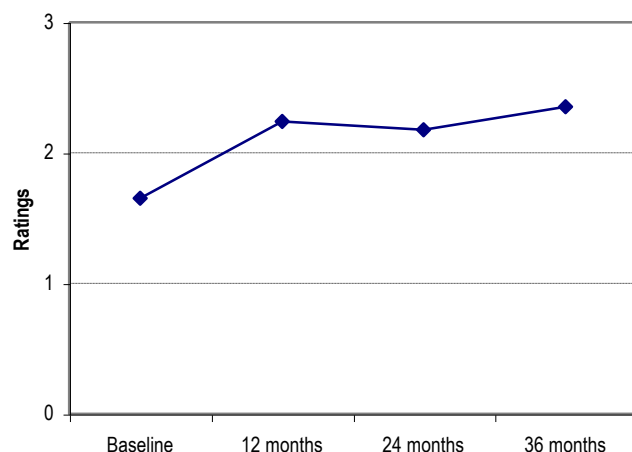
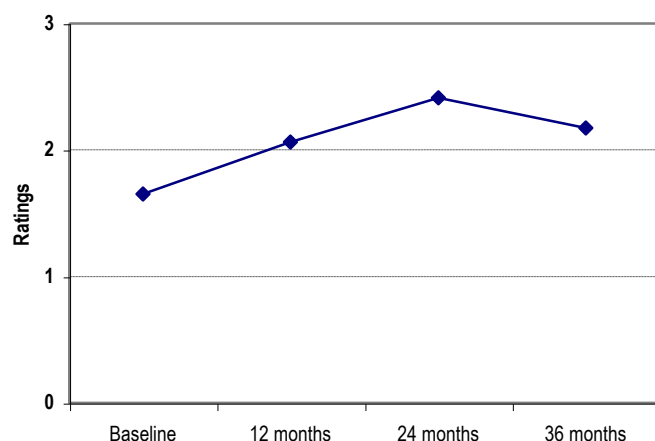


Fig 4. Self-esteem



### Assertiveness, Interactions and Communication

Ratings of Service User **assertiveness** (Fig 5) increased during the first 12 months, and then stabilised over the next 2 years. Service User **interactions with staff** (Fig 6) continued to increase over the first 24 months of the service before stabilising. However, both these increases failed to reach statistical significance.

Fig 5. Assertiveness

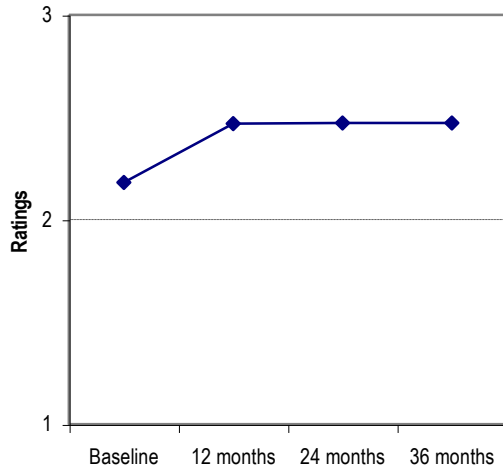
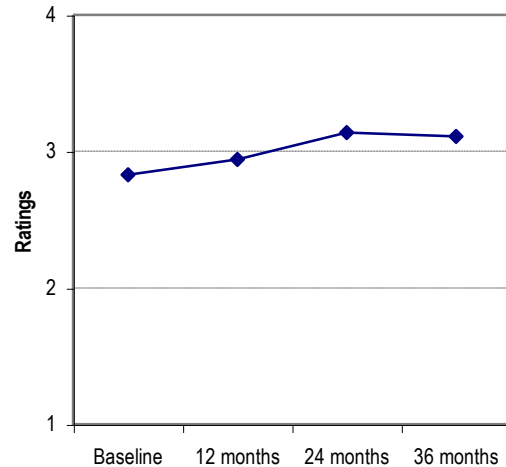
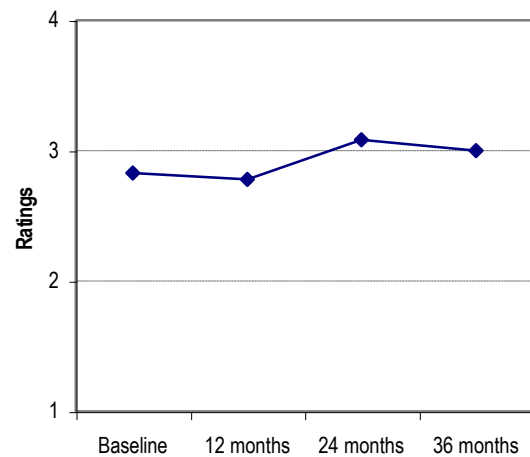


Fig 6. Interaction



Ratings of Service User **communication skills** (Fig 7) decreased slightly between baseline and 12 months, rose slightly at 24 months, and generally stabilised by 36 months. However, these changes were marginal and failed to reach statistical significance. Communication skills at 36 months were rated higher than at baseline.

Fig 7. Communication

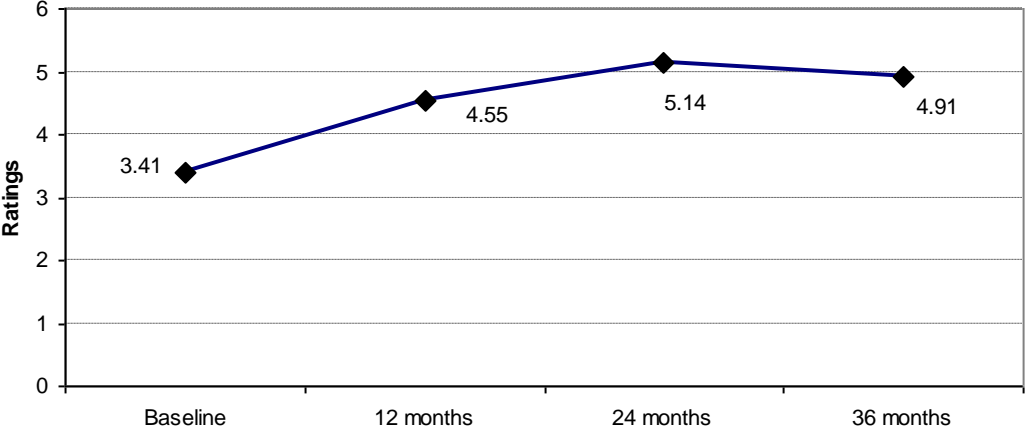


### Quality of Life

Care Coordinators and Home Support Workers were asked to rate Service User quality of life on a continuous scale, with 1 indicating a low/poor quality of life and 7 indicating a high/good quality of life. Ratings were available for 11 of the 18 Service Users across the 4 time-points.

Ratings of Service User quality of life significantly increased over the first 24 months of the service ( $p < 0.01$ ). Ratings dropped marginally by 36 months, although quality of life at this stage remained significantly higher than baseline (Fig 8).

**Fig 8. Quality of Life Ratings over 4 Testing Times**



# CHAPTER FIVE

## Care Coordinator Views on the Home Support Service

Care Coordinators were asked to comment on various aspects of the Home Support service at different time-points during the first 3 years of the service. After the service had been in operation for around 6 months, Care Coordinators were asked to comment on the Action Plan process and to indicate their level of satisfaction with it. 14 Care Coordinators completed questionnaires at this stage. Care Coordinators were also asked to complete questionnaires after the service has been in operation for approximately 12 months, and then again at the 36-month stage. They were asked to comment on their satisfaction with the Action Plan process, their working relationship with the Praxis Home Support staff, the support provided to their clients and their general views on the service. At the 12-month follow-up, 10 Care Coordinators returned questionnaires providing information on 18 Service Users. 9 Care Coordinators returned questionnaires at the 36-month follow-up, providing information on 16 Service Users.

### **Action Plans**

At the 6-month stage, all of the Care Coordinators (N=14) stated they were involved in drawing up their client's Action Plan. All were satisfied with their involvement in the process and felt that the care delivered matched that which was highlighted in the Plan. Care Coordinators indicated that it was an inclusive process with due attention given to their views and the views of their clients. The plans were noted as being:

***'Creative, which at times have gone beyond the level expected...excellent.'***

Care Coordinators continued to view the Action Plan process positively at 36-month follow-up, with the majority reported to be 'very satisfied' or 'satisfied' that the care delivered to their clients matched the Action Plan. No changes to the process were advocated. Only one Care Coordinator expressed some dissatisfaction with the current Action Plan process, indicating:

***'On occasion, I find that the input can differ to what is set out, either due to philosophy being different, or lack of skills in encouraging/motivating clients.'***

### **Communication & Working Relationships**

After a period of 12 months, Care Coordinators were asked to provide their views on the level of communication with Praxis staff. All 10 Care Coordinators were either 'very satisfied' or 'satisfied' that they received up-to-date information on their clients. They referred to the benefits of Praxis involvement in the Multi-disciplinary Team Meetings and cited Praxis Reviews as an opportunity to maintain contact and share information. In addition, the Care Coordinators valued the personal contact made by the Home Support Workers regarding any perceived changes or concerns in their client's thought patterns or behaviours.

7 of the 9 Care Coordinators involved at 36-month follow-up indicated that they were either 'very satisfied' or 'satisfied' with the information they received on their clients from Praxis. Good communication continued to be identified as common working practice, with Home Support Workers regularly updating Care Coordinators and highlighting issues of concern. However, 2 Care Coordinators reported feeling 'somewhat unsatisfied' with the level of information they received. One of these Coordinators indicated that s/he only received information on his/her client at Reviews. The other pointed out that it was left up to the client to inform him/her about cancelled visits. It was suggested that communication systems could be improved by providing monthly summaries.

All of the Care Coordinators at 12-month follow-up were 'very satisfied' or 'satisfied' with the quality of the working relationship they have with Praxis staff. This high level of satisfaction continued to be evident at 36-month follow-up. Comments included:

*'Praxis has a very approachable and supportive staff team'*

*'Communication between us is excellent in respect of this client'*

*'Staff are keen to learn, listen to advice and requests'*

*'I find the staff pleasant, approachable and helpful'*

*'Staff are approachable and friendly'*

*'Find both management and team members very approachable and open to discussion'*

2 suggestions were made to improve upon the working relationships between Care Coordinators and Praxis Staff. One was to encourage more regular contact, including the Praxis Team Leader attending Community Mental Health Team meetings. The other suggestion recommended providing Home Support Workers with more training on dealing with challenging Service Users.

### **Satisfaction with Support Provided**

Care Coordinators were asked to indicate, on a 4-point scale, their level of satisfaction with the support provided to their clients in relation to social, mental health and physical needs. This information was provided for 18 Service Users at 12-month follow-up, and 16 Service Users at 36-month follow-up<sup>2</sup>.

At 12 months, the majority of Care Coordinators were either 'very satisfied' or 'satisfied' with the level of support their clients received in relation to their **Social Needs**. One Care Coordinator reported feeling 'somewhat unsatisfied'. Satisfaction continued to remain high at 36-month follow-up. Comments referred to Service Users engaging in a greater number of social activities, being less socially isolated, having improved social skills and feeling more confident as a result of using the Praxis service:

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<sup>2</sup> Due to staff turnover, the Care Coordinators providing ratings at 12-month follow-up are not always the same Coordinators who have provided the ratings a 36-month follow-up. Their clients may also differ between data collection periods, due to clients discontinuing with the service.

***'Client looks forward to leaving the home with their HSW...and is more relaxed'***

***'Client is much more confident'***

***'Client engages in social activities he/she would not have considered prior to Praxis involvement'***

***'There is a significant increase in social activities through development in self-esteem and confidence'***

***'Enables client to experience various social activities/interactions'***

***'Improved social skills, confidence and interaction in social activities'***

At 36-month follow-up, 2 Care Coordinators reported that they were 'somewhat unsatisfied' with the social support provided to their clients, indicating that their clients were either very vulnerable or difficult to motivate. One of these Coordinators commented:

***'Praxis philosophy of 100% voluntary input conflicts with the client's needs ... she is very vulnerable and needs a more assertive approach'***

Satisfaction with support for ***Mental Health Needs*** was very high at both data collection time-points, with almost all Care Coordinators stating that they were 'very satisfied' or 'satisfied'. Care Coordinators referred to the impact the service had on increasing Service User confidence, reduced hospital admissions, fewer fluctuations in mood and reduced anxiety. Care Coordinators indicated that Home Support Workers had developed a good rapport with their clients and a good understanding of their needs, which helped to maintain the stability of their clients' mental health. They also highlighted the role of the Home Support Worker in promptly reporting any changes in their client's mental well-being. Comments from Care Coordinators included:

***'The service provides a sense of security and a safety net of support enabling the client to gain confidence, feel valued and remain well'***

***'The input has undoubtedly helped [client] to remain well'***

***'[Client is] protected and encouraged by the psychological support that the worker provides'***

***'The individual worker has made an impact in [client's] life by being constant, reliable, trustworthy – s/he regards [Home Support Worker] as an important network in his/her life'.***

Only one Care Coordinator stated s/he was 'somewhat dissatisfied' with the support provided to his/her client at the 12-month stage. S/he felt the client experienced an escalation in tension as a result of the approach taken by the Home Support Worker and suggested further training was needed on mental illness and appropriate intervention strategies. No follow-up data was available for this Service User as s/he had discontinued with the service.

Care Coordinators were satisfied that the **Physical Needs** of their clients were being met. Only one Coordinator expressed feeling 'somewhat unsatisfied' with the physical support received by his/her client.

### **General views on the Service**

Care Coordinators were asked to indicate what they **liked best** about the Home Support Service. A variety of attributes were identified, including the quality of the staff, the flexibility and reliability of the service and the support provided to Service Users:

***'The extra support in the home environment'***

***'It enables clients' to remain in their own homes in the community. The client receives ongoing support from an individual who cares'***

***'The flexibility of hours to suit individual clients'***

***'That it does help support individuals live successfully at home'***

***'Support at the weekends and bank holidays'***

***'The quality of the staff employed. They have friendly, non-judgemental attitudes'***

***'The continuity of care provided'***

***'Staff working with clients are generally caring and compassionate'***

***Continuity, professional relationship, friendship, trust and support'***

Care Coordinators also identified a number of aspects of the service that they **liked least** or felt could be **improved upon**. Lack of administrative support, over-utilisation of the answer-phone and the occasional inflexibility of the service were liked least. The following suggestions were made to improve the service:

- **Training:** Further training for Home Support Workers in mental health issues and assertive approaches
- **Staffing:** Having an increased staff team to relieve staff pressure  
More male support workers  
Greater availability of management to respond to urgent need
- **Staff/Client Relationship:** Increase in social activities to include weekend/evening events  
A more assertive approach taken with some Service Users  
Contact to be maintained with Service Users who are admitted to hospital  
More attention is given to practical skills in the domestic environment  
Supervision of Service User / Home Support Worker interactions
- **Service Provision:** A prompt response to concerns raised by the Care Coordinator

However, overall, the Care Coordinators were extremely positive about the Praxis service, expressed in comments such as :

***'It is a very useful, worthwhile service.'***

***'Praxis is a very valuable service for a specified client group.'***

***'Thank you for coming to the Isle of Man!'***



## CHAPTER SIX

### Service User Views on the Home Support Service

After individuals had been using the service for approximately one year, they were invited to take part in a short interview to ascertain their views on the Home Support Service. The interview included questions on the Home Support Worker visits, their relationship with their Home Support Worker, changes in themselves as a result of using the service, Review Meetings, the complaints procedure and aspects of the service which they liked best and those which could be improved. The interviews were recorded with the Service User's permission and lasted on average 25 minutes. Interview data is available for 12 Service Users.

#### Home Support Worker Visits

##### Frequency of Visits

Most Service Users received 1 or 2 visits per week, each lasting between 1 and 2 hours. 2 Service Users had their visits reduced from twice a week to once a week. Both were happy with this arrangement as one felt s/he no longer required the extra support and the other client reported that having fewer visits was a motivation to do more things for him/herself.

##### Arrangements

Service Users were generally satisfied with the arrangements they had with their Home Support Workers. One Service User enjoyed the flexibility of his/her visits, while another valued the reliability of his/her Home Support Worker:

***'Home Support Worker has never let me down by not coming when s/he has said s/he will'.***

One Service User expressed concern that s/he was not always informed when the next visit would take place. This had led to some confusion between the Service User and the Home Support Worker. One suggestion for improving communication involved reverting to the 'blue card' system that was in operation when the service first started. The Service User felt this system of recording details of the present visit with dates for subsequent visits on a card for the Service User to keep was an effective way of planning ahead. Another suggestion was to have a set time at the Praxis office (for example 9.00am – 11.00am) where Service Users would be guaranteed to contact one of the members of staff in order to cancel or reschedule a planned visit. The Service User stated that s/he found it very difficult to make personal contact with a staff member at the office.

Service Users were sympathetic to the fact that their Home Support Workers would at times be unavailable due to sickness or holidays. When such occasions arose, Service Users stated they were always informed in advance and were given the option for another Praxis worker to visit them. Some Service Users continued with the visit, enjoying the opportunity of meeting some of the other staff members:

***'I was a bit nervous when you don't know the person, but s/he was lovely and put me at ease'***

***'I find them all very good and very friendly. If I have got any problems I can talk to them which is very good.'***

Other Service Users preferred to cancel the visit and wait until their regular Home Support worker returned. This was mainly as a result of having built up a relationship with their Home Support Worker – as one Service User stated ***'I don't like starting with somebody new'***. Service Users valued having the option of being able to cancel the visit or have an alternative worker call.

### **Activities**

Service Users embarked on a wide range of social activities with their Home Support Workers, including swimming, playing pool, having coffee or lunch, going for a 'run in the car' or taking a walk together. This often involved ***'doing new things'*** that they would have previously been reluctant or unable to do. The time spent with the Home Support Worker was also an opportunity for some Service Users to carry out domestic chores such as shopping, making a meal or paying bills. Service Users stated that, whichever activity they were involved in, they had a say in what they did. As one Service User pointed out ***'they don't do anything unless you want to'***.

### **Relationship with Home Support Worker**

Service Users reported very positive relationships with their Home Support Workers. They could talk to them about problems or concerns, confide in them and turn to them for support. Many also indicated that their home Support Worker had become a friend:

***'Best friends, you can talk to him/her about anything ... s/he gets me motivated and gets me to go out and we sort my problems out'***

***'She is a very very good friend and someone I could trust. I always look forward to him/her coming and anything that I need to offload I know I can offload it on him/her'***

***'It starts with trust and then the person becomes a friend'***

***'More than a support worker, s/he is a friend actually now. I chat about my family and s/he chats about his/hers'***

***'I think of him/her as one of the family...I look forward to him/her coming.'***

One Service User referred to a difficulty in the relationship with his/her Home Support Worker, indicating that s/he had been left in an anxious state after a visit. The Service User also mentioned that, on one occasion, the Home Support Worker had attended to personal duties when out on a visit. This caused a breakdown in trust and made the Service User feel vulnerable. However, the Service User stated that apart from these two incidences, s/he was very satisfied with the support received and had benefited greatly as a result of using the service.

## **Changes in Self**

Service Users were asked if, and in what ways they felt they had changed as a result of using the Home Support Service. A number of positive changes were identified, including feeling better, feeling happier, getting out and about more and having greater courage. Almost all of the Service Users responded that their confidence had increased as a result of using the service. Some of the comments included:

***'Praxis has given me a lot more confidence. They have given me a kick-start to get going and I appreciate that'***

***'I've become more socially able. Now I would make the effort to go out, whereas before when I got depressed I used to stay in and not go out'***

***'I am more positive ... I stand up for myself more ... I wouldn't have done that before'***

***'Getting out has made me happier'.***

***'It has built up my confidence'.***

***'Having someone to go with me and support me has been great'***

***'Self esteem ... and confidence is a lot better ... I communicate a lot more now'***

***'Being taken out has helped me go out on my own'***

The importance of the Home Support Service for one individual is summed up in the following comment:

***'I enjoy getting out and about with company. It has broadened my horizon and seeing that life is for living and having fun ... it has helped me to learn to enjoy life'.***

## **Review Meetings**

Service Users were generally very satisfied with their Review Meetings. Although 2 Service Users expressed finding them 'nerve wrecking' and 'harassing' at first, they later felt happy with the meetings and their input into them. Service Users valued the 'informal' yet 'focused' nature of the meetings ('like a chat') and appreciated their confidentiality. Some also indicated that they enjoyed the opportunity to express their views at the Review Meetings:

***'They asked me my views and my wishes and they were very thoughtful. It was good they really included me, to ask me if there was anything I would like to do. It is nice to be asked.'***

One Service User stated that it was difficult to mention any difficulties they might be having with their Home Support Worker at the Review Meeting as the Home Support Worker was present throughout. The Service User suggested it would be beneficial if the Praxis Team Leader came to the home 10 minutes prior to the meeting to discuss any issues that the Service User did not wish to discuss in front of their Home Support Worker. This Service User also indicated that s/he would like review meetings to be held more regularly. Another individual felt that the regularity of the meetings was a positive attribute of the current practice, adding:

***'I think when they are regular they give you something where you can measure yourself and how you are improving'.***

### **Making a Complaint**

Most Service Users were aware of the Praxis complaints procedure and had received information about the procedure when they first started using the service. 2 were not familiar with the procedure, although they stated that this would not prevent them from speaking out:

***'It is like a friendship. If you did have anything to complain about you would say to them'.***

2 of the Service Users had made a complaint. One complaint had been resolved and the other 'was pending'. This Service User did not feel his/her complaint had been fully dealt with:

***'The complaint has only partly been resolved....If I am not satisfied I will write to Belfast'.***

One suggestion was made as to how to improve the current complaints procedure. The Service User felt it would be more beneficial if the Praxis manager would speak to the person making the complaint on a one-to-one basis rather than putting everything in writing.

### **General Views on the Service**

When asked what they **liked best** about the Praxis Home Support Service, all the Service Users referred to the friendship and support they received from their Home Support Workers. Service Users also reported on the positive impact the service had on their emotional well-being, their confidence to try new things and the improved quality of their lives:

***'They are very, very caring. Without them I most probably have been back in hospital ... it has been a wonderful service and I have been much better in my recovery and quicker'***

***'They are friendly and they get involved and try to do their best to help ... I think I have come a long way since I've been to Praxis...'***

***'The support, friendship and trust that has been built up ... it is excellent'***

***'Just somebody being there for me when I need somebody'.***

***'The staff are kind and helpful ... you feel you've got somebody'***

***'Can move the boundaries and try different things because there is a safety net. If the safety net is there you can take more risks. If it doesn't work I am not going to fall off ... I need to continually move the boundaries to move on'***

***'I like the friendship ... they treat you like an equal, just like friends calling'.***

***'The service works for me, it makes me feel better. I might not need it all the time, eventually I won't need them but at the moment I do'***

One Service User valued the 'normality' the service brought to his/her life:

***'When you go out with [HSW] it is like going out with a friend. It is not like going out as a client. That is a big bonus for the scheme ... it just gives you that extra confidence and feeling of being normal'.***

The 12 Service Users were asked to rate their **satisfaction** with various aspects of the service on a 4-point likert-type scale. These ratings were very positive and are summarised in Table 3 below:

**Table 3: Satisfaction with the Service**

|  |   |   |
|--|---|---|
| How would you rate the quality of the service you receive?                 | <b>Excellent</b><br><b>Good</b>   | <b>92% (N=11)</b><br><b>8% (N=1)</b>                    |
| Do you get the kind of service wanted?                                     | <b>Yes definitely</b><br><b>Yes generally</b>                               | <b>67% (N=8)</b><br><b>33% (N=4)</b>                    |
| To what extent does the service meet your needs?                           | <b>Almost all needs met</b><br><b>Most needs are met</b>                    | <b>58% (N=7)</b><br><b>42% (N=5)</b>                    |
| If a friend were in need of similar help, would you recommend the service? | <b>Yes definitely</b>   | <b>100% (N=12)</b>                                      |
| How satisfied are you with the amount of help you receive?                 | <b>Very satisfied</b><br><b>Mostly satisfied</b><br><b>Mildly satisfied</b> | <b>83% (N=10)</b><br><b>8% (N=1)</b><br><b>8% (N=1)</b> |
| Has the service helped you to deal more effectively with your problems?    | <b>Helped a great deal</b><br><b>Helped somewhat</b>                        | <b>92% (N=11)</b><br><b>8% (N=1)</b>                    |
| In general, how satisfied are you with the service you receive?            | <b>Very satisfied</b><br><b>Mostly satisfied</b>                            | <b>83% (N=10)</b><br><b>17% (N=2)</b>                   |

Service Users were asked to identify aspects of the service they **liked least** or that could be **improved upon**. These proposals are summarised below:

- **Communication:** Having a set time to contact staff at the office
- **Staffing:** Having the same Home Support Worker at each visit  
Having the option of receiving a visit from a different Home Support Worker
- **Visits:** An out-of-hours service, with Home Support visits in the evening  
More time with Home Support Worker during visits
- **Training:** Further training for staff in handling individuals with a mental illness

At the end of the interview, Service Users were asked whether there were any other comments they would like to make about the Home Support Service. One Service User indicated that the service should be extended, while another felt that Praxis should be publicised more on the island. 2 Service Users reiterated earlier comments of the positive impact the service has made to their lives, with one adding that eventually s/he won't need the service – a compliment indeed!

# CHAPTER SEVEN

## Discussion of Findings

The evaluation aimed to determine whether Home Support *benefited* the Service Users who received the service and to identify *outcomes* as a result of using the service. It also aimed to assess *satisfaction* with the service by gathering the views of 2 major stakeholders – the Service Users and the Care Coordinators. Views on the service were predominately positive, and a number of benefits for Service Users were identified. This section of the report discusses a number of the issues raised in the previous sections, identifies good practice, and highlights areas that could be improved upon.

### **Demographic Profile of Service Users**

129 individuals have used the service since it began operations in January 2000, with 58 Service Users currently in receipt of Home Support. The mental health needs of the Home Support Users were quite high. Almost 50% experienced Depression and/or Anxiety, while many were diagnosed with the Schizophrenias, Bi-Polar Disorder or Psychosis. One in 2 had been admitted to hospital during the 2 years prior to using the service, while almost three quarters had at least one previous hospital admission.

The Service Users were predominately female, outnumbering males by around 3 to 1. Possible explanations for this pattern may include fewer males being referred to the service, or males being viewed as less appropriate for this type of service. Alternatively, the service may be less attractive to males either due to the staff gender mix (the Home Support staff are predominately female) or due to the type of activities offered. The gender imbalance in the Service User group is an important issue and would benefit from further examination.

It is positive for the service that almost 70% of individuals who discontinued their use of the service did so because they no longer needed it or had become tenants of the Praxis accommodation service. While around one fifth of those who discontinued use did so as a result of being hospitalised, these individuals could return to the service after discharge from hospital. One Care Coordinator suggested that maintaining contact with Service Users throughout their hospital admission would be a useful addition to the service.

### **Service User Outcomes**

The impact of the service on Service Users was examined using the using the Life Skills Profile (Rosen et al, 1989) and by obtaining ratings in other aspects of Service User functioning and quality of life.

The greatest improvements in Service User functioning were observed during the *first 12 months* of the service, generally stabilising over the following 24 months. The research indicated:

- Significantly less **reckless/offensive** behaviour
- Significantly greater **compliance** with treatment
- Significant improvements in **personal appearance**
- Significantly improved **interpersonal skills**
- Significantly increased **confidence & self-esteem**
- Increased **assertiveness**
- Increased **interactions with staff**

**Quality of life** increased significantly over the first 24 months of the service

Although ratings of User **communication** decreased slightly between entry to the service and 12 months, they rose again at 24 months, and generally stabilised at 36 months. These improvements in life skills and functioning are supported by the positive comments made by both Care Coordinators and Service Users. Care Coordinators indicated an increase in User confidence, reduced hospital admissions, fewer fluctuations in mood and reduced anxiety. Service Users also identified a number of positive changes in themselves, including feeling better, feeling happier, getting out and about more, and having greater confidence. These increases in life skills and functioning, indicate the importance of this type of support for this user group, particularly during the first 12 months of the service. Furthermore, continued support has generally maintained this greater level of functioning.

An area of Service User functioning that requires closer examination is **social contact**. Ratings on social contact (interpersonal contact; social activities) only marginally increased over the 36 months. Closer examination revealed 2 distinct groups of Service Users – 11 Users whose social contact significantly *increased* and 7 Users whose social contact significantly *decreased*. These Users did not differ significantly on any of the demographics.

These findings are interesting, as the comments by Care Coordinators and Service Users, in conjunction with the other standardised ratings, would suggest that Service User levels of social contact would increase considerably over the time they were involved with the Home Support Service. Care Coordinators reported their clients to be engaging in a greater number of social activities, being less socially isolated, having improved social skills and feeling more confident. Service Users commented that they were more socially able, tried more activities and generally socialised more. It must be remembered that these findings are based on a *sample* of Service Users. Collecting data from more users may help to explain these inconsistencies.

2 Coordinators indicated that their clients were difficult to motivate and would require a more assertive approach. However, Praxis works from the principle that Service Users are afforded the opportunity to make their own decisions and choices. Creating a balance between encouraging individuals to take part in activities, while respecting their right to decline participation requires a sensitive approach. However, as many individuals with

mental illness experience social isolation (Drew 1991), and increasing social contact and reducing isolation is a main aim of the Home Support Service, this issue would benefit from further exploration.

### **Support Provided to Service Users**

Satisfaction with the support provided to Service Users was high. Home Support Workers had developed a good rapport with their Service Users, with many Users referring to the Support Worker as a friend, someone they can confide in and someone they can turn to for support. Coordinators reported that the Support Workers had a good understanding of their clients' needs, which helped to maintain mental health stability.

A few suggestions were made to improve the support provided, mostly in relation to extending the service. Proposals were made to expand the service to include evening and weekend events and to increase the length of visits for some Service Users. However, the Home Support Service currently operates flexible hours, providing a service 7 days a week when needed, including a Sunday lunch club. Home Support Workers also offer evening visits. This suggests that communication between Praxis, Service Users and Care Coordinators could be improved in relation to the nature and flexibility of Home Support visits.

Other proposals for improving the service included maintaining contact with hospitalised individuals and implementing a system for recording future visits for Service Users.

### **Autonomy, Choice and Decision-Making**

Praxis adheres to the value system that all individuals should be afforded opportunities, choices and rights of self-determination that accord with those available to other citizens. Indeed, facilitating individuals with mental ill-health to exercise control over their lives is an important component for improving quality of life:

**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 the major life decisions**

**(Residential Forum, 1996).**

As indicated earlier, Praxis Service Users are actively encouraged to make their own decisions and choices. Service Users valued this aspect of the service, indicating that *they* decided what activities they take part in with their Support Workers. Users also enjoyed the opportunity to express their views during Review Meetings and were satisfied that their views were listened to.

All Users were either aware of the Praxis complaints procedure, or knew how to make a complaint. One Service User felt that his/her complaint had not been fully addressed – however this User indicated that if s/he was not satisfied, s/he would take the complaint further to Praxis Head Offices. This demonstrates both the assertiveness of the User and an awareness of the lines of communication open to him/her. However, it is important that all



Users' complaints are listened to and attempts made to address these where possible. Where complaints cannot be addressed, the Service User should be fully informed of this decision and the reasons for this explained.

### **Professional Relationships**

Effective communication systems and good working relationships were identified as common practice between the Home Support Service staff and Care Coordinators. Overall, Care Coordinators were satisfied with the level, nature and frequency of information they received on their clients. This approach to sharing information is important for ensuring the smooth delivery of the service and for the early identification of any problems that may arise. Two suggestions were made to improve upon existing practice. Firstly, it was proposed that the Home Support Workers could provide monthly summaries to Care Coordinators. The second suggestion advocated more formal regular contact between the Praxis Team Leader and the Mental Health Team.

### **Staffing**

6 Home Support Workers are currently employed by Praxis. Only one Support Worker is male. Increasing the size of the staff team, was advocated in the evaluation, with specific reference made to increasing the number of male Support Workers. Increasing the number of male staff may go some way towards redressing the gender imbalance highlighted earlier.

It is also important that both Service Users and Care Coordinators can contact a member of the Home Support staff team during office hours. A few individuals cited this as a difficulty during the first year of the service. Due to the nature of the Home Support Service, Support Workers are often out of the office visiting Service Users. However, the Home Support Service currently ensures that at least one member of staff is in the office during office hours.

Praxis staff receive training in a variety of relevant topics, including courses on mental illness, medication, vulnerable adults, and calming and diffusing difficult situations. All new staff also receive a one-week induction course. It was highlighted in the evaluation that the Home Support staff would benefit from further training on mental illness, appropriate interventions and on assertive approaches. Further consideration should be given to Support Workers' changing needs, specifically in relation to working with Service Users with individual or more complex needs.

### **Conclusion**

This evaluation set out to examine whether Home Support benefited its Service Users, and to assess Service User and professional satisfaction with the service. A number of outcomes were identified, and many of the needs of Users were met. Service User functioning and quality of life improved significantly during the first 12 months of the service, and this level of functioning was generally maintained over the next 2 years. Views on the service

were predominately positive, with comments both encouraging and constructive. It is evident from the evaluation that the service has played a valuable role in the lives of Home Support Service Users. Areas for further consideration have been identified and recommendations for improving the service will be discussed at Senior Management level.

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