

LARNE

An Evaluation of the Dispersed
Intensively Supported Housing Scheme
(D.I.S.H) at Larne

February 1995

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

Praxis currently provides a range of services, including:

- (i) Befriending Schemes
- (ii) Accommodation and Support Schemes
- (iii) Home Response Schemes

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

This is an evaluation of one of these models - A Dispersed Intensively Supported Housing Scheme.

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CHAPTER ONE

INTRODUCTION

1.1. Background

The Larne Dispersed Intensively Supported Housing (D.I.S.H) scheme was set up in February 1993 to provide accommodation and support to individuals with severe mental health problems to enable them to live as full a life as possible within the community. The scheme, consisting of single person houses dispersed throughout the town of Larne, provides supported accommodation for six people experiencing mental ill-health. The prospective tenants, who already lived in the community, wished to live in independent accommodation within the community, yet, they also required a high degree of intensive support. The DISH scheme provides a level of support which can range from a comprehensive care package to largely independent living with little formal support.

During September 1993, the service was extended to provide support to a further group of adults living independently within the local community. Activities with this group of individuals includes assisting them with various daily living skills. Such support is offered within their own homes or at the Larne office and can be undertaken on an individual or small group basis.

The evaluation of the Larne accommodation and support scheme began in August 1993. At that time the scheme provided accommodation

and support to four individuals suffering from mental ill-health. However, due to changes in staffing within the research department, only two tenants were interviewed as part of the evaluation at this time. Interviewing of the other two tenants was delayed until June 1994.

1.2. Praxis Mental Health Service Principles

The accommodation and support scheme is based upon the Praxis service principles outlined below.

Individuals are to be afforded opportunities, choices and rights of self-determination which accord with those available to other citizens.

Individuals are to be given the opportunity to live within local communities and be provided with a standard of housing and local facilities which accord with those available to other members of the community.

The quality of life for individuals is to be consistent with what other citizens are entitled to expect in terms of individual choice, standards of privacy and rights to risk taking in daily living.

Individuals are to be encouraged to achieve their optimum level of independence through

receiving practical help and support in dealing with everyday situations.

1.3. Aims and Objectives of the Accommodation and Support Scheme

The following aims and objectives are based on the Praxis principle of closely integrating accommodation and care.

The scheme aims to:

- (i) establish former psychiatric patients in suitable accommodation within the community
- (ii) provide accommodation and support to people who experience mental ill-health whilst living in the community
- (iii) reduce the possibility of tenants becoming involved in a revolving door pattern of re-admissions to hospital.

Objectives:

To meet the above aims, the following objectives were identified.

- (i) Offering long term accommodation of a good standard to individuals who experience chronic mental ill-health.
- (ii) Ensuring the tenant's emotional, social and physical needs are met via the design of individual support plans.

(iii) Encouraging tenants' participation in relevant structured activities. Such activities should aim to develop the tenants' wider interests in areas such as, social and leisure pursuits, education and employment.

(iv) Fostering good relationships with the local community through liaison with local tenants or Residents Associations, and communication with immediate neighbours, as appropriate.

(v) Facilitating tenant participation in the running of the scheme.

(vi) In addition to working with Praxis tenants, the scheme will provide outreach support to a further group of people living independently in the community.

1.4. The Scheme Model

Having researched the existing literature on supported accommodation schemes, and outlined the aims and objectives of the scheme, the following model was agreed and the corresponding information defined.

Purpose of the Scheme

The scheme would provide accommodation with a range of staff support and care. The scheme would provide services in ordinary neighbourhoods to meet the needs of socially devalued and vulnerable individuals. The

support element of the scheme would be facilitated by the implementation of individual support plans, which would be developed by Praxis in conjunction with statutory services and with the active involvement of the individuals using the service.

Location

The scheme would provide accommodation and support to six individuals in single person houses dispersed throughout Larne. A Praxis office for the scheme would be based in Larne. From September 1993 this office would also act as an out-reach service to individuals in the community who suffer from mental ill-health.

Staffing

Initially, staff for the DISH scheme comprised of a Project Co-Ordinator, two part-time project workers (experienced but unqualified) and relief workers. Staffing of the DISH scheme was changed. Currently, management of the project is overseen by a Deputy Project Manager and a full-time professional grade of staff is responsible for the day-to-day running of the scheme. Two part-time project workers are also employed and relief workers are available to provide cover relief for sick leave, annual leave and maternity leave.

Operational Policy

A comprehensive Operational Policy was drawn up to provide clear guidance for the

management of the scheme. The Operational Policy addressed the following areas:

- (i) Praxis Service Principles
- (ii) Aims of the Accommodation and Support Scheme
- (iii) Objectives of the Accommodation and Support Scheme
- (iv) Information relating to the Property
- (v) Information relating to the Tenants
- (vi) Tenant Selection Procedure
- (vii) Tenant's Rights
- (viii) Termination of Tenancy
- (ix) Staffing and Management
- (x) Quality Assurance Monitoring and Evaluation
- (xi) Health and Safety

Procedures for the selection of tenants and reviewing the individual support plans were formulated and the basic principles were jointly agreed by Praxis and the then Loughside Unit of Management.

1.5. Evaluation of the Accommodation and Support Scheme

Praxis welcomes the current emphasis on quality health care provision. The White Paper "Working for Patients" refers to quality in two of its seven key measures; acknowledging the need for quality of service to be both improved and audited. The need for quality assurance

has further been emphasized by the NHS Management Executive referring to the need for a “forward-looking and systematic approach to quality of service”. In addition, Health and Social Services are expected to “include provision to monitor all aspects of the quality of patient care and other services, including the outcome of such services and (to) ensure that quality is the best possible within available resources”.

As part of providing a quality service, an evaluation of the Dispersed Intensively Support

Housing (DISH) scheme in Larne was conducted by the Research Department in Praxis. The evaluation is part of a longitudinal study, focusing primarily on quality issues in terms of outcome for tenants within the scheme. Tenants will be followed up after a period of 2-3 years to look at outcome in terms of their social networks and support relationships, integration into the community, satisfaction with the service and with other aspects of their lives, and their social and behavioural functioning. This is an interim report of that evaluation.

CHAPTER TWO

METHOD

2.1. Design The Larne DISH scheme was evaluated using a variety of measures which included standardised questionnaires, structured and semi-structured interviews, and record analyses. The data was collated from a variety of sources. A large proportion of the data was collected directly from tenants and some information was obtained from staff. A small amount of the information was made available from tenants' case notes.

2.2. Measures Used Integration within the community is an important aspect in improving the quality of life of individuals with mental ill-health who are living in a community setting. It was decided to assess tenants' level of integration by examining the social networks of the tenants, assessing the availability and adequacy of tenants' support relationships, and measuring three aspects of community integration; integration into the home, social activities, and productive activities.

2.2.1. Social Networks An individual's social network comprises the network of social relationships in which that person engages. The structure of a social network can influence a person's social behaviour (Mitchell, 1969), and in turn can both influence and reflect a person's integration into the community. Individual networks are often divided into primary and

secondary networks. Whereas the primary network consists of people with whom the individual has a personal relationship and maintains personal contact, namely family and friends; the secondary network is made up of formal, less personal contacts.

Research assessing the social networks of various sub-groups of the population generally indicates that individuals who are experiencing, or have experienced mental ill-health report small social networks (Henderson et al., 1978; Cresswell et al., 1992). Whereas the average primary network consists of approximately 25-40 people, of whom 6-10 are known intimately (Cresswell, 1992), individuals suffering from schizophrenia tend to have a shrunken primary network of 4-5 persons, consisting primarily of family members (Mueller, 1980).

In the present study a modified version of the Social Network Interview Schedule, developed by Shepherd (1985), was employed to assess tenants' social networks. The scale, consisting of eight items, assesses the amount of social contact an individual has within various settings. It includes relationships with family members, friends, professionals, neighbours and contacts made within the local community. The schedule can be used to obtain information about individuals' primary and secondary networks. However, in the present evaluation, rather than assessing the tenants' primary and secondary networks, the semi-structured

interview was used to provide an overall assessment of tenants' social networks in terms of the proportion of family members, mental health workers and other people seen frequently by the individual.

2.2.2. Social Support

Although it is important to obtain an objective measure of the number of persons within an individual's social network, this does not necessarily indicate the level of social support an individual receives; it cannot be assumed that individuals with larger networks receive greater levels of social support. A subjective measure is also required to determine the extent to which an individual perceives his/her social relationships as adequate. For example, an individual may belong to a large social network yet feel lonely and unsupported, whereas, another individual, reporting a smaller social network, may perceive this as adequate and feel satisfied with the amount of support he/she receives.

The Interview Schedule of Social Interaction - Short Form (ISSI) (Unden et al., 1984), was employed to assess tenants' social support relationships. The original full length interview from which this self-report questionnaire is adapted (Henderson et al., 1980) is based on the theory that social relations are based on attachment, social integration, nurturance, reassurance of personal worth and a sense of reliability, help and

guidance (Bowling, 1992). The scale assesses two aspects of social support; the availability of persons who provide social support and the adequacy of such support as perceived by the respondent. Four measurements are obtained from this instrument:

AVAT the availability of affectionate close relationships

ADAT the perceived adequacy of what comprises these close relationships

AVSI the availability of more diffuse relationships, as with friends, work associates and acquaintances (social integration)

ADSI the perceived adequacy of these more diffuse relationships

(Bowling, 1992)

2.2.3. Home and Community Integration

Community integration has been described as one of the main aims of rehabilitation. However, despite numerous written articles on the topic, there are few operational definitions of community integration that provide a basis for its assessment.

The most frequently employed indicator of community integration is return to competitive employment (Willer et al., 1991). For many individuals, however, competitive employment is not feasible and therefore is not always a sensitive indicator of community integration.

As a result a broader focus on the definition of productive activities, which includes vocational activities and unpaid work, has been suggested.

Independent living or reduced dependency on others in one's residence is also considered an important aspect of community integration. A measure of community integration must also include social aspects of integration such as available friends and confidants.

The Community Integration Questionnaire (Willer et al.,1991) was used to determine tenants' level of integration into the community. The scale assesses community integration in three related, but separate, aspects of integration:

- (i) Integration into the Home
- (ii) Social Integration
- (iii) Regular performance of productive activities

Home Integration Integration into the home is defined as the active participation of individuals in the management of the home. This includes participation in shopping for groceries, preparation of meals, housework, caring for the children in the home (if there are any), and planning social gatherings in the home (Willer et al.,1991). Questions are directed at how the individual performs such activities, with responses indicating that the activity is performed alone,

with another person, or carried out by someone else. Individuals who do not have the opportunity to fully participate in such activities would be considered to have a poor level of integration into the home.

Social Integration Social integration refers to participation in a variety of activities outside the home. These include shopping, leisure activities and visiting friends. Other aspects of social integration reflects interpersonal relationships, such as having a best friend and participating in social activities with friends who are not users of mental health services. An individual who is restricted, or who chooses not to participate in social events outside the home, would be considered poorly integrated into a social network.

Productive Activity The third area of community integration is the regular performance of productive activities. It includes employment, participation in volunteer activities and the extent to which an individual gets out of the house during the day.

Willer et al. (1991) employed the CIQ to assess community integration in 59 adults with brain injury. The scale was completed by the individual and a family member. On obtaining a high correlation between the two sources of assessment, the authors concluded that

community integration can be assessed from two different sources and produce very similar findings. In the present evaluation, tenants' level of community integration was rated by the tenant and a member of staff who knew all tenants particularly well.

2.2.4. User Satisfaction

Surveys of user satisfaction with mental health services are frequently included in programme evaluations (Elbeck & Fecteau, 1990). Such measures of consumer satisfaction are designed to assess how satisfied service users are with the services they receive. The present evaluation was concerned with assessing tenants' level of satisfaction with various aspects of the accommodation and support scheme. In addition, it was also considered important to address some wider aspects of satisfaction by looking at tenants' satisfaction with life in general, as feelings of satisfaction with their quality of life would influence and be influenced by, satisfaction with the services they receive.

Tenant satisfaction was assessed using a semi-structured interview which covered five life domains:

- (i) Living Situation
- (ii) Interpersonal Relationships
- (iii) Personal Well-being
- (iv) Activities

- (v) General (likes/dislikes, overall levels of satisfaction)

Tenants were asked a number of questions relating to each domain. Throughout the interview, probes were used to elicit information about the tenants' satisfaction with services and with other aspects of their lives. All interviews were conducted within the tenants' own homes. Consent was obtained from all tenants to record the interview with the knowledge that their identity would remain strictly confidential and only the interviewer would have access to the tape.

2.2.5. Staff Views Concerning Tenant's Accommodation

In addition, staff working in the scheme were asked for their opinion concerning the physical conditions of tenants' accommodation. This enabled the evaluation to assess some environmental characteristics of the scheme from an additional source.

2.2.6. Practical and Social Skills

Praxis stresses the need for each tenant to reach his/her optimal level of independence, through the development of appropriate practical and social skills. To determine the extent to which this was met in the Larnie scheme, assessments were made employing two different methods:

- (i) Monitoring Tenants' Individual Support Plans (I.S.P)
- (ii) Assessing tenants' social and behavioural functioning

2.2.7. Individual Support Plans

The Lame DISH scheme operates a system of Individual Support Plans (ISP). Rooted in the acknowledgment of people's individuality, each plan aims to individualize care and meet tenants' needs. This is achieved by planning and meeting set goals through an individually tailored support and rehabilitation plan. ISP's are constructed between the Projects Manager, referral agent and tenant. They cover areas of need, duration of assistance, frequency and specific time of week when such support is required. This information is then translated into a structured rehabilitation programme which outlines how the ISP is implemented. The rehabilitation programme is reviewed bimonthly between Praxis staff and the tenant in order to monitor progress, identify strengths and needs, make amendments, and to identify opportunities for change. In addition to an informal review, held every two months, tenants' ISP's are reviewed by a Review Panel approximately every six months. This process involves the tenant.

As part of the evaluation, tenants' ISP's were examined when they entered the scheme to

determine the type and degree of support tenants required. A follow up of tenants' Individual Support Plans was made to determine any changes in the type of care provided.

2.2.8. Social and Behavioural Functioning

Care for individuals who experience mental ill-health has undergone a shift away from hospital wards into community settings. Programme evaluators have concentrated on assessing the impact of such changes on the individual's behavioural and social functioning (Wykes & Sturt, 1986).

The Social Behaviour Schedule, developed by Wykes et al. (1982), was used to determine tenants' levels of social and behavioural functioning. The scale covers 21 behaviour areas, such as, personal hygiene, initiating conversations and social mixing. Twenty of the 21 behaviours are highly specific, but the final item, 'other behaviours', allows for ratings of idiosyncratic problems or those problems not itemized on the behavioural schedule to be made. Behaviour is rated on a scale from 0 (no problem, acceptable behaviour) to 4 (serious problem) by a key informant who has observed the individual's behaviour over the past month. For example, in the area of 'socially unacceptable habits or manners', a score of 0 or 1 would indicate that

an individual displays socially acceptable behaviours; individuals who are considered to display unacceptable behaviours 'occasionally' would obtain a rating of 2; individuals who have 'frequent episodes' of unacceptable behaviours would be given a rating of 3; and individuals whose behaviour is regarded as 'markedly unacceptable most of the time' would receive a rating of 4. From the ratings provided by the key informant an individual profile can be derived. In addition to this profile, an overall problem behaviour score can be obtained by taking a total of the number of behaviours which were given a rating of 2 or more. This score can be further broken down into a severe behaviour problem score by totaling the number of behaviours given a rating of 3 or more.

The scale has shown good reliability over four different factors: informant, rater, situation and time (Wykes & Sturt, 1986). It has the advantage of being easy to administer as only one informant is required. One member of staff completed the Social Behaviour Schedule for each tenant.

2.2.9. Hospitalization Rates

Tenants' admissions into acute psychiatric care were monitored throughout their time living in the Praxis accommodation and support scheme. Such information was available from tenants' records.

2.2.10. Consent

Permission to carry out the study was granted by the manager of the Larne DISH scheme and tenants' consent was obtained.

CHAPTER THREE

RESULTS

3.1. Respondents

Interviews were carried out with four tenants from the Larne DISH scheme. The tenants were single males aged between 45-48 years. The tenants had a variety of previous living situations. Two of the tenants previously lived with an elderly parent, one lived with a sibling and the other tenant lived on his own. All tenants had previous admissions to hospital for mental health reasons. Tenants had been referred to the scheme by a Community Mental Health Team and moved into their new accommodation between January 1993 and July 1993. At the time the evaluation was carried out, one individual had been living in the accommodation and using the Praxis service for five months, another individual had been using the service for seven months, and the other two individuals had been using the service for eleven months.

3.2. Social Networks

Using the Social Network

Interview Schedule (Shepherd,1985), the size of tenants' social networks were estimated, in terms of the total network size, and the proportion of family members, mental health workers, and other individuals.

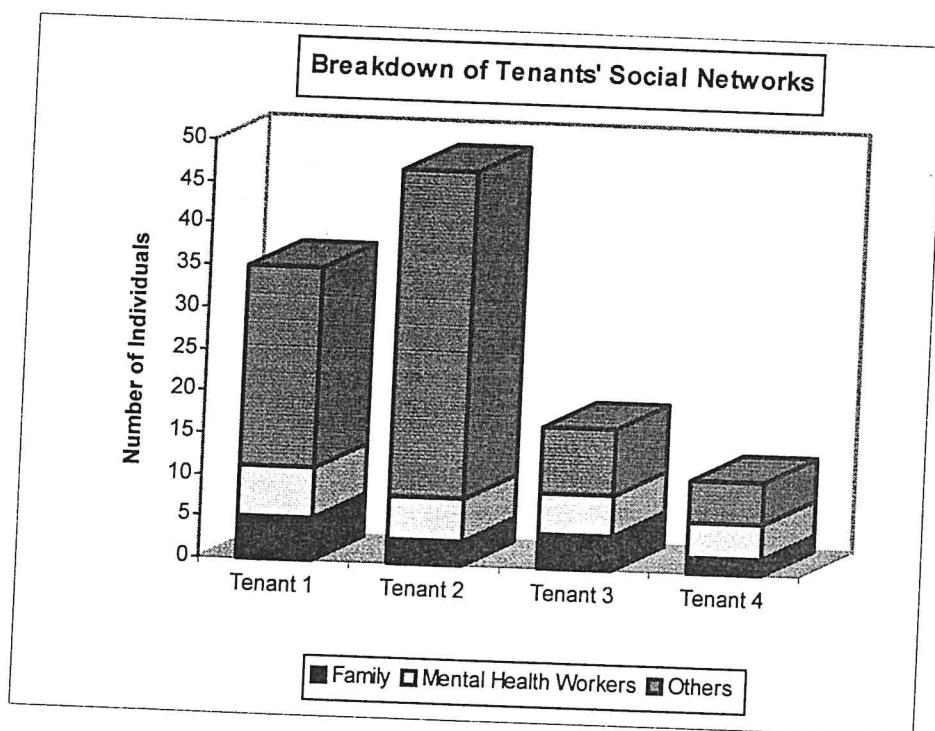
3.2.1. Total Social Networks

The mean social network size was 28 people. However there was wide variability between the tenants. Tenants 1 and 2 reported total networks comprising of 35 and 47 individuals respectively. Tenant 3 reported social relationships with 17 individuals and tenant 4 reported the smallest total network size, naming 11 individuals.

Figure 1 provides a breakdown of tenants' total networks into family members, mental health workers and other individuals.

accounted for 14% and 18% of their total social networks respectively.

Figure 1:



3.2.2. Family Members

The number of family members named by tenants ranged from 2 to 5 persons, with a mean of 4. As a group, family members accounted for 13% of tenants' total social networks. However, there was wide variability between tenants. For tenant 2, family members made up 6% of his total social network, whereas for tenant 3, almost a quarter of his social network (24%) consisted of family members. Family members for tenants 1 and 4

3.2.3. Mental Health Workers

Tenants reported contact with an average of 5 mental health workers, ranging from 4 to 6 persons. These included Praxis staff, CPN's, social workers and psychiatrists. The proportion of mental health workers ranged from 10% to 36% of tenants' total social networks. Although all tenants reported a greater number of social relationships with mental health professionals compared to family members, with the overall ratio of family to mental health workers being 1:1.4, there was

variability between tenants. Tenants 1 and 3 reported a social relationship with one additional mental health worker in comparison to family members, resulting in a ratio of 1:1.2. Contacts with family and mental health workers for tenant 2 resulted in a ratio of 1:1.6, and for tenant 4 contacts with family members was half that of mental health workers (1:2).

3.2.4. Other Individuals

This group of 'others' made up the highest proportion of tenants' social networks accounting for between 45% to 83% of the total network size. Although all tenants reported a higher level of contact with 'other' individuals, again there was considerable variability between tenants. Tenants 3 and 4 had a relatively small amount of 'other' people in their networks, with 8 and 5 people respectively. In comparison, tenant 1 had contact with 24 people and tenant 2 named 39 individuals.

Due to the high number of 'other' individuals in tenants' networks this group was broken down into four different types of contacts. These were:

- Hospital contacts
- Friends from the daycentre
- Neighbours
- Individuals within the local community

Figure 2 details the number of people named by each tenant in the four different settings.

Hospital Contacts and Friends from the Daycentre.

Tenant 2 maintained social relationships with a large number of friends (n=21) from the hospital setting. In contrast, the other three tenants reported lower levels of contact with individuals from this setting. Two tenants named two people from a hospital setting who were part of their social networks, and another tenant mentioned no such relationships.

Tenant 1 reported a social relationship with a large number of people (n=16) from the daycentre which all tenants attended. Tenants 2 and 3 named six and four individuals from the daycentre respectively, and tenant 4 named only one person from the day centre who was part of his social network.

Neighbours and Individuals within the Local Community

Three tenants named quite a number of neighbours as being part of their social network, ranging from 4-6 people. In contrast, tenant 4 reported a social relationship with only one neighbour.

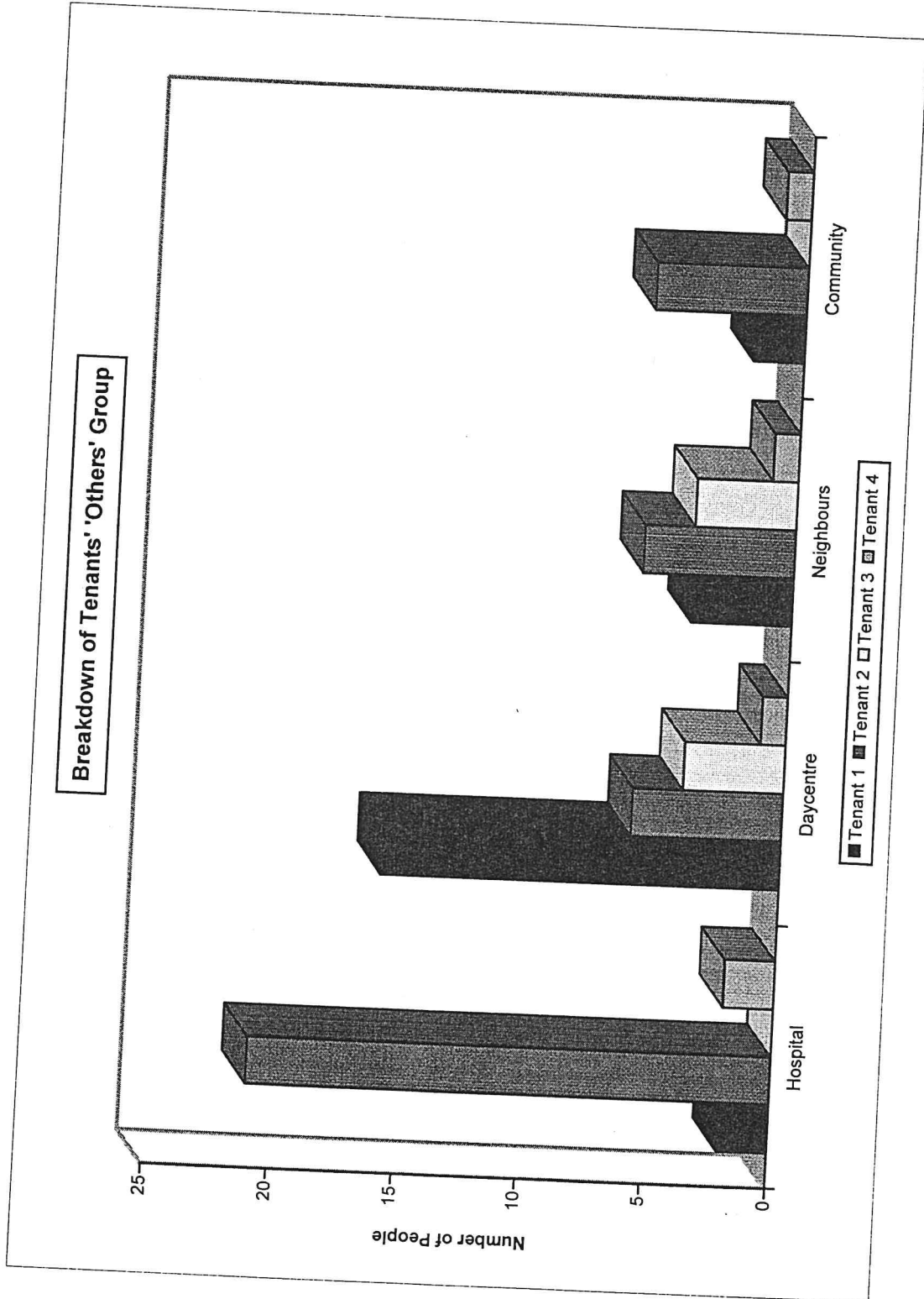


Figure 2:

Social relationships with individuals within the local community includes people from local shops, post office, leisure centres and local clubs. All tenants tended to have less social contact with such individuals compared to neighbours, friends from hospital and people from the daycentre. Tenant 2 reported the highest level of contact with people from the community, reporting social relationships with six people. Tenant 1 named two people and tenant 4 named one individual from the local community who was part of his social network. Tenant 3 reported no such contacts.

3.2.5. Comparison with other Praxis schemes

The Social Network Interview Schedule (Shepherd, 1985) was employed in three previous Praxis evaluations, a DISH scheme (Doherty et al., 1991), a Flat Cluster Scheme (FC) (Doherty et al., 1991), and a Residential Flat Cluster Scheme (RFC) (Doherty et al., 1994). Social network scores were obtained

from nine tenants living in the DISH scheme, from twelve tenants in the FC accommodation and support scheme and from four individuals living in the RFC scheme.

Table 1 displays the mean number and range of persons making up the social networks for tenants from the Larne DISH scheme, the other DISH scheme, the FC scheme, and the RFC scheme.

As there was a small number of individuals involved in all of these evaluations, only tentative conclusions can be drawn when comparing the social networks of tenants from the Larne DISH scheme with individuals from the other three Praxis accommodation schemes.

Tenants from the Larne DISH scheme reported a slightly lower total network size (28) than individuals living in the other Praxis DISH scheme (33). Although tenants from the Larne DISH scheme reported a similar number of social relationships with family members (4) as

Table 1: Mean and range of persons making up the social networks of individuals from four Praxis schemes.

	Larne DISH		Other DISH		FC		RFC	
	<i>n</i> = 4		<i>n</i> = 9		<i>n</i> = 12		<i>n</i> = 4	
	Mean	Range	Mean	Range	Mean	Range	Mean	Range
Total Network	28	11-47	33	11-52	31	10-60	23	13-29
Family	4	2-5	5	0-15	6	2-13	4	3-5
Mental Health Workers	5	4-6	7	5-9	8	5-19	8	5-9
Other Individuals	19	5-39	21	5-40	17	2-36	11	4-16

individuals from the other DISH scheme (5), the range of family members reported by the other DISH scheme was much wider (0-15). Also, individuals from the Larne scheme reported slightly fewer social relationships with mental health professionals than individuals from the other DISH scheme. The number of social relationships with 'other' individuals were very similar for individuals from the Larne scheme (19) and those from the other DISH scheme (21). Overall, it could be suggested that the composition of social networks of individuals within these two DISH schemes are relatively similar.

Tenants from the Larne DISH scheme had a slightly lower mean total network size (28) than tenants from the FC scheme (31). Tenants from the Larne scheme also reported fewer social relationships with family members and mental health professionals compared to the FC group.

In general, tenants from the Larne DISH scheme had a larger mean social network (28) than the RFC group (23) and they reported fewer social relationships with mental health professionals than the RFC group.

3.3. Social Support

The Interview Schedule for Social Interaction (ISSI) (Uden et al., 1984), was used to obtain information about tenants' level of satisfaction with the amount of social support they received from both close relationships and more diffuse relationships. The questionnaire makes a distinction between the amount of social support tenants report to be available and what they consider to be adequate. Four scores were obtained:

- AVAT the availability of affectionate close relationships
- ADAT the perceived adequacy of what comprises these close relationships
- AVSI the availability of more diffuse relationships, as with friends, work associates and acquaintances (social integration)
- ADSI the perceived adequacy of these more diffuse relationships.

(Bowling, 1992)

For comparative purposes the tenants' scores were compared to the mean ISSI scores from a general population sample (Johnston, B & Lewis, S.A, personal communication, 1994) and from a group of individuals experiencing mental ill-health, who had been matched with a volunteer as part of the Praxis Befriending scheme (Doherty et al., 1994) (Table 2).

Table 2: ISSI scores for tenants, befriending group and general population sample.

	AVAT	ADAT	AVSI	ADSI
Tenant 1	3	1	2	4
Tenant 2	1	1	0	6
Tenant 3	4	5	1	2
Tenant 4	4	9	0	8
Befriending Group (n=40)	4.1	5	1.9	4.4
General Population (n = 82)	4.6	6.8	4.1	6.6

Tenant 1:

The availability of close relationships (AVAT) for this tenant was lower than both the befriending (4.1) and general population (4.6) group means. However, the greatest difference was with regard to the adequacy of the support received from these relationships (ADAT). This individual was very dissatisfied (1) with the adequacy of close contacts available to him and expressed a strong desire to have more intimate relationships.

The AVSI (2) and ADSI (4) scores were similar to the befriending group means but were lower than the general population group. Therefore, like the befriending group, the tenant had a much lower availability of diffuse contacts compared to the general population group and expressed dissatisfaction at this low number of relationships.

Tenant 2:

This individual reported a very low number of close relationships (1) compared to the befriending group (4.1) and the general population sample (4.6). This low availability of close contacts was regarded to be inadequate as reflected in the low ADAT score (1). The tenant's dissatisfaction with the number of close contacts he felt were available to him was also expressed during the user satisfaction interview. When asked if he considered himself to be a lonely person the tenant said:

"Oh, very lonely. I really regret not getting married...I'd like a bit more friendship".

This individual also expressed an interest in having a befriender.

The tenant also reported minimal diffuse relationships, having an AVSI score of zero.

However, the tenant did not express dissatisfaction with this situation. The ADSI score (6) was similar to the general population group mean (6.6), suggesting that although the tenant had few diffuse contacts available to him he was satisfied with this.

Tenant 3:

The tenant obtained a similar AVAT score (4) as both the befriending and general population groups. Therefore, he was as likely as the general population to feel that affectionate close ties were available to him. However, like the befriending group, he was dissatisfied with the adequacy of such relationships. Despite feeling that he had a high availability of close contacts the tenant was less likely to perceive these close relationships as adequate.

The tenant reported a low number of diffuse relationships available to him, resulting in an AVSI score of 1. This was lower than both the befriending and general population group means. The tenant also reported a lower level of adequacy of social integration than both the befriending and the general population groups. This individual's desire for more close and diffuse relationships was evident from the user satisfaction interview where he said:

"It is very lonely...This is the first time I have ever been on my own. I was never without anybody and I get quite lonely..quite lonely at night".

Tenant 4:

The tenant had a similar availability of close attachments (4) as both the befriending and the general population groups. He was very satisfied with the adequacy of such relationships, reporting a ADAT score of 9. Indeed, the tenant scored higher on this subscale than the general population group (6.8).

Although the tenant had minimal diffuse relationships available to him (0), he reported being very satisfied with this situation (8). This feeling of satisfaction with having few diffuse relationships was reflected in the user satisfaction interview. In response to the question "Would you like any more people calling to see you"?, the tenant replied:

"No. I am happy with the way things are. I never feel lonely. I have been used to living myself and doing things on my own".

3.4. Community Integration

Tenants' integration into the community was assessed using the Community Integration Questionnaire (CIQ) (Willer et al.,1991). The scale assesses integration within three specific areas: Home, Social and Productivity. In addition, it also provides an overall total community integration score. The CIQ was

completed by the tenant and a member of staff who knew all tenants particularly well.

Community Integration Scores were also available from an American male general population group (Willer et al.,1991) and from individuals experiencing mental ill-health who lived in a different type of Praxis accommodation scheme, a Residential Flat Cluster (RFC) scheme (Doherty et al., 1994). For comparative purposes the tenants' scores were compared to the mean scores obtained from these other two groups of individuals (Table 3). As the CIQ scores from the Residential Flat Cluster scheme were obtained from a member of staff the scores used from the present group were also those provided by the staff worker.

3.4.1. Comparison with RFC scheme

Home Integration

Overall, the Larne tenants showed a high level of home integration, however, only Larne tenant 1 had a higher home integration score than the RFC group mean (8.1). The other three Larne tenants were less integrated into their homes than individuals living in the RFC scheme. This may partly be explained by the fact that three of the four tenants assessed from the RFC scheme were females. Willer et al. (1991) have suggested that some individuals may balance their lives in a manner that would produce greater integration into one area over another. He provided the example that women may choose to become integrated to a maximum into their homes but less so with outside productive activities.

Table 3: Community Integration Scores for tenants, RFC Scheme and Male Population Group

	Home	Social	Productive
Tenant 1	10	8	4
Tenant 2	6.25	6	2
Tenant 3	6.25	7	2
Tenant 4	7.5	5	0
RFC Scheme (n=4)	8.1	6	3
Male Population Group (n=105)	4.5	8.9	6.3

Social Integration

Larne tenants 1 and 3 had greater social integration scores than the RFC group mean of 6. These two individuals participated in more outside activities, such as, shopping, leisure activities and visiting friends, than the RFC group. Tenant 2 had a similar level of social integration as the RFC group mean and tenant 4 had a slightly lower score of 5.

Productive Integration

With regard to productive activities, DISH tenant 1 had a greater productive integration score than the RFC group mean (3). The other three DISH tenants were less integrated into productive activities than the RFC group.

3.4.2. Comparison with Male Population Group

Home Integration

All of the tenants had much higher home integration scores than the mean score reported by Willer et al. (1991) for a male general population group (4.5). Tenants' high level of integration into the home setting is very encouraging as one of the aims of the scheme is to promote independent living and to facilitate the development of appropriate daily living skills.

Social Integration

Only tenant 1 had a similar social integration score (8) as the general male population group mean (8.9). The other three individuals were less integrated into social activities than the general male population group. This highlights the difficulties faced by a supported housing scheme in enabling integration into activities outside the scheme.

Productive Integration

Whereas tenants' mean score for productive integration was 2, with one tenant scoring zero, the mean productive activity score from the male comparison group was 6.3, indicating that tenants were much less integrated into outside productive activities than the male general population. Such low productive integration scores reflects the fact that none of the tenants was working or actively seeking employment, none was involved in training programmes and only one tenant was engaged in volunteer activities. Although all tenants attended a daycentre this was not included under the productive activity subscale.

Lack of productive activities for individuals who experience mental ill-health is a commonly reported problem. A study by Hatfield et al. (1992), assessing day time occupations for 120 service users, concluded

that 3.4% were involved in part-time employment, 5% had full-time employment and 70% of individuals, who were of working age, were not working due to their mental health problems.

3.4.3. Levels of Agreement between Tenants and Staff

Using a brain injury sample, Willer et al. (1991) concluded that community integration could be assessed from two different sources and produce fairly high levels of agreement. In the present study, levels of community integration was assessed by the tenant and by a member of staff.

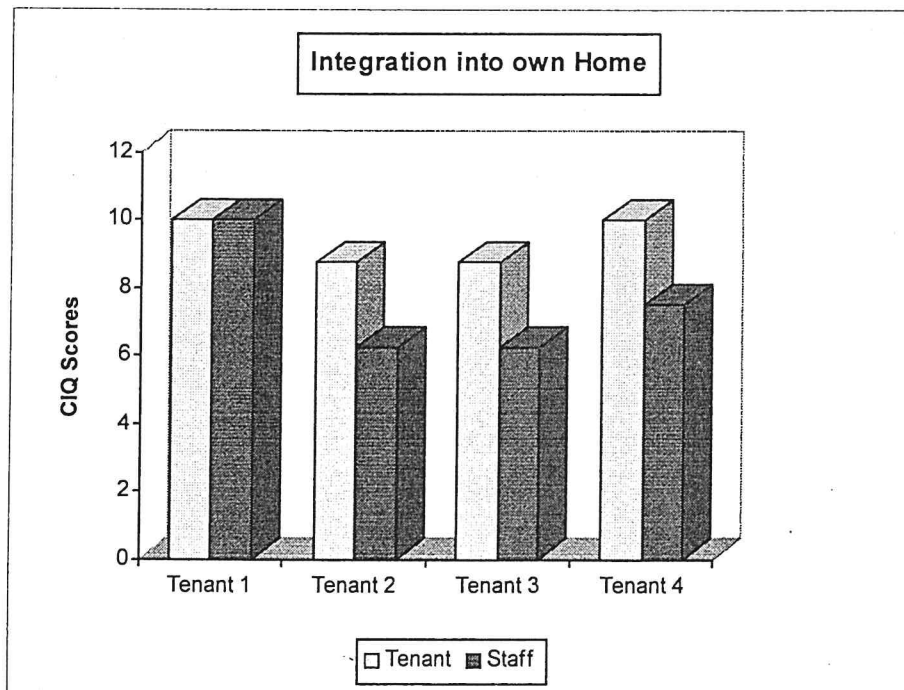
Levels of agreement between the tenants and staff member were examined over the three areas of community integration.

Home Integration

A mean score of 9.4 was obtained when tenants rated their own integration into the home setting and a slightly lower mean score of 7.5 was obtained when rated by the member of staff.

There was a high level of agreement between the member of staff and tenant 1 (Figure 3). For the other three tenants there was a slight discrepancy between the tenants' and staff scores, with tenants rating themselves as slightly more integrated than the member of staff.

Figure 3:



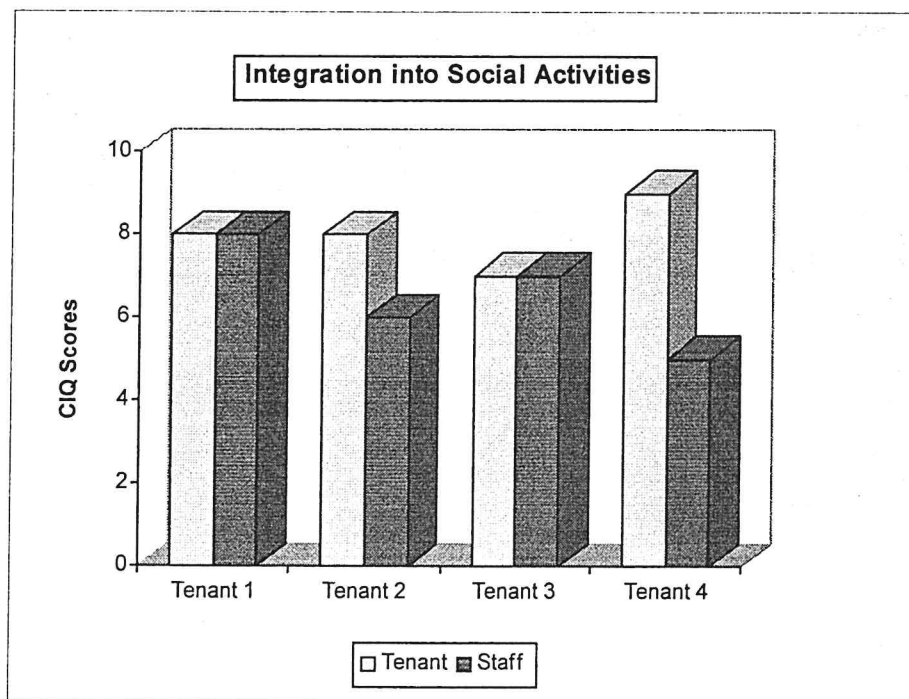
Social Integration

A mean score of 8 was obtained when tenants rated their own activity and a score of 6.5 when rated by staff. There was complete agreement between the staff member and tenants 1 and 3 (Figure 4).

Productive Integration:

A mean score of 2.25 was obtained when tenants rated their own productive integration and a slightly lower score of 2 when rated by staff. There was a high level of agreement between staff and tenants' ratings for

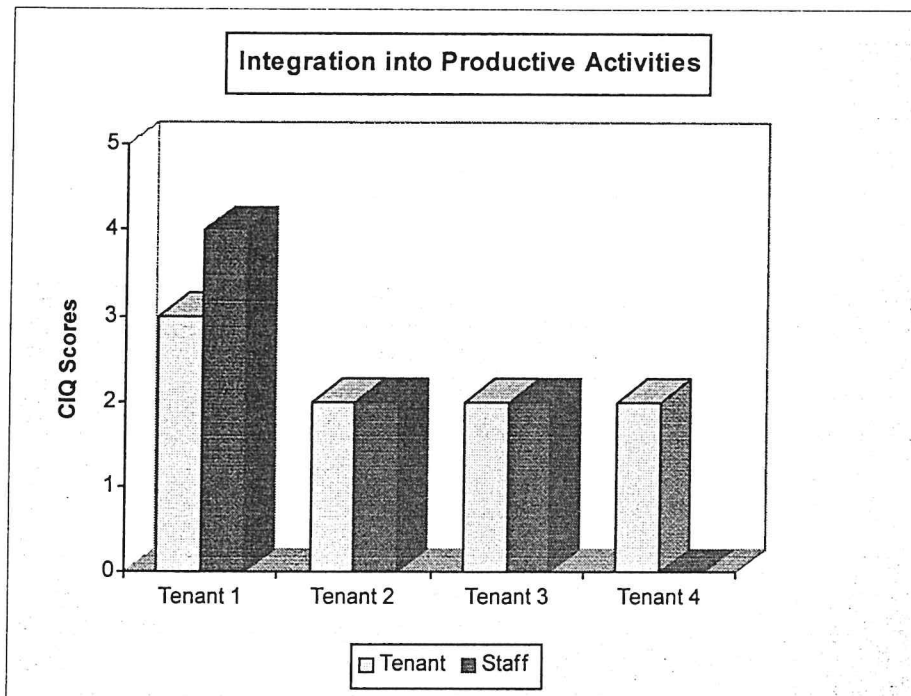
Figure 4:



For tenant 2 there was only a small discrepancy in the scores, with the tenant rating his level of social integration as slightly higher than staff. This discrepancy was more pronounced for tenant 4, with the staff member again rating social integration lower than the tenant.

productive activity, except for tenant 4, where the tenant reported greater integration in this area than the member of staff (Figure 5).

Figure 5:



In each of the three areas of integration there was a tendency for tenants to rate their levels of integration slightly higher than the staff member. This tendency was also reported in a study by Goering et al. (1992). They found that residents were more consistently and strongly positive about their experiences and prospects than staff.

3.5. User Satisfaction

Tenants' satisfaction with various aspects of the accommodation and support scheme and with other aspects of their life was assessed using a semi-structured interview. Tenants'

level of satisfaction was assessed in five life domains: Living Situation, Interpersonal Relationships, Personal Well-being, Activities and General (likes / dislikes and overall satisfaction).

3.5.1. Living situation

Tenants were asked about the physical aspects of their accommodation. With regard to the amount of space in their homes, three of the tenants felt that their house provided them with plenty of room. However, one tenant felt that his house did not provide enough room for storage. He stated that the spare bedroom was full of too many 'things' and thought that the solution lay in having a

shed in the garden. When asked 'Is the house warm enough for you?' one tenant said he always kept the house *'nice and warm'*. Another tenant said that the house was warm enough, but stated that he would have a problem with damp if the fire was not lit. Another tenant said that he had some problems with draughts in the winter. One tenant was very happy with the furnishings in the house stating that there had been a *'big improvement since Praxis moved in'*. Two tenants were relatively happy with the way their homes had been furnished, each having a few suggestions on how it could be improved. These included purchasing a few items which included a new sofa, a bedside table and a living-room clock. The other tenant stated that his house needed to be completely redecorated as a lot of manual repair work had been carried out. At the time of interview plans were being made for redecoration of the individual's home.

When asked about the general area their house was situated in, two of the tenants felt that their homes were in a very safe area and experienced no worries concerning their personal safety. One tenant thought that the area was good but sometimes felt concerned about the *'troubles'*. Being in a downstairs flat he worried about a petrol bomb being thrown in the window. However, such worries did not stem from the area the house was in, rather it was a recognition of the political problem within the

community. One tenant's worry was with regard to someone breaking in, although, he did not think anything could be done to make the house any safer. All of the tenants stated that their area was quiet and they had no cause to worry about outside noise from traffic. All were equally positive with their proximity to amenities. Their satisfaction with the closeness of shops, post office and library could be summed up by one tenant's statement that *'everything was just around the corner'*. All of the tenants could walk into town, or could easily get a bus if desired.

Three of the tenants said that they experienced a high level of independence whilst living in Praxis accommodation, with one of the tenants stating that he could *'come and go as he liked'*. For one such tenant, having his independence was very important and was one of the main factors involved when choosing the scheme. The fourth tenant felt that at times his independence and freedom was restricted by having to wait for staff when they failed to call at an arranged time. Three of the tenants said that the scheme provided them with enough privacy, that the staff did not try to take over, but that they were there when needed. One tenant said that when he first joined the scheme he had the impression the staff were trying to interfere with his medication, but later recognized that they were simply trying to help.

Finally, when asked about where they preferred to live, two tenants stated that they would like to live with, or near family, but recognized that this was not a feasible option. One tenant missed the people and friends from hospital but liked living in Praxis accommodation. The other tenant said that Praxis was '*very suitable*' and enjoyed being involved in the scheme.

3.5.2. Interpersonal Relationships

During the interview, tenants were asked about two main types of relationships, those within the scheme (other tenants and staff), and those outside the scheme (neighbours).

Two tenants said they had little contact with the other tenants, stating that they did not really know them and would only see them at the day centre they all attended. The other two tenants were more acquainted and attended church meetings together. Three of the tenants reported very favourable relations with Praxis staff, with one individual stating that he '*got on very well with the staff*'. The other tenant said '*they treat me like a child*', with regard to visiting the doctor. However, he commented that this feeling changed when he realized that the staff were more than a '*get well agent*' and found he could talk to and confide in them.

All of the tenants were very satisfied with the relationships they had with their neighbours. One stated that he found his neighbour to be very understanding. This quality was also noted by another tenant who said of his neighbours '*they take me for what I am*'. One tenant really appreciated the practical help he obtained from his next door neighbour, stating, '*if I have any problems I have just to let her know*'.

3.5.3. Personal Well-being

Tenants were asked generally about their health. This elicited various responses from the tenants. For one tenant the response was very positive, stating: '*I'm a lot better than I was before*'. In recognizing that he had a lot more to live for, he said he no longer thought about suicide. Another tenant felt that his medication was not benefiting his mental health. This was in contrast to a tenant who felt quite well whilst taking the medication prescribed to him by his doctor.

All of the tenants regarded Praxis staff calling in to see them as very beneficial. Different reasons were given, including enjoyment of the general conversation to knowing that there were people who cared. When asked about feelings of loneliness, one tenant expressed regret at not getting married and having children. Such feelings of wanting more

companionship were noted by another tenant who had feelings of loneliness, particularly during the night. In contrast to this, one tenant stated that he was never lonely as he was both accustomed to, and happy to live on his own. One of the tenants expressed an interest in being involved in a befriending scheme which would offer him companionship and support.

With regard to personal finances, there was a general consensus that money was *'tight'*. Although there was not much money to spare, all of the tenants felt that they could manage quite successfully if they budgeted carefully. Some said they required help with budgeting, whereas others could manage quite successfully on their own. One tenant used to have a part-time job. He enjoyed meeting people and also being able to save money for holidays, but unfortunately, for physical health reasons, he had give it up. He expressed a desire in having another part-time job.

3.5.4. Activities

Tenants were asked about their main daily activities, for example: 'What sort of things would you do in a normal day' ?

For one of the tenants the main daily activity centred around going to the day centre, where he was involved in various activities. In addition to attending the day centre one tenant also spent a lot of time visiting his mother. Another tenant took an interest in the activities

of the local church and one tenant spent much time in the local library. Although all of the tenants mentioned some kind of daily activities they were involved in, it was evident from three of the tenants that these were not sufficient to prevent long periods of inactivity and boredom. For one tenant the problem lay in having little motivation to do the things that needed attending to:

'..my mother says to go and dig the garden, but I never bother....there are plenty of things I could do but I'll not bother'.

For another tenant the problem was simply that there was *'nothing to do'*. One tenant said he spent a lot of time *'moping about'* and often went to bed early. The fourth tenant had a particular interest in reading and writing and spent a significant part of his day involved in this pursuit. Consequently he stated, *'I am occupied all of the time'*.

Tenants were also asked about activities which the scheme staff organized. All of the tenants showed enthusiasm about events Praxis had arranged in the past, the main one mentioned being a Christmas dinner. However, two of the tenants said they would like more activities. When asked for suggestions about where they would like to go, one tenant showed an interest in going down the coast towards Glenarm, and the other tenant expressed a desire to go to the Glens of Antrim.

3.5.5. General

When asked what they thought was the best thing about being involved in the Praxis Accommodation and Support Scheme, each tenant focused on a particular aspect that the scheme provided. It was evident that each tenant valued different things that were offered by the scheme:

"Obviously the financial help..but above all, knowing that someone cares"

"I think the best thing is having my independence in this house here"

"That they come out every day, help me to look after my money...If I need anything they would give me a hand and go and get it. I really appreciate that"

" They get things done. They get in touch with the social worker quicker than what I could. I think all in all it's a good enough scheme"

Only one tenant could think of anything they particularly disliked about the scheme. This related to staff inquiring about his finances. However, he also stated that when he mentioned to the staff that this bothered him, there were no further problems of this nature. One tenant said that there was nothing in particular that he disliked about Praxis, but that it would be beneficial if the scheme would arrange a few more activities.

Finally, tenants were asked if they would be happy to stay in the scheme. Three tenants said that they were happy to stay with Praxis, one tenant stating:

'Now I am on my own I am more enthusiastic. I am very happy here'.

The other tenant regarded Praxis as a stepping stone, which would take him one step further long the way towards independent living:

'Someday I hope when I am better, I can get more independent and Praxis will say, in consultation with the psychiatric environment, that I'll be ok on my own'.

3.6. Staff Views Concerning Tenants' Accommodation

Staff opinions regarding various aspects of tenants' accommodation was obtained.

Property A: *Location* - The property was situated within a Housing Executive Estate. Staff felt that at times the area could be quite noisy as there were a number of young children living in the area. The flat was situated quite close to local shops and the tenant had easy access to a local bus service which would take him into town.

Property - The property was a ground floor flat with a communal entrance to the hall and stairs.

The hall area was reported to be in a poor state of repair with fixtures and fittings needing repaired. Staff said that initially the flat was poorly decorated, however, improvements had been made and new items of furniture had been purchased. Staff felt that the flat was fairly secure, although the tenant's outside door leading into the communal hall was poorly fitted. Also, the system buzzer was not in operation and often local children would play in the hall.

General Comments - Staff felt that the most positive aspect of the flat was that it was situated close to local shops and the tenant had easy access to the town centre. Also, the flat was considered to be very private when the outside door was properly closed.

Property B: *Location* - The house was situated in a popular area of the town. Staff felt that the other residents in the area were friendly and approachable. The house was very close to local shops and a post office and was within walking distance to the town centre. Also, the tenant had easy access to a bus service if required.

Property - The property was said to be in fairly good condition as renovations had been carried out some years previously. Initially the internal decor was poor and the tenant was reluctant to have it updated. However, some

items needed to be updated for health and safety reasons.

General Comments - Staff noted that access to the rear of the house was only obtained via the front door. This created problems when refuse was being collected or coal was being delivered, as they had to be taken from the front door, through the house into the back garden.

Property C: *Location* - Staff agreed that the house was in a good location in that it was situated in a quite cul-de-sac. Staff reported that the tenant was within walking distance to the local shops, or alternatively, had access to a frequent running bus service into the centre of the town.

Property - The house was regarded as being in a good overall state of repair with new doors and windows being recently installed. However, due to repair and maintenance work the staff agreed that the house needed to be re-decorated. At the time of the evaluation, plans were being made for re-decoration. Staff stated that the house was secure from outside intrusion with access to the rear of the house being restricted by locked gates. The house was said to be adequately heated due to the installation of the solid heating system. However, one member of staff noted a 'musty' smell in the house and a 'pungent' smell in the bathroom.

General Comments - Staff felt that the large garden at the rear of the house was much too large for the tenant to manage. They also stated that as the house was situated in a corner site it suffered from poor lighting. It was suggested that this could be rectified by fixing an outside light to the front of the house. A further suggestion for improvement concerned having a concrete path laid stretching from the back door to the washing line. At present the tenant was required to walk on the grass which caused problems during damp weather.

Property D: *Location* - One tenant's house was located opposite a local school. Staff thought that the area was noisy during term time but had been assured by the tenant that this did not trouble him. The tenant's house was close to the town centre and all public amenities could be obtained within walking distance.

Property - The property was considered to be in a good state of repair, was well maintained by the tenant, and was in good decorative order. However, one member of staff considered the house to be rather plainly furnished. Staff believed the house to be secure with limited access as it had an enclosed yard with a garage at the rear.

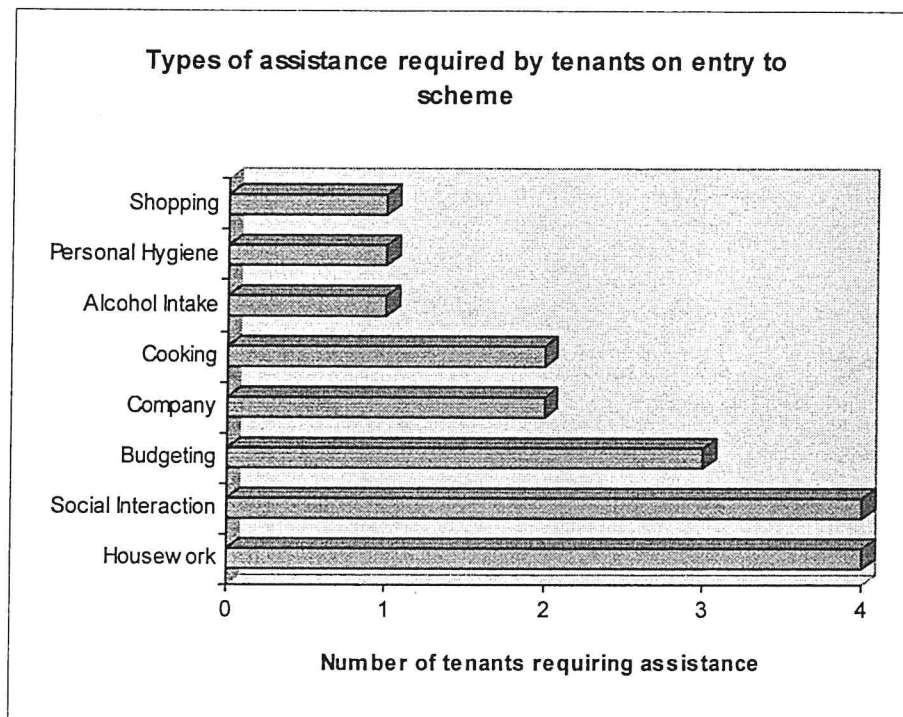
The tenant's home was heated by a solid fuel system and an electric heater was often used in the front room. However, one member of staff stated that the house was sometimes cold due to the tenant's reluctance to light the fire.

General Comments - As the tenant's home had three bedrooms, the staff felt that it was too large for one occupant. However, they stated that the tenant was happy with the size of the house. Also, one member of staff believed that the heating system was inadequate for the size of the house.

3.7. Tenants' Support Plans

Tenants' Individual Support Plans (I.S.P.'s) were examined when tenants entered the scheme (Time 1). A follow up of tenants' ISP's was made for two tenants after a period of eleven months (Time 2). For the other two tenants no follow up was available as one tenant had moved to a Private Nursing Home and the other tenant had moved to another Praxis facility. Figure 6 outlines a breakdown of the types of assistance formally identified in tenants' initial I.S.P.'s.

Figure 6:



A total of eight different types of assistance were formally identified as areas that staff were required to provide support when tenants entered the scheme. Tenants required help in a mean number of four areas, with a range of 3-5. All of the tenants required assistance with household chores and help in making social contacts outside the scheme. Tenants were encouraged to develop outside interests, attend various activities and visit family and friends. Three tenants required assistance with managing their money. For two of these tenants staff assisted them to open a bank account and to budget for future bills. The other tenant was given assistance in applying for benefits which were available to him. Two

tenants required company from the staff in their own home and in leisure activities and two tenants required help with cooking meals. Staff offered one tenant advice regarding 'fairweather friends' to help control his alcohol intake and another tenant required assistance with his personal hygiene and practical help with shopping and storing food.

A follow up of tenants' ISP's was obtained for two tenants after a period of 11 months. These indicated some improvement in their skills. For one tenant staff noted an improvement in the tenant's practical skills. Subsequently the tenant required less practical input from staff and instead needed only supervision and

guidance. For the other tenant the I.S.P remained relatively unchanged. However, staff noted that the tenant had a higher level of motivation than before.

3.8. Social and Behavioural Functioning

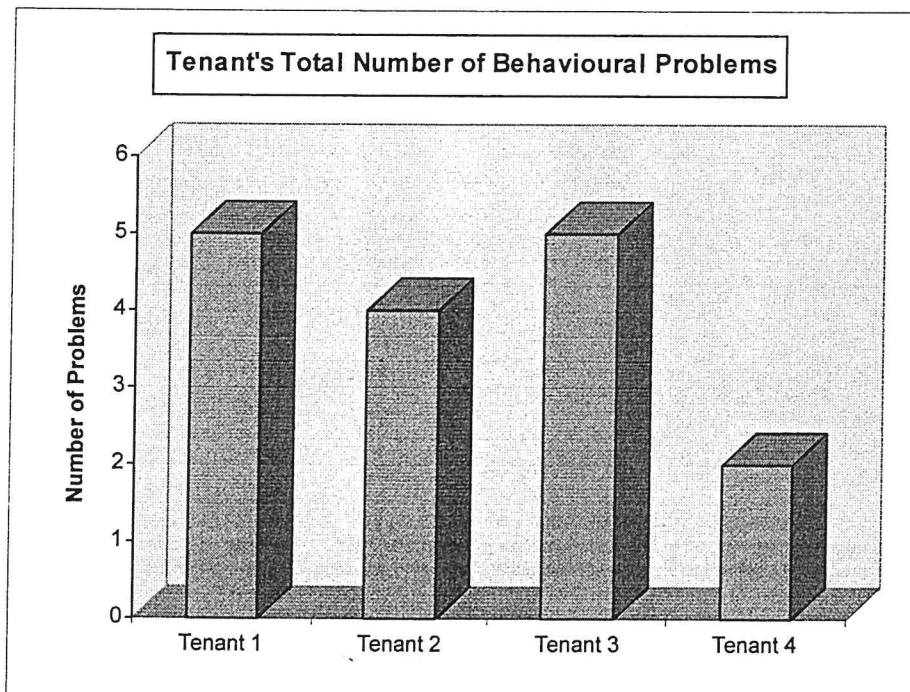
The Social Behaviour Schedule (Wykes et al., 1982) was used to provide an indication of the tenants' level of social and behavioural functioning. For each tenant the schedule was completed by a member of staff who knew the tenant particularly well. The total number of behavioural problems for each tenant is displayed in Figure 7.

Tenants 1 and 3 exhibited the greatest number

of behavioural problems, each obtaining a score of five. Tenant 2 was reported to have behavioural problems in four areas, and tenant 4 displayed the lowest number of behavioural problems, obtaining a score of two.

Using the cut-off point (a score of 3 or more) where behavioural problems are considered to be severe, additional differences between the tenants emerged. Although tenants 1 and 3 exhibited the same number of behavioural problems, four out of the five problems for tenant 1 were rated as severe. Three out of the four problems for tenant 2 were rated as severe. In contrast, only two of the five problems were rated as severe for tenant 3 and tenant 4 was considered to have no severe behavioural problems.

Figure 7:



As a group, the most frequently occurring behaviour problem reported by the staff member was 'underactivity'. Two tenants were reported as having 'moderate underactivity most of the time' and one tenant had periods of 'extreme underactivity'. Michaelson et al. (1990), who assessed changes in the social and behavioural functioning of individuals two years after discharge from a hospital setting, reported that levels of underactivity increased when patients lived in a community setting.

This high rating of underactivity by the staff member is also reflected in some of the comments made by tenants during the user satisfaction interview concerning their daily activities. Three of the tenants stated that they found it difficult to find things to do during the day and consequently spent much of their time inactive and bored.

Two tenants were also reported as having frequent periods of overactivity and

restlessness, and two other tenants had socially unacceptable habits or manners. For one such tenant, this behaviour was regarded as being 'markedly unacceptable most of the time'.

Other individual problem behaviours included anxiety, slowness, personal appearance, suicidal thoughts, depression and social mixing. The only behaviour included under the 'unspecified category' was sleep disturbances which occurred quite frequently for one tenant.

The Social Behaviour Schedule has been employed to assess the social and behavioural functioning of individuals experiencing mental ill-health in residential and day care settings (Wykes et al., 1982). However, no information was provided on the severity of the problem behaviours. The mean number and range of behavioural problems exhibited by individuals in residential and day care settings are detailed in Table 4 in addition to the data obtained during this evaluation.

Table 4: Mean and Range of Behavioural Problems

Type of Setting	Mean Behavioural Problems	Range of Behavioural Problems
Day Care		
Day Hospitals	2.1	0-11
OT Centres	2.7	0-9
IT Centres	2.3	0-6
Residential Care		
Wards	3.4	0-12
Supervised Hostels	2.9	0-10
Unstaffed Homes	2.3	0-7
'New' Long Stay Group	9.7	0-20
Larne DISH Scheme	4.0	2-5

From the table it is evident that, excluding the new long stay group, few differences exist in the mean number of problems found in the day and residential settings with the number of behavioural problems ranging from 2.1 to 3.4. In contrast, the 'new' long stay group exhibited almost three times as many behavioural problems (9.7) as individuals in other types of day and residential care.

Tenants from the Larne DISH scheme exhibited more behavioural problems (4.0) than individuals in each of the day care and residential settings, except the 'new' long stay group. However, in looking at the range of behavioural problems found in each type of setting it is clear that tenants from the Larne DISH scheme exhibited a much smaller range of behavioural problems (2-5), though the small sample size must be kept in mind.

3.9. Hospitalization

All tenants had a history of hospital admissions prior to moving to Praxis accommodation. During the summer of 1993 one tenant was readmitted to hospital where he remained until February 1994. The tenant then completed a trial period in another Praxis facility. On deciding he would like to remain in the new residential setting, his tenancy with the Larne DISH scheme was terminated. Another tenant was readmitted to hospital during the period from October '93 to January '94. He returned to Praxis accommodation but self-admitted into hospital during the month of August. He remains in hospital but continues his tenancy with Praxis. The third tenant, although having a history of hospital admissions, has had no re-admissions since moving into Praxis accommodation. The final tenant was admitted to a Private Nursing Home for physical health reasons.

CHAPTER FOUR

CONCLUSIONS

4.0. Overview This is an Interim Report detailing a cross sectional evaluation of the Larne DISH scheme. The work detailed in the report is part of a longitudinal study focusing on quality issues primarily in terms of outcome for tenants and satisfaction with the service. This report provides an overview of the tenants' social networks, support relationships, levels of community integration, satisfaction with the service and their quality of life, and social and behavioural functioning. The baseline data gathering stage of the longitudinal study created the opportunity to identify and address quality issues for tenants within the scheme. It was important that these should not be delayed until the follow-up evaluation was completed. As a small number of individuals were involved in the study and wide variability was noted between the tenants only tentative general conclusions can be drawn.

4.1. Service-User Satisfaction

Tenants expressed high levels of satisfaction with various aspects of the accommodation and support scheme. Tenants spoke favourably of the area their individual homes were situated in and their closeness to amenities. Tenants felt that they had high levels of independence, with one tenant stating that he could '*come and go as he liked*', and that the scheme provided

them with enough privacy. The tenants also reported positive relationships with both Praxis staff and their neighbours. Tenants' satisfaction with the scheme is reflected in that fact that all but one of the tenants stated that they would be happy to remain in the scheme. The other tenant regarded Praxis accommodation as a stepping stone towards more independent living. Some tenants mentioned a few negative aspects of the accommodation scheme. One tenant mentioned having to wait on staff to call with him, another individual had problems with draughts in his home during winter. Some suggestions were also made about ways in which the accommodation scheme could be improved, for example, having more organized social activities. It is positive that the tenants felt they could point out some negative aspects of the scheme and offer suggestions about how some things could be improved. Staff were asked for their opinions about various aspects of the tenants' accommodation. Some of the positive and negative points mentioned by the tenants were also raised by the members of staff.

4.2. Social Networks and Support

Tenants reported a greater number of social relationships with mental health professionals than with family members. This is a fairly

common pattern of social relationships experienced by individuals experiencing mental ill-health. Thompson (1989) found that individuals who experience mental ill-health have a large proportion of professional contacts listed in their social networks. However, in looking at the proportion of mental health professionals as a percentage of tenants' total social networks, the number of professionals tenants were in contact with was relatively small. This may be a reflection of the needs of the tenants within the scheme, that they did not require regular contact with a large number of mental health professionals. It could also be a reflection of the Praxis scheme, that it did not overload the individuals with professional contacts.

High levels of social interaction with family members, compared to mental health professionals is often regarded as a positive outcome for individuals suffering from mental-ill health. However, greater levels of social contact with families may not be a beneficial experience for all individuals. Research examining levels of 'expressed emotion' (emotional over-involvement, criticism or overt hostility) within families has shown that individuals suffering from schizophrenia who return to families characterized by high levels of 'expressed emotion' have a much higher risk of relapse (Brown et al., 1972). Such findings suggest that it cannot necessarily be assumed that it would be beneficial for all individuals to

have higher levels of social contact with family members.

As individuals who suffer from mental ill-health move from a hospital setting into the community, they are often faced with two kinds of problems, that of losing contact with existing sources of social support, while simultaneously trying to establish new social links (Atkinson, 1986). One tenant appeared to make this move quite successfully by maintaining previous relationships and making new social contacts. This particular individual reported a large number of friends from the hospital setting who were still part of his social network. In addition, he had also established new social contacts within the day centre which he attended, with his neighbours, and with individuals from the local community. Another tenant, although reporting few social relationships from the hospital setting, reported a large number of people from the day centre, and some neighbours who were part of his social network. It is very encouraging that two of the tenants from the Larne DISH scheme were establishing new social links as they had moved into the community, both with other individuals who experience mental ill-health, and particularly with individuals from the local community. As well as being a positive outcome for tenants and a reflection of the efforts they have made, establishing social relationships with individuals from the local

community reflects positively on the Praxis scheme.

It has been stated that institutional care has involved the removal, isolation and stigmatising of individuals who suffer from mental ill health (Goffman, 1961), which has contributed towards a public reaction of ignorance, prejudice and rejection (Busfield, 1986). As individuals with mental health problems have moved into the community, public attitudes and behaviours towards such individuals has become crucially important. It is therefore positive that neighbours and individuals within the community accepted and formed social relationships with individuals living in the Praxis scheme.

Three of the tenants were dissatisfied with the number of close contacts they felt were available to them and expressed a desire to have more intimate, confiding, relationships. Therefore, although tenants had developed social relationships with individuals from the community, neighbours and other individuals with mental health problems, they also wanted more intimate social relationships.

Much emphasis has been placed on extending the social networks of individuals who suffer from mental ill-health and promoting social relationships within mainstream society. However, it has been suggested that what is perceived by one individual as supportive may

not be perceived as supportive by another (Watts & Bennett, 1991). For example, some individuals may benefit most from a close, confiding relationship, whereas others require 'company without intimacy' (Mitchell & Birley, 1983), benefiting most from non-intrusive, low-key social contacts. For other individuals it may be important for them to have a large number of diffuse social relationships, for example, with friends, colleagues and acquaintances, whereas for others this may not be important. Findings from the present study found that although all tenants reported very low levels of social integration, two of the tenants were happy with this situation. This may be due to the fact these individuals did not consider it important to have a large number of diffuse social contacts and were happy to have few relationships of this nature. Alternatively, it could be due to their low expectations. High levels of satisfaction reported by individuals being cared for in a community setting may be due to very low expectations of life due to past experiences.

Although it is important to obtain an objective measurement of the number of people belonging to an individual's social network, this does not necessarily indicate the amount of social support an individual receives. Henderson et al. (1981) have emphasized the importance of obtaining a subjective measurement to determine how much an

individual 'feels' supported. The present evaluation obtained both an objective assessment of the size of tenants' networks and a subjective measurement to determine how satisfied tenants' were with their supportive relationships. The findings concluded that the tenant who reported the largest social network was very dissatisfied with the amount of support he felt he had available to him, whereas, the tenant with the smallest social network was very satisfied with the amount of social support he received. This highlights the fact that it cannot be assumed that individuals with larger networks receive greater levels of social support.

4.3. Community Integration

As measured by the Community Integration Questionnaire (Willer et al.,1991), all tenants were highly integrated into their homes with one tenant also having a high level of integration into social activities. However, all tenants were poorly integrated into outside productive activities. A study by Hatfield et al. (1992) demonstrated that the lack of outside employment for individuals who suffer, or have suffered, from mental ill-health is a commonly reported problem.

4.4. Individual Support Plans

On entering the scheme, all tenants required assistance with household chores and making social contacts outside the scheme. A follow up of tenants' Individual Support Plans (available for two tenants) indicated that positive progress had been made in terms of improved practical skills and increased levels of motivation.

4.5. Social and Behavioural Functioning

As a group, the most frequently occurring behaviour problem, as noted by staff, was 'underactivity'. This reiterates what three of the tenants expressed during the user satisfaction interview, where they stated they had few daily activities to occupy their time, and consequently spent much of their time inactive and bored. This may partly be related to the fact that, although all of the tenants attended a day centre, none of the tenants were working or involved in training programmes. Also, some of the tenants reported poor levels of motivation to do things during the day which may have contributed towards their feelings of boredom.

CHAPTER FIVE

RECOMMENDATIONS

As indicated earlier, it is difficult to make many general conclusions from this evaluation given the level of variability between the participants. However, it would seem fair to conclude that tenants were satisfied with their accommodation and with the support they received from staff. Overall, tenants did not report that this support interfered with their independence and privacy. The evaluation raised a number of quality issues in terms of the strengths of the scheme and those areas which could benefit from further attention. These are detailed in the recommendations.

5.1. Companionship Two tenants expressed feelings of loneliness and wanting more companionship. Another tenant expressed interest in being involved with a befriending scheme. These views were confirmed by the ISSI questionnaire in which 3 tenants expressed dissatisfaction with the number of close relationships available to them. There should be a re-assessment of all the tenants needs in terms of companionship. Some of these needs may be addressed by offering a befriending service. (Para. 3.5.3. & 3.3.)

5.2. Quality of Accommodation

One tenant felt that a garden shed would help his storage problems. Another tenant reported having a problem with draughts in his house in the winter. Praxis is offering accommodation with support and this evaluation has highlighted the need to constantly reassess the

quality of that accommodation. Where Praxis does not own the property, Praxis staff have an advocacy role to play for tenants in relation to their accommodation. (Para. 3.5.1.)

5.3. Locality of Accommodation

This evaluation clearly identified tenants' preferences and needs in terms of the locality of their accommodation. This was particularly clear in relation to proximity to amenities. This information should play a role in negotiations regarding the situation of accommodation for future tenants. Where necessary Praxis should take on the responsibility of lobbying housing providers regarding these issues. (Para. 3.5.1.)

5.4. Visits to Tenants' Homes

One tenant's comment that staff sometimes failed to call at an arranged time is a major quality issue. It encroaches on the dignity of

individuals and this must continue to be emphasized through staff training and supervision. However, it must also be acknowledged that where tenants are living in dispersed housing it may be difficult to notify tenants if a member of staff must break an arrangement. Appropriate ways of getting round this problem should be identified. (Para. 3.5.1.)

5.5. Power Relationships

One tenant commented that in the earlier stages of his relationship with staff, they treated him like a child in relation to visiting the doctor (however, the individual stated that this feeling had changed). This emphasizes the power position staff can have in relation to tenants. How staff engage in their work with adults should continue to be an important ongoing staff training and supervision issue. (Para. 3.5.2.)

5.6. Motivation There are clearly problems of inactivity/underactivity and boredom for most of the tenants. This is also related to problems with self-motivation. The issue of how best to encourage tenants' motivation is an ongoing issue for Praxis staff. From a good practice point of view further attempts should be made to identify what methods are most successful in increasing the motivation of tenants. Through

the ISP's it was reported that one tenant had experienced increased motivation over the time he had been involved in the scheme. A useful way to identify factors most likely to increase motivation may be through a case study. (Para. 3.5.4., 3.8. & 3.7.)

5.7. Social Activities All of the tenants expressed enthusiasm about the social activities the scheme staff had organised in the past and two tenants said they would like to be involved in more activities. Recent developments at the scheme will hopefully fulfill this preference expressed by the tenants. Staff, with the help of tenants, have recently developed a social programme calendar, with the activities based at the Praxis office in Larne. There are two planned events per month and a drop-in session twice per week. Central heating has been installed which makes the environment more comfortable and a T.V. and video have been purchased. (Para. 3.5.4.)

5.8. Semi-Structured Interview

This is the first evaluation in which a semi-structured interview schedule has been used to assess tenant satisfaction. In other evaluations the instrument used has been the Lehman Quality of Life Schedule. This evaluation showed the semi-structured schedule to be a valuable method for eliciting tenants views on

a variety of quality issues and other issues they found important. Its' use is recommended for future evaluations. The Research Dept. should write a report to brief others about the issues surrounding the use of this instrument. (Para. 2.2.4.)

**5.9. Community Integration
Questionnaire**

This instrument has provided a useful contribution to previous evaluations. This evaluation has provided a further opportunity to assess it's contribution. Some questions are beginning to arise regarding its' sensitivity to the extent of an individual's integration into the community. The Research Dept. should report further on this. (Para. 2.2.3.)

5.10. Social Networks

The make-up of tenant's social networks were broken further down than previous evaluations. This provided useful information and should continue for future evaluations. (Para. 3.2.)

5.11. Social Support

This evaluation obtained an indication of the size of tenant's social networks (SNIS) and a measure of how satisfied they were with the level of support they received from both close and more diffuse relationships. Combining these two measures provided a valuable overview of tenant's social relationships and they should be used together in future evaluations (Para. 4.2.)

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