
COLERAINE

**An Evaluation of the Residential Flat
Cluster Scheme (R.F.C.) at Coleraine**

May 1997

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:

- Befriending Schemes
- Accommodation and Support Schemes
- 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 Residential Flat Cluster Scheme (R.F.C).

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CHAPTER ONE

INTRODUCTION

1.1. Background

The Coleraine Residential Flat

Cluster Scheme (R.F.C) was set up in June 1994 to provide accommodation and support to individuals experiencing mental ill-health. The scheme, consisting of 10 single person flats, provides accommodation to individuals who wish to live independently within the community, yet require a high level of staff support.

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 Scheme

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

The scheme aims to:

- Establish former psychiatric patients in suitable accommodation within the community.
- Provide accommodation and support to people who experience mental ill-health whilst living in the community.
- Reduce the possibility of residents being involved in a revolving pattern of re-admissions to hospital.
- Promote residents' independence so that, with the resident's wish, it will afford him/her the opportunity to move to a more independent environment.

Objectives:

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

- Offering long term accommodation to people who experience chronic mental ill-health
- Ensuring the residents' emotional, social and physical needs are met via the

implementation of an individually designed support plan (I.S.P).

- Encouraging residents' participation in relevant structured activities. Such activities should aim to develop residents' wider interests in areas such as, social and leisure pursuits, education and employment.
- Fostering good relationships with the local community through liaison with local residents or Residents Associations and communication with immediate neighbours, as appropriate.
- Facilitating resident participation in the running of the scheme.

1.4. The Scheme Model

The scheme consists of 10

single person flats which are grouped together. The scheme has communal laundry facilities and a common room, which includes a T.V, video and games. The Praxis office is based on site, providing 24hr staff support.

• *Purpose of the Scheme*

The scheme aims to establish a social milieu which promotes support, friendliness and an appropriate level of independence in a homely environment. The scheme aims to combine the advantages of independent living with the advantages of immediate access to staff support. The support element of the scheme is facilitated by the implementation of Individual Support Plans (I.S.P's). These are developed

by Praxis, in conjunction with the statutory key worker/professional and actively involve the individual using the service.

• *Staffing levels*

Staffing within the Coleraine scheme initially comprised of one Project Manager, two Project Workers, grade III (qualified), 3.5 Project Workers, grade I (unqualified) and an Assistant Project Officer (A.P.O). Currently the scheme is staff by a Project Manager, one grade III Worker, 2.5 grade I's and an APO.

• *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:

- Praxis Service Principles
- Aims and Objectives of the Scheme
- Resident Referral Procedure
- Resident Selection Procedure
- Praxis Review Meetings
- Termination of Tenancy
- Hospitalization
- Resident's Decision to Move On
- Resident's Rights
- Management and Staffing
- Quality Assurance Monitoring and Evaluation

Procedures for the selection of residents and reviewing Individual Support Plans were formulated and the basic principles jointly agreed by Praxis and the then Causeway Unit of Management.

1.5. The Evaluation

An evaluation of the Residential Flat

using a semi-structured interview which covered five main areas:

Cluster Scheme (RFC) in Coleraine was conducted by the Research Department within Praxis. The scheme was evaluated using a variety of measures, which included standardized questionnaires, semi-structured interviews and record analyses. The data was collated from a variety of sources; from residents, the Praxis Project Manager, Praxis key workers, statutory key workers and residents' case notes.

- i. Living Situation
- ii. Personal Well-being
- iii. Daily and Social Activities
- iv. Work and Finance
- v. General (likes/dislikes, overall levels of satisfaction)

The main focus of the evaluation was on:

- Residents' views about the service and other aspects of their lives.
- Residents' social and behavioural functioning and rates of hospitalization.
- Residents' level of community integration. This involved assessing residents' social network and support relationships.
- Statutory key workers' views about the service.
- Praxis Project Manager's views about the service.

Residents were asked a number of questions relating to each area. Follow up questions were used throughout the interview to obtain information about residents' satisfaction with the Praxis service and with other aspects of their lives. In addition, residents were asked to rate, on a 7-point Likert scale, their level of satisfaction with each of the above areas and with their life as a whole.

1.5.2. Social and Behavioural Functioning

Information was gathered on residents' social and behavioural functioning. The information was obtained using The Life Skills Profile (Rosen et al., 1989), a measure designed to assess general levels of functioning and disability in individuals experiencing mental ill-health. The 39-item scale is shown to be a reliable and stable measure when completed by raters sharing the same professional perspective (Parker et al., 1991).

1.5.1. Residents' Views

Residents were invited to

participate in an interview to elicit their views about the Praxis service and other areas of their lives. The interviews were conducted

The Life Skills Profile was completed by the Praxis Project Manager and each resident's Praxis key-worker. Five sub-scales are obtained from this scale:

- Self-Care
- Non-Turbulence
- Social contact
- Communication
- Responsibility

(See Appendix A for an explanation of each sub-scale).

- *Hospitalization Rates*

Measures of health care use, for example, the frequency of re-admissions and the length of stay in psychiatric hospital is often used as an indication of an individual's adjustment to community mental health services. Although this may provide some indication of how a person has adapted to his/her new living situation, there are a number of inadequacies with this method of measurement. Namely, hospitalization rates may be affected by other factors, such as the availability of alternative services within the community (Jenkins, 1990). In areas where alternative services, such as respite care and day hospitals are available, the number of admissions and the length of stay in psychiatric hospital may be lower than in areas where no such services are provided.

Therefore, while rates of hospitalization provide a useful measure of stability within the community, it is important to recognize the limitations of solely relying on hospitalization rates as a measure of how well an individual has adapted to life within the community.

As one of the aims of the Residential Flat Cluster Scheme in Coleraine is to reduce the

possibility of residents becoming involved in a revolving pattern of care, residents' admissions into acute psychiatric care were monitored throughout their time living in the Praxis accommodation and support scheme.

1.5.3. Community Integration

Integration within the community is an important aspect in improving the quality of life of individuals experiencing mental-ill health who are living in a community setting. Residents' level of community integration was assessed by examining their social network and support relationships.

Information was not available on residents' social networks and support relationships prior to them living in the Praxis scheme (i.e. baseline information). Therefore, no comparisons could be drawn between residents' level of community integration prior to and during their time living in the Praxis scheme.

An individual's social network comprises the number of social relationships in which that person engages. This may include family members, friends, individuals within the local community and professionals. Information on an individual's social network offers some indication of his/her level of social integration with the community.

A modified version of the Social Network Interview Schedule, developed by Shepherd (1985) was used to assess residents' social networks. The scale 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, the semi-structured interview was used to provide an overall assessment of residents' social networks in terms of the proportion of family members, mental health workers and other people seen frequently by the resident.

The Social Network Interview Schedule was completed by the resident, Praxis project manager and each residents' Praxis key-worker (i.e. a triangulation approach was adopted.)

In addition to assessing the size of residents' social networks, a measure was also used to assess residents' perceptions with the adequacy of his/her support relationships. The Interview Schedule of Social Interaction - Short Form (ISSI) (Uden et al., 1984) was used to assess residents' social support relationships. The scale assesses two aspects of social support; the availability of persons who provide social support and the perceived adequacy of such support. Four measures are 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, 1991)

1.5.4. Statutory Key Workers' Views

Statutory key workers were asked to participate in a semi-structured interview to obtain their views and opinions about the Praxis service. The interview included a range of closed and open-ended questions and covered 7 main areas:

- i Quality of Accommodation
- ii Support for Residents, in relation to their physical, social and mental health needs
- iii Outcome for Residents
- iv Praxis Care Plans
- v Praxis Review Meetings
- vi Communication with Praxis Staff
- vii General Issues

1.5.5. Project Manager's Views

The project manger from the Coleraine scheme was asked to participate in a short interview made up of open-ended questions. The questionnaire covered a range of issues, such as, how the scheme was organized, staffing within the scheme, strengths and weaknesses of the scheme and health and safety issues.

1.6. Consent

Permission to carry out the study was granted by the project manager of the Coleraine scheme and residents' consent was obtained.

CHAPTER TWO

FINDINGS

2.1. Participants 9 out of the 10 residents living in the Coleraine scheme agreed to participate in the evaluation; 7 males and 2 females. The mean age of participants was 41 years, the youngest resident being 33 and the oldest 47. Residents had been using the Praxis service for between approximately 10 and 30 months.

2.2. Residents' Views Residents were asked to rate their general levels of satisfaction with a range of aspects of the service and their lives. Responses to these are detailed in Table 1. (Responses to the questions were on a 7-point scale. The two extreme points of each end of the scale have been collapsed for the purpose of reporting the results.)

- In relation to each of the questions, at least 7 out of the 9 residents were mostly satisfied, pleased or delighted.

- Resident satisfaction was highest in relation to their accommodation, the support they received from Praxis staff and in general the service they were receiving from Praxis, with over half of the residents saying they were pleased or delighted.
- Apart from the two questions referring to 'changes in yourself' and 'the service you are receiving from Praxis', one to two individuals had mixed feelings of satisfaction and dissatisfaction in relation to each of the other areas they were questioned about.
- Aspects of the service which individuals were satisfied and dissatisfied with will be explored below in the context of the information obtained from the open-ended interview questions.

Table 1: Residents' General Level of Satisfaction

In general, how do you feel about...	Pleased/ Delighted	Mostly Satisfied	Mixed Feelings	No Change
Your accommodation	78%	11%	11%	-
The area you live in	44%	33%	22%	-
The support you receive from Praxis	56%	33%	11%	-
Any changes in yourself since living here	33%	44%	-	22%
Your social life	33%	44%	22%	-
Your financial position	33%	44%	22%	-
The service you receive from Praxis	67%	33%	-	-
Your life as a whole	33%	44%	22%	-

2.2.1. Accommodation All residents found their accommodation roomy enough, warm and comfortable. Many of the residents were very enthusiastic about their accommodation. Typical comments included:

'I think it is great, you have everything you need'.

'I love it'.

For one individual, although he/she described their accommodation as *'very modern, cooker and fridge and soon, T.V.'*, it was still not 'home'. When asked in what ways was it not like a home, this individual replied:

'Because it hasn't that atmosphere of a home, do you know what I mean? I don't know'.

(Interviewer: 'How it could be made more homely?')

'I am just here, you know'.

2.2.2. The Area All of the residents felt that the accommodation was very convenient to a range of facilities, such as shops, leisure centre and the cinema. One individual felt that the area was rather dull and sometimes felt isolated, but felt that some of it was due to him/her isolating him/herself. 2 individuals had personal safety concerns. One individual commented:

'I'd prefer it wasn't near the housing estate (on opposite side of street). It's a bit too close to it. It's a bit noisy at times, but I

suppose it's as safe as anywhere else. I'm happy enough here. I've lived in different places from time to time. Coleraine is as good as anywhere else. But I'm not happy about it at night, I don't feel too safe. Praxis could maybe put an extra bolt on the door - make people feel more secure'.

The other individual who mentioned personal safety concerns felt a bit nervous in the area. However, he/she did not think Praxis could do anything to make him/her more safe and felt that it was a nervousness of people in general.

2.2.3. Support From Praxis

All of the residents reported daily contact with staff either at the Common Room or at their own flat. From the comments of 2 residents in particular, they appreciated the certainty and reliability of that contact.

'There would be somebody every day. If I didn't go down to the common room there would be somebody would call here at night before you go to bed to see that you are all right'.

'They wake me up every morning. Usually I am already awake, they knock the door and I will look out of the window. But even just that. If I got up and there was nobody, there was no contact whatsoever, I would probably feel depressed, sleepy, lonely and that. But the fact that they come in the morning is good. It is like living on your own and living like a family as well'.

• **Practical Support**

6 individuals reported receiving practical support from staff in relation to practical activities such as cleaning their house, cooking and going shopping.

• **Social Support and Day-Time Activities**

Residents' social and day-time activities were very focused on the facilities and activities organised by Praxis. The Common Room was used by all residents and for many it was on a daily basis. Activities residents reported attending at the scheme were summer B.B.Q's, summer outings, afternoon teas, games evenings and dinners. Residents reported greatly enjoying all the activities they attended.

The Common Room was also used by some residents for meeting up with their Praxis neighbours to watch T.V. Some residents also used the local leisure centre and there were regular visits to the cinema by some residents.

Two thirds of the residents said that they would like to have more of these kinds of activities to participate in. Two residents expressed a desire for more weekend outings and trips away. One of these individuals felt that *'the weekends can be a bit long'*, and that more outings would make the weekends more enjoyable. Another individual expressed a desire for more social activities on a one-to-one basis with staff. Finally, another individual felt that activities were more limited in the winter. He/she stated:

'I don't go out of the flat much. I go to the day centre. This time of the year there's not much to do here. I just put in the time, chat a bit. There's more to do in the summer'.

3 of the residents also got together outside of activities organised in conjunction with Praxis staff. This seemed to be mainly for going for walks and doing work-outs. 2 residents also reported attending a local day centre.

However, generally apart from the activities happening around the scheme, or the outings organised by staff, most daily activities were focused on a very domestic routine.

2.2.4. Relationship with Praxis Staff

Everyone was happy with the relationship they had with staff at the scheme. Typical comments were:

'The staff are very good. They are very reassuring when you are not well'.

'They are great. They don't put any demands or anything on you ... they are very friendly and good to me'.

2.2.5. Privacy

8 out of the 9 residents felt that having staff come into their home did not invade their privacy in any way. However, one individual felt he/she had less privacy. This seemed to be related to preferring having support from male rather than female staff. This is also the same individual who, although pleased with his/her accommodation, felt that it was not like a

home. This too, perhaps, may have been related to the privacy issue.

2.2.6. Changes in Self

Residents were asked, 'How do you feel about any changes in yourself since you have become involved in Praxis?'

- **No Change**

3 residents did not report any changes in themselves. However, one of these individuals felt that he/she had more company than they had prior to taking up the service. Staff and other residents played an important part in their social world. Another of these individuals reported that although they had not noticed any change in themselves, others had commented to them on positive changes, primarily being less withdrawn.

- **Negative Change**

1 resident felt that he/she was more lonely and smoked more as a result.

- **Physical Changes**

1 resident felt that his/her personal care was better as they felt more motivated to take care of themselves.

'I get laundry done oftener and get showered and my hair washed oftener than I did at home. I didn't feel like doing it at home.'

- **Feeling happier**

4 residents reported generally feeling happier and experiencing an improvement in their mental health (Table 2).

Table 2: Feeling Happier

'I am a lot happier now. At the start it took me a while to get used to the people, but I am a lot happier now ... I am definitely progressing.'

~

'I would say I am happier. More to look forward to, to try and get better and better and to become, if possible to what you were before you had the illness ... I would like to see myself getting towards that, it is going to be a long drawn out affair but it is happening gradually.'

~

'I feel it (my health) is a lot better now ... I don't get depressed the way I used to ... I think I just feel settled and have the company.'

~

'I enjoy it more here. ... My mental health has improved. I used to feel down in the dumps. Now I go out for walks, I feel secure now.'

~

This last individual reported enjoying a very simple thing that many people take for granted. The reply when asked what they enjoyed most was:

'You do your own washing. Sometimes when I was living at ___ they robbed the things and I had to pay for new clothes. Things get lost. Here you go and put your washing in and then you check it and put it into the spin-dryer.'

2.2.7. Work and Finance

None of the participants were currently working. 3 residents expressed a desire to get back to work at some point. One resident pointed out that an individual could be financially worse off working, as housing benefit would be affected and rent would have to be paid for the Praxis accommodation:

'You would have to move out of here ... because of the rent'.

It was felt that this would be in addition to the stress of coping in a job again.

Two residents found it *'hard enough'* to manage on the money that they had coming in. The others were generally *'happy enough'* with their financial situation. One individual suggested that it would be helpful if Praxis could have a loan system for crisis situations.

2.2.8. Making Complaints

Residents were asked how they would go about making a complaint if they had one and whether they would feel comfortable about making a complaint. One individual was vague about what he/she would do if the situation arose. All the other residents said they would speak to the manager or another member of staff and that they would feel comfortable about doing that.

2.2.9. Like Best About The Service

A range of things liked best about the service were put forward. Some individuals liked more than one characteristic. 4 individuals valued the independence they had. One individual commented:

'I like the flat and the way it is organised and the way you can have it on your own'.

5 individuals liked the support that was available to them from staff best.

'... security I think, to know that someone is there to talk to'.

'... the fact that they are here on the premises and you can go and talk to them at any time. They are not away in an office anywhere'.

2.2.10. Like least About The Service

7 of the residents did not report anything they did not like about the service. The main area where residents reported that the service could be developed was in relation to social and day-time activities.

2.3. Social and Behavioural Functioning

Life skills were assessed using the Life Skills Profile (Parker & Rosen, 1989). To develop an overall picture of the life skills of the participants in the evaluation, the LSP scores were compared to some published data:

- A group using Cambridge Psychiatric Rehabilitation Service (CPRS) (Shepherd et al., 1995)
- The original Rosen et al. (1989) sample from Australia.

Higher scores on the scale indicate better functioning. As indicated in Figure 1, the disabilities of the Coleraine participants were not as severe as the comparison groups, across all the sub-scales. However, the small sample size of the Coleraine sample prevents assessment of the statistical significance of this difference.

The sub-scores for each individual in the Coleraine sample were compared to the two comparison groups to examine how many individuals fell within 1 standard deviation (S.D.) of the mean scores of the comparison

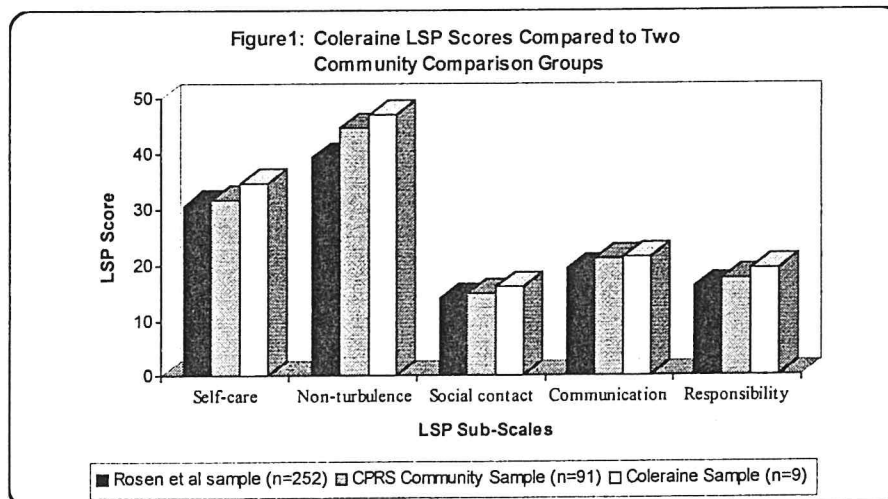
groups i.e. how many individuals from the Coleraine group had scores similar to 66% of the comparison groups. (See Appendix B for full details of the number who fell above and below 1 S.D. from the mean).

• **Hospitalisation Rates**

It was not possible to make a comparison with hospitalisation rates prior to service uptake, as hospitalisation data for the 18 months prior to service uptake were available for only 5 individuals. However, it is known that all of the residents had a history of multiple admissions prior to service uptake.

To date, (end of December 1996) since the opening of the scheme there have been 8 separate hospitalisations involving 5 individuals. For 5 of the 8 hospitalisations, the length of stay was less than 7 days. The other 3 admissions were greater than 30 days.

In relation to the 5 individuals for whom the information was available, there was a reduction in admissions (See Appendix C).



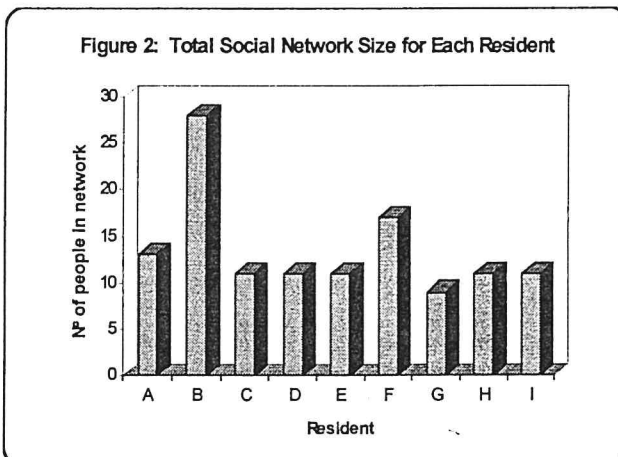
2.4. Social Network & Support Relationships

Using the Social Network Interview Schedule (Shepherd, 1985), the size of residents' social networks were estimated. Social networks were broken down into the following categories:

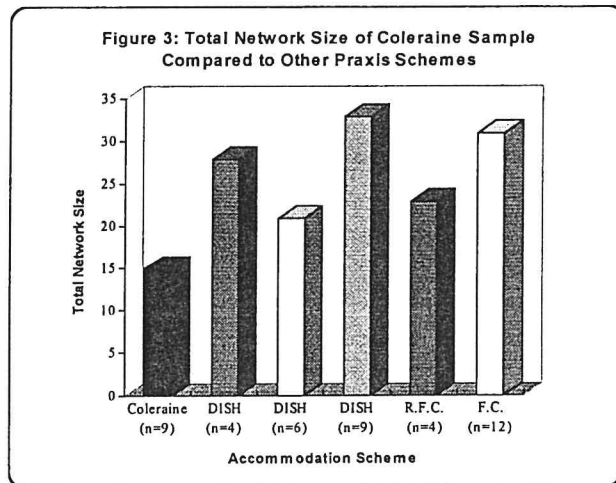
- Family
- Mental health workers
- Friends from psychiatric hospital
- Day care
- Neighbours
- People from the local community

• **Total Social Network Size**

The mean social network size for this group of residents was 15. The minimum network size was 10 and the maximum network size was 29. The individual with a total network size of 29 was not typical of the rest of the group in that his/her network size was considerably larger than the others. If this individual is excluded, the mean social network size is reduced to 13. Although there was some variability in network size between the 9 individuals, the individual network sizes were clustered fairly closely together (Fig. 2).



The mean network size of the participants was compared to those obtained at other Praxis accommodation schemes. As illustrated in Figure 3, the mean network size was smaller in the Coleraine scheme compared to all the other schemes. Due to the small sample sizes, it is not possible to assess the statistical significance of this difference.

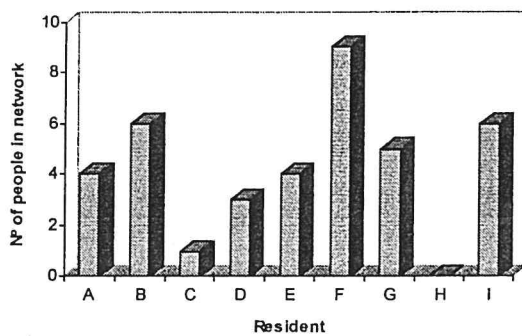


• **Family**

The mean number of family members that residents reported as part of their network was 4. The minimum number reported was 0 and the maximum was 9. Figure 4 (overleaf) details the number of family members each resident reported in his/her social network.

Only one individual did not name a family member as part of their social network. 7 of the 8 individuals reporting a family member as part of their network, reported weekly contact with at least one family member. For the other individual, who reported 3 family members as part of his/her network, the contact was approximately twice per year.

Figure 4: Number of Family Members in Residents' Social Networks



- **Health Professionals**

Residents were asked 'which professional helpers do you have contact with?' The mean number reported was 6. All residents reported contact with at least 5 professionals, with the maximum reported being 6. Most of the contact reported was with mental health workers. Praxis staff at the scheme made up most of this category. CPN's and psychiatrists were also frequently mentioned, though, as would be expected, contact was much less frequent than it was with Praxis staff.

- **Day Centre**

2 residents reported attending the local day centre. Both reported 4 individuals from that setting as part of their social network, 1 staff member and 3 service-users. For one individual, all the service-users named were other Praxis residents. The other individual named one Praxis resident and 2 other individuals.

- **Hospital**

4 residents maintained contact with people they had known from staying in a psychiatric hospital or hostel. 2 residents kept contact with

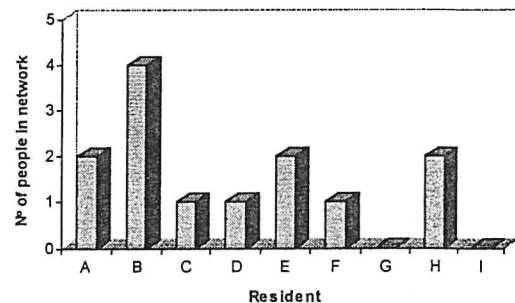
2 friends, one kept contact with 3 friends and one kept contact with 1 friend. For 2 individuals, the contact was very occasional. For the other 2 it was more regular contact.

- **Neighbours**

The mean number of neighbours reported as part of residents' networks was 1. The minimum reported was 0 and the maximum was 4. Figure 5 provides a breakdown by resident.

Two residents did not report any neighbours as being part of their social network. Those who reported contact with neighbours, reported a minimum of twice weekly and a maximum of daily contact. Given that residents were living in a Flat Cluster model of accommodation, not surprisingly, all the neighbours reported were other Praxis residents.

Figure 5: Number of Neighbours in Residents' Social Networks



- **Local Community**

Only 3 residents reported individuals from the local community as part of their social network. One individual reported 9 individuals in this category. 5 were people who worked in local shops whom he/she would chat to on a

daily basis and 4 were people he/she knew from their Church. Another resident reported one individual in this category, who worked in a local shop. The final individual mentioned 3 friends who lived locally. One was seen on a weekly basis and the other two less frequently.

2.4.1. Staff Assessment of Residents' Social Networks

The manager and one other staff member completed the Social Network Assessment Schedule in relation to each resident taking part in the evaluation. There was a high level of agreement between the two staff members regarding the size of residents' social networks and the frequency of contact they had with members of their social network.

Comparing resident reports and staff reports, overall there was high agreement between the two reports. In some instances the staff reported an extra neighbour as part of an individual's network or a resident mentioned a friend or regular contact that staff were not aware of. However, the extra information did not alter the picture that had been built up of the social networks of those concerned apart from one resident. The latter individual reported contact with no family members whereas staff mentioned 5 family members where there was regular contact; he/she mentioned no visitors whereas both staff members spoke of 'lots of visitors', he/she mentioned weekly contact with a close friend whereas staff referred to daily contact.

2.4.2. Social Support Relationships

The Interview Schedule for Social Interaction (ISSI) (Uden et al, 1984) was used to obtain information about residents' satisfaction with the level of social support they received from both close relationships and more diffuse relationships which provide social integration. The questionnaire makes a distinction between the level of social support residents report being available to them and the perceived adequacy of this support i.e. whether they wanted more of this kind of support.

For comparative purposes, the residents' scores were compared to the mean ISSI scores from a general population sample (Johnston, B & Lewis, S.A., personal communication, 1994). Figure 6 (overleaf) details the scores for each resident on each of the sub-scales. The equivalent mean score for the general population group is inserted as a line on the bar chart.

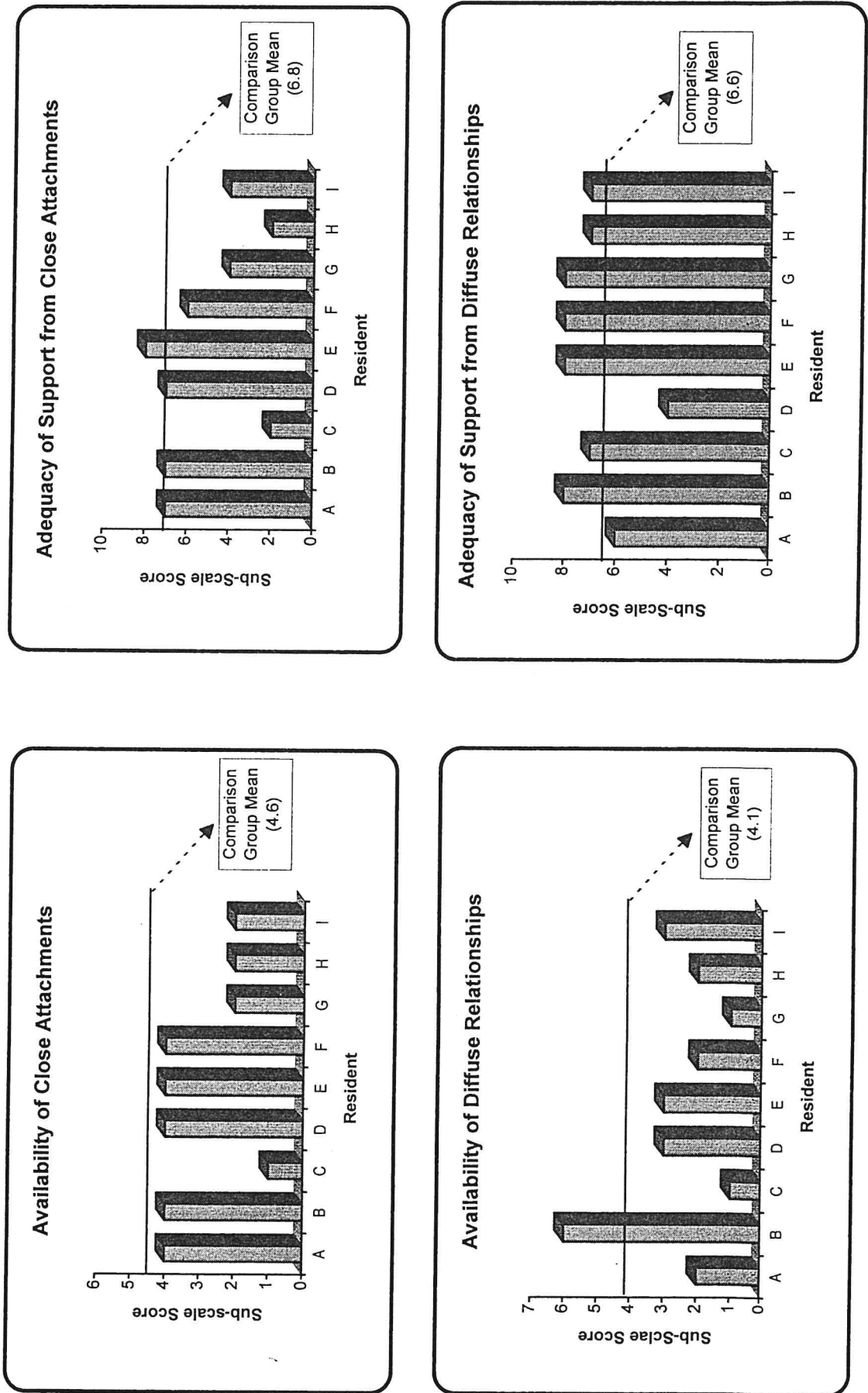
• Availability of Close Attachments

In relation to the availability of close attachments, 5 individuals, fell just below the general population mean score. The other 4 individuals scored considerably below the general population mean.

• Adequacy of Close Attachments

Just over half the group (n=5) were satisfied with the support available from their close relationships. These were the same individuals who reported the greatest number of close attachments available to them.

Figure 6: Availability & Adequacy of Support form Close and Diffuse Social Relationships



Four individuals scored well below the general population mean indicating that they were less satisfied with the support they received from close relationships. These were the 4 individuals who had the smallest number of these relationships available.

- ***Availability of Diffuse Social Relationships***

In relation to the availability of more diffuse relationships, one individual scored higher than the general population mean, the remaining 8 fell below the population mean. For 5 of these individuals, the scores were considerably below the population mean, indicating that fewer attachments of this sort were available to them when compared to a general population group.

- ***Adequacy of Diffuse Social Relationships***

Only 2 residents fell below the general population mean in relation to the adequacy of support they received from their more diffuse relationships, such as friends and acquaintances. Over 75% (n=7) of residents were satisfied with the support they received from these relationships despite having less available.

2.5. Statutory Key Workers' Views

Semi-structured interviews were conducted with five statutory key workers, 3 Community Psychiatric Nurses (C.P.N.'s), 1 Social Worker and 1 Occupational Therapist. The number of individuals key workers had using the Praxis service ranged from 1-4, providing information on a total number of 10 residents.

2.5.1 Accommodation

Key workers were asked to rate on a 4 point

Likert scale, the quality of four aspects of the Praxis residential accommodation scheme:

- Exterior of building
- Interior of flats
- Accessibility to local amenities
- Surrounding environment

- ***Exterior of building***

2 key workers rated the exterior of Praxis flats as 'excellent' and 3 key workers rated them as 'good' (Figure 7). Key workers emphasised the advantage of the accommodation scheme blending in with other houses in the area. One key worker stated:

'(the flats) blend in with the style of buildings around the area...it does not stand out as mental health housing'.

- ***Interior of flats***

1 key worker rated the interior design / layout of the Praxis flats as 'excellent' and 3 key workers assessed them as being in 'good' condition. 1 key worker had not been inside his/her client's home and therefore could not comment. Key workers felt that the flats were

well designed with the available space being put to good use. However, a few drawbacks to the flats were noted, namely, there was no back door, the living area was slightly small and the hallway was narrow and dark.

• *Accessibility to Local Amenities*

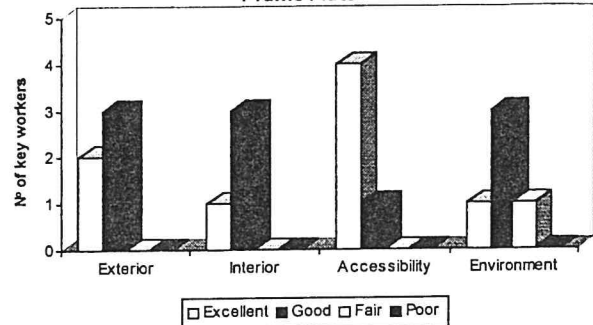
Key workers were asked to rate the Praxis accommodation scheme in terms of its accessibility to local amenities such as, shops, post office, bus service and the town centre. 4 key workers rated the Praxis scheme as 'excellent' in terms of its accessibility to local amenities and 1 key worker rated the accessibility of the flats as 'good'. Key workers felt the accommodation scheme was ideally located as residents had easy access to a variety of local shops, a chemist, a post office, the Mental Health Resource Centre and the day centre. The flats were also within walking distance of the town centre. One key worker summed up the central location of the scheme by stating:

'They are very close to anything they would need'.

• *Surrounding Environment*

1 key worker rated the surrounding environment of the Praxis flats as 'excellent'. He /she felt that the scheme had been well accepted by the local community. 3 key workers felt the flats were situated in a 'good' area and 1 key worker rated the surrounding area as 'fair'. This key worker felt that there was little interaction between the scheme and the local community.

Figure 7: Statutory Key workers' Assessment of Praxis Flats



2.5.2. *Satisfaction with Support*

Key workers were asked to rate on a 4 point Likert scale, their satisfaction with the support their clients received from Praxis staff. Satisfaction with support was rated in relation to three areas of need:

- Physical needs
- Mental health needs
- Social needs

• *Physical Needs*

Key workers were 'very satisfied' with the support 90% (n=9) of their clients received from Praxis in meeting their physical needs (Fig 8). One key worker was 'satisfied' with the physical support provided to 1 client.

• *Mental Health Needs*

Key workers were 'very satisfied' with the support all (n=10) of their clients received from Praxis in relation to their mental health needs.

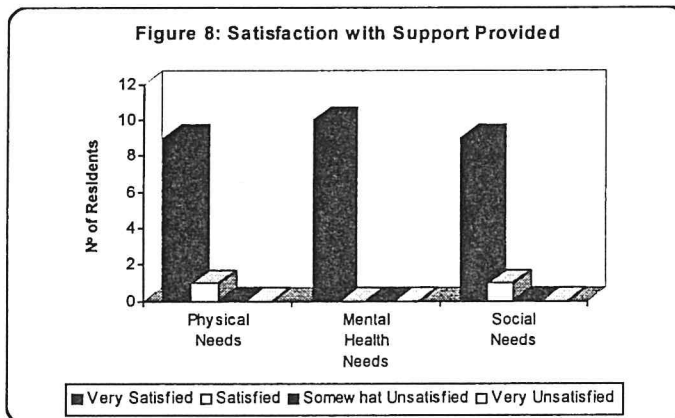
• *Social Needs*

Key workers stated there were 'very satisfied' with the social support 90% (n=9) of their clients received from Praxis. One key worker was 'satisfied' with the support one of his/her

clients received. Key workers mentioned the benefit of the social activities organised by staff and residents within the scheme. Key workers felt these activities, together with staff taking the residents out and about, played a vital role in meeting clients' social needs.

This overall high level of satisfaction with the support provided by Praxis in meeting clients' physical, mental and social needs was summed up by one key worker who stated:

'All needs are well catered for'.



2.5.3. Changes in Support Provided

Key workers were asked *'Would you like to see any changes in the type of support provided to your client/s?'* All of the key workers stated they did not feel any changes were necessary to the support currently being provided. Some key workers suggested they could foresee the need for changes to be made to the support provided to some clients in the future and were confident this could be arranged between themselves and the scheme manager.

2.5.4. Client Outcome

Statutory key workers were asked what they felt had been the outcome for their clients as a result of using the Praxis accommodation and support service. Key workers mentioned improvements in clients' social interaction and daily living skills, greater levels of independence and reduced or no hospital admissions since using the Praxis service. Comments from key workers included:

'(Client has) remained out of hospital since coming to Praxis'

'Has shown significant improvements... can voice his opinions, which he would not have done before'

'Since living in Praxis has regained their independence'

'Confidence has developed. (Client) has been given the chance for self-development. The service has been great for him'.

'Only one brief hospital admission...Praxis has helped her remain stable'

'Greater independence...now he is learning to look after himself'

2.5.5. Responsiveness of Service

Key workers were asked how responsive they found the Praxis service in responding to their clients' needs. All five key workers rated the service as 'very responsive'. Key workers stated they had immediate contact with Praxis staff if any changes arose in a client's condition and that necessary changes to the support

provided were implemented immediately.
Comments from key workers included:

'Praxis deals effectively with changes in clients' needs'.

'Support changes if needs change'.

One key worker referred to the benefit of the scheme manager and project workers having background training in mental health issues. He/she felt this played a vital role in enabling staff to pick up on any changes in a client's condition.

2.5.6. Praxis Care Plans

Statutory key workers were

asked for their views and opinions on Praxis care plans. One key worker had not been involved in the care plan process. Key workers were asked to rate how satisfied they were with their level of involvement in care plans. Of the four key workers who had been involved in drawing up Praxis care plans, 3 stated they were 'very satisfied' and one stated he/she was 'satisfied' with their level of involvement. One key worker stated he/she had been involved in the process from the outset and any changes made to the care plan were discussed.

Two key workers were 'very satisfied' and two were 'satisfied' that the care delivered to their clients matched the written care plan. One key worker stated:

'Action on the ground matches what has been said and noted down'.

2.5.7. Praxis Review Meetings

Key workers were asked for their views on Praxis review meetings. All five key workers stated they were 'very satisfied' with the frequency of reviews, stating that if necessary, an emergency review could be called.

Three key workers were 'very satisfied' with the way in which the review meetings were conducted and 2 key workers were 'satisfied' with the meetings. The key workers welcomed the informal style of the meetings and the opportunity they provided for individuals to voice their views and opinions. One key worker said he/she found the meetings to be flexible and could be adapted to the suit the needs of the client.

Two key workers stated they would like to see some changes to Praxis review meetings. These included further developing client involvement in the meetings and when appropriate, involving the relatives of the client. One of the key workers felt that for clients to participate fully in review meetings, some would require more preparation prior to the reviews.

2.5.8. Communication with Praxis Staff

4 key workers stated they were 'very satisfied' and 1 key worker was 'satisfied' with the extent to which up to date information on their clients was made accessible to them.

Information was normally shared between the key workers and Praxis staff through telephone conversations. Key workers felt this method of communication was successful as there was

generally always someone in the Praxis office to take calls. Statutory key workers and Praxis staff also shared information at review meetings and when they met informally at the Mental Health Resource Centre or the Praxis office. One key worker referred to the benefit of having the Praxis office as part of the accommodation scheme. This enabled statutory key workers to call into the office when visiting their client/s.

Key workers were asked to rate their level of satisfaction with the quality of their working relationship with Praxis staff. 4 key workers were 'very satisfied' and 1 key worker was 'satisfied' with the working relationship they had with Praxis staff.

In particular, key workers referred to the good relationship that had developed with the scheme manager. However, two key workers stated they did not have much contact with Praxis key workers and the other grades of staff in the scheme. The statutory key workers felt it would be beneficial to develop these relationships.

2.5.9. General Issues

Statutory key workers were asked what they

liked most about the Praxis accommodation and support scheme. As indicated in Table 3, key workers mentioned a range of aspects of the service which they particularly valued.

Key workers highlighted the balance the Praxis service achieved between providing support to clients, yet encouraging their independence. Key workers also referred to the high standard

of care provided and the group identity which had developed within the scheme. One key worker also mentioned the value of having a low turnover of Praxis staff. He/she felt this played a vital role in fostering and maintaining relationships between the Praxis staff and residents.

Table 3: Like Most About Service

'Allowing clients to be independent yet having the support they need'

~

'Scheme manager goes out of his way to ensure they are not institutionalised'

~

'There is a good group identity and family atmosphere'

~

'The excellent support for the clients and continuous on-going communication with myself'

~

'The knowledge that when a client is accepted, they will receive a high standard of care'

~

'The support is not overly intrusive and does not lead to dependence'

~

'Staff encourage clients to be independent'

~

Only one key worker mentioned something which he/she like liked least about the service. This was in relation to clients' day time activities. He/she felt that Praxis staff could more actively encourage clients to attend outside day time activities, although he/she was aware there was a limited choice within the Coleraine area.

2.6. Project Manager's Views

The Project Manager echoed many of the issues raised by residents and their statutory key workers. The following issues were raised:

- The value of a very proactive but low-key approach to informing the local community about the accommodation project was emphasised.
- The local community was a close knit one and the accommodation project had been well accepted by the community.
- Two residents were involved in some voluntary work. For one of these individuals, this had been arranged with the assistance of the Community Occupational Therapist.
- A range of leisure facilities were easily accessible for residents.
- The scheme did not have formal residents meetings. Instead there was a Social Activities Group which met regularly. This monthly meeting is a social event in itself. The main purpose of the group is to plan and discuss future social events. Attendance at this meeting is high and the opportunity is taken by staff, when necessary, to raise any other important issues such as health and safety, cleaning rotas for communal areas or discussing colour schemes for the decoration of communal areas. This meeting is normally attended by only 1 staff member so that it does not become dominated by staff views.
- The process for developing care-plans was felt to be working well. When new service-users were referred it was felt that it was important to take the care-plan process at a pace acceptable to the service-user provided that, for example, items relevant to health and safety had been put in place.
- The review process was felt to be working well. However a concern was expressed that the review process was an intimidating one for residents. This echoes the views expressed by residents who participated in the 'Having Your Say Project'. 68% of service-users who participated in that survey said that lack of confidence would prevent them from speaking out at review meetings (Mawhinney & McDaid, 1996)
- The importance of creating the right climate to ensure that residents feel able to comment on the service they are receiving was highlighted. It was felt that being proactive about obtaining the views of residents helped create such an atmosphere. For example, regularly reinforcing to residents that it is important that they speak out if they are not happy; that staff want to know if they would like anything changed; and to seek out the views of residents on various issues, particularly those individuals who are less vocal.

- A skills mix of mental health trained and non-mental health trained staff was felt to be a good one for the scheme.
 - Fortnightly staff meetings were held and the manager had daily individual contact with staff members. To ensure that relief staff also received appropriate levels of support, they came in on a monthly basis to attend staff meetings.
 - The Flat Cluster was a new building and dealing with snagging had been very time consuming in the first 18 months to 2 years.
 - It was felt that good support was available from Praxis, both in terms of policies and procedure guidelines and accessibility of senior care staff. This is particularly important where different projects are widely spread geographically.
 - Similarly, there is a supportive and good working relationship with statutory colleagues.
-

CHAPTER THREE

DISCUSSION

This evaluation primarily focused on the views of residents and their statutory key workers. Both groups of individuals were very positive about the accommodation and support components of the service.

3.1. Residents' Views

All residents were satisfied with the overall service they received from Praxis. Aspects that were particularly valued were the independence that they had developed through the project and the support they received from staff. The certainty and reliability of that support were particularly valued.

Research by Elbeck and Fecteau (1990) on patients' perspective of an ideal mental health care setting have also found behavioural autonomy (ability to self-regulate daily activities) and supportive care (positive interpersonal relationships with staff) as key dimensions in satisfaction.

None of the residents were currently working. Three expressed a long-term aim of getting back to work. Most of the residents felt they could manage okay with the money they had coming in, however, two residents felt that it was *'hard enough'* to manage on the money they had coming in. The negative financial consequences of getting back to work were also highlighted.

The daily life of most residents was structured around domestic activities and the social life of the scheme. There was an active and varied social programme in place at the scheme.

Residents reported greatly enjoying all the activities organised through the scheme and expressed a wish for more activities to be available. Some residents felt that there were times when they were bored or lonely and they would like to participate in more activities at these times. Some residents got together for leisure activities apart from those organised in conjunction with staff. However, apart from this, social and day time activities were scheme focused. Only 2 residents reported attending a local day-centre.

Residents were overwhelmingly positive about most aspects of the service they received. However, it is common for individuals using mental health services to report high levels of satisfaction. Caution, therefore, must be exercised in assessing whether the reported satisfaction actually reflects what service-users really think about a service.

Factors such as low expectations, acquiescence, being asked about aspects of a service that are not important to the service-user and limited response categories in questionnaires, may all impact on reported satisfaction.

Webb (1993) draws attention to these methodological factors that may impact on reported levels of satisfaction. The current evaluation used a number of methods to ensure as accurate a reflection as possible of service-users views. For example:

- The interviews were carried out by a researcher who was not involved in any aspect of the service delivery.
- A semi-structured interview was used with a focus on using open-ended and follow-up questions to look in detail at individuals experience of the service as opposed to general levels of satisfaction. Stallard (1996) in a review of the role and use of consumer satisfaction studies highlighted the value of open-ended questions “which tend to produce more critical comments and routinely analyse and report areas of dissatisfaction”.
- Use of questions such as ‘*what do you like best about the service?*’ and ‘*what do you like least?*’ to ensure that service-users had an opportunity to raise any issues important to them, which had not been covered in the questionnaire.

3.2. Statutory Key Workers’ Views

A range of issues were explored in the questionnaire completed by residents’ statutory key workers, including the quality of the accommodation, the care provided by staff and the care-plan and review processes.

The accommodation was felt to be of a good standard and blended in with other housing in the area. The surrounding environment was rated from excellent to fair. Although one key worker felt that the scheme had been well accepted by the community another felt that

there was little interaction between the scheme and the local community.

There were high levels of satisfaction with the support residents were receiving for physical, mental health and social needs. In particular, key workers highlighted the value of the social activities organised through the scheme and how they played a vital role in meeting residents’ social needs. Overall the service was regarded as very responsive to residents’ needs.

Key workers were satisfied with the care-plan process and the level of involvement they had. They were satisfied with both the frequency of review meetings and the informal style of the meetings. It was felt that two aspects of review meetings could be further developed:

- Increasing the level of involvement residents had and, where appropriate, their relatives
- More preparation of residents prior to review meetings to enable them to participate as fully as possible.

Key workers felt that up-to-date information on their clients was made accessible to them and that in general there was efficient communication between the CMHT and the scheme. Working relationships were felt to be good, although 2 key workers felt it would be useful to have more contact with other staff grades as well as the Projects Manager.

When asked what they liked best about the service, key workers identified a number of factors, including:

- The balance achieved between providing support and encouraging independence.
- The high standard of care.
- The group identity and family atmosphere that had developed at the scheme.

In relation to aspects of the service that key workers were not happy with, one individual raised the issue of day-time activities. He/she, although acknowledging the limited choice of day-time activities available in the area, felt that the staff could more actively encourage residents to attend outside day-time activities.

3.3. Client Outcome

Residents had a range of views about how the service had impacted on them. One individual reported feeling more lonely since coming to the scheme; three individuals reported they had not experienced any changes in themselves, though, one reported having more company from staff and other residents and another acknowledged that others had noticed a change in them.

Of the 5 residents who reported experiencing a positive change in themselves, this was mainly in terms of generally feeling happier and less depressed.

Statutory key workers reported positive change for 9 out of the 10 residents, since they had taken up the service (the information was not completed in relation to one resident). A range of types of changes were reported. The most frequent development identified was increased independence for residents. Also noted was increased mental health stability and growth in confidence.

3.4. Social Network & Support Relationships

The small total network size of this group of residents is in keeping with the findings of previous research which has found individuals experiencing mental ill-health to have smaller social networks than those not experiencing mental ill-health (e.g. Cresswell et al., 1992; Henderson et al., 1978).

This group of residents also had a smaller mean network size than those of residents in other Praxis schemes. It is not possible to come to any conclusion as to why this group of residents had a smaller network size than any other group of individuals using Praxis services. One possibility is the lack of opportunity to become involved in day-care activities or a drop-in centre.

However, obtaining information about the size and structure of an individual's network does not provide an indication of how supportive that network is to an individual. Henderson et al. (1981) have emphasized the importance of using a subjective measurement to determine how much an individual 'feels' supported.

Therefore, in addition to the measurement of social networks, this project also measured how satisfied residents were with the social support available to them through intimate relationships and through more diffuse attachments such as friendships and acquaintances.

In relation to close attachments, just over half the group reported a similar availability of such attachments as the comparison group. These 5 individuals were as satisfied as the comparison group with the support they received from these relationships. However, 4 individuals were dissatisfied with the availability of close attachments and the adequacy of support they received from close attachments.

More residents were satisfied with the support they received from more diffuse relationships such as friends and acquaintances than closer intimate relationships. This was despite the fact that only one resident had as many of these relationships available as the comparison group. Therefore, although residents had small social networks, they were satisfied with the support from their network.

An earlier evaluation of an accommodation scheme, involving a very small number of residents (n=4) obtained similar findings (Mawhinney & Mc Daid, 1995). That evaluation raised the issue that although much emphasis has been placed on extending the social networks of individuals experiencing mental ill-health and promoting social

relationships within communities, what is perceived by one individual as supportive may not be perceived as supportive by another (Watts & Bennett, 1991). As the earlier evaluation argued, 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 some individuals, it may be important to have a large network of diffuse social relationships made up of friends, work colleagues and acquaintances, whereas for others this may not be important. It would appear that the latter scenario is in operation for this group of individuals. The general support they get through social integration would appear to meet their needs.

Alternatively, however, the reports of satisfaction may be due to low expectations on the part of residents. 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. In this case though, it would seem more likely that residents were genuinely satisfied with their more diffuse social relationships. In the interviews with residents about their views of the service, it was clear from many of the comments made, that the majority felt they were in a safe and secure environment where they had supportive relationships with staff and other residents.

Many of the residents also appeared to have regular and positive contact with family.

This is a positive finding. However it is important not to lose sight of the fact that 2 individuals were dissatisfied with the support they received from more diffuse relationships and that 4 individuals were dissatisfied with the support they received from close attachments.

Also, only a minority of residents reported relationships outside of family relationships and those developed within the scheme. Involvement in more day-time activities may provide opportunities for residents to extend their social network. The potential for getting residents involved in more day-time activities will however depend on the range of choices that are available in the area.

It is clear from the information obtained from service-users, statutory key workers and the Project Manager, that this proposed environment for service-users has been achieved.

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.

3.5. Conclusion

The purpose of this scheme was to:

- Establish a social milieu which promotes support, friendliness and an appropriate level of independence in a homely environment and
- Combine the advantages of independent living with the advantages of immediate access to staff support

CHAPTER FOUR
RECOMMENDATIONS

4.1. Accommodation

- Overall the residents were positive about their accommodation. However for one individual it did not have an atmosphere of a home. The comments of this individual highlighted the somewhat intangible nature of homeliness and what it means for different people. Developing a more in-depth understanding of homeliness and what makes accommodation a home has been identified as an important issue within the organisation. A research project on this area is currently being developed (Para. 2.2.1.).
- Statutory key workers referred to some design issues in relation to the flats. These will be communicated to architects involved in the design of the Praxis projects to ensure continuing improvement in design (Para. 2.5.1.).
- Two individuals expressed concerns in relation to personal safety. While these feelings may be due to more general anxieties it would be useful to check that residents have been offered the option of having extra security measures in their flats (Para. 2.2.2.).

4.2. Privacy

- It is positive that, overall, residents did not feel that having staff come into their homes was an invasion of privacy. One gentleman felt that having a male worker provided more privacy. Where individuals

express such preferences it is important to accommodate them where possible. This may be more difficult where a male staff member is required, as more women tend to work in this kind of care setting (Para. 2.2.5.).

4.3. Benefits Trap

- The benefits trap in which individuals living in supported accommodation can find themselves was clearly highlighted by the comments of one individual. Rent in projects such as this is higher than standard Housing Executive rent due to the higher housing management charge which is levied. The service charge covers staff support in relation to housing matters, maintenance, furnishing, cleaning and phone rental etc. Therefore, to remain in the accommodation and support setting the individual would need to be in receipt of a larger income to cover their housing costs than they would in standard Housing Executive housing. This clearly creates a difficult dilemma for the individual. It is an issue which Praxis have a responsibility to highlight with appropriate agencies and also to consider ways of responding to within the organisation (Para. 2.2.7.).

4.4. Hospitalisation

- Hospitalisation rates are currently monitored by the scheme. This should continue. To enable comparison of hospitalisation rates before and after uptake of a Praxis service, a full

hospitalisation history for the two years prior to entry should be obtained at all accommodation and support schemes from the Referral Agencies (Para. 2.3.).

4.5. Review Meetings

- Statutory key workers put forward some suggestions as to how review meetings could be improved. The Projects Manager also raised some concerns in relation to how residents experienced review meetings. Development of review meetings is being explored as part of the implementation of the recommendations from the 'Having Your Say' project and the issues raised in this evaluation should contribute to this (Para. 2.5.7. & 2.6.).

4.6. Communication

- Some key-workers felt that they did not have much contact with Praxis key workers and other grades of staff at the scheme and that it would be beneficial to develop these relationships. The service should examine whether enough opportunities are created to enable this. (Para. 2.5.8.).

4.7. Day-time & Social Activities

- From the description residents gave of their daily routines, much of their day-time routine was focused on activities at the Praxis scheme. One of the key workers highlighted client involvement in day activities outside the accommodation scheme as an area for development. It was acknowledged that there was limited choice within the area and this is perhaps an issue that could be examined by the Health & Social Services Trust (Para. 2.5.9.).
- Despite a busy social programme at the scheme, residents expressed a desire for more social and leisure activities. Alongside this, residents had small social networks. Involvement in more activities may provide opportunity for residents to develop their social networks. However it is likely that the issues are more complex than the scheme providing more social and leisure activities. Rather than simply making more activities available, it would be important to look at the inter-relationship between lack of involvement in day-time activities, the desire for more social/leisure activities and the small social networks (Para. 2.2.3.& 2.4.).

CHAPTER FIVE

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APPENDICES

- **Social & Behavioural Functioning**

Definition of Life Skills Sub-Scales (Rosen et al.,1989)

SUB-SCALE	DEFINITION
Self-Care	Appearance, personal grooming, hygiene etc.
Non-Turbulence	Reckless or offensive behaviour, destruction of property, violence etc.
Social Contact	Interpersonal contacts, social activities, hobbies, leisure pursuits, friendships etc.
Communication	Interpersonal skills, coherence of speech etc.
Responsibility	Medication and treatment compliance, respect for others' property

The table below details the percentage of Coleraine residents who fell within 1 S.D. of the mean scores from two comparison groups:

- Cambridge Psychiatric Rehabilitation Service (CPRS) (Shepherd et al., 1985)
- The original Rosen et al. (1989) sample from Australia

All of the individuals in the Coleraine sample fell within 1 S.D. of the CPRS sample on the responsibility sub-scale. The majority fell within 1 S.D. on self-care and non-turbulence, with just over half for social contact and communication.

Therefore on most of the sub-scales, the majority of individuals in the Coleraine group had similar scores to most of the CPRS comparison group.

In relation to the Rosen sample, fewer individuals from the Coleraine group fell within 1 S.D. of the comparison group mean. This was particularly in relation to self-care and responsibility. On these two sub-scales, over half of the Coleraine group scored higher than 1 S.D. from the mean, indicating that they had better functioning than the majority of the Rosen sample. Across all the sub-scales, only one individual scored lower than 1 S.D. from the Rosen comparison sample mean.

	SELF-CARE		NON-TURBULENCE		SOCIAL CONTACT		COMMUNICATION		RESPONSIBILITY		TOTAL	
	CPRS	Rosen	CPRS	Rosen	CPRS	Rosen	CPRS	Rosen	CPRS	Rosen	CPRS	Rosen
Lower	0 -	0 -	2 22%	0 -	1 11%	1 11%	2 22%	0 -	0 -	0 -	1 11%	0 -
Within 1 S.D	8 89%	4 44%	7 78%	9 100%	5 56%	5 56%	5 56%	7 78%	9 100%	3 33%	6 67%	4 44%
Higher	1 11%	5 56%	0 -	0 -	3 33%	3 33%	2 22%	2 22%	0 -	6 67%	2 22%	5 56%

• Hospitalization Rates For 5 Coleraine Residents

	18 Months Prior to Moving to the Coleraine Accommodation & Support Scheme	Since living in the Coleraine Accommodation & Support Scheme
RESIDENT 1	6 months across 3 admissions	2 weeks across 3 admissions
RESIDENT 2	4 ½ months across 3 admissions	none to date
RESIDENT 3	18 days across 2 admissions	none to date
RESIDENT 4	4 months over 1 admission	none to date
RESIDENT 5	4 months over 1 admission (numerous other admissions but dates not available)	none to date