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SUPPORTED HOUSING SCHEME (DISH) AT LURGAN

Summary Report

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Background The Lurgan scheme was set up in June 1992 to provide accommodation and support to individuals experiencing mental ill-health. This is a summary of an evaluation carried out of that scheme. The evaluation provides an overview of the service from the point of view of a range of individuals.

The Scheme Model The scheme consists of single person houses dispersed throughout the town of Lurgan. Initially the DISH scheme provided supported accommodation for 12 people experiencing mental ill-health. During 1994, the service was extended to provide accommodation and support to 14 individuals. The DISH scheme provides a level of support which can range from a comprehensive care package to largely independent living.

Initially, staffing within the Lurgan scheme consisted of one Project Manager, one Assistant Project Officer (APO)[1] and 3 part-time (20 hrs) grade I Project Workers[2]. During 1994, the hours of one of the grade I Project Workers were increased to full-time (35 hrs). In October 1995, staffing within the scheme was further extended with the employment of one full-time grade III Project Worker[3].

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[1] APO provides administrative support and is involved in co-ordinating the befriending service.
[2] Grade I members of staff are unqualified with appropriate experience.
[3] Grade III staff hold relevant qualifications.

The Evaluation An evaluation of the DISH scheme in Lurgan was conducted by the Research Department within Praxis. The scheme was evaluated using standardised questionnaires and semi-structured interviews. The data was collated from a variety of sources; from tenants, Praxis key workers, the Projects Manager, other Praxis managers and members of the Community Mental Health Team (i.e. a triangulation approach was adopted).

The main focus of the evaluation was on:

- Tenants' views about the service and other aspects of their lives

- Tenants' social and behavioural functioning.

- Tenants' level of community integration. This involved assessing tenants' social network and support relationships.

- Views of the Community Mental Health Team (CMHT) regarding the service.

- The Projects Manager and other Praxis managers' views about the service.

Tenant's views 6 of the 14 tenants living in the Lurgan scheme agreed to take part in the evaluation. There were 4 males and 2 females. The mean age of participants was 39 years, the youngest being 19 years and the oldest 50 years. Tenants had

been using the Praxis service for between approximately 1 and 36 months.

Overall, service users were satisfied with their accommodation and the service they were receiving from Praxis. Aspects of the service that were particularly valued were the social and emotional support provided by staff; the availability of staff when they were needed; the general approach and attitude of staff; and simply having their own home.

Additionally, the majority of individuals were able to identify positive outcomes they had experienced since being involved with this service.

Areas of concern raised by service users included fears about personal safety and limited financial resources. None of the participants were currently working and only two expressed a long-term aim of getting employment. The dilemma between entering a low paid job and staying on benefits was highlighted. Half of the group were dissatisfied with their financial position though, they felt they managed their financial affairs reasonably well given their limited income.

The daily life of most of the tenants interviewed was structured around the local National Schizophrenia Fellowship (NSF) Drop-In. Most of the social activities they attended were organised by Praxis. However, it was clear from the reports of service users that many spent a large part of their time not

doing anything. This is clearly an area of need that should be addressed. Service users identified some of the barriers to being involved in more social and day-time activities such as reduced motivation, not having enough money and the difficulties of capturing the interest of some of the other Praxis tenants in relation to group activities. Many of the barriers to getting service users involved in arranging activities have already been identified in a project on self-advocacy (Mawhinney & Mc Daid, 1996). Implementation of the recommendations of that project may assist in developing service user involvement in organising activities.

Given that just under half of tenants at the scheme took part in the evaluation, some caution must be exercised in the interpretation of the results. It is not possible to make a judgement as to whether the views of the group who took part are representative of all the tenants at the scheme. However, a wide range of views were presented and many issues were raised that are likely to be of relevance to most tenants.

Social Network & Support Relationships

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

The analysis of tenants' social networks indicated that most of the social relationships individuals had outside mental health settings were of fairly limited and superficial nature. Only 2 individuals had contact with more than 3 people from the community and most of these were very casual acquaintances.

However it is positive to note that 5 out of the 6 individuals reported at least one friendship that they had outside mental health settings. Also 4 of the 6 service users had contact with neighbours, all of which was reported to be positive in nature. For most of the participants, other Praxis service users played an important role in their social networks with a lot of social contact occurring between the Praxis service users.

However, obtaining information about the size and structure of an individual's social network does not provide an indication of how supportive that network is to an individual. Henderson et al (1981) have emphasised the importance of using a subjective measurement to determine how much an individual "feels" supported. Therefore, in addition to the measurement of the size of individual social networks, the evaluation examined tenants' satisfaction with the support available to them through intimate relationships and through more diffuse attachments such as friendships and acquaintances. Tenants' scores were compared to scores obtained from a general population sample (referred to as the comparison group).

Going beyond the structure of social networks, to the support actually provided by these networks, there was considerable variability between individuals. Only 2 individuals were satisfied with the support they received from their close relationships and their more diffuse relationships which lead to social integration. 3 individuals reported that that they felt the support they received from both sets of relationships was inadequate for their needs. The final individual was satisfied with their more diffuse relationships but not their close relationships.

It is interesting that of the 5 individuals who were satisfied with the support the received from either type of relationships, only 2 had a similar availability of these relationships to the comparison group. Therefore, although tenants had small networks, they were satisfied with the support from their network.

The finding of limited social and day-time activities, the small network sizes and the perceived inadequacy of many of the service users relationships is not an unexpected one. It is a very common experience of individuals with enduring mental ill-health living in a community setting. Living in the community does not necessarily mean that you are part of that community. Also related to this is the stigma attached to mental illness and the discrimination individuals living in a community setting can experience. This was very clearly highlighted by one service user.

Views of Community Mental Health Team

Semi-structured interviews were conducted with 4 statutory key workers. Key workers had between one and five clients using the service, therefore, these interviews provided information in relation to 12 service users. .A range of issues were explored with the Community Mental Health Team (CMHT) including the quality of accommodation, the care provided by staff, the care-plan and review processes and the communication systems in place.

The Lurgan scheme is a DISH scheme so a range of housing stock is in use throughout the local area. Comments from the CMHT reflected the range of quality of this accommodation. Ratings ranged from excellent to poor in relation to the exteriors of homes and the quality of the surrounding environment. About two thirds of service users homes were felt to be in good to excellent condition with a good surrounding environment and positive community attitudes. However, one third of service users homes were reported to be in a fair to poor state externally and were situated in areas were there were considerable political tensions which created a poor surrounding environment for service users.

When asked about their satisfaction with the support their clients were receiving from Praxis in order to meet their physical mental health and social needs, responses were also varied. In relation to two thirds of their clients, key workers were satisfied or very satisfied with the care being provided in relation to physical and mental health needs.

There was dissatisfaction in relation to how one third of clients' mental health and physical needs were being met. In relation to physical needs it was felt that 4 clients required greater input from Praxis staff in personal hygiene and other related needs. In relation to mental health needs, there were 2 areas of dissatisfaction. One key worker felt that Praxis had failed to identify all the mental health needs of his/her client. This was attributed in part by the individual to 'high' staff turn-over. The scheme operates with a small staff team. There are many advantages to this, for example in terms of tenants working with a small group of individuals. However, it also means that losing one member of staff will have an operational impact.

When an individual is referred to the accommodation scheme, the referral is made by their statutory key worker who identifies the needs to be met by the project. The review process which involves Praxis, the tenant and the statutory key worker provides a process for reviewing progress and needs. Project workers play an important part feeding information into this process as they often see service users on a daily basis. However project worker turn-over will happen in any project and it is important that systems such as the review process ensure that turn-over does not impact on identification of needs.

Another area of dissatisfaction was that a key worker felt that the support provided to a client was too 'crisis-related'. Because of the particular focus of this evaluation it is not possible to make a judgement as to whether or not this was the case in this instance. A crisis related approach certainly would not be an appropriate one. It is useful to have a formal snapshot of statutory key workers views. However, it would be anticipated that this more urgent concern would have been raised at the time by the key worker through one of the forums available such as reviews or simply getting in touch with staff and raising concerns.

The feed-back from key workers was that they were satisfied with the quality of their working relationship with staff and the extent to which up-to-date information on their clients was made accessible to them by Praxis staff. Therefore, it would be expected that there are opportunities for raising any concerns about the service. Feed-back on tenants and staffing were also issues for the psychiatrist interviewed. In relation to feed back, it was felt that communication of information on tenants could be improved. In relation to staffing, it was felt that there should be more trained staff in place to support the tenants with more complex mental health needs.

The meeting of social needs was the area of greatest dissatisfaction for statutory key workers. There was dissatisfaction with the extent to which the social needs of over half the clients were being met. It was felt that many of the clients required greater levels of input from Praxis, particularly during the evenings, week-ends and holiday times when individuals were often socially isolated. The social isolation and inactivity experienced by some service users was clear from the information gathered on social networks and social support. Their enjoyment of any activities arranged by Praxis was clear and they would like more.

This has been one of the key findings of the evaluation. Ways of providing more social support to clients needs to be identified. There are a number of potential barriers that would need to be addressed to enable this, some of which have already been mentioned. Additionally, further development of this aspect of the service may have staffing implications. Currently staff are available 9.00am - 9.00pm Mon to Fri (Wed 9.00am - 7.30pm) and 9.00am - 2.00pm on Saturday and Sunday. The availability of staff may impact on social activities which are arranged during the week-ends.

In terms of the responsiveness of the service, again the key workers reported differing views. Two felt that it was very responsive, one that it was fairly response and one that it was very unresponsive. Whereas the latter individual felt that the service was very unresponsive and crisis led, another commented that if there are any problems, Praxis staff were efficient at identifying these and bringing it to the attention of the key worker. These differing views may be due to different experiences in relation to the service or differing expectations of the service. Obviously, identifying the factors leading to differing views about the service

will play an important role in resolving areas of dissatisfaction.

In relation to client outcome, positive change was reported by key workers in relation to most service users.. Only one key worker reported having been involved in the care-plan process. Within Praxis, the referral process and reviews are an integral of the care plan process, with identification of need and review of progress being important aspects. Therefore, it would appear that either varying definitions are in play in relation to what the care-plan process is or the process is not explicit enough. It may aid communication with the statutory key workers to examine whether there are ways of making the care-plan process more explicit. This should not be at the expense of creating more bureaucracy and losing the low-key quality to the work being carried out.

Although all the key workers were satisfied with how review meetings were conducted, they all felt that they should be carried out on a more regular basis. It was also identified that meetings can be a negative experience for service users and that service user involvement could be further developed. This was identified as an issue for service users across all Praxis accommodation projects in a recent report on self-advocacy (Mawhinney & McDaid, 1996).

The implementation of the recommendations of that project will provide an opportunity for these issues to be addressed.

Given that there was such a unanimous view amongst the 4 key workers that review meetings should occur more frequently, this is an issue which needs further consideration by the service. Given the number of individuals using the service, it is possible that more frequent review meetings will have logistical implications and these would need to be addressed.

| Conclusion | The evaluation raised a number of quality issues in terms of the strengths of the scheme and those areas which could benefit from further attention. These are detailed in the recommendations.

RECOMMENDATIONS

| Social Support | The social support available to a number of individuals

should be reviewed. While it is difficult to create support relationships for individuals, providing the opportunities and the skills to develop social networks and relationships is an important area for inclusion in care-plans.

| Tenant Dissatisfaction | Some tenants were dissatisfied with

aspects of their lives. Given that tenants participated in the evaluation on an anonymous basis, these individuals cannot be identified. However, the areas of dissatisfaction identified should be explored with tenants as part of the review process.

| Safety Issues | Statutory key workers expressed concern about the

environment in which some tenants homes were placed. Some tenants also expressed personal safety concerns. Some of these concerns were specifically related to the political situation in the area. A safe living environment is important for all individuals, but particularly so for individuals who are vulnerable because of their mental ill-health. Praxis in conjunction with Craigavon & Banbridge Health & Social Services Trust should continue to do all it can to influence the Housing Executive and Housing Associations in relation to the areas in which Praxis service users are offered accommodation.

The situation regarding door keys in the Housing Association unit should be checked out.

| Support from Staff | Flexibility in increasing staff support in

response to clients' changing needs is a good practice and merits consideration for replication.

Some tenants expressed a desire for longer visits from staff. Again this is an important issue to address as part of the review process, though, it is likely to have resource implications.

| Service Specification | Some key workers and the psychiatrist

felt that the service and/or the geographical area could benefit from having a more supportive care environment in terms of the hours staff are available and an increased number of qualified staff. This is clearly an area for needs assessment.

A key worker and the psychiatrist expressed views about the care approach adopted by Praxis. It is important that opportunities are created for Praxis and Craigavon & Banbridge Health and Social Services Trust to discuss the most effective care approach.

Like Best About the Service

Tenants and their statutory key workers identified a number of aspects of the service that they particularly valued. It is important that the scheme continues to build on these.

Social and Day-time Activities

It was clear from the reports of service users that many spent a large part of their time not engaged in any activities. It is unclear from the evaluation whether this is due to lack of opportunities, small social networks, lack of involvement in employment and/or lack of support. This is an issue which needs to be addressed in greater depth before identifying the best way forward. However, it is likely that the issues are more complex than the scheme providing more social and leisure activities. Rather than simply making more activities available, it would be important to look at the inter-relationship between the above factors.

In general, statutory key workers felt that there should be more input into meeting tenants social needs. The service should explore how this could be best achieved and the resource implications.

Review Meetings

Suggestions were put forward as to how review meetings could be improved. Development of review meetings is being explored as part of the implementation of the recommendations from the 'Having Your Say' project and the issues raised in this evaluation should contribute to this. In particular, the issues of more frequent review meetings and a more explicit focus on the care-plan should be addressed.