

HOME RESPONSE

An Evaluation of The Pilot Scheme in West Belfast

An Executive Summary
(October 1996)

AUTHORS

Cara Mc Cay, B.Sc.
Research Officer

Dr. Catriona Mc Daid, B.S.Sc., Ph.D.
Senior Research & information Officer

Mrs. Carol Graham B.S.Sc., M.S.W.
Director of Services and Development

For further information or a copy of the full report,
contact at the authors at the following address:

Praxis,
29-31 Lisburn Road,
Belfast,
BT9 7AA

Tel: 01232-234555
Fax: 01232-245535

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- THE PRAXIS HOME RESPONSE MODEL OF CARE.

The Praxis Home Response model of care is based on the policies and directives outlined 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 support and facilitate the work of statutory professionals within the community.

The service functions as a pro-active means of preventing admissions to psychiatric hospitals. It also provides complementary support to community statutory professionals in the form of individually tailored rehabilitation programmes for individuals returning to independent living from a hospital setting.

This is a summary of an evaluation carried out over one year of a pilot Home Response Scheme in West Belfast.

- THE CLIENT GROUP.

The service received 20 referrals from care management during the 12 month evaluation period. 14 service users were female and 6 were male. Mean age was 35 years (range 21-51 years). 4 were living alone and 16 were living with at least one family member. 5 service users had had psychiatric admissions in the

year prior to taking up the service.

- THE EVALUATION.

The focus of the evaluation was on:

- (i) service users views about the service they were receiving.
- (ii) the views of statutory key-workers about the service being provided to their clients.
- (iii) Home Response Workers (HRW) views about the service.
- (iv) outcome for the service user from their own point of view, and from that of their statutory key-worker.

- HOW THE EVALUATION WAS CARRIED OUT.

Service users views about the service were elicited using a semi-structured interview schedule, carried out within their homes. Interviews were carried out with 9 service users (8 current service users, and one former), at the end of the twelve month evaluation period. All interviews were taped, transcribed and analysed.

A semi-structured postal questionnaire was sent out to *statutory key-workers* at the end of the evaluation period to elicit their views. Questionnaires were returned from 6 professionals, providing information on 10 clients. Both parties were questioned about how the service had impacted.

HRW were interviewed using a semi-

structured interview schedule designed for the purpose of this evaluation. HRW were also asked to complete time sheets recording their activity levels for each service user over a three week period.

- **SERVICE USER VIEWS**

Service users were very positive about the Home Response service. They reported engaging in a wide range of activities with their HRWs. The focus of activity varied. For some it was social and leisure activities (snooker, country walks, sewing classes); for others who had difficulties going out alone in public the focus was often more practical (accompanying them on shopping trips and to hospital and other important appointments); often giving relief to carers, or helping to maintain and/or promote independent living. Whatever the focus, the activity carried out on any one visit was the choice of the service user. Activities were carried out in partnership, the HRW offering support in activities, not simply do things for the service users.

Service users most valued the friendship and emotional support of their HRW. The reduced social isolation, or *“getting out and about”*, was also of vital importance to service users. Service users experienced the service as flexible and service user led.

Although the majority of service users reported that they would feel able to make a complaint if they needed to, the majority could not recall being given any

information (written or verbal) about Praxis' complaints procedure.

4 service users commented that there were not enough service hours available.

- **STATUTORY KEY-WORKER VIEWS.**

Statutory key workers found the service to be flexible, easy to organise, and client centred in its approach. The main areas of concern were the limited number of hours of Home Response available, “the paper work”, and the amount of involvement asked of key-workers. Some key-workers did note a reduction in the amount of time they had to spend with their client(s).

- **HOME RESPONSE WORKERS VIEWS.**

3 HRWs were interviewed, one of whom was relief. Overall, HRWs were very positive about the formal and informal support they received in their jobs, particularly in relation to more difficult clients. They enjoyed the variety in the job, as well as the continuity of the contact they had with their clients. It was suggested that an information leaflet on the complaints procedure should be made available to clients so that they could keep it, and refer back to it whenever necessary. A need to find ways to encourage service users to attend reviews was also voiced as a concern.

- **HRW ACTIVITY LEVELS.**

Approximately 90% of HRW time was spent in direct contact with the service user, with just 10.4% of HRW time spent

on administration. The majority of HRW time, 52.9%, was spent on development of social activities or skills.

- **OUTCOME FOR SERVICE USERS.**

Questionnaires were returned by 6 key-workers, providing information on 10 clients. Key-workers were asked to describe change in 4 areas: emotional; practical skills; social skills and mental health stability. Statutory key-workers reported most change in their clients in relation to social skills (n= 4). Positive changes in emotional well-being (n=3) and practical skills (n=3) were also reported .

6 service users reported positive change in self. Changes included increased confidence levels, or feeling generally more relaxed and happy. Service users also reported increased levels of motivation on the days their HRW was to visit.

- **CONCLUSIONS.**

The Home Response model of care provides an acceptable, appropriate and effective model of care from the points of view of all parties concerned. Generally the feedback was very positive however a few areas of concern were identified.

1. Complaints.

Familiarising clients with Praxis' complaints procedure seemed to be the weakest aspect of this service. Given the very personal nature of the relationship between client and HRW, this is a very

sensitive issue. It is important to ensure that service users have clear information on how to make a complaint, and that support structures are in place to enable them to do so. This issue is currently being taken forward in the light of a similar evaluation recently completed by Praxis Research Department.

2. More Hours

Both service users and statutory key-workers expressed a need for more hours. Where there is a clear need, it is important to advocate for more resources for the service. Where a service user cannot be allocated as many hours as they may need due to limited resources, the needs of that person should be borne in mind as part of their ongoing review, so that if the resources become available, they can be advocated.

- **RECOMMENDATIONS.**

A series of recommendations have been formulated on the basis of the evaluation findings and are explored in detail in the main report. The recommendations highlight some areas of good practice identified in the report. It also makes recommendations as to how service delivery could be further developed and improved at the level of services. Wider research issues were also identified.

- **Further Information.**

A full copy of the report can be obtained from the authors at Praxis, 29-31 Lisburn Road, Belfast, BT9 7AA at a cost of £7.50.