HOME RESPONSE

An Evaluation of the Pilot
Scheme in Bangor

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SECTION 1

Introduction

1.1. The Praxis Home Response Model of Care

The Praxis Home Response scheme is based on the policies and directions contained within 'People First' (1988) which promotes domicillary care; flexible and customised responses to individual clients and their carers, and the need for a mixed economy.

The Home Response service is a domicillary model of care. The aim is to provide a service which is an aid to the community statutory professional role, with the Home Response Worker (HRW) complementing the role of community statutory professionals.

• 1.1.1. Target Population

This particular Home Response service was targeted at individuals experiencing mental ill-health who lived in the Bangor locality. The service was to function both as a pro-active means of preventing admission to psychiatric hospital and as a complementary support within the context of individual rehabilitation programmes for individuals returning to independent living from a hospital setting.

• 1.1.2. Range of Services

Services provided included:

- practical support e.g. home management and activities of daily living

- social support e.g. companionship and use of leisure time

- emotional support e.g. providing reassuring contact and engaging in work in a friendly client centred manner

- continuing programmes developed and implemented by the statutory key worker

- supporting carers.

• 1.1.3. Structure of Service

In the Home Response model, direct care is carried out by a trained Home Response Worker (HRW). This is an unqualified staff grade with two years relevant experience.

Work is carried out within the context of:
(a) an initial assessment of client needs and (b) ongoing review involving the client, the statutory key-worker, the HRW and the Home Response Co-ordinator. Referrals are made from the primary Mental Health Care Team via Care Management.

The Home Response service is managed by a Co-ordinator (a member of staff with a professional qualification in social work, nursing, or related degree and two years experience working with an adult mental health client group). Functions carried out by the Co-ordinator include:

- processing all applications to the Home Response service

- recruiting, selecting, training supervising and supporting HRW's

- liaison with statutory professionals

- monitoring service provision.

1.2. The Evaluation

This is a report of an evaluation carried out over one year, of a pilot Home Response scheme. The main focus of this evaluation was:

(i) service user and statutory key-worker views about the service and

(ii) outcome for the service-user.

The latter was examined through eliciting both service user views and the views of their statutory key-worker who was the referral agent.

• 1.2.1. Service User Views

At the end of the evaluation period, service users were invited to participate in an interview eliciting their views about the service. These interviews were carried out by an interviewer who did not have any involvement with the Home Response service.

The interviews were carried out using a semi-structured interview schedule developed for the purposes of this evaluation. It consisted of a range of closed and open-ended questions.

The questions were related to service delivery such as the information received about the service before the HRW started to come, the extent to which the service-user felt involved in drawing up the care-plan, types of activities carried out with the HRW, knowledge of the complaints procedure, whether the service they were receiving was actually the kind of service they wanted, punctuality of the HRW and continuity of service, what they felt about the HRW's attitude towards them and whether they were happy with their relationship with the HRW. There were also more general questions such as what they liked most and least about the service.

To elicit service user views about outcome, they were asked about any changes they may have experienced since using the service.

• 1.2.2. Statutory Key-Worker Views

At the end of the evaluation period, statutory key-workers, who had referred clients to the service, were asked to complete a postal questionnaire which had a range of closed and open-ended questions. The questionnaire, designed for the purpose of this evaluation, covered issues such as the ease or difficulty of organising the service for clients, the level of flexibility the service showed in how it responded to clients needs, how the service impacted on the time key-workers now spent with their client and the impact, if any, the service had had on their client.

• 1.2.3. Outcome

As indicated above, outcome was measured from two main perspectives: that of the service-user and that of the statutory key-worker in relation to the service-user. Key-

workers were asked to complete the Social Functioning Questionnaire (SFQ) and the Problems Questionnaire (PQ) for each service-user on entry into the Home Response service and at exit from the service or at the end of the pilot if their client was still using the service. A brief Activities of Daily Living Checklist was also completed.

Activities of Daily Living Checklist

This checklist, developed for use in Praxis accommodation and support services, covered 17 areas of possible need such as medication, home-care, managing money and relationships/social skills. A 4-point rating scale was used for each area of need ranging from 'fully competent / well motivated' through to requiring 'some input', 'considerable input' and 'intensive input'.

Social Functioning Questionnaire (Clifford, 1987)

This questionnaire also addresses activities of daily living. The activities are grouped under self-care skills, domestic skills, community skills, social skills and responsibility. Skills are assessed on a 4-point scale ranging from major problems in a particular area to being able to carry out a task with little or no supervision.

Problems Questionnaire (Clifford, 1987)

The problems assessed in this questionnaire relate to socially unacceptable behaviour, management problems, dangerousness, psychological problems and attitudes and relationships. Problem severity is rated on a 5-point scale ranging from 'no problem / behaviour not present' to 'serious problem - seriously affects the person's ability to function or consistently places high demands on the time or tolerance of others'.

The baseline data raised the issue that the SFQ and PQ may not be sensitive enough to describe the particular mental health problems of many of the service-users therefore leading to a ceiling effect, i.e. many service-users were scoring relatively well on the scales in terms of functioning which would potentially lead to difficulties in assessing any improvement. This outcome data was therefore supplemented. At the end of the evaluation period, key-workers were asked to describe the impact the service had had on their client (if any) under four key headings:

Emotional
Practical Skills
Social Skills
Mental Health Stability

This was part of the postal questionnaire sent to statutory key-workers to elicit their views on the service.

1.3. The Client Group

17 referrals came via Care Management, to the Home Response service. Two of these individuals did not take up the service, leaving 15 service-users who used the service during the one year pilot. Thirteen of the service-users were female and two were

male. Mean age was 46 years (min 30; max 73). Six of the service-users were living alone, one of whom subsequently moved to a nursing home; one was living with parents; two were living with siblings; one was living with their spouse; one was living with spouse and 2 young children; one was living with their teenage child; one was living with a young son / daughter; two were living with their adult offspring.

During the evaluation period four service-users were discharged from the service. One was discharged from the service to enter a nursing home due to declining physical health. This individual had been in receipt of the service for approximately one month. One individual was discharged from the service after nine months. In this case, the service was discontinued at the request of the service-user who was coming out of a general hospital and felt this would be an appropriate point to stop having the service. Another individual discontinued the service after 6 months due to no longer requiring the service. The fourth individual was discharged after nine months on the request of that individual. The statutory key-worker felt that this was not due to a criticism of the service but because the individual simply did not want to use the service and to engage in many of the tasks.

Diagnosis/problems

This information was obtained from the application forms. Some forms obtained specific diagnoses, others described general problems that clients had. As indicated by the application forms, individuals had a range of mental health diagnoses/problems, the most common being depression and / or anxiety (n=6). Other diagnoses were schizophrenia (n=4); schizo-affective illness (n=2); alcohol induced organic brain disorder (n=1); thought disorder / agoraphobia (n=1) and disturbance of volition / apathy (n=1).

Hospitalisation

Seven of the service-users had had no admissions to a psychiatric unit in the 3 years prior to taking up the service. Of the 8 who had had an admission in the previous 3 years, 6 had had an admission in the year prior to taking up the Home Response service. The approximate[1] length of admissions for each of these individuals were:

- 16 weeks
- 12 weeks
- 8 weeks
- 6 weeks
- 6 weeks
- 4 weeks

From the time of taking up the service, 2 service-users experienced a period of hospitalisation. One individual who had been admitted for 16 weeks in the previous year was admitted for a 4 week assessment. Another individual who had had a 6 week admission in the previous year had a 8 week admission while in receipt of the Home Response service.

[1] Application form asked for average length of hospital stay.

1.4. Input

The service was contracted for 90 hours per week with 80 hours being for direct client contact. In the initial stages of the service, there were 4 HRW's, each employed for 20 hours per week. After approximately 2 months this was reduced to 3 staff fulfilling the 80 hours contact; one employed for 30 hours and the other 2 HRW for 25 hours each. Since April, 2 staff have been covering all the hours though, at the end of the evaluation period only 60-65 hours per week were being used due to turnover and new referrals being slow coming in. In a typical week, 84% of this time (51 hours) was contact time; 6% (4 hours) administration time and 10% of time involving travel between clients.

At the end of the evaluation period, the minimum number of weekly visits a client was receiving was 1 day per week and the maximum number was 5 days per week. The minimum number of hours being received by a client were 3 hours and the maximum was 10 hours.

Some time after the Home Response service began running at full capacity (approximately 4 months after entry of first service-user), staff were asked to keep a record of the activities they carried out with each service-user for a 3 week period. They were also requested to do this approximately 6 months later. (Information was available on their work with 10 clients at both time periods.) Activities were grouped under 5 headings: personal care tasks; household skills; social activities skills and travel with service-user. (see Appendix A) for full definition of the activities which fell under each heading.) The last activity included attending appointments with the individual as well as travel specifically for developing social skills and getting the individual out into the community.

Table 1: Use of Time (%) with Service User

Activity	Time 1	Time 2
Personal care tasks	10%	7%
Household skills	43%	27%
Social activities/skills	18%	22%
Travel with service-user	24%	40%
Administration	5%	4%

At four months after service commencement, the activity that HRW's were most involved in with service-users was household tasks (Table 1). The activity requiring least time was personal care tasks. Six months later, the percentage of time spent with service-users on household activities had reduced considerably from 43% to 27% (Table 1).

The amount of time spent on travel with service-users had increased from 24% to 40%. There was considerable overlap between social activities/skills and travel with service-user which included travel specifically for developing social skills and encouraging community integration. This was reflected in service-user reports. It is clear from service-user reports of activities carried out with their

HRW (see page 8) that much of the travel carried out was to do with developing skills and encouraging integration. The percentage of time spent on personal care tasks and social activities changed very little.

A similar proportion of time was spent on administration at the two time periods. At time 1, 5% of time was used on administration tasks which included writing up notes, phone calls and review meetings. At time 2, 4% of time was used to carry out these tasks.

SECTION 2

Findings

2.1. Service User Views on the Service

Fourteen of the fifteen service-users were approached and asked whether they would like to participate in an interview looking at what they thought about the Home Response service. (One individual was not asked to participate as they discontinued the service to move into a nursing home due to deteriorating physical health after using the service for approximately 1 month. It was not considered appropriate to approach this person at that time.)

Ten of the 14 service-users approached, participated in an interview. All of these individuals were currently using the service. Of those who declined to participate, 3 were no longer using the service and 1 was still using the service.

• 2.1.1. Information

All 10 service-users said that they received information about the service before the HRW started to come. This was reported to be verbal information from their social worker or CPN. All of the service-users thought the information was clear enough. One individual qualified this by saying that the information was a bit limited. Another individual felt that he/she[2] would have found it useful to have some written information in advance of the service. Nine out of the ten service-users felt that they knew enough about the service before the HRW started to come. One individual did not give a very direct response to this question. He/she was very anxious about the new service commencing and it was unclear whether any further information would have alleviated this as he/she reported becoming nervous about anything new.

• 2.1.2. Care-Plan

Nine out of the ten service-users reported being present when their care-plan was being drawn up. The individual for whom the care-plan was drawn up without his/her involvement reported not being *'in a fit condition'* to be involved at that stage and that he/she was happy with the outcome. Including this individual, nine service-users felt that their opinions and views were taken into account in the drawing up of the care-plan. One individual reported being unsure as to whether this was the case. As reported by the service-user there seemed to be some conflict in this case between what the statutory key-worker felt was best for the client, and what the client actually wanted. The client reported wanting help with housework and collecting his/her benefit cheque:

"(key-worker) stressed the point that I might be better doing recreational activities but I find that my stress factor goes up if I have a dirty house".

[2] To ensure anonymity service-users and HRW's will be referred to as he/she. Also where necessary some details have been changed.

There appeared to have been a compromise reached in this situation with the service-user reporting that:

"we (service-user and HRW) manage to combine the two together".

Throughout the interview this particular service-user returned to the issue of wanting help with his / her housework and whether they could ask the HRW to do that sort of task. Taken in the context of other comments made about the service, this seemed more an area of confusion rather than a major source of dissatisfaction. A high level of satisfaction with the service was reported with examples of how he/she benefited from using the service.

Figure 1: Teamwork

"I was told it was necessary to work with him/her. It wasn't like a home help or anything ... yesterday I stripped the bed and got (HRW) to turn over the mattress and then I made the bed"

"He/she helped me clean the house and I helped. I would sort of try to help because I wouldn't like to sit there .. that got me going a bit too"

Eight out of the ten service-users felt that they had a say in how often the HRW visited. One service-user qualified this by saying the actual number of hours had been allocated and he / she decided on their distribution. One individual said the timing of visits had been arranged for him / her but that this was not a source of dissatisfaction. The response from the final service-user was contradictory even with probing therefore his / her level of involvement in this decision was unclear.

- **2.1.3. Activities Carried Out with HRW**

From the information provided by the service-users there was clearly a wide variety of activities on offer to service-users and a wide variety of activities carried out. The majority of activities were carried out by the HRW and service-user together rather than HRW carrying out the activity for the service-user. The idea of teamwork was clearly expressed by two service-users (Figure 1).

Each service-user described a number of activities they carried out with the HRW. Activities included assistance with housework; for individuals who have difficulties going to public places accompanying them to places such as shops (and for one individual to church); swimming; knitting; going out for drives or picnics; taking to hospital or other important appointments; going out shopping to furnish a new flat; providing emotional and social support.

Eight out of the ten service-users felt that the activities they carried out with their HRW matched the care-plan. One individual could not remember the details of the care-plan and one individual felt that he / she could be going swimming more often.

- **2.1.4. Like Most About Service**

Service-users were asked 'what do you like most about the service?'. There was considerable variability in what was important to each individual. However, the reduction of

social isolation and in general the caring or emotional support aspects of the service were of prime importance to most of the service-users. Eight out of ten service-users mentioned the value of these aspects of the service. Figure 2 details a range of the comments made.

Figure 2: Social and Emotional Support

"(HRW) has been a very good friend to me"

"(HRW) is very easy to talk to, she/he is helpful and understanding" (This service-user said one of the things he/she liked best was "Having a wee chat with .. he/she is good company")

"getting out, that's the big thing" This service-user reported that the service gave him/her her a focus for during the week when he/she was not attending day services. It provided something to look forward to whereas before he/she felt isolated and depressed.

"a befriender is all important not so much what we do but the befriending part of it and the chattiness and the cheerfulness ... we talk about my life and how I feel. They are interested in me as a person which I find nice."

the most valuable part of the service is "having some-one who cares"

"the friendship, I think that is one of the main things ... it's nice to be sure that someone is going to be coming in"

- **2.1.5. Relationship with HRW**

All ten service-users said they were happy with the relationship they had with their HRW. As reported below, one individual was experiencing some transition difficulties. One service-user reported that whilst enjoying the company of his / her HRW they found it refreshing to have the company of a different HRW when the regular HRW was not there. All ten service-users also said they found their HRW easy or very easy to talk to. All of them said that they discussed personal problems with their HRW though one individual said that their more natural confidantes would be some other service-users at a local day-centre. All ten service-users found it helpful or very helpful being able to talk about personal matters to their HRW.

In relation to their HRW's general attitude towards them, all of the service-users were happy. When asked whether they had enough privacy with the HRW coming into their home, again all service-users said that they did have enough privacy.

- **2.1.6. Like Least About the Service**

When asked what they liked least about the service, one individual reported finding the hours inflexible and another felt that the timing of the visits could be earlier in the day (though he / she said they realised that was probably the only time available). None of the other service-users reported having something they disliked about the service.

- **2.1.7. Punctuality and Continuity of Service**

All ten service-users said that their HRW was always punctual and if there was a delay they were informed about this. When a different HRW was to come to a service-user's home, for example, due to annual leave, service-users

were always notified in advance. In addition, eight of the service-users spontaneously commented that their HRW brought round the new HRW to introduce them in advance.

- **2.1.8. Making Complaints**

All ten service-users said that they had never wanted to make a complaint about the service. When asked *'do you feel able to complain about any aspect of your care should you want to?,* seven service-users said that they would feel able to complain, four of whom further commented that they would get in touch with the home response coordinator whom they referred to by name. Of the three who said that they would not feel able to complain, for one individual it was because he / she could not imagine being in the position of wanting to make a complaint about the service. Another said that he / she would not want to upset the HRW.

When asked whether they had ever been told about or been given a leaflet about the complaints procedure that Praxis has, only one individual said that they had. Three were unsure whether they had and six said that they had not.

- **2.1.9. Service Flexibility**

Although service-users were not directly asked how flexible they found the service, six of them made comments which indicate that they experienced this particular service model and the approach of the Home Response staff as being client-centered and very flexible. The flexibility was shown through for example a service-user getting another hour HRW time because another service had been ended. Other comments made by service-users are quoted or paraphrased in Figure 3.

Figure 3: Service Flexibility

"(HRW) is flexible, no strict rigid routine. I can come and go with him / her"

This client goes on to describe how he / she had to go into hospital for an operation and asked the HRW to take him / her.

"(HRW) arranged it so he / she could and it was a Monday which isn't my day at all."

The service-user then goes on to say that the HRW came to visit for a short time every day during the hospitalisation.

~

"I find the Praxis workers are fitting in with me ... Anything you have to say they listen to you and it seems to be up to me what I do"

~

One service-user commented that the timing of the HRW visits would depend on the particular activity they had planned for that day.

~

When describing the activities he / she carried out with the HRW, this service-user said that they did:
"anything I need really ... I only have to ask really, (HRW) is very good that way."

~

"That's one of the things I like about the service, it's so flexible".

When describing the activities carried out with the HRW he / she commented that:
"it depends what is happening, sometimes we just talk, other times we work around the house and a lot of the time we go out".

This individual also commented that often his / her hours had been juggled around so that extra support could be given when alone at home.

2.2. Changes in Self

Service-users were asked to rate how helpful it was to have a HRW. Nine service-users said they found it very helpful and one service-user rated it as helpful. More specifically, they were asked *'have you noticed any changes in yourself since your HRW started to come?'* Rather than group this data in terms of type of change it will be reported separately for each individual to give a more holistic perspective of how service-users felt the service had impacted on their lives.

Service-user A

This person reported that attending group events alone presented major difficulties and this was a major issue in his/her life.

"I have problems about going to X and (HRW) took me to help me get used to going on my own. ... that was a big help and now I go down to X myself".

It was also felt that the attitude of the HRW had helped him / her have a more positive attitude; the service-user commented how the change had been noted by a close friend.

"I think (HRW's) attitude has helped me, his / her positiveness. This is what (HRW) is getting at all the time, being positive".

Through this support this individual feels that he/she *"can face the outside world".* This individual felt that having the HRW had enabled him / her to remain in their own home and have the choice and control that that brought.

Service-user B

This person reported that the influence of the HRW had enabled him / her to go out a lot more and adds:

"I couldn't have done without (HRW) I was stuck in the house moping too much".

He / she also felt that the house was much cleaner and tidier. The service-user's son / daughter, who was also present during the interview commented that their parent:

"...is getting on with his/her life instead of sitting about the house".

Service-user C

This service-user had not been shopping in town for a considerable period of time due to difficulty in coping with crowds. Since receiving the Home Response service it was reported that:

"I have more confidence in going into town, that's my big one .. I don't fear it just the same".

The Home Response service was regarded as having played an important part in lessening feelings of isolation and depression. The HRW was regarded as an important source of reassurance regarding the disturbing thoughts this service-user experienced:

"I couldn't do without it (Home Response service). How I did without it before I do not know".

This service-user saw Home Response as part of a vital support network including their CPN and the day-centre.

Service-user D

This individual reported:

"I'm not so suicidal anymore ... it has helped my anxiety and panic attacks and the stress I feel over everyday life. I would feel more isolated if I didn't have it."

For this service-user the emotional and social support provided as part of the service seemed vital. He / she reported that they felt the service played an important role in enabling them to stay out of hospital.

Service-user E

This person felt that he / she was stronger within him / herself. The motivation to get up in the morning was important due to having a young child. The HRW was viewed as a *"sympathetic listening ear"* and a *"safety valve"* for emotions this individual felt unable to deal with his/herself. He / she reported that they felt this service was important in preventing hospitalisation.

Service-user F

This person felt that he / she had become more independent, did not experience fear to the same extent nor feelings of depression. The service-user felt that the service provided something to look forward to whereas before it was an effort to get out of bed.

Service-user G

This person felt that having the HRW coming had been important in building his / her self-confidence. This individual reported experiencing a sense of achievement through activities carried out with the HRW such as cooking. A strong relationship had been built with his/her first HRW and the transition to a new HRW (due to long-term absence of first HRW) was experienced as very difficult emotionally though there was no criticism of the second HRW. This service-user felt that having a HRW was in general helpful but particularly referred to the change experienced with the first HRW:

"(HRW) was a very nice person. He/she was really really good because he/she always gave me that bit of help. I was completely miserable before that".

Service-user H

This service-user found it *"hard to say"* what changes had been experienced since using the service. He / she found it valuable getting help with tasks that were difficult to manage alone and enjoyed the companionship and social outings with the HRW. Although finding it difficult to describe changes experienced, this service-user clearly expressed that he/she felt that the service was invaluable and he / she would be unable to cope at home without it.

"I couldn't do without it, it's as simple as that."

The views of the statutory key-worker further clarify the impact the service has had on this client. The keyworker felt that the service had been limited in helping the service-user deal more effectively with his / her problems due to the individual's poor functional ability. However the keyworker felt that the service had been essential in maintaining this individual in the community and that he / she had benefited greatly from the social contact.

Service-user I

This individual reported a decrease in medication since using the service. He / she had also experienced an episode where there was a deterioration in mental health:

"I went back a few steps .. but I have been more confident and things I wouldn't have done before I have been able to do again".

This service-user felt that he / she had become more outgoing and that the HRW concentrated on what he / she was doing well and was good at boosting self confidence.

"It helps you get things back in perspective ... (HRW) is very helpful in his/her suggestions".

The quality of the relationship experienced with the HRW was very important to this client.

Service-user J

Although this service-user reported experiencing some change, when asked for specific examples, the replies were a bit vague. This individual felt that he / she was probably a bit quicker with practical tasks and would carry out practical household activities that he / she would not have done before.

2.3. Views of Statutory Key-Workers

Questionnaires were returned from 4 Social Workers, 1 CPN and 1 RMN and 1 SEN. The number of clients they had receiving the service ranged from 1 to 4. This provided information regarding 13 of the 15 service-users.

• 2.3.1. Organising Service for Client

Key-workers were asked to rate on a 4 point Likert scale, how easy it was to organise the service for their client/s and to comment on any difficulties they experienced or aspects they found useful/helpful. 2 individuals reported it was very easy to organise the service for their clients, 2 reported it was fairly easy and 2 reported it was fairly difficult. (One did not comment as the individual had not been on their caseload at time of referral). One individual felt that the service seemed to take quite a while to organise at the Care Management end. Another individual felt that it was not always easy to contact Care Management. Other criticisms were that *"application forms were complicated and lengthy"* and there were *"not enough hours for clients needs"*. Four aspects of the service were highlighted as being helpful. One key-worker commented that the:

"flexible approach by Co-ordinator (was) helpful".

Another commented that the close liaison with Praxis staff was helpful and the way in which the introductions between HRW and client were arranged by the Home Response co-ordinator rather than the responsibility resting with the key-worker. Another key-worker commented on the prompt response to his / her referral and the clear objectives of the service.

- **2.3.2. Flexibility of Service**

Key-workers were asked to rate on a 4 point Likert scale, how flexible they found the service in responding to their client's needs and to comment on any difficulties they experienced or aspects they found useful / helpful. 5 reported the service as being very flexible and 1 reported it as being fairly flexible. A number of comments were made regarding areas of flexibility and these are detailed in Figure 4.

Two key-workers requested changes in the service provided to their client due to their client's changing needs and both found it very easy (on a 4-point Likert scale) to arrange these changes.

Figure 4: Flexibility of Service

"The HRW have adjusted the focus of the work as they and the client have seen the need"

"phasing in of service taking account of the individual's needs and where possible going at their pace"

"the client's needs were taken into consideration particularly well"

"tried to meet client at their point of need rather than impose a therapeutic regime upon them"

"a friendly flexible service"

- **2.3.3. Most and Least Useful Aspects of the Service**

Key-workers were asked *"overall, what do you like most / feel is most useful about the service?"* and *"what do you like least / feel is a disadvantage about the service?"*. 5 individuals replied to the former question. These are detailed in Figure 5.

Two comments were made regarding disadvantages of the service. For one key-worker it was the issue of hours. It was felt that their client would benefit from extra time with the HRW. The other comment was in reference to the application process. In relation to this process, the key-worker raised

Figure 5: Positive Aspects of Service

"adaptable to client's needs. The clients often expressed how helpful they found the service"

"the feedback from service-users has been excellent. I find the flexibility excellent and also the staff's ability to offer not only support but friendship"

"this service gives the client an aim in life, he / she looks forward to getting out with the HRW"

"never had any 'panic calls' from HRW because they have Praxis staff to take advice from"

"practical assistance and social support based upon a knowledge of mental disorder".

"the fact that the service is flexible and easily accessible. It is tailored to the individual's needs. It is not interfering or hampering independence."

the concern that the application process involved considerable involvement on the part of the client. This created a situation where expectations could be considerably raised before care management decided the hours to be allocated to the individual. *"Consent (from the client) of course is necessary but it sometimes raised expectations that did not then materialize. This was more to do with the Care Manager having control".* It was suggested that statutory key-workers managing the hours available would get around this problem.

Two key workers also commented on the difficulties of being involved with a service that is being evaluated. For one it was in terms of increased workload, the other felt that asking clients to reflect on many of the issues such as how they have changed since using the service can be an unsettling experience for them and may be very difficult where there is little insight into their functional ability.

- **2.3.4. Impact on Time Spent with Client**

One key-worker could not comment on any impact the service had, on time now spent with two clients, as they had been discharged from that individual's caseload. Another could not comment as his / her client had not been on their caseload at referral. (Information was missing on this question regarding one client.)

In relation to 4 clients, their key-worker said that they would now need to spend less time with their client. Regarding the remaining 5 clients, key workers said that they spent the same amount of time with their client, though, for 2 of these individuals telephone contact had decreased. One individual phoned the key-worker less frequently and one no longer made *"panic phone-calls"* to the key-worker.

Key-workers were asked whether they felt that the time they spent with their client/s was used in the same way, more appropriately or less appropriately. Regarding 7 service-users, key-workers said that their time was used more appropriately and regarding 3 service-users, the Home Response service had not made an impact on how they used their time with their clients.

2.4. Statutory Key-Workers Views on Service-User Outcome

- **2.4.1. Daily Living Skills**

A brief Daily Living Skills checklist was completed at baseline and follow-up, by the service-user's statutory key-worker. This covered 17 areas where support may be required. A 4-point rating scale was used for each question, ranging from 'fully competent / well motivated', through to requiring 'some input',' considerable input', and 'intensive input' (a lower score indicating higher skill levels).

Appendix B details the percentage of service-users who fell into each category at baseline and at follow-up. The three aspects of their lives where at least 50% of service-users

required considerable or intensive support at baseline were: looking after mental health (67%); relationships and social skills (53%); and day activities (53%).

Other areas where many service-users required these levels of support were in relation to relation to personal and household tasks. These were cleaning and home-care (47%); changing clothes and doing laundry (40%); and personal hygiene and self-presentation (40%).

There was a trend towards improvement across almost all of the areas (13 out of the 17 areas), though, only one area showed a statistically significant improvement (relationships and social skills).

The Social Functioning Questionnaire (SFQ) also covered a range of daily living skills. There were 5 skill areas: self-care; domestic skills; community; social skills and responsibility. Scores range from 1 - 4, this time, with higher skill levels being represented by higher scores. At baseline, mean component scores were high across all skills except social skills. This was the only skill with a mean of less than 3. This increased to a mean of greater than 3 at follow-up. Mean component scores on the SFQ showed no significant change from baseline to follow-up (Table 3) using the Wilcoxon.

Table 2: Mean Scores at Baseline and Follow-Up for Activities of Daily Living

Activities	Baseline	Follow-Up
Looking after physical health	2.27	2.22
Looking after mental health	2.80	2.90
Medication	2.23	1.89
Cleaning / home-care	2.79	2.13
Menu planning / shopping for food	2.17	2.30
Preparing and cooking food	2.42	2.10
Shopping for clothes / personal items	2.43	2.30
Dressing	1.43	1.50
Changing clothes / doing laundry	2.29	1.70
Personal hygiene / self presentation	2.21	1.90
Using transport	2.36	2.00
Reading and writing	1.46	1.80
Managing money	1.92	1.78
Rising and going to bed	2.07	1.80
Day activity	2.71	2.18
Relationships / social skills	2.53	2.00*
Engaging other services	2.15	2.10

* $p < .05$

The Wilcoxon Matched Pairs Signed Ranks test was used to look at whether there was statistically significant change from baseline to follow-up on daily living skills.

Table 2 contains mean scores for baseline and follow-up on Activities of Daily Living.

Table 3: Social Functioning Questionnaire at Baseline and Follow-Up

	Baseline Mean (s.d.)	Follow-Up Mean (s.d.)
Self-care	3.58 (0.60)	3.20 (1.02)
Domestic	3.33 (1.10)	3.47 (0.98)
Community	3.12 (1.08)	3.36 (0.90)
Social	2.97 (0.77)	3.36 (0.90)
Responsibility	3.65 (0.72)	3.65 (0.72)

* A requirement for the calculation of the mean was that at least 2 / 3 of the questions in each category had to be completed.

- **2.4.2. Behavioural problems**

Scores on the Problems Questionnaire (PQ) ranged from 0-5 with a lower score indicating less severe behavioural problems. On entry into the Home Response service, there were 16 behavioural items on which more than one third of service-users had any reported problems. At follow-up there were 13 behavioural items were more than one third had problems (see Appendix C). These were primarily under the sub-headings of psychological impairment and attitudes and relationships. The most frequently reported problems were poor concentration; restlessness; phobia / anxiety; unrealistic expectations in relation to tasks and problems with family/relations. Mean sub-scores on the PQ indicated minor severity at a group level (Table 4).

The Wilcoxon Matched Pairs Signed Ranks test was used to look at whether there was significant change from baseline to follow-up on behavioural problem component scores. There was a significant improvement in relation to socially unacceptable behaviour, psychological impairments and attitudes and relationships (Table 4).

Table 4: Behavioural Problems (Summary Scores at Baseline and Follow-Up)

	Baseline Mean (s.d.)	Follow-Up Mean (s.d.)
Socially Unacceptable Behaviour	0.29 (0.42)	0.13* (0.28)
Management Problems	0.29 (0.53)	0.16 (0.23)
Dangerousness	0.07 (0.18)	0.02 (0.06)
Psychological Problems	1.11 (0.71)	0.79* (0.61)
Attitudes & Relationship	1.03 (1.38)	0.66* (0.96)

* $p < .05$

- **2.4.3. Individual Outcome**

The ceiling effect on the SFQ and PQ became obvious fairly early in the study. The feed-back from many of the key-workers completing the questionnaires was that the questionnaires did not really describe well the difficulties and problems their clients experienced. Mean baseline scores indicating relatively high levels of functioning as measured by the standardised questionnaires meant that they would be less sensitive at picking up improvement across time. Therefore, to supplement the SFQ and PQ, key-workers were asked to describe any changes in their client under 4 areas:

emotional, practical skills, social skills and mental health stability. This provided more individually tailored qualitative information on the impact the service had had on service-users.

Emotional

Positive change was reported for 6 out of 13 individuals under the heading of emotional change. The nature/extent of the positive change reported for these individuals is detailed in Figure 6. Deterioration was not reported for any client.

Figure 6: Positive Emotional Changes

"significant improvement"

"enormous changes noted ... client more confident and relies heavily on HRW"

"very socially isolated prior to the scheme and has benefited considerably from the daily contact with the Praxis Worker"

"appears to be more emotionally stable of late"

"feels more secure"

"overall an improvement due to increased social contact"

Practical skills

Positive change was reported for 7 clients in relation to practical skills. For another it was noted that practical skills were not previously an area of deficit. Deterioration was not reported for any client. The nature / extent of change is reported in Figure 7.

Figure 7: Positive Changes in Practical Skills

"slight improvement"

"have improved slightly"

"able now to manage household tasks under the supervision of the HRW"

"some change in that HRW has given ideas on cooking and advice on other practical matters and the client has seen this as valuable"

"very poor motivation but has been encouraged to develop his / her practical skills to the best of his/her ability"

"some improvement in physical appearance i.e. grooming etc."

"standard of housekeeping has improved"

Social skills

A positive change in social skills was reported for 6 individuals. These are detailed in Figure 8. For one of the individuals for whom there was no change, it was commented that the individual *"always had good social skills"*. Deterioration was not reported for any service-user.

Figure 8: Positive Change in Social Skills

"enhanced" (this comment was made regarding 2 individuals)

"able to 'join in' i.e. would not have gone out socially before but will now go with HRW"

"feeling a little more confident"

"slight improvement"

"learning to break routines and has gone to a variety of shops. Changes made in the places visited"

Mental Health Stability

5 service-users were reported as having more stable mental health. 1 individual had maintained their pre-existing mental health stability. One individual had experienced a deterioration in mental health 7 - 8 months after commencing use of the service. This was not connected to use of the service. The key-worker commented on the value of the HRW hours being altered in response to this to help alleviate strain on the family and offer support in the evenings for a short time. Another individual experienced a spell where there was deterioration in mental health stability due to a specific life event.

Dealing more effectively with problems

Statutory key-workers were asked to rate the extent to which they felt the service had helped their client deal more effectively with their problems (on a 4-point Likert scale). For 7 individuals it was reported that the service *"has helped a great deal"*. For 4 individuals it was reported that the *service "has helped somewhat"*. For one of these individuals it was commented that the service:

"has been essential to maintaining X in the community but has been limited in helping X deal more effectively with his / her problems due to his/her poor functional ability".

For one individual it was reported that the service *"has not really helped"*. This individual terminated the service after 10 months. The Key-worker felt this was not due to any criticism of the service, but because the individual did not want to use it. (Information was not available for one individual on this question).

SECTION 3

Conclusion

3.1. Overview

From the point of view of both the service-user and the key-worker this was an effective service. This was in terms of statutory key-worker and service-user satisfaction with the service as well as outcome for the service-user.

Service-users were assisted in a variety of tasks ranging from more practical tasks of everyday living to encouraging and / or providing the skills for leisure activities such as knitting and swimming, to providing social and emotional support.

3.2. Making Complaints

The area where the service was weakest was in relation to explaining the complaints procedure to service-users. Only one service-user remembered being told about the complaints procedure or receiving a leaflet. Although 7 service-users said they would feel able to make a complaint if they needed to, all service-users should be given written and verbal information on how to make a complaint about the service.

The issue of making a complaint is a very sensitive one particularly in a service such as Home Response where a strong personal relationship can develop with the HRW. This can make it feel very uncomfortable for an individual to voice a complaint about the service. It is very important that these sensitive issues are addressed and all service-users have clear information on making a complaint and the support structures to enable them to feel free to make a complaint.

3.3. Social and Emotional Support

A number of important issues were raised through the evaluation. The importance of the social and emotional support provided by the HRW came through very strongly in the interviews with the service-users. Statutory key-workers also viewed this as a valuable component of the service. The value placed by the majority of service-users on the quality of their relationship with their HRW was also very clear. This, together with the fact that, most of the service-users felt that the HRW and the Home Response service in general was essential for them, highlights the sensitivities surrounding discharging an individual from the service.

Unfortunately, those clients who were no longer using the service did not choose to participate in the interview so the issue of discharging an individual from the service could not be explored in more detail from the point of view of the service-user. It is vital that the sensitivity and flexibility shown by the service in it's service delivery be carried through to discharging clients from the service and that the impact on the service-user is closely monitored.

3.4. Outcomes

In relation to outcome as assessed by the statutory key-workers, in the standardised assessment measures, there was positive change in relation to attitudes and relationships; psychological problems and socially unacceptable behaviour and not in

relation to activities of daily living. The qualitative measure of outcome, completed by the key-workers, did reflect improvements in practical skills though these were mainly described as slight improvements.

At a group level the areas of change identified by service-users were fairly similar to those of the key-workers, though, the views of each service-user and those of their key-worker were not directly compared. Many of the service-users described positive changes in emotional and psychological state as well as decreased social isolation. As already indicated above there was a strong focus on the positive impact that the social and emotional support from the HRW had had.

However, this evaluation measured relatively short-term outcomes. It is important that the longer term effects of using this new service model are evaluated. This would particularly be in relation to whether the benefits that service-users experience while using the service, continue after they are discharged from the service. It would also be of value to compare outcome for individuals using the Home Response service with outcome for a matched group of individuals not using the service

The Home Response service clearly had some impact on how statutory key-workers spent their time with their client. Many key-workers reported being able to spend their time with their client engaged in more appropriate activities than prior to the Home Response service. However firm conclusions cannot really be made given that data was not available regarding 5 of the service-users.

3.5. Future Evaluations

Given that this was an evaluation of a new model of care for individuals experiencing mental ill-health, a main area of concern for the evaluation was to assess whether it was an acceptable, appropriate and effective model of care, from the service-user and the statutory professional points of view. The findings from the evaluation are for the most part positive in relation to these. Future evaluations of Home Response need to put a stronger focus on looking at the process of service delivery from the service provider point of view and examining strengths and weakness in the nature of the service delivery. It would also be useful to include the views of relevant key parties such as Care Management.

The Home Response service was experienced by the majority of service-users and statutory key-workers as being flexible and responsive. A number of areas of good practice were evident. Some of these areas of good practice are highlighted in the recommendations in addition to areas where service delivery could be further developed.

SECTION 4

Recommendations

4.1. Information

It is important that the concept of the Home Response service is clear to individuals who are taking up or considering taking up the service. Written information in addition to verbal information plays an important role in this. An appropriate leaflet should be developed for the use of service-users at the stage where they are discussing referral to the service with their statutory key-worker. **(Section 2.1.1.)**

4.2. Service Brokerage

4.2.1. One service-user articulated that, although being allocated a specific number of hours he/she decided on how the hours were distributed. Service-users taking control over how they use the HRW's time is an important concept of service delivery to replicate **(Section 2.1.2. para. 3)**. The ability of service-users to determine how their time allocation is utilised is an initial step into service brokerage. Praxis should consider whether key elements of service brokerage could be adopted within the Home Response service. This may require development of the Home Response model itself.

4.2.2. It was clear how much service-users valued having a good relationship with their HRW and having continuity in the service they received. However the comment of one service-user that they actually found it refreshing to have a change in their HRW now and again emphasizes that changing a worker is not always a negative experience **(Section 2.1.5.)**. Continuity of service is a very important quality standard. Care should be taken to identify what continuity means for the service-user. This again touches on the concept of service brokerage where service-users are making the decisions about how they use the service.

4.2.3. Two service-users expressed dissatisfaction with the timing if visits. Issues such as how timing and length of visits by the HRW fit in with clients needs must be addressed as an ongoing issue, though this may obviously create difficulties at an operational level. **(Section 2.1.6.)**

4.3. Service Continuity

4.3.1. The practice of the current HRW introducing to the service-user their temporary HRW while they are on annual leave, is an important standard to continue. **(Section 2.1.7.)**

4.3.2. A clear example of service continuity was exhibited when a HRW continued contact with a service-user while they were in hospital for a medical condition. This is an important standard to continue. The importance of implementing this quality standard was raised in another research project involving individuals using the Praxis accommodation and support schemes. In a series of focus groups a number of tenants expressed their disappointment that staff had so infrequently visited them when they had been admitted to a psychiatric unit for a period of time. The

infrequent visits were clearly interpreted as a lack of caring and concern on the part of staff. This may create a situation where relationships between staff and service-users are having to be rebuilt when the service-user is discharged from hospital. **(Section 2.1.9. Figure 3)**

4.4. Making Complaints

4.4.1. It should be ensured that all service-users receive information on how to make a complaint. A mechanism should be established to ensure that this information has been given to a service-user. **(Section 2.1.8. para 2)**

4.4.2. In addition to having the necessary information to make a complaint a service must create the kind of climate/atmosphere conducive to service-users voicing their complaints. It is positive that so many of the service-users said that they would feel able to make a complaint if they wanted to. It is not unexpected that some individuals would feel uncomfortable about making a complaint. Staff should explicitly address the issue with service-users that making a complaint will not jeopardize the HRW's attitude or behaviour towards them. **(Section 2.1.8.. para 1)**

4.5. Organisational and Professional Interfaces

In the delivery of most services, there are a number of professional and organisational interfaces where quality issues may arise. In the case of Home Response a statutory key-worker identifies appropriate individuals to refer to the service, then makes an application to Care Management. The application is then processed by Care Management to the Home Response service. The progress of service-users through each of these stages could usefully be examined as part of a future evaluation (for example using a flow process model) to identify quality issues at the various professional and organisational interfaces.

4.6. Longer-Term Outcome

Given that this is a relatively new model of care, the longer term impact on service-users should be assessed.

4.7. Development of Home Response Model of Care

To enable further development of the concept of Home Response, future evaluations of the model should widen to examine in more detail a range of operational issues. This should include, for example, the procedures for discharging service-users from the service

SECTION 5

References

Clifford, P. (1987). *The Problems Questionnaire*. London: Research & Development for Psychiatry.

Clifford, P. (1987). *The Social Functioning Questionnaire*. London: Research & Development for Psychiatry.

Appendix A: Activities of Daily Living Checklist

Personal care tasks
Includes dressing, personal hygiene, self-presentation

Household skills
Includes assistance with budgeting, cooking, laundry, cleaning house, menu planning, shopping for food

Social activities/social skills
Includes involving in day activity, individual group activities

Travel with service-user
Includes attending appointments with the individual by walking/car/bus and travel specifically for developing social skills and getting the individual out into the community

Administration
Includes writing up notes, phone calls, review meetings

Appendix B: Percentage of service-users in each rating category at baseline and follow-up on the Activities of Daily Living Checklist

	A[1]		B[2]		C[3]		D[4]	
Looking after physical health	*20	**27	47	46	20	9	13	18
Looking after mental health	0	0	33	40	53	30	13	30
Medication	15	67	62	0	8	11	15	22
Cleaning/home care	0	25	50	50	21	13	29	13
Menu planning/shopping for food	0	30	58	30	17	20	25	20
Preparing/cooking food	17	50	50	20	8	0	25	30
Shopping for clothes/personal/household items	7	30	64	30	7	20	21	20
Dressing	64	70	29	20	7	0	0	10
Changing clothes/doing laundry	36	70	21	0	21	20	21	10
Personal hygiene/self-presentation	36	60	21	10	29	10	14	20
Using transport	21	67	50	0	0	0	29	33
Reading and writing	62	60	31	20	8	0	0	20
Managing money	54	67	15	11	15	0	15	22
Rising and going to bed	21	70	57	0	14	10	7	20
Day Activty	7	36	36	27	36	18	21	18
Relationships/social skills	7	36	40	36	47	18	7	9
Engaging other services	31	40	39	30	15	10	15	20

* Percentages in normal type indicate behavioural problems at baseline.

** Percentages in bold indicate behavioural problems at follow-up.

1 **A** - fully competent/well motivated

2 **B** - Requires some input (occasional prompting and help)

3 **C** - Requires considerable input (close supervision/frequent prompting)

4 **D** - Requires intensive input (full assistance and supervision)

Appendix C: Percentage of service users in each rating category at baseline and follow-up on the Problems Questionnaire

	No Problems %		Minor Problems %		Mild Problems %		Moderate Problems %		Serious Problems %	
Anti-social or odd behaviour	*100	**100	0	0	0	0	0	0	0	0
Inappropriate or offensive sexual behaviour	100	100	0	0	0	0	0	0	0	0
Stealing	100	100	0	0	0	0	0	0	0	0
Offensive manners	92	92	0	8	0	0	8	0	0	0
Odd appearance or mannerisms	67	83	17	8	0	0	8	0	8	8
Inappropriate or odd behaviour	92	100	0	0	0	0	8	0	0	0
Inappropriate approaches/conversation in public	83	83	0	8	8	8	8	0	0	0
Verbal abusiveness	67	92	0	0	25	8	8	0	0	0
Threatening behaviours	83	83	8	8	8	8	0	0	0	0
Harassment	83	92	8	0	8	8	0	0	0	0
Management problems										
Incontinence	100	91	0	9	0	0	0	0	0	0
Careless smoking	75	83	8	0	8	17	0	0	8	0
Alcohol/drug abuse	100	83	0	8	0	8	0	0	0	0
Sleep disturbance	100	82	0	18	0	0	0	0	0	0
Hoarding	92	100	0	0	0	0	8	0	0	0
Wandering	83	92	17	8	0	0	0	0	0	0
Dangerousness										
Tendency towards violence	83	100	8	0	8	0	0	0	0	0
Self-harm	92	92	8	8	0	0	0	0	0	0
Sexual assault	100	100	0	0	0	0	0	0	0	0
Arson	100	100	0	0	0	0	0	0	0	0
Serious incidents of violence or dangerous/criminal behaviour	100	100	0	0	0	0	0	0	0	0
Psychological impairment										
Poor concentration	0	8	33	58	33	25	17	0	17	8
Restlessness	25	83	33	8	8	0	17	0	17	8
Absorption in psychotic symptoms	42	42	8	33	25	17	17	0	8	8
Poor speech	75	83	17	8	0	8	8	0	0	0
Depression	67	42	8	50	8	8	17	0	0	0
Phobia/Anxiety	8	17	42	67	8	8	17	8	25	0
Hypochondria	83	92	0	0	0	0	8	0	8	8
Indecisiveness	25	17	25	58	17	8	25	17	8	0
Slowness	42	50	8	33	17	8	8	8	25	0
Obsessional behaviour	75	50	8	33	8	0	0	8	8	8
Epilepsy related problems	100	100	0	0	0	0	0	0	0	0
Cognitive impairments	58	58	17	17	8	17	17	8	0	0
Behaviour consequent upon strange beliefs	75	83	17	8	0	0	8	8	0	0
Attitudes and relationships										
Unrealistic expectations in relation to tasks	33	54	33	27	8	0	17	9	8	9
Unrealistic expectations in relation to placement	73	54	9	27	0	0	9	18	9	0
Unrealistic expectations in relation to relationships	58	64	17	18	0	0	8	18	17	0
Difficulties in co-operation	58	58	8	25	8	0	8	17	17	0
Problems with family/relations	33	50	42	33	0	0	0	0	25	17
Problem with spouse	63	90	12	10	12	0	0	0	12	0
Problem with friend (outside setting)	75	100	12	0	0	0	0	0	12	0
Problem with friend (inside setting)	78	100	0	0	0	0	0	0	23	0
Problem with staff	60	80	20	10	0	0	10	10	10	0

* Percentages in normal type indicate behavioural problems at baseline

** Percentages in bold indicate behavioural problems at follow-up.