HOME RESPONSE

An Evaluation Of A Pilot Scheme In
North Belfast Managed By North & West Belfast
Health & Social Services Trust

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SECTION 1

Introduction

1.1. The Home Response Model of Care.

The Home Response model of care 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 of care.

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. Structure of Service

The Home Response service was set up in August 1995 by North and West Belfast Health and Social Services Trust. It was initially based a t Crumlin Road Health Centre. At that time the service co-ordinator was a Senior Social Worker. In June of 1996 the service moved to the North Belfast Day Centre, within the Everton Complex and management of the service was transferred to the Manager of the Day Centre. In January 1997, this role was taken over by the Deputy Manager of the Day Centre.

Functions carried out by the Service Co-ordinator include:

- processing all applications to the Home Response service
- recruiting, selecting, training supervising and supporting HRWs
- liaison with Referral Agents (RAs)
- monitoring service provision.

In the Home Response model, direct care is carried out by a trained Home Response Worker (HRW). There were 2 HRWs involved with the service at the time of the evaluation, 1 female worker and 1 male. This allowed flexibility when a Referral Agent specifically requested a male or female HRW. At that time, both HRWs were employed for 25 hours per week. One HRW had previous experience of working with a mental health client group.

• 1.1.2. Staff Turnover

11 months into the evaluation, the female HRW resigned. There was no-one in place to take over her caseload. Clients were given the opportunity to work with the remaining HRW who was male. Service was discontinued for those individuals who chose not to work with the other HRW. There was then a 5 month period when the service had only one HRW who was male. During that period the majority of referrals received required a female HRW. Selection panels were therefore suspended until a new female HRW was recruited.

• 1.1.3. Range of Services.

Services which can be provided as part of the service include:

- practical support e.g. home management and activities of daily living. This might also include child support in relation to clients suffering Post Natal Depression.

- 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 referral agent

- supporting carers.

• 1.1.4. Target Population

This particular Home Response service was targeted at individuals experiencing mental ill-health who were domicile in the North Belfast area. The service was to function both as a pro-active means of preventing admission to psychiatric hospital, and of preventing people from entering long-term statutory services for example day care centres, where this may not have been necessary. The service is also viewed as a complementary support within the context of individual rehabilitation programmes for individuals returning to independent living from a hospital setting.

• 1.1.5. Service Operation

Referrals are made from the Community Mental Health Care Team. Applications for the service are assessed by a selection panel. During the evaluation this panel was made up of the RA making the application, a Senior Occupational Therapist, a CPN team leader from the Community Mental Health Team, and a Mental Health Care Manager. Also on the panel was the Service Coordinator, and the HRW who would be working with the service user if they were accepted to the service . The care-plan is discussed and formulated at the selection panel.

Work is carried out within the context of:
(a) an initial assessment of client needs and
(b) ongoing review involving the client, the RA, the HRW and the Service Coordinator.

Once an individual has been accepted on to the service , the RA and Home Response Worker make a joint visit to the individual. This meeting is used as an opportunity to introduce the client and the HRW, and as an opportunity for the service user to talk about their thoughts regarding preferred activities and their expectations of the service. Any inappropriate expectations the service user may have about the service are addressed during this meeting.

• 1.1.6. Staff Induction and Training

The HRW induction programme lasted for a period of 2-3 weeks. Induction primarily consisted of:

- going on ward rounds in the psychiatric unit in the Mater Hospital.
- spending time at the Alexandra Day Gardens Hospital

- working with staff and clients at the North Belfast Day Centre
- spending a day in the community with a Social Worker and a CPN
- visited an existing Home Response Service in West Belfast. This service was managed by an independent provider.

The following areas were covered during induction:

- the job role and responsibilities of the post-holder
- issues relating to effective communication with clients
- confidentiality
- how to handle difficult situations
- Health and Safety policy
- methods of record keeping
- an introduction to mental ill-health including signs, symptoms, and treatment of the more common mental health illnesses
- information on the structure of the mental health team and how liaison with referral agents should operate.

One HRW had received some training in calming and diffusing techniques following the induction period. The other HRW interviewed reported that they had received no further training.

1.2. The Evaluation

North and West Belfast Health and Social Services Trust commissioned Praxis, as an independent agency, to carry out an evaluation of this Home Response service. The evaluation began in June 1995, with final data collection taking place in February 1997. The main focus of this evaluation was:

(i) service user views about the service
(ii) RA views about the service
(iii) Home Response staff views about the service
(iv) outcome for the service user.

1.2.1. Service User Views

All service users referred to the service within the first 12 months of the service being in operation 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 evaluation of Home Response. It consisted of a range of closed and open-ended questions.

The questions were related to many aspects of service delivery including: 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.

- **1.2.2. Referral Agent Views**

At the end of the evaluation period, RAs, were asked to participate in a short interview. The interview, designed for the purpose of Home Response 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, the frequency and quality of review meetings, and the process of discontinuation.

- **1.2.3. Service Coordinator's Views**

At the end of the evaluation period the service coordinator was asked to participate in a short interview made up of open-ended questions. The questionnaire, designed for the purposes of this evaluation, covered a variety of issues: how the service is organised; how the Home Response model has worked so far; its advantages and disadvantages, strengths and weaknesses; health and safety issues; staffing issues.

- **1.2.4. Home Response Workers' Views**

At the end of the evaluation period Home Response Workers were asked to participate in a short interview in order to elicit their views on a number of issues: training and support; case loads; their involvement in review meetings and decisions on termination of service and liaison with RAs.

- **1.2.5. Service User Outcome**

Service User outcome was measured from 3 main perspectives:

- from that of the service user
- from that of the RA
- from that of the HRW in relation to the service user.

Outcome was measured in terms of social and behavioural functioning using the Life Skills Profile (LSP: Parker & Rosen, 1989). The LSP is broken down into 5 sub-scales, each relating to a different area of functioning: self-care; non-turbulence; social contact, communication, and responsibility (see Appendix A for definitions of each).

RAs were asked to complete an LSP for each service user on entry into the Home Response service, and at 2 month, 6 month and 12 month follow-up (or on exit from the service if that occurred before the 12 month cut-off). Home Response Workers were also asked to complete LSPs for each client at 2 month, 6 month and 12 month follow-up.

Unfortunately, the loss of service users through voluntary discontinuation of the service after short time periods, and as a result of the loss of the female HRW, meant that complete LSP data over the 12 month period

was available for only 4 individuals. Lack of LSP data meant that any meaningful analysis of service users social and behavioural functioning over the evaluation period, using a standarised measure, was not possible.

Some qualitative information on outcome was available:

- service user views about outcome were elicited during interview when they were asked about any changes in self they may have experienced since using the service
- RA views about outcome were elicited during interview when they were asked about the quality of support their client(s) had received in relation to their physical and mental health needs, and their social needs.

1.3. The Service User Group

Demographic information on the clients referred to the service was obtained through the use of a short questionnaire which was completed by HRWs. Over the course of the evaluation 15 clients were referred to the service.

- Ten service users were male, and five were female.
- The mean age of the sample was 49 years (min 26; max 68).
- Seven of the sample lived alone (one in supported accommodation); 6 lived with parents; 1 lived with parents and sibling(s), and 1 lived with other relatives.
- 12 service users were single; 1 was married; 1 was separated; 1 was widowed.
- 2 service users were engaged in sheltered work; 2 were retired; 1 was a house person, and the remaining 10 were not sufficiently well to undertake employment of any description.
- 9 out of 15 service users had an informal carer. In 6 instances the primary carer was a parent/parents, 2 of whom were known to be in their sixties, and 1 in their seventies. All of these parents lived with their son or daughter. In 3 instances the primary carer was a sibling. 1 lived with the service user, 2 lived nearby. All 3 were in their sixties.

1.3.1. Primary Diagnosis

The individuals involved in the evaluation had a range of mental health diagnoses. The most common diagnosis was schizophrenia (n=9). Other diagnoses included: depression (n=2); brain damage resulting from head injury (n=2); anxiety and agoraphobia (n=1), and Sturge Weber Syndrome (n=1).

1.3.2. Reason for Referral

Individuals were referred to the service for a variety of reasons. More than one reason could be specified for each referral (hence the figures will not add up to 15). The reasons for referral were:

- The most common reason for referral was to support and encourage service users in social and leisure activities, and in the use of community facilities (n=10).

- The next most commonly cited reason for referral was to provide emotional support or confidence building (n=7).
- 6 individuals were referred for practical support which would promote or maintain independence. This took a variety of forms including the teaching of life skills (e.g., use of public transport, budgeting).
- 1 individual was referred to the service in order to provide respite for his/her elderly carer(s).

- 1.3.3. Hospitalisation

5 out of the 15 individuals referred to the service had been hospitalised due to their mental health in the year prior to receiving the service. This was for time periods of: 5 months; 3 months; 2 months; 1 month, and 1 day.

At the end of the evaluation period 1 service user had experienced a period of hospitalisation. This individual had been hospitalised for one day in the year prior to using the service. He/she was hospitalised for the same period of time in his/her first year of receiving the service.

1.3.4. At The End Of The Evaluation Period.

Of the 15 individuals referred to the service 4 individuals were still in receipt of the service at the end of the twelve month evaluation. 3 of these individuals had been using the service for a period of 19 months, and 1 had been using the service for a period of 15 months.

11 individuals were no longer in receipt of the service. The reasons for this are as follows:

- 3 clients discontinued the service when their HRW left his/her post: these individuals had been using the service for 3, 4 and 5 months respectively.
- service was discontinued in relation to 3 clients at their request. 1 of these individuals had been using the service for less than one month, 1 had been using the service for 6 weeks, and 1 had been using the service for 1 year.
- 1 individual had the service discontinued after 1 year because he/she was not engaging with the service. The service was discontinued for another individual after one month as he/she had failed to engage with the service.
- 1 service user was discharged from the service because it was felt that he/she had adequate support within the community and therefore did not require the service over a long period. This individual was in receipt of the service for just over 1 month.
- the service was discontinued in relation to 1 service user as it was felt that he/she was becoming dependent on the service. The service was no longer felt to be of benefit to this individual. This individual had been using the service for a period of 20 months
- 1 service user moved out of the area. He/she had been using the service for approximately 6 weeks.

Due to their limited experience of the service,

follow-up interviews with 5 clients discontinuing the service after only a few visits were felt to be inappropriate. 1 service user was not approached for interview due to a deterioration in his/her mental health around that time. All 3 service users who had been discontinued due to staffing difficulties were approached to participate in the follow-up interviews.

1.4. Input

The number of Home Response hours provided varied from month to month. When both HRWs had been in post, service hours averaged at approximately 140 hours per month. When the female HRW resigned, the number of service hours fell to approximately 70 hours per month. With a replacement HRW in post, the current number of service hours being provided is 184 hours per month. The number of contracted Home Response hours per month for North Belfast is 200 hours.

After the service had been in operation for approximately 12 months, HRWs were asked to keep a record of the activities carried out with each service user for a four week period. Unfortunately, one HRW resigned at this point so data was provided by only one HRW, in relation to 7 clients. Activities were grouped under six headings: emotional support; personal care tasks; household skills; social activities skills and travel with service user. The latter activity included attending appointments with the individual as well as travel specifically for developing social skills and getting the individual out into the community (see Appendix B for full definition of the activities which fall under each heading).

The HRW was most involved in the provision of emotional support or friendship to service users (see Table 1). The HRW spent no time on personal care tasks or household skills in relation to the 7 service users who were currently using the service. 4.2% of time was used on administration tasks which included writing up notes and making telephone calls.

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

Activity	% of time
Personal care tasks	0
Household skills	0
Emotional Support	50
Social activities/skills	39
Travel with service user	7
Administration	4

SECTION 2

Results

• 2.1. Service Users Views About The Service

6 service users were interviewed as part of the evaluation: 4 male and 2 female (see Appendix C). All of those interviewed were currently using the service.

2.1.1. Information

Service users were asked how they first came to hear about the Home Response service. All 6 reported that they had been told about the service by their RA. All information was given verbally: 5 out of the 6 service users interviewed reported that they had not received any written information, the sixth service user was unsure as to whether or not he/she had received any written information. When service users were asked if they felt they knew enough about the service, all 6 reported that they did. When asked if there was any information they did not receive which they might have found it useful to know, all 6 reported that there was no other information that they needed to know.

• 2.1.2. Activities

Service users reported participating in a wide variety of activities with their HRW. Activities included sitting and chatting with their HRW, attending social clubs, shopping, going to the cinema, going bowling, going for walks, or doing practical things like going to the bank or attending dental appointments (see Figure 1).

Figure 1. Activities Carried Out With HRW

"We sit and chat just".

"Mainly we just come over to this part of the woods and go to a wee snooker hall and play snooker. I like playing the game, and it passes the time and gets me out ... there was once we sat in my house talking for the whole period of time, and there was one time we took the dogs out for a walk".

"We 'd just talk and we 'd read the Sunday paper ... talk generally you know".

"Sometimes we play ten pin bowling or go to the pictures or play snooker, or just go into the town shopping".

"We go out to a social club, and have a few drinks and have a chat".

"Mainly shopping, I love going round the shops".

Service users were asked if they would like to see any changes in the activities that they did with their HRW. All 6 service users reported that they were happy with their activities. Typical quotes were:

"No, not really, I'm pleased enough, everything is very nice".

"(RA) said we could go for walks and stuff

but (HRW) *is only here for 2 hours so I'd rather just sit and chat you know".*

One service user reported that while they were happy with their activities, they would like the HRW to visit more often:
"I'd like to see (HRW) *coming another day too".*

Service users were asked "To what extent are these the kinds of activities you thought you would be doing?". In other words, did the activities they did with their HRW match the expectations they had of the service following discussion with their RA. All 6 service users reported that the activity matched their expectations:

"Yes, (RA) *said we'd be getting out down town, out of the house, away from these four walls".*

"Yes, I just thought (HRW) *would be coming to keep me company for a while".*

5 service users stated that the activity matched their expectations, because they themselves had chosen what activities they would be doing with their HRW. As Figure 2 shows, service users were able to choose the activities they did with their HRW on a day-to-day basis.

Figure 2. Service User Choice

"HRW has made it plain and clear to me that he/she comes to take me out. He/she takes me out to do whatever I wish to do. It's not what he/she wants to do, it's what I want to do".

"Well (RA) *and* (HRW) *said it* (activity) *would be up to me".*

"I picked them (the activities)".

"I decided I wanted to go to the club".

"Well, (HRW) *asked me if I would like to go to some centres, but I said I was a bad mixer".*

- 2.1.3. Visits

4 service users reported that they had been given a say as to which days the HRW would visit. Typical responses were:
"Well they (RA and HRW) *asked me when it was convenient for* (HRW) *to come, and I said Wednesday and Friday".*

"I talked it over with my family, and we thought Saturday would be a good idea".

2 service users could not remember whether or not they had been consulted about the days on which the HRW would visit.

5 service users reported that they were happy with the days the HRW visited, and number of hours he/she spent with them. 1 service user who had had their hours reduced so that they received visits on one day instead of two,

stated that they would like to have the second visited reinstated:

"I would like (HRW) *to be back out on Fridays but I don't think it's possible cos he/she has other appointments. I would like to have a few more hours".*

2.1.4. Punctuality and Continuity of Service

All 6 service users reported that the HRW was punctual, and in the event of delays, or the HRW not being able to visit, they were always informed:

"The odd time (HRW) *would be a bit late but he'd phone ahead or drop me a postcard ... and if he doesn't get there til later, he'll stay later".*

"Pronto, in fact sometimes (HRW) *is early".*

Service users were asked if anyone visited them if their HRW could not come out to visit them (for example if the HRW was on annual leave, or sick leave). 2 service users could not comment as they could not recall their HRW ever being on leave. 1 service user reported that their RA came out to see them when their HRW was on leave. 3 service users reported that no one else had visited them when their HRW had been on leave. Of these, one reported that he/she was satisfied with the current situation, stating that he/she had developed a good relationship with their HRW and would prefer not to have anyone new:

"I've got to know (HRW) *too well. I'm good friends with him/her now ... no, I'd rather keep it the way it is".*

This individual went on to say that it gave them both a break and that it meant he/she would really be looking forward to his/her next visit:

"Well sure it gives us a break and if I miss 1 week or maybe 2 weeks, the next week I'm like a dog with my tongue hanging out waiting on (HRW) *coming".*

2 individuals reported that they would like to have some else who would visit when their HRW was off on leave. One individual reported that they missed the company:

"Well I feel very disappointed, nobody to talk to you know. I don't feel the same if (HRW) *doesn't come out on a Monday morning. I don't feel the same all week. I feel very depressed you know. I thought they'd send somebody in* (HRW's) *place, but they don't".*

- ### 2.1.5. Privacy

Service users were asked "Given that the HRW is coming in and out of your home, do you ever feel that your home is not your own?". All 6 service users reported that this was not a problem, and that they actually looked forward to visits. A typical comment was:

"No. I like (HRW) *to come and see me".*

- ### 2.1.6. Relationship With HRW

All 6 service users reported that they had a good relationship with their HRW and that they found them easy to talk to. A typical

comment was:

"We're never lost for something to talk about".

All 6 service users reported that they would talk to their HRW about their feelings or any problems they might be having, emotional or practical:

"I'd talk to him if I wasn't feeling too well. I'd tell him personal things ... what is going on in my life".

"I would tell (HRW) *that I always feel fed up".*

"We talk about the old days and the fashion, this fashion is coming back in, and in the seventies they were wearing their skirts that length. And one time the doctor gave me pills and they didn't agree with me, and so I says to (HRW) *and he/she rung the health centre".*

"Once (HRW) *fixed a door knob out there, the door wouldn't open, it was stuck".*

All 6 service users reported that they found it helpful to talk to their HRW. Service users found it helpful for a variety of reasons. 3 individuals indicated that they liked having someone to talk to:

"It's somebody to talk to and to get advice from".

"Cause I get a chance to talk, cause when I'm in here, I never speak to anyone. I stay on my own all the time".

"It's company you know, somebody to talk to".

One service user reported that having someone to talk to cheered them up:

"It (talking to HRW) *lifts my depression a wee bit".*

One service user reported that when he/she was unwell he/she found it difficult to express their feelings. This individual reported that the HRW had come to know them well and sensed when he/she was unwell. He/she liked the fact that the HRW understood them:

"I talk to (HRW), *but sometimes I can't explain how I feel ... but HRW knows when there is something wrong with me. And I like that cos it saves me having to speak, cos I can't say it".*

- 2.1.7. Changes In Self

Service users were asked "How have things changed for you since HRW started to visit?". Service users cited a number of changes they had noticed on a personal level since their HRW had started to visit: feeling less isolated; feeling happier; being more relaxed; being more motivated, and having improved family relationships (see Figure 3 overleaf).

Figure 3. Changes In Self

"Oh yes, for the better. I feel less out of it. Up here people say hello, they might stop for 5 minutes, but that's it. Now I've got company".

"I used to just sit about the house and that, but now I can get out and about ... we have a laugh".

"The hurtful feelings keep coming back, they don't stay with me when I'm speaking, but once I stop speaking, the hurtful feelings come back again. I'm not so lonely".

"(HRW) lifts my spirits a bit".

" ... before I had (HRW) calling out to me, I was just sitting in the house all the time. I had headaches, pressure it was. Now it's not too bad. It has eased the tension, I'm getting out and seeing round me and seeing other people, and seeing the way they are acting, and probably learning from it. I feel it is a wee bit easier now to speak to my parents. I've calmed down 50% of what I was".

"Oh yes, when I know I'm going out I'll get up and do all my own hair and get dressed up. It gives me an interest in myself".

- 2.1.8. Review Meetings

None of the 6 service users interviewed had had a review meeting. When asked if they would attend a review meeting if invited, 3 individuals reported that they would attend:

"Yeah, I would like to go to one".

One individual reported that they would not attend a review meeting if invited:

"No love. I'm not a good mixer".

2 individuals were unsure as to whether or not they would attend a review meeting if they were ever invited.

- 2.1.9. Involvement In Care Plan

Service users were asked "To what extent do you feel your views and opinions were taken into account in the drawing up of your care plan?". 5 service users reported being asked about their views at the initial visit with the HRW and RA. Typical comments were:

"(HRW) and (RA) came round, and they said I could do what I wanted".

"Well they (HRW & RA) said 'just do whatever you want to do' and I said 'okay yes'. So it was whatever I wanted".

One service user reported that he/she had been told by their RA what they would be doing with the HRW:

"(RA) just said that (HRW) would just call round and give me practical help".

- 2.2.0. Complaints

Service users were asked "Have you ever been given an information leaflet, or been told about how to make a complaint?". None of the 6 service users interviewed could recall

receiving any information, written or verbal, about the complaints procedure for the Home Response Scheme.

Service users were then asked "If you ever had a complaint, would you feel okay about making it?". 4 service users said that they would feel okay about making a complaint if it was ever necessary. When asked how they would go about complaining, 2 individuals said they would tell their HRW:
"I would just tell HRW when he/she came".

Another individual reported that he/she would inform their doctor:
"I'd probably just say to my doctor or something like that".

The fourth individual reported that they would not know how to go about making a complaint, or who they should get in touch with:
"I wouldn't know who to speak to".

1 individual reported that they would not feel okay about making a complaint. He/she feared that they might lose their place on the scheme if they did make a complaint:
"I wouldn't want to make complaints because I feel I would be dismissed, expelled".
This individual reported that he had never been told that he/she would lose his/her place on the scheme, but that this was their own perception of what might happen if they did complain. When asked if there was anything that might make it easier for them to complain, this service user reported that he/she found it difficult to talk to people:
"Well the only thing I would be able to say is I can't talk to people".

However, this individual went on to say that while they would not feel okay about making a complaint, they would feel okay about asking certain questions, for example inquiring as to why the HRW had not turned up for a visit. When asked how they would go about doing this, he/she responded that they did not know who to, nor did he/she know the telephone number of the North Belfast Day Centre:
"I would phone up and ask, I wouldn't make a complaint, I would phone up and ask 'why is HRW not here?'. I wouldn't know who to talk to ... and I haven't got the telephone number".

When asked if they would feel okay about making a complaint, the final service user interviewed stated that they could not foresee that they would ever need to make a complaint.

2.3. Like Most About The Service

Service users were asked "What do you like most about the service?". Service users reported a variety of things that they liked about the service. 3 service users reported that they liked getting out and about. Other things people reported were: meeting people; having some company; improved concentration; improved motivation, and generally feeling happier (see Figure 4).

Figure 4. Like Most About The Service

"Meeting my friends. The people that talk to me. It gets me out of the house for a few hours ... I don't know where to go, I need a partner to show me where to go cos I can't see right".

"Getting shopping, and seeing all the fashion, seeing what's happening in the world ... outside these four walls. It gives me an interest in myself".

"Just getting out and about and shopping around the town and that ... just getting out and about, I like that".

"Well, it lifts your spirits, it's somebody to talk to for an hour or so. It lifts your depression".

"You can always depend on (HRW)*".*

"The best part is when I get over and break the first shot at the snooker cos you concentrate, and I'm not 100% at concentrating, my head has been bashed around a fair bit. It has helped me get my concentration back".

• 2.4. Like Least About The Service

Service Users were asked "What do you like least about the service?". 2 service users reported that there was nothing about the scheme that they disliked or would like to change:

"I have no complaints about it. I can find no fault with it you know".

"I'm quite satisfied with it all".

2 individuals made reference to transport difficulties: 1 service user disliked the fact that taxi costs seemed to vary from week to week: *"Just the taxis love, some days they charge you different ... ".*

The other service user reported that having to use public transport, could pose difficulties: *"With HRW having no car, getting caught in a shower or something like that. We use public transport to get into town like, but sometimes I'd walk it home or have to get a taxi home".*

Finally, 2 service users disliked the costs involved in the activities that they did with their HRW:
"Least ... paying the money (to get into the social club)*".*

One of these individuals went on to suggest that a social club should be set up for individuals with mental health difficulties so that they could meet and make friends: *"The one thing would be ... is to get a hall of your own with a snooker table in it, and get free snooker instead of paying for it. There's not just me in this situation, there's a lot more people and may be we could all meet there and play a few games or have a yarn. Like a wee social club".*

When asked if there was anything else at all that they would like to say about the service, all 6 service users reported that there was not.

• 2.5. Referral Agents' Views About The Service

5 RAs were interviewed as part of the evaluation [1]: 3 community psychiatric nurses; 1 social worker, and 1 occupational therapist. These interviews provided information on 6 clients.

• 2.5.1. The Referral Process

RAs reported that to refer clients to the scheme they had to complete application forms which were easily obtained from the Service Coordinator. All 5 RAs stated that they were *"very satisfied"* with the process of referral. Reasons for satisfaction varied from the short period of time which elapsed between the receipt of application forms, and the time of the selection panel; the concise nature of the application form, and the clarity of information regarding what constituted an appropriate referral (see Figure 5).

Figure 5. Reasons For Satisfaction With Referral Process.

"It was very quick between the referral and the panel meeting. Basically one week - very quick and efficient I felt".

"It was very speedy and very smooth. I didn't have to produce massive reports - it was all very direct".

"It was straight forward, and the panel was very quick".

"Very clear and appropriate guidelines".

"There were no problems - no delays".

"the good multi-disciplinary mix of people on the panel for selection".

4 out of 5 RAs reported that they were *"very satisfied"* that the service was being targeted appropriately, 1 said they were *"satisfied"* with this. Two individuals stated that appropriate targeting was ensured by:

2 RAs reported that the service was appropriately targeted, as it met the needs of their client:

"It meets the needs of the client, as well as working him/her towards independence".

"It definitely meets the needs of each client - the goals are determined by the individual client".

The individual who reported that they were satisfied stated that consultation with RAs ensured that the service was targeted appropriately:

"The professional has input".

[1] RAs who had not returned LSP data, or whose clients had used the service for a brief time period were not approached for interview.

However, this individual went on to say that RAs needed clearer guidelines as to the exact role of the HRW:

"We need clearer identification of the exact role of the HRW in the information given out (to RAs)".

2.5.2. Support The Service Gives To Clients

RAs were asked about the support provided to their client in relation to their physical, social and mental health needs.

(A) Physical Needs.

Physical needs were an issue for 2 of the clients on which information was provided. Both RAs reported that they were *"satisfied"* with the degree of support the HRW provided. One stated that the HRW helped their client do practical tasks around the house that they could not perform alone. The other stated their clients physical health could be aided by exercise, and that the HRW supported the client in this by encouraging him/her to *"get out and about more"*.

(B) Social Needs

RAs reported that they were *"very satisfied"* with the degree of support provided in relation to the social needs of 3 clients, were *"satisfied"* in relation to the support provided to 2 clients, and were *"somewhat dissatisfied"* with the support received in relation to 1 client.

Generally RAs reported that the HRW had tried to encourage clients to get out and about more, and as a result clients were less isolated or more independent (see Figure 6):

Figure 6. Social Support

"Addressed main need of socialization and trying to integrate client - client will do some things on his/her own now".

"Got (client) *out and into town* - (HRW) *increased* (clients) *social outlets even in the short time he/she was there".*

"(Client) *is quite socially isolated and doesn't attend day-care. He/she* (client) *had someone to talk to and was able to go out quite a bit".*

However, a number of concerns were addressed:

- One RA commented that their client was generally slow to form relationships with people, and had not been given adequate time to develop a relationship with the HRW as the HRW had left the post:

  "They were just building up a relationship when HRW left - but (client) *is slow to form relations with anyone".*

- Another RA stated that while they valued the befriending aspect of the service, their client had expressed some dissatisfaction with the repetitive nature of the activities they did with their HRW, and found that finances restricted their activity:

"There was the befriending, and (HRW) *accompanied client out and about. Although* (client) *expressed some dissatisfaction that the activities were repetitive - I think they were restricted by finances".*

- One RA who had been *"somewhat dissatisfied"* with the support received in relation to social needs. He/she cited lack of continuity as the problem:
  "Same reason - the friendship was building up and then there were no visits, the client would be geared up to go out and then no-one turned up. It led to confusion within the family".

(C) Mental Health Needs

RAs reported that they were *"very satisfied"* with the degree of support provided in relation to the mental health needs of 3 clients, were *"satisfied"* in relation to the support provided to 2 clients, and were *"somewhat dissatisfied"* with the support received in relation to 1 client.

As Figure 7 illustrates, RAs were satisfied with support in relation to the mental health needs of clients for a variety of reasons: the HRW had realistic expectations of their clients and worked at an appropriate pace; the HRW was someone the client could discuss their problems with, someone who would listen; clients were less isolated and, as a result of receiving visits from their HRW had developed a more positive outlook on life were more motivated, and had greater emotional stability.

Figure 7. Satisfaction With Support In Relation To Mental Health Needs.

"Expectations of client were appropriate. HRW worked at the right pace for the client. He/she (client) *had a period of stability".*

"Worker is realistic and paces the work so it is not above the client. Also he/she would work in partnership with the client as a source of support".

"HRW provides an outlet for the client to talk about multiple issues. He/she (HRW) *was a sounding barrier and he/she* (HRW) *did that very well".*

"Client is very isolated, and doesn't go out at all. Just having conversation about social issues is a great help. He/she (client) *looks forward to visits and has a more positive attitude generally - prepares himself/herself and the house for the visit".*

"Client was prone to depression - it (Home Response) *gave him/her something to look forward to. He/she was more stable during that time".*

One RA who had expressed some dissatisfaction with the support given to their client in relation to their social needs, also expressed the same dissatisfaction with the support their client received in relation to their

mental health needs. Once again he/she stated that the service lacked continuity, and that there were times when their client went for long periods without receiving a visit. Furthermore, the client was not always given an explanation as to why the HRW had not visited.

Figure 8. Changes in Support

"I would like to see client go out more - but I know client won't do that".

"There were problems with communication with the client ... if the worker was off sick. Client didn't always seem clear as to when HRW would be visiting".

"Closer links between HRW and the RA, more feedback would have helped with support. Also less interaction between HRW and the family, and more interaction between HRW and the client".

RAs were then asked "Are there any ways in which you would like to see the support to your client changed?". RAs stated that support was okay as it was in relation to 3 clients, but suggested changes in support for the remaining 3. Suggestions for change included: getting the client out and about more, although the RA did acknowledge that this was probably not the desire of the client; clearer information for their client regarding visiting times, including being informed of cancellations, and closer links between the HRW and the RA (see Figure 8).

- 2.5.3. Flexibility

RAs were asked "In general, how flexible do you find this service in how it responds to your client's needs?". 3 out of 5 RAs reported that they found the service to be *"very flexible"* in response to client needs, 2 found the service to be *"fairly flexible"*. RAs reported that the service was flexible in terms of both the timing of visits, and in terms of the activities carried out with the HRW. Particular reference was made to the fact that the service listened to what clients wanted, and responded to their needs. The service was perceived as being very much client -centred (see Figure 9).

Figure 9. Flexibility of Service

"If necessary you could have care over a weekend, which was a problem period for my client".

"Client could chop and change in terms of days and times - with negotiation".

"The client could negotiate when they wanted the service".

"HRW was willing to consider (clients) *views* (in relation to activity) *and tried as best to accommodate that".*

- 2.5.4. The Care Plan Process

RAs were then asked "How satisfied are you with the level of involvement you were given in the care-plan process?". 4 out of 5 reported that they were "very satisfied" with their level of involvement in the care-plan process, 1 reported that they were *"satisfied"* with this. All RAs reported that

they had been fully consulted regarding the care-plan, during the selection panel, and were able to discuss the care-plan in further detail with both the HRW and the service user, during the initial visit to the service users home.

One RA while expressing satisfaction with their level of involvement in the care-plan process, stated that following this stage they had received insufficient information regarding client progress, and had had no involvement in monitoring or reviewing the care that their client received:
"Initially I was satisfied, but then I was not too well informed of how things proceeded, and I had no involvement in monitoring or reviewing the care my client received".

Another RA stated that while he/she was satisfied with his/her specific input into the care-plan process, he/she felt the process could have benefited from a more multi-disciplinary input, involving all the statutory agents involved in the care the client received:
"I was satisfied with my specific input but felt it could have been more coordinated, involving everyone involved with the client".
RAs were asked if they were satisfied that the care received matched the areas of need identified on the care-plan. 3 RAs reported that they were *"very satisfied"* that the care received matched what was laid out in the care-plan:
"It's spot on - it (the care-plan) *is clearly defined, and HRW meets the objectives".*
"HRW has tackled everything requested, and the care-plan can be adapted on request, with no major paper work".

2 RAs reported that they were *"somewhat dissatisfied"* with the extent to which the care delivered matched the care-plan. One RA stated that the care-plan specified that their client be encouraged to make their own decisions regarding the activities they carried out with their HRW, and that this had not been acted on:
"The activities going on during the service weren't always what the client wanted to do or those which would have been useful to the client - (HRW) was told that he/she needed to help (client) *make choices about what client wanted to do - I saw no action on this".*

This RA went on to say that the continuity of care as laid down within the care-plan had not emerged:
"There was no continuity of care, as set out in the care-plan".

This was the same individual who raised the issue of HRW reliability in earlier questions. This issue was raised by one other RA:
"There was a frequent problem with continuity of care - although to my knowledge it was going according to the care-plan for the time HRW was there".

3 RAs reported changes that they would like to see in the care-plan process:

- 1 reported that they would like to see a more coordinated multi-disciplinary input to the process
- 1 reported that they would like to see continual monitoring of the process with the RA being involved in this
- 1 reported that they would like to receive written reports every 3-6 months detailing client progress.

2.5.5. Review Meetings

RAs were asked "how satisfied are you with the frequency of review meetings?". 2 RAs could not comment on review meetings as their client had only been with the service for a short time.

1 RA reported that he/she was *"satisfied"* with the frequency of reviews stating that the number was *"balanced"*.

1 RA reported that he/she *was "somewhat dissatisfied"*, and 1 reported that he/she was *"very dissatisfied"*. These individuals reported that they formal reviews had not taken place in relation to their clients. Both clients had been using the service for more than 6 months:

"I haven't had any (reviews) *on a formal level - it would be of benefit to all parties even on a 6 monthly basis depending on the client".*

"I asked on the application form for service to be reviewed after 3 months, there has been no review in all the 6 months (of service)".

RAs were asked to comment on their satisfaction with the way in which review meetings were conducted. Only one RA had attended a review meeting therefore information is available in relation to only one respondent. This individual reported that he/she was very satisfied with the way review meetings were conducted. He/she felt that while the meetings were informal, they were effective and efficient:

"They're fairly informal but clearly target specific areas ... there's no waffle".

2 individuals felt that they were not in a position to suggest changes to the review process as they had not yet attended a review. 2 RAs suggested that review meetings need to be held *"more often"*, suggesting that there should be meetings every 3-6 months depending on client need. One RA stated that they would like to see more service user involvement in the review process.

2.5.6. Communication With Home Response Staff

RAs were asked "How satisfied are you with the extent to which up-to-date information on your client is made accessible to you?". 2 RAs reported that they were *"very satisfied"* with the information they received on their client. Both stated that the HRW kept in touch if they had any problems or worries, and one went on to say that the HRW was also easy to contact:

"HRW kept in touch over any problems or worries about client".

"HRW contacts me immediately if any issues arise, and it's easy enough to contact HRW".

However, one of these individuals went on to say that there had been times when the HRW had not come to visit, and the client had not been informed that the HRW was not coming:

"There were a few days when (client) *wasn't contacted to let him/her know HRW wouldn't be coming".*

One RA stated that he/she was *"satisfied"* with the extent to which up-to-date information on his/her client was made accessible. Initially, the HRW was located in the same building as this individual, and communication had been frequent. However, this individual reported that the frequency of information had fallen since the HRW had been moved to another base, with contact being initiated only when problems arose. They reported that they were very much dependent on their client to keep them up to date with what was going on:

"When HRW was on site it was fine. HRW was very prompt. If anything is wrong I would still know about it, but it is not as frequent since (HRW) *moved office.* (Client) *tells me how it is going".*

One RA reported that he/she was *"somewhat dissatisfied"* with the extent to which up-to-date information on his/her client was made accessible, one RA reported that they were *"very dissatisfied"* with this. One RA reported that they were only contacted in the event of problems, problems which they felt could have been avoided had the HRW been reliable in turning up for arranged visits. They went on to say that the communication they initiated with the HRW had rarely been responded to:

"The only time I was ever contacted was when there was a problem and there didn't need to be a problem. And any of the communication I initiated was very rarely responded to".

The final RA expressing dissatisfaction reported that while contact had been good in the initial months of service, it had since deteriorated, and as a result they were not up to date with how things were progressing:

"Initially there was good contact, in the 'getting to know' period, but later there was very little contact, I wasn't really aware of what was going on".

RAs were asked "Overall, how satisfied are you with the quality of your working relationship with staff at the Home Response scheme?". 2 RAs reported that they were *"very satisfied"* with the working relationship they had with the staff at the Home Response scheme, 2 reported that they were *"satisfied".*

As Figure 10 illustrates, reasons for satisfaction were varied: communication was good as all parties had clearly defined roles; staff at the scheme were easily accessible; the Service Coordinator was approachable; initial contact had been friendly.

Figure 10. Quality of Working Relationship

"There was good communication, everyone had a clearly defined role".

"There was easy access, and the manager was approachable".

"Initially contact was friendly, and HRW had a good grasp of the needs of the client".

1 RA reported that they were *"somewhat dissatisfied"* with the working relationship they had with staff at the scheme. While this individual acknowledged that there had been a lot of positive contact, they felt that this had been outweighed by the negative. They gave the example of an occasion where the HRW had failed to follow proper procedure by

failing to inform the RA of a problem, and as a result a consultant had visited their client unnecessary:

"if proper procedure had been followed, a consultant domicillary visit could have been avoided".

RAs were asked if "Are there any changes they would like to see in how you and Home Response staff liaise with one another?". 2 RAs felt that things were fine as they were. 3 RAs made suggestions for change. One RA suggested to management that more contact between the HRW and themselves would be beneficial in the initial period of service. They said this was already being implemented under the new manager:

"Those have now been implemented. After the introductory visit there has been some communication with the HRW to see how things are going, to check have I given them all the information they need to know - just a quick word once a week or so. That's now in place and working extremely well".

2 RAs suggested that a more formal procedure needed to be in place in order to ensure more effective communication:

"Maybe formalise it with meetings at certain intervals depending on client needs, every few months maybe, initially more".

One of these individual felt it would be useful for RAs to be involved in the HRW's supervision meetings. They felt this would allow them greater and more direct input and would facilitate better monitoring of client progress:

"I would like to see some involvement in supervision of the HRW - it would allow greater input, and monitoring of the service provided. I could usually only contact HRW

through the Scheme Manager, supervision would overcome that".

2.5.7. Discontinuing The Service

Service had been discontinued for 4 of the 6 clients on which information had been provided.

One RA stated that they were *"somewhat dissatisfied"* with how the service had been discontinued in relation to their client, 2 RAs reported that they were *"very dissatisfied"* with this. The service was discontinued in relation to all 3 of these clients when a HRW gave left his/her post. It was reported that there was no-one in place to take over these cases. All 3 RAs expressed dissatisfaction with the way in which the discontinuation of service had been communicated to either them or their client:

"(HRW) *didn't show up* (for a visit) *and* (client) *asked me why and so I investigated to find out that* (HRW) *had left".*

"My client told me about it, I'm not sure how they were informed".

One RA reported that they were *"very satisfied"* with how the service had been discontinued in relation to their client. They reported that it had been a collective decision between the client, RA and HRW which had come about due to a change in the family circumstances of the client:

"It was a collective decision (client, RA and HRW) - *we all agreed to it, you see the family has now stepped in to fill those needs".*

RAs were asked if there were any changes they would like to see in the process for discontinuing the service to their clients. One of the four RAs who had experienced a discontinuation of service stated that they were happy with the procedure as it stood. The 3 remaining RAs did however suggest ways in which they felt the process could be improved. The main suggestion was that the RA should be informed as soon as possible so that could inform and prepare the client, and possibly increase their support to the client in order to compensate for the loss of service (see Figure 11).

Figure 11. Changes In Process Of Discontinuation Of Service

"More liaison, with the RA informed first so the client can be prepared for it".

"Where possible it should be planned and the RA should be informed in advance so he/she can increase their visits appropriately, or perhaps liaise with the client to prepare them".

"The RA should be informed in advance of the visit ... the HRW shouldn't have been as blunt with the client, there should be more sensitivity about ending the relationship".

2.5.8. What Referral Agents Like Most About The Service

RAs were asked "What do you like best about the service?". RAs cited a variety of reasons

why they liked the service. One that emerged in every interview was the flexibility of the service: clients could determine when visits would happen, and could choose the gender or their HRW. The service was also felt to be flexible in that it catered for the specific needs of each client (see Figure 12).

Figure 12. Flexibility of The Service

"It can be geared to the clients level and can be graded in terms of input. It now has flexibility in choosing the gender of the worker - which is not a luxury we always have. I think that is especially important for people with mental health difficulties".

"The flexibility with the hours, covering weekends and evenings, and having the choice of a male or female worker".

"It is very flexible ... tuned into clients specific needs, needs which the RA can't always meet due to time restrictions".

3 RAs made reference to the accessible nature of the service, particular mention was given to the how quickly applications were responded to.

2 RAs made reference to the fact that the service was viewed by clients as being friendly, and less intimidating than other statutory services:

"The role of the HRW is friendship, not assessment - it's not a clinical relationship - that means a lot to a client".

"It's non-statutory so it provides a good balance for service users - it's friendly and less intimidating".

One RA liked the fact that the service *"happens where the client wants it - in their homes, and in the community".*

One RA described the service as imaginative reporting that it served to bridge the gap in current services:

"It's imaginative - it bridges the gap, takes people in small steps and boosts their confidence".

2.5.9. What Referral Agents Liked Least About The Service/Things They Would Like To Change.

RAs were also asked what they liked least about the service, or if there was anything about the service they would like to change. One RA reported that there was nothing about the service that they did not like or would like to be changed. As the quotes below illustrate the remaining RAs interviewed took the opportunity to emphasize areas of concern they had mentioned earlier, including frequency of reviews, poor communication over the long term, and lack of continuity of care.

"Regular review, and a more formal process for communication between the RA and the HRW".

"Breakdown in communication over the long-term. Also, lack of continuity of care, there is no-one there to take over clients (in event of loss of staff member)".

One RA felt that the service needed *"More people, more resources"*.

RAs were then asked if there was anything the service did not provide which they would like to see it provide: 2 commented on things which they felt the service did not provide. One RA reported that the application form did not encourage RAs to pass on important information regarding clients preferences and attitudes towards leisure. This individual suggested that HRWs might not be appropriately qualified /trained to help clients make choices on activity, or to help motivate clients. He/she suggested that HRWs might be trained in the use of some simple tools employed by occupational therapists (for example, activity inventories and leisure interest checklists) which might provide useful guides for HRWs in helping clients choose activities.

One RA commented that it might encourage activity if a budget was made available to allow clients to use public transport:

"Provision to use public transport - the resources to make that possible".

Finally, RAs were asked if they had any other general comments they would like to make about the scheme. 3 RAs chose to make additional comments about the scheme. One RA who had voiced some concerns about the service went on to say that he/she felt the service could have a very valuable contribution to the care of people with mental ill health:

"Despite the negatives, I'd like to see the service continue to build. I see that it is and can be very valuable, and in these times of limited resources it is vital to have a service so specifically aimed at improving quality of life ... I've had more positive experiences in relation to two of my other clients".

This individual also stated that they would like to see more training and support being given to the HRW:

"The task of a HRW is phenomenal, I'd like to see them being given more training".

This was the same individual who had earlier suggested HRWs should be trained in the use of simple tools which would help them to support service users in making-decisions about activity.

Another RA emphasized that the role of HRWs was to support interventions planned by the referral agent, not to attempt them. He/she stated that HRWs were not professionally trained and therefore needed to understand their own limitations.
This was a general concern, and was not

something that had actually arisen for them or their client while using the service. This individual also stated that they would like to see more resources put into the service:

"We need greater availability for people without informal family support".

Finally, he/she felt that there needed to be greater clarification as to the role of HRW as they sometimes felt it was *"difficult to see the difference between that* (Home Response) *and say home help - what exactly is their role?"*

One RA, whose client had moved out of the area, stated that they had been happy with the service. Their client was thinking about moving back into the area, and the RA reported that they would consider using the service in relation to this client again:
"It has worked out well, it met the needs of my client at that time. He/she is thinking of coming back to this area and I would use the scheme again for him/her".

• 2.6. Management of Home Response Scheme

A number of key-areas were highlighted:

- One of the difficulties identified in delivering the service was the size of the geographical area covered by the scheme. HRWs were dependent on the use of public transport and often had to use up to 2 buses to go between visits. It was felt that staff having a car available for transport would reduce transport time.
- Another area of difficulty identified was that of communication with HRWs when they were out working in the community. For example, if a HRW was going directly from one client visit to another, and the second client telephoned the day centre to cancel, the management had no way of contacting the HRW to let them know. The HRW would then turn up for the visit as arranged, which could prove upsetting for clients. It was reported that some kind of procedure to overcome this difficulty would be desirable.
- Initially, there had been an issue with regard to RA's expectations of the service. RAs seemed to be unsure as to the remit of the HRW. It was felt that some RAs believed that the service was designed to reduce their input by providing someone to check on clients well-being on a weekly basis. It was reported that the role of the HRW has now been clarified, and this no longer an issue for the service.
- Given the fact that HRWs work alone in the community, it was felt to be very important that the HRWs were made to feel supported, that they were part of a team. It was reported that this was done formally through individual supervisions, and through a group staff meeting, each of which were held on a monthly basis. Because all the HRWs are based at the Day Centre along with the management, and

were on site regularly, there was also opportunity for informal support.

- Communication with RAs was reported to have been facilitated by the fact that the Home Response scheme itself was a statutory scheme, as a result the individuals involved in the management of the scheme knew the majority of RAs working within the geographical area covered by the scheme.
- Communication from RAs often petered out after the initial period of service delivery. It was suggested that a more formal system might be required in order to promote more regular contact with RAs, contact which did not occur solely in the event of some client problem. It was suggested that a short form providing a brief written up date on client progress from RAs would be useful in providing feedback and guidance to HRWs. It was proposed that this up date should happen on a monthly basis.
- The service was felt to be advantageous in that it allowed a quick response to short term need, and was community based. Furthermore it was felt to negate the need for some clients to be referred on to other professional services aimed at more long term intervention, because no other suitable services available:

"you can get a quick service out to people, keep them in their own homes and not get them involved with other 'professionals' as such. They are in to help somebody going through a bad time in their life, and that works well".

2.7. Home Response Worker Views

Interviews were carried out with 2 Home Response Workers.

2.7.1. Staff Induction and Training

Both HRWs found the induction very helpful. The induction was felt to be useful for a variety of reasons: it gave the HRWs a feel for the kind of clients they would be working with; it let HRWs see how mental health professionals worked, how the system was structured, and how they fitted into that system; it gave HRWs the opportunity to see an existing scheme and how that operated, and what their expectations of the work should be. HRWs reported that they were spoken to informally about health and safety issues, including how to handle threat of violence or suicide. HRWs were also given standard written information on Health and Safety issues which is sent to all Trust employees. HRWs did not receive any written information on Health and Safety issues which was specific to the role of the HRW.

HRWs reported the benefits of being able to attend selection panels. It was felt to provide Home Response staff with the opportunity to discuss any risk of aggression or violence from the client. It was reported that if any risk to the safety of the HRW was identified, the client would not be accepted to the scheme.

The panel also gave HRWs the opportunity to meet the RA and ask them questions about the client. This was felt to be helpful not only in terms of facilitating liaison with RAs, but also in giving HRWs a clear idea of what to expect of the client, how best to work with the client, and what their role would be in relation to that client.

HRWs reported that while their induction had been very useful, much of the information had been imparted verbally. HRWs reported that they would like to receive a written information pack on policies and procedures, which was specific to the Home Response scheme.

1 HRW had received training subsequent to induction. The training, in calming and diffusing techniques, was felt to be very useful. It was described as being innovative and informative and it was reported that thorough handouts were given at the end of the session.

2 main training needs were identified:

- training on drugs used in treating mental illness, and their possible side effects.
- Better knowledge of substance abuse and its effects.

- 2.7.2. Support

HRWs reported that they did not receive formal supervision on an individual basis. However, it was reported that both HRWs and scheme management would have a formal staff meeting once a month. A range of things were identified as being addressed during these formal staff meetings, such as, discussing any difficulties experienced with clients, identifying clients who required a review, and discussing more general work issues. Both HRWs reported that there was plenty of opportunity for informal contact with the Service Coordinator between formal staff meetings. They felt comfortable about approaching the Service Coordinator at any time to discuss any day-to-day issues that needed to be dealt with more immediately: *"I can go to Service Coordinator any time an issue arises, I don't have to book a time".*

"I've got access to (Management) *5 days a week, and there's one person I see on a Thursday evening, and he/she lives in a hostel, and if there is any problems I can feed back to his/her key-worker there, which has been agreed with the key-worker. And then I have the number for the contactors bureau at weekends".*

Both HRWs reported being very satisfied with the support they received . When asked if they would like to have formal supervisions individually, both replied that it was unnecessary, and that the present system of ongoing informal support with monthly staff meetings was adequate.

One HRW reported being *"very satisfied"* with the mix of clients they had been matched with. They acknowledged that some clients

were more difficult to deal with than others and that they received increased support in relation to these clients.

One HRW reported that they were *"fairly satisfied"* with their allocation of clients. This individual went on to say that he/she felt that some clients were forming a dependency on the service, and that this should be discouraged given that the service is designed to provide short term support. This individual felt that service users needed to be given clearer information about the short term nature of the service:

"... my dissatisfaction with the way the job is working ... is that there has been a dependency culture created. I think there should have been more information (about the fact that the service is short term) *provided to those service users from the start. I don't feel it's my job to do that ... 'this is how many hours you are going to get, and this is how long the service is going to last'".*

- 2.7.3. Review Meetings

HRWs reported that there had been some reviews in the initial months of service, but to their knowledge, few had happened since that time. In the past HRWs were not invited to participate in review meetings. They were asked for information regarding frequency and duration of visits, but were not asked for information about client progress. It was reported that HRWs had been invited to attend future reviews. It was felt that this would be valuable for HRWs as the HRW usually has most frequent contact with the individual.

It was felt that more frequent reviews might be helpful in preventing people from using the service on a more long term basis, and perhaps developing a dependency:

"To my knowledge there haven't been any reviews for some time now ... I feel that (forthcoming reviews) *will be useful for the people who are on the books long term".*

- 2.7.4. Liaison

HRWs reported direct contact with RAs. HRWs reported that it was usually them who would initiate contact with RAs in order to up-date them on client progress, or indeed lack of client progress. HRWs also reported contacting RAs in situations where service users were failing to engage with the Home Response service. HRWs felt that the passing on of information was somewhat one-sided, and felt they would benefit from having some contact initiated by RAs:

"Some information coming the other way ... if they could give me more feedback on how that person is progressing, like 'This person's progress is satisfactory or unsatisfactory, and this is the work that has to be done' and if they've got any concerns".

HRWs reported that the RA was the one other person who knew the client well and that without regular contact the HRW could feel *"isolated".*

While one HRW felt RAs should be encouraged to pass on information on an informal level, one felt that a formalised system for liaison might be appropriate. It was proposed that HRWs could fill in a short up date form once a month on each client to be sent to their RA.

- 2.7.5. Like Most About The Job

The HRWs were asked what they liked most about their job. One HRW enjoyed the variety the job offered, and liked seeing people make progress. One HRW liked knowing that they were helping someone help themselves to rehabilitate back into everyday life, and that they could offer people some kind of hope for the future (see Figure 13).

Figure 13. Like Most About the Job

"Doing something different everyday with different people ... and seeing the improvement in people and knowing that you've helped them in some way".

"I suppose underneath, at the core of it, I like helping people. Knowing that I'm involved in a process where people will hopefully rehabilitate themselves and see light at the end of the tunnel, and sort of stretch and get back into the so called 'mainstream society', and relieve their isolation".

- 2.7.6. Like Least About The Job

HRWs voiced a number of areas of concern:

(a) It was felt that seeing the same clients over a long period of time, and doing the same activities with those clients, could lead to a decreased sense of job satisfaction: *"I suppose sometimes I can get a bit down in the dumps about the repetitive nature of the job. I've 3 long term clients, there's one we just sit in the house for 2 hours, and there's one client I see and it'll be snooker, and next week it'll be snooker, and the week after that it'll be snooker and so on. Once again it goes back to the dependency culture that has been created".*

(b) There appeared to be problems around some of the administration forms that HRWs have to complete as part of their duties. The monitoring forms keep a record of HRW visits, and the activity that they do with the service user on a particular visit. The forms are filled in by the HRW and signed by both the HRW and the service user. Each form records several visits. The form is kept in the service users home until it is complete. Both parties then keep a copy of the form when it is complete and a new form is started. One HRW reported that he/she did not like leaving the forms in the service users home over a period of weeks. There were two main reasons for this concern:

- service users had a tendency to lose the form.
- sometimes problems which had arisen during the visit would be recorded on the form, hence the HRW was somewhat concerned about confidentiality.

Contract compliance forms also presented some problems for staff. Staff found having to account for every minute of their time very restrictive:

" I feel like I'm filling in paper work whereby every half hour and every hour is accounted for. I just feel it's restrictive".

(c) HRWs reported that they were on short term employment contracts of between 1 and 6 months duration. It was felt that if the contracts could be extended over a longer period it would give HRWs an increased sense of job security.

(d) One HRW reported that they found the travel expenses forms laborious, and felt that a more efficient system might be to provide HRWs with weekly travel passes for the North Belfast area at the start of each week.

(e) Finally there appeared to be a few difficulties associated with the fact that the HRWs were based in the North Belfast Day Centre. Firstly, while HRWs do not work directly with the clients in the day centre, they do come into a lot of contact with clients there. It was felt that it might be useful for the HRWs to have some basic background information on clients so that they could respond more appropriately to clients needs:

"I would like to have more information on the people in the day centre. I feel that I would be able to respond to people in a more professional manner if I knew what their needs were".

Related to this, HRWs felt somewhat isolated within the Day Centre. It was felt that their participation in the Day Centre staff meetings might be a useful way to keep them up-to-date with events in the Day Centre:

"... I would like to feel more integrated with the day centre. Initially they said they were going to include me in the staff meetings, but they have them on a Friday afternoon and I'm out doing visits".

- 2.7.7. Changes in Service

Two suggestions were made as to changes HRWs would like to see in the service offered to clients. HRWs reported that they would like to see more financial resources put into facilitating social activities and hobbies as many of the service users involved in the scheme are on very low incomes.

It was also felt that it might be useful to have some kind of befriending service in place to take over those clients who had become dependent on the service, so that they still had some support there when the service was withdrawn:

"I felt that once I was in long term contact, that perhaps a volunteer could have been organised to go in".

SECTION 3

Conclusion

3.0. Overview

The evaluation aimed to look at outcome for the service user and satisfaction with the service from the point of view of a range of individuals; service users, their statutory key workers and Home Response staff. It is always difficult to make general conclusions in an evaluation involving a relatively small number of individuals. Also, there is the additional factor of the staff changes, in terms of the Service Coordinator, and at the level of HRW. However, obtaining information about the service from a range of sources enables some conclusions to be made. Based on the information obtained, it is clear that the service was felt to be flexible, client-centred, and user-friendly.

3.1. Range of Service

Activities that service users reported carrying out with the HRWs reflected the complete range of services that the Home Response service aimed to provide: practical, social, and emotional support.

For service users one of the most important components of the service was the emotional support provided by the HRWs. A consistent theme throughout all interviews was the idea of the HRW as a friend, someone who service users could talk to. Equally strongly expressed was the vital nature of the social support provided by the HRW in enabling service users to get out and about.

3.2. A Flexible, Client Centred Service

One of the primary aims of Home Response is to provide a flexible and customised service. Both service users and RAs found the service to be flexible and client-centred in it's approach. Service users had choice with regard to gender of HRW, timing of visits, and the activities that they would do with their HRW on a day-to-day basis. This flexibility is an important quality standard to continue.

3.3. Outcome

Qualitative information gathered from those service users who took part in the evaluation clearly indicates that on a personal level, they felt that the service had had a positive impact. The changes reported were in terms of feeling less isolated, feeling more relaxed, being more motivated, and generally feeling happier.

The qualitative information gathered from RAs, suggests that in terms of social contact, clients are getting out and about more as a result of using the service. RAs also noted the benefits in relation to clients mental health: just having someone to talk to had resulted in clients feeling less isolated, and having more motivation and emotional stability.

3.4. Information

The information an individual receives about a service is a valuable tool both in terms of utilization of the service, and in terms of knowing what justifies a legitimate complaint.

It was apparent that service users felt well informed about the service in the initial stages of service delivery. It may be useful to consider supplementing verbal information from RAs with an information leaflet.

3.5. Making a Complaint

It was positive that none of the service users interviewed had ever wanted to complain about any aspect of the service, and that 4 service users said they would feel comfortable about making a complaint if the situation arose. However, feeling comfortable about making a complaint and having the practical knowledge necessary to do so are two very different things.

It is important that service users are given clear and up to date information about how to make a complaint. One way of doing this might be for the Service Coordinator to go out on the initial visit with the HRW and RA so that he/she can introduce himself/herself to the service user. This would allow the Service Coordinator to explain the aims of the service, and tell the service user about the complaints procedure. Being able to put a face to the name of the person responsible for dealing with complaints, might make the task of making a complaint somewhat less daunting for a consumer group who traditionally, are not given the opportunity to have their say about services. Once more, this verbal information might be supplemented by an information leaflet which service users could refer to whenever necessary[2].

3.6. Resources

There was some concern about the costs the service user incurred while using the service. This includes both public transport costs, and the cost of any activity they participate in with the HRW. Given that the focus of the service is on social activities, this is an issue which requires further consideration.

3.7. Staff Induction

HRWs felt that the induction they received was useful in preparing them for the role of HRW. Much of the information given as part of the induction was imparted verbally. It is important that HRWs are also given written guidelines which are specific to the role of the HRW, which they can refer to as and when is necessary.

3.8. Service Users' Views

Consumer views in relation to any health and social care must be examined in the context of a range of issues. It has been generally found that when canvassing consumers for their views on health services they are very often passive and feel acceptant and grateful for the care they receive. Hence, service users are generally reluctant to criticise services in any way. This tendency may be exacerbated in individuals suffering mental health difficulties. These individuals will very often

[2] These leaflets should be up-dated with any change in the location or management of the scheme.

have had negative experiences of services in the past and as a result will have low expectations of services. To compound this it is likely that this group will be unaccustomed to being asked to express their views and may find it quite a daunting experience. Several steps were taken to minimise these effects in this evaluation (see Mc Cay et al, 1996). Given the depth of information provided by service users, it would seem likely that the views presented in this report are an accurate reflection of how the service users interviewed feel about the service.

Given that only a small proportion of service users consented to take part in the interview stage of the evaluation, it is unclear if these views are representative of the sample as a whole.

3.9. Referral Agents Views

Generally, RAs found the Home Response service accessible for referral, flexible and responsive to client needs. They were positive about their involvement in the care-plan process, and commented on the emotional and social support provided by the service and the resulting improvement in the mental health stability of their clients.

However several areas of concern were identified: lack of continuity of care; the process of discontinuing service; the absence of review meetings, and communication with staff at the scheme.

4.0. Home Response Worker Views

HRWs were positive about the induction they had received while working on the scheme. All reported being very satisfied with both the formal and informal managerial support available to them.

HRWs identified some areas of training that they would like to see be addressed. These included :

- information on drugs used in the treatment of mental illness, and their possible side effects.
- information on substance abuse.

HRWs particularly enjoyed the varied nature of the work, and feeling that they were making a contribution to people rehabilitation. However, some areas of concern were identified. These included: the repetitive nature of the job when dealing with the same clients over a long period; frequency of review meetings; lack of job security; feeling isolated in their jobs, both in terms of contact with RAs, and in terms of their role within the day centre, and some administrative issues.

Ongoing support and training clearly have an important role in facilitating the work of HRWs.

4.1. Overview

Overall, the various stakeholders interviewed as part of the evaluation were satisfied with

the service, and commented on many positive aspects of it. However, a number of concerns were raised, and a number of conflicting views were presented.

The service users interviewed were clearly very positive about the service they received. However, RAs interviewed raised a number of quality issues:

- the lack of continuity of care for some clients
- the way in which the service had been stopped for some clients
- the HRW not turning up for visits, and not informing the clients.

Issues identified as problematic by both RAs and HRWs were the lack of variety in the activities carried out with some service users, and the lack of review meetings.

Regular reviews would allow discussion of care-plans, and may help to address the issues of service users becoming dependent on the service as a long-term intervention, and the sometimes repetitive nature of the activity carried out by HRWs with their clients. As one RA highlighted, the task of supporting individuals in choosing activities, and motivating them is a complex task. HRWs might feel more supported in this task if they had some training in this area.

On other area of concern voiced by both RAs and HRWs was lack of communication: the Home Response service felt that there was a lack of communication on the part of RAs, and RAs felt that there was a lack of communication from the Home Response service.

While there was agreement that communication of information between the two parties was an area of improvement however, there was a disagreement as to where the particular difficulties lay. The system for communication and liaison is an area that may require further focus in order to identify how best to address this issue.

SECTION 4

References

Mc Cay, C., Mc Daid, C., & Graham, C. (1996). *Home Response: An Evaluation Of The West Belfast Scheme.* Praxis Mental Health.

Parker G., & Rosen, A. (1989) The Life Skills Profile. In: G. Shepherd, C. King, J. Tilbury, & D. Fowler, Implementing The Care Program Approach. *Journal of Mental Health*, (1995) 4, 261-274.

Shepherd,G., King, C., Tilbury, J., & Fowler, D (1995) Implementing The Care Program Approach. *Journal of Mental Health*, (1995) 4, 261-274.

APPENDIX A: DEFINITIONS OF LSP SUB-SCALES

SELF-CARE:	10 items covering appearance, personal grooming and hygiene.
NON-TURBULENCE:	12 items covering reckless or offensive behaviour, destruction of property, or violence.
SOCIAL CONTACT:	6 items covering interpersonal contacts, social activities, hobbies and leisure pursuits, friendships.
COMMUNICATION:	6 items covering interpersonal skills, coherence of speech and so on.
RESPONSIBILITY:	5 items covering medication and treatment compliance, and respect for others property.

APPENDIX B: ACTIVITIES RECORD

EMOTIONAL SUPPORT	talking to the service user about their feelings or any problems they might be having, listening, and providing reassurance and support.
PERSONAL CARE TASKS:	includes dressing, personal hygiene and self presentation.
HOUSEHOLD SKILLS:	includes assistance with budgeting, cooking, laundry, cleaning house, menu planning and shopping for food.
SOCIAL ACTIVITIES: /SKILLS	includes involving the service user in day activity, individual/group activity.
TRAVEL WITH SERVICE USER:	includes attending appointments with the individual by walking/car/bus and travel specifically designed for developing social skills and getting the individual out into the community.
ADMINISTRATION:	includes writing up notes, phone calls, review meetings.

APPENDIX C: CLIENTS INTERVIEWED AS PART OF THE EVALUATION

- 9 of the 15 people referred to the service during the evaluation period were approached to take part in the interview stage of the evaluation.

- 4 out of the 9 service users approached consented to take part.

- Given the low response rate, it was decided to widen criteria for interview. Hence, anyone who was referred to the service after the cut-off point for inclusion, who had been using the service for 4 months or more in February of 1997, were also approached for interview.

- This enabled a further 6 service users to be approached to participate in the interview stage of the evaluation: 3 of these individuals consented to take part. The RA of one of these individuals expressed concern over the impact an interview might have on their client's mental health and well-being. Hence, this individual was not interviewed.

- A total of 6 service users were interviewed: 4 male and 2 female. All of those individuals interviewed were current service users.

APPENDIX D: MEAN NORTH BELFAST LSP SCORES COMPARED WITH ENGLISH AND AUSTRALIAN SAMPLES

	SELF-CARE		NON-TURBULENCE		SOCIAL CONTACT		COMMUNICATION		RESPONSIBILITY		TOTAL LSP SCORE	
	CPRS Sample	Sydney Sample (Rosen et al., 1989)	CPRS Sample	Sydney Sample (Rosen et al., 1989)	CPRS Sample	Sydney Sample (Rosen et al., 1989)	CPRS Sample	Sydney Sample (Rosen et al., 1989)	CPRS Sample	Sydney Sample (Rosen et al., 1989)	CPRS Sample	Sydney Sample (Rosen et al., 1989)
% North Belfast Sample Above 1 SD	0	0	0	0	0	15.4	7.7	7.7	0	15.4	0	0
% North Belfast Sample Within 1 SD	76.9	84.6	38.5	84.6	53.8	46.1	61.5	84.6	76.9	84.6	15.4	23.1
% North Belfast Sample Below 1 SD	23.1	15.4	61.5	15.4	46.2	38.5	30.8	7.7	23.1	0	84.6	76.9

APPENDIX E

Wilcoxon Signed Ranks Test

Sub-scale: Non-Turbulence - Baseline to 2 Month Follow-Up (Referral Agent Rating).

Ranks

		N	Mean Rank	Sum of Ranks
Baseline: Non-turbulence - 2 month RA: Non-turbulence	Negative Ranks	6[a]	5.50	33.00
	Positive Ranks	2[b]	1.50	3.00
	Ties	0[c]		
	Total	8		

a. Baseline: Non-turbulence < 2 month RA: Non-turbulence

b. Baseline: Non-turbulence > 2 month RA: Non-turbulence

c. 2 month RA: Non-turbulence = Baseline: Non-turbulence

Test Statistics[a]

	Baseline: Non-turbulence - 2 month RA: Non-turbulence
Z	-2.108[b]
Asymp. Sig. (2-tailed)	.035

a. Wilcoxon Signed Ranks Test

b. Based on positive ranks.

Wilcoxon Signed Ranks Test

Sub-scale: Social Contact - Baseline to 2 Month Follow-Up (Referral Agent Rating).

Ranks

		N	Mean Rank	Sum of Ranks
Baseline: Social Contact - 2 month RA: Social Contact	Negative Ranks	5[a]	3.00	15.00
	Positive Ranks	0[b]	.00	.00
	Ties	3[c]		
	Total	8		

a. Baseline: Social Contact < 2 month RA: Social Contact

b. Baseline: Social Contact > 2 month RA: Social Contact

c. 2 month RA: Social Contact = Baseline: Social Contact

Test Statistics[a]

	Baseline: Social Contact - 2 month RA: Social Contact
Z	-2.032[b]
Asymp. Sig. (2-tailed)	.042

a. Wilcoxon Signed Ranks Test

b. Based on positive ranks.