



Brookvale

**An Evaluation of the Brookvale Residential
Service in Co. Monaghan**

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1. INTRODUCTION

1.1. Background to Brookvale

Brookvale is residential scheme for people with learning disabilities. It is located in County Monaghan. The scheme was set up at the start of April 2010. Brookvale provides accommodation and support to seven service users. The service users have a range of learning disabilities and have come from a variety of backgrounds including long stay hospitalisation. The majority of service users have quite severe learning disabilities and some have additional physical and/or mobility problems. A breakdown of service users' demographics are given in section 1.2.

Brookvale employs ten full-time staff members in addition to a full-time manager. Brookvale also have three relief staff and 13 agency staff registered with them who can provide cover when required, for example, to cover sick leave.

Brookvale has very few untoward events and hospitalisation of service users is generally only for medical problems. The service users have all remained at Brookvale for the duration of this evaluation.

Brookvale provides a safe and secure, long stay residential facility for adults who have a learning disability, often with associated physical and mental health difficulties. The scheme provides round the clock staffing to meet the needs of the service users including: personal care needs; medication; support with daily living tasks; and support in accessing the community.

1.2. Service User Demographics

At the time of the evaluation seven service users resided at Brookvale, all of whom joined the scheme between April and May 2010. Of the seven, four are female and three are male. Their ages range between 35 and 75 years, with five of the seven under 60 years of age. All service users have a form of learning disability with one diagnosed as having a mild learning disability, two diagnosed as moderate, three as severe or profound, and one service users has Down's syndrome. The service users all have co-morbid conditions which include type-1 diabetes, bipolar disorder, Obsessive Compulsive Disorder, epilepsy, and celiac condition. Prior to coming to Brookvale, two service users had resided in long stay institutional care settings, two had been in institutional or residential facilities, and the remaining three service users came from their family home.

1.3. Evaluation

The aim of this evaluation was to measure any change in the service users during the first 12 months of their time at the scheme. Given the nature of the service user group, a number of considerations were taken into account in relation to data collection:

- The service users came from a variety of backgrounds and therefore had mixed experiences. From a data collection perspective this may mean that service users' scores

and their overall change scores are very different, therefore measures were carried out on an individual by individual basis rather than an overall change score for the scheme.

- Given the nature of the service users' learning disabilities, in combination with any associated physical difficulties, any change is likely to be small. Therefore, the data was collected using measures that ensure small changes can be identified.

The evaluation commenced in March 2011. Some data was collected retrospectively in relation to the previous 12 months (i.e. when the scheme opened). A variety of areas were measured including social behavioural functioning, behavioural mental health functioning, community accessibility, and family members' views. These areas were chosen in order to capture as much information as possible in relation to changes for the service users, but also to enable a more complete picture of the service users to be considered rather than focusing on one specific area of change.

1.4. Methodology

The following measures were administered:

1.41. Social Behavioural Functioning: Pen Portraits

service users' social behavioural functioning was evaluated by means of pen portraits completed by the service manager. These required the manager to write a short summary of the service user focusing on their daily living skills, their quality of life, and their social functioning. They were completed for baseline (April 2010) and at a 12 month follow up. The baseline measure was completed retrospectively in March 2011 with the follow up completed in April 2011.

1.42. Behavioural & Mental Health Functioning: HoNos-LD

Service users' behavioural and mental health functioning was evaluated with the Health of the Nation Outcome Scale for People with Learning Disabilities (HoNOS-LD; Roy et al, 2002). This measure evaluates the severity of service users' behavioural and mental health problems at a given time. The measure can then be repeated at two or more time periods to give an indication of any changes, either positive or negative, across a period of time. The service manager completed a HoNOS-LD for each service user. The first time period (baseline) was carried out in March 2011. Subsequent questionnaires were completed at 8 weeks and then at 6 month follow up.

1.43. Community Accessibility: Social Inclusion Web

Service users' community accessibility was evaluated using 'The Social Inclusion Web'. This measured the level of interaction service users have with the people and places in their local community. It is completed by a staff member who identifies the contacts a service user has at

one period of time (i.e. the time of completion) to give an accurate snapshot of their community accessibility at that time. A social inclusion web was completed retrospectively for each service user on their arrival to the service with a follow up completed 12 months later. The social inclusion webs utilised in this study have been adapted from the original webs designed by Sue Hacking & Peter Bates (2008).

1.44. Family Members' Views: Standardised Questionnaire

A standardised questionnaire was used to elicit the views of family members. The questionnaires were coded and placed in sealed envelopes by the research team before being sent to Brookvale. The staff in Brookvale then distributed the questionnaires to members of the service users' family. Completed questionnaires were returned directly to the research department by family members in a prepaid envelope. Seven questionnaires were distributed to family members in March 2011 and three completed questionnaires were returned to the research department.

1.45. Overview of measures used

Measures used	To assess	Collection points	Number of collections undertaken
Pen portraits	Social behavioural functioning	Baseline 12 month follow up	2
Health of the Nation Outcome Scale for people with Learning Disability (HoNOS-LD)	Behavioural and Mental Health Functioning	Baseline 8 week follow up 6 month follow up	3
Social Inclusion Web	Community accessibility	Baseline 12 month follow up	2
Standardised questionnaire	Family members' views	March 2011	1

2. OUTCOMES

2.1. Summary of Outcomes

Pen portraits by the service manager indicate that during the 1st year in Brookvale, service users became more involved in activities around their home such as participating in house meetings, organising coffee mornings, and arts and crafts.

Being in Brookvale has not detracted from the service users having contact with their families. In fact all service users have either maintained contact or had an increase in the amount of contact they have with family members .

Pen portraits and social inclusion webs both show that service users became more involved in activities and places in their community.

The findings from the HoNOS-LD suggested a slight decrease in all areas of mental health and behavioural difficulties within the first 8 weeks of residence at Brookvale.

Social inclusion webs completed by the service manager revealed that all service users either maintained their contacts with the community, or increased the number of these contacts. For the most part, service users were found to have more contact with both the people and places in their community at follow up. This indicated that, while at Brookvale, they were supported to be more involved in their community.

Family members were generally positive about both Brookvale as a service, and about Praxis Care as an organisation. 67% of respondents rated the quality of services provided by Praxis Care as 'excellent'. One family member reported having made a complaint. However this was felt to have been dealt with adequately.

Overall, the findings from this evaluation were very positive. They suggested that, since entering Brookvale, the service users have settled and are actively engaging with staff and the community in a positive way. There has been a moderate reduction in the severity of mental health difficulties and family members were satisfied with the quality of care and facilities provided. Service users have increased access to their local community and are taking part in a wide range of activities that suit each individual's interests.

2.2. Social Behavioural Functioning: Pen Portraits

Pen portraits were provided at baseline when the service user first joined the service (Time 1), and 12 months later (Time 2). This information is summarised below:

Service User	Pen Portraits
BV101	<p>Time 1: Moved from a long stay institution to Brookvale in April 2010. Has a severe learning disability and a history of challenging behaviour. Has good verbal and non verbal communication. On entry to Brookvale BV101 did not attend day services.</p> <p>Time 2: BV101 is 'enjoying participating in all social opportunities at Brookvale'. New hobbies have been endorsed as 's/he has discovered a love of arts and crafts and makes his/her own cards'. His/her daily routine has changed somewhat as 's/he just loves... <i>[getting ready]</i> every morning'.</p>
BV102	<p>Time 1: Moved from institutional care to Brookvale. Has a moderate learning disability and obsessive compulsive disorder, and is therefore very reluctant to try anything new. S/he is easily disturbed if faced with a new situation or new people.</p> <p>Time 2: BV102 attends day placement Monday to Friday and receives visits every other weekend from a family member. S/he attends the church club every Thursday night and mass on Sundays. BV102 has assisted with fundraising activities by helping to organise two coffee mornings. BV102 has also assumed responsibility for certain household tasks such as setting the table and emptying the wastepaper bins.</p>
BV103	<p>Time 1: Came from a long stay hospital placement with previous placements in another hospital and a convent. Has a severe learning disability and bi polar disorder. Is 'very quiet' and doesn't like a lot of noise. Is very reserved and has good mobility. Has to be encouraged to sit and relax as tends to constantly pace.</p> <p>Time 2: Has initiated communication with a family member which has been successful to date and it is hoped this will develop further. Enjoys 'shopping and having his/her hair done'. Has participated in decorating his/her room. Participates in in-house activities such as reflexology and arts and crafts. Verbal communication is improving and is now using single words.</p>
BV104	<p>Time 1: Attended main stream school although has come to Brookvale from a long stay hospital. S/he has a mild learning disability, unstable bi polar disorder, and poor mobility. Despite medication BV104 has had numerous episodes of mania and depression. Due to risk of falling s/he requires one to one staffing.</p> <p>Time 2: BV104 continues to require one to one staffing. His/her health has continued to be poor, resulting in two hospital admissions in the past year. S/he has fortnightly reviews with a consultant psychiatrist. BV104 now enjoys social outings and has visited his/her home town which s/he remembered well.</p>

BV105	<p>Time 1: BV105 lived at home until coming to Brookvale in 2009. S/has Down Syndrome and attends services from Monday to Friday. Has type-1 diabetes and is insulin dependent. In addition, s/he has celiac disease and a gluten free diet. As a result s/he attends regular dietician appointments.</p> <p>Time 2: BV105 continues to attend day services from Monday to Friday. His/her diabetes and celiac condition have become well managed since coming to Brookvale. BV105 attends mass regularly and enjoys participating in social outings.</p>
BV106	<p>Time 1: BV106 has a profound learning disability and epilepsy. S/he has mobility issues. BV106 has regular speech and language input – although s/he has no formal speech s/he can communicate via noises. The family visit often.</p> <p>Time 2: Good multidisciplinary support has been provided over the past year including speech and language therapy, regular visits from the physiotherapist and occupational therapist. The family continue to visit regularly.</p>
BV107	<p>Time 1: BV107 has a moderate learning disability and epilepsy. S/he uses a wheelchair. Came to Brookvale after having spent the previous three years in a nursing home for the elderly. Family visit every week and BV107 has a keen love of music and arts and crafts. Has displayed aggressive behaviours towards others during personal care and showering.</p> <p>Time 2: BV107 has secured a three day a week day-placement and has developed a love of in house activities including attending the monthly house meetings. S/he has recently purchased an electric keyboard which s/he enjoys playing. The family continue to visit every Friday. BV107 now knows the neighbours living opposite Brookvale and loves interacting with any visitors.</p>

Summary

- All service users have been involved in the scheme activities such as arts and crafts and monthly house meetings
- Service users have been involved in more activities outside the scheme such as Church club, visits to their home towns, and attending new day placements.
- Contact with family members have been maintained and increased for some.
- The staff at Brookvale work closely with multi-disciplinary teams to ensure that the service users attend their health appointments and any conditions are closely monitored.

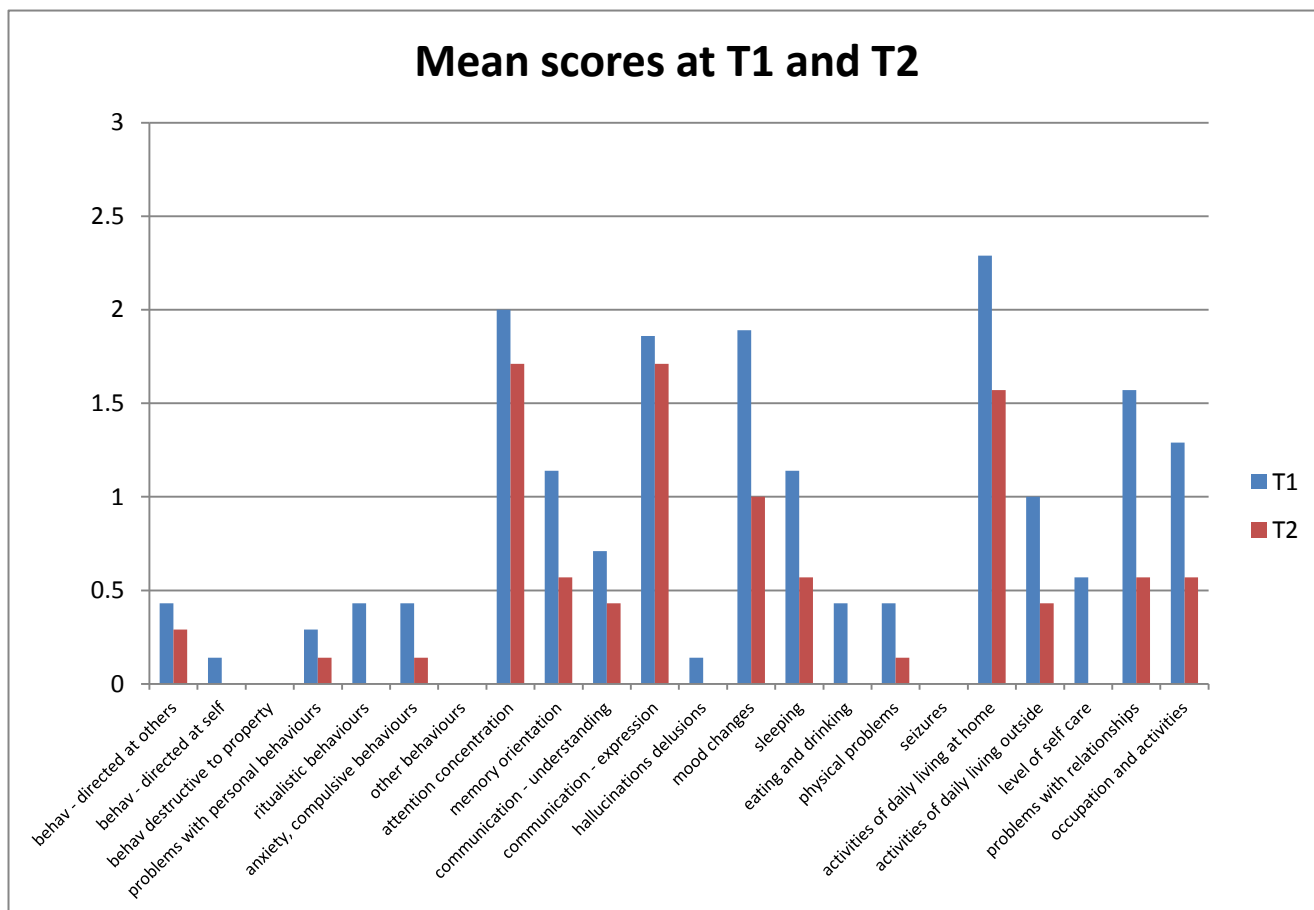
2.3 Behavioural and Mental Health Functioning: HoNOS-LD

The HoNOS-LD provides a measure of behavioural and mental health functioning. The table below provides the mean scores for each of the 18 items at the two time points¹. A reduction in scores suggests a reduction in the severity of problem behaviours.

Item	Baseline (T1) (Mean)	+ 8 weeks (T2) (Mean)
Behavioural Problems – directed to others	0.43	0.29
Behavioural Problems – directed to self	0.14	0.00
Other mental and behaviour problems		
a) Behaviour destructive to property	0.00	0.00
b) Problems with personal behaviours	0.29	0.14
c) Rocking, stereotyped, ritualistic behaviours	0.43	0.00
d) anxiety, phobias, obsessive, compulsive behaviours	0.43	0.14
e) others	0.00	0.00
Attention and concentration	2.00	1.71
Memory and orientation	1.14	0.57
Communication – problems in understanding	0.71	0.43
Communication – problems in expression	1.86	1.71
Problems associated with hallucinations and delusions	0.14	0.00
Problems associated with mood changes	1.89	1.00
Problems associated with sleeping	1.14	0.57
Problems associated with eating and drinking	0.43	0.00
Physical problems	0.43	0.14
Seizures	0.00	0.00
Activities of daily living at home	2.29	1.57
Activities of daily living outside the home	1.00	0.43
Level of self-care	0.57	0.00
Problems with relationships	1.57	0.57
Occupation and activities	1.29	0.57

¹ The HoNOS-LD was completed on three occasions - baseline (T1); 8 weeks later (T2); 6 months after baseline (T3). However, there was a change in the service manager between T2 and T3. This resulted in one manager completing T1 and T2 while a second manager completed T3. As the HoNOS-LD is scored in a largely subjective manner, changes in scoring may be influenced by change in rater (i.e. manager) as opposed to actual change. Therefore scoring at T3 was not included at this time. The evaluation reports on T1 and T2. Scores from T3 will be retained as a new baseline for any further evaluations at Brookvale.

All the service user scores on the HoNOS-LD at both time points were quite low, indicating less than moderate severity in problem behaviours amongst the group. A comparison of T1 and T2 results (see graph below) indicates that, on average, 15 of the 18 items showed a decrease in their severity while the remaining three items maintained an average score of 0.00 indicating no occurrence of these behaviours.



Statistical analysis of the mean results from T1 and T2 revealed that three items had a significant change between T1 and T2 (table below): level of self care; problems with relationships; occupation and activities.

Item	T1 mean	T2 mean	Significant (2 tailed)*
Level of self care	0.57	0.00	0.030
Problems with relationships	1.57	0.57	0.018
Occupation and activities	1.29	0.57	0.047

*Significant at the $p = 0.05$ level

Although these three items were significantly different between T1 and T2, a number of other items showed changes that were not quite significant, but still worth noting. A notable change in this case was a score that showed an average change of greater than 0.70. Three items displayed this change:

- Problems associated with mood changes
- Activities of daily living at home
- Problems with relationships

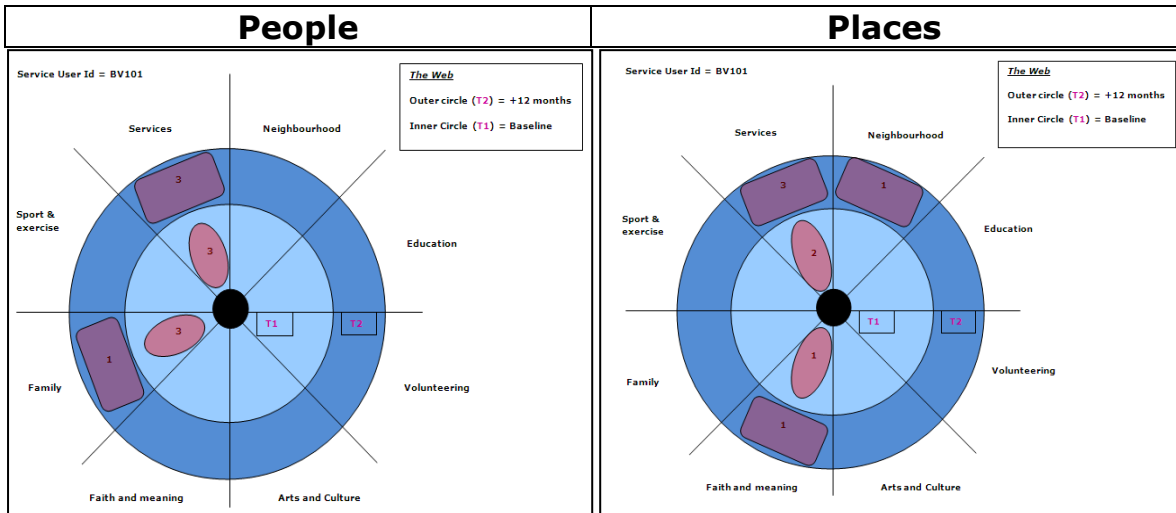
These areas of change coincided with the areas expected to change most according to previous studies using the HoNOS-LD (Roy, Matthews, Clifford, Martin, & Fowler, 2002). Explanations for these changes include: (1) since entering Brookvale, service users have become more settled and familiar with staff and, as a result, their behaviours have settled too; (2) staff have become more familiar with the service users and their understanding of their behaviour and communication styles may have increased. Therefore they may perceive service users as being less challenging; (3) Work carried out by staff at the scheme, daycare and by other professionals may have had an impact on service users. This area would benefit from further research.

Summary

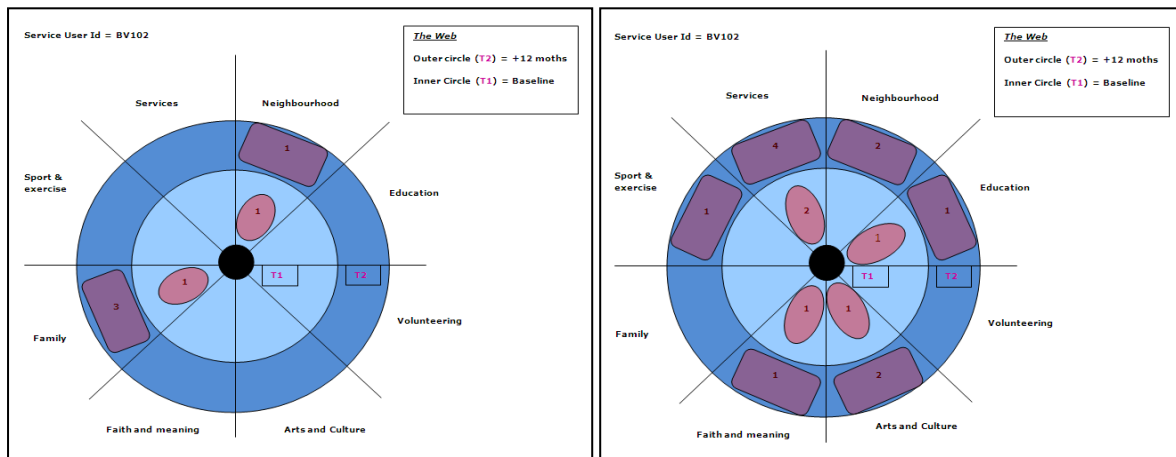
- All relevant HoNOS-LD items decreased between T1 and T2
- T3 data was collected but is not reported in the current evaluation due to a change in the service manager and a possible difference in the subjective scoring. This would potentially affect the validity of the results. T3 data will be kept as a new baseline for any future evaluations.
- Analysis revealed three items with significant changes in their mean scores, these were: level of self care; difficulties with relationships; and occupation and activities.
- Notable changes between T1 and T2 (i.e. where averages are greater than 0.70) were also identified in the following three items: difficulties with mood; activities of daily living at home; and difficulty with relationships.
- The areas that showed the biggest change between T1 and T2, generally coincided with the anticipated areas of change as presented in previous research.

2.4. Community Accessibility: The Social Inclusion Web

The following charts illustrate changes in community accessibility by charting service user's involvement with people and places across two time-points (on entry to the scheme and 12 months later). Each set of charts represents the baseline and follow up data completed for each service user. These are accompanied by a brief description of the results. These webs are adaptations of the original models designed by Sue Hacking & Peter Bates (2008).



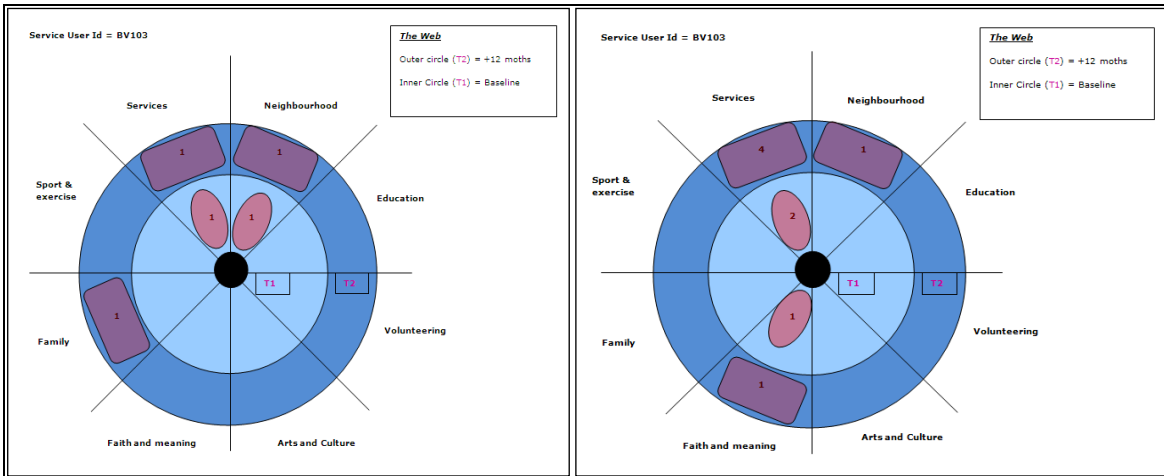
In relation to people, BV101 maintained his/her 3 contacts with services at T2, while the number of family contacts has decreased from 3 to 1 (an overall loss of 2 contacts for BV101 between baseline and follow up). For places, BV101 maintained his/her single 'faith and meaning' contact and has gained an additional 'services' interaction. S/he has also gained a new contact in the neighbourhood, resulting in an overall increase in places for this service user from 3 to 5.



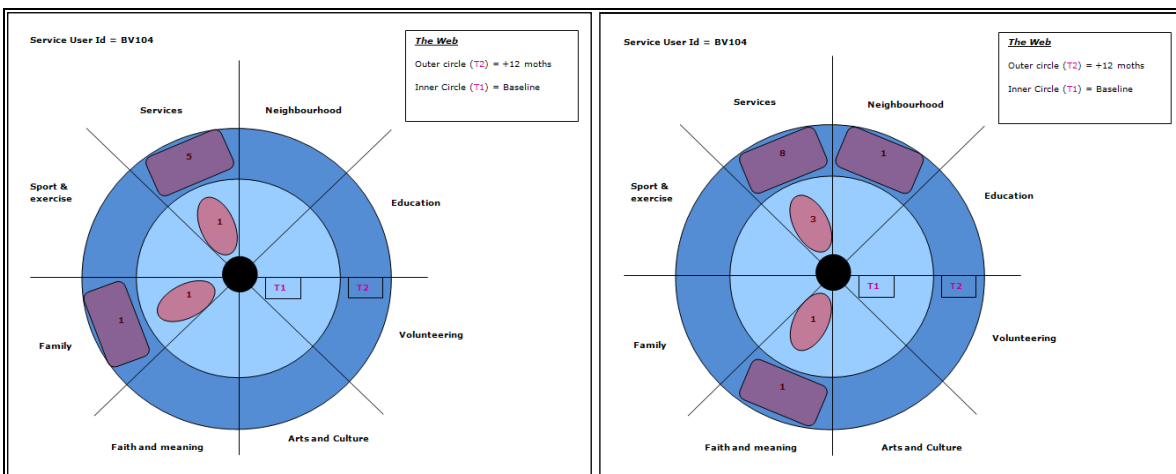
BV102 has maintained neighbourhood people contacts between T1 and T2 and has expanded on family interactions with 2 additional interactions recorded at T2. This shows an overall increase for BV102 of 2 social interactions during this time period. Two new areas have been recorded in places - 'sports and exercise' and 'neighbourhood', representing 3 new places for BV102. 'Faith and meaning' and 'education' have remained stable during this time, at 1 each. 'Services' and 'arts and crafts' have both doubled to 4 and 2 respectively. This represents an overall increase of 6 contacts with places for BV102.

People

Places

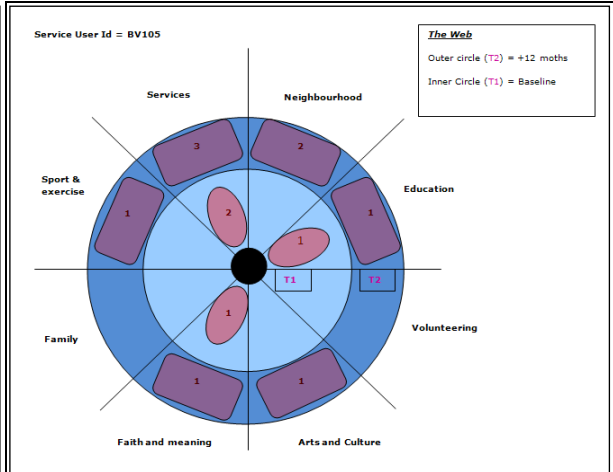
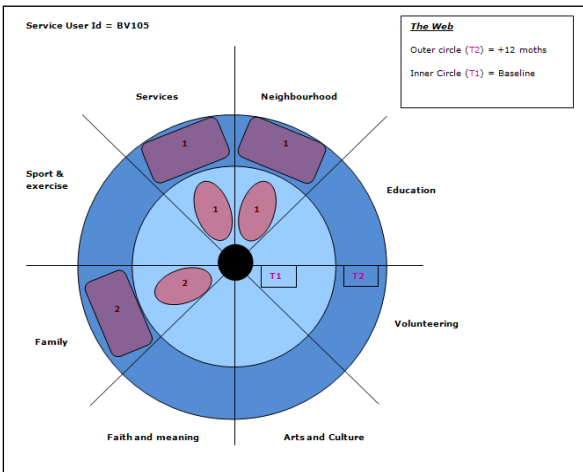


BV103's follow up people scores indicates that contacts with both services and the neighbourhood have remained stable. A new contact with his/her family has been recorded at T2. This is an overall increase of 1 social interaction for BV103. In relation to places, BV103's contact with 'faith and meaning' has remained the same. However, contact with services has doubled to 4, and s/he has acquired a new contact within his/her neighbourhood. This shows an overall increase of 3 in contact with places.

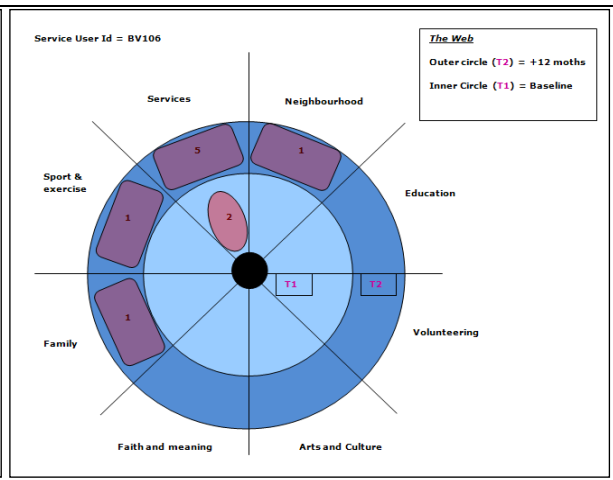
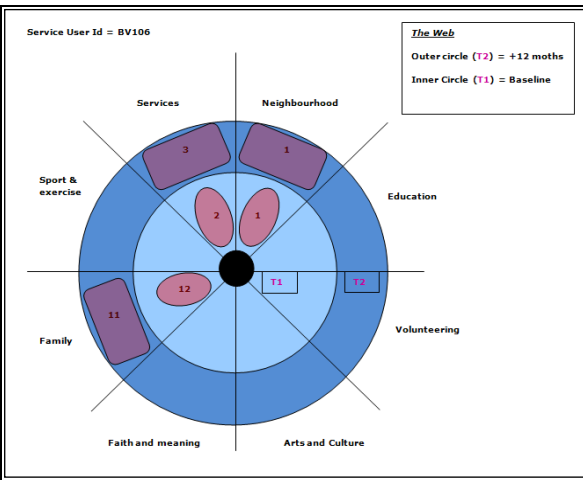


In relation to contact with people, BV104 had the same contact with his/her family at both baseline and follow-up. However, an increase in 4 contacts was made with people in services at T2. BV104 also has an increase in the number of places s/he has contact with at T2. S/he was involved with an additional 5 services, and has a new point of contact with his/her community. Interactions with 'faith and meaning' have remained stable. This reflects an increase of 6 new places the service user has contact with at T2.

People	Places
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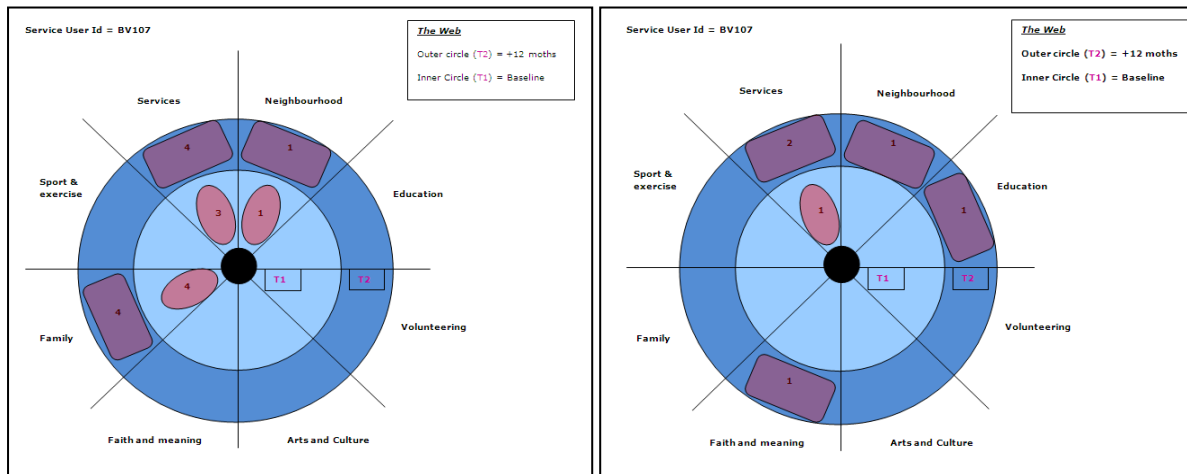


BV105 has shown no change in the number of people interactions with between T1 and T2. However, all original contacts have been maintained. In contrast, a considerable change can be observed in the number of places s/he interacts with. At T2, BV105 has an additional service contact and has gained new places to be involved with in the neighbourhood (arts and craft; sport and exercise). S/he has also maintained original connections with 'faith and meaning' and 'education'. This represents an overall increase in places from 4 to 9.



BV106 has maintained contacts within the community and has gained an additional person with whom to interact with in services. S/he has one less family interaction at T2. BV106 has a more diverse range of contact with places at T2. Three new areas are recorded at T2 including 'family', 'sport and exercise', and 'neighbourhood'. S/he also gained an additional contact with services resulting in an additional 6 places recorded at T2.

People	Places
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BV107 has a slight increase in the number of people interactions between T1 and T2. Interactions with family and neighbourhood have remained the same; however an additional service contact was made at T2. In relation to places, BV107 has an increase in the range of places s/he interacts with at T2. Three new areas were recorded including 'faith and meaning', 'education', and 'neighbourhood'. BV107 also increased the number of services s/he is involved with from 1 to 2. Overall BV107 has an additional 4 places at T2.

Summary

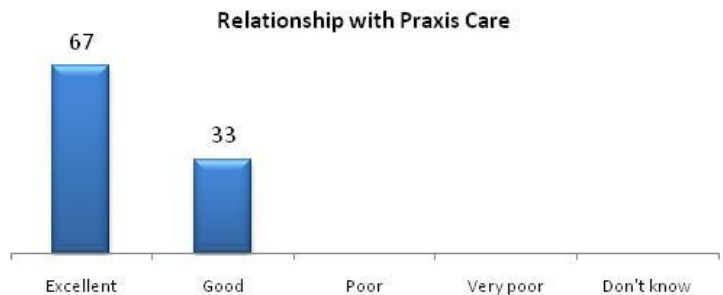
- Overall, there has been an increase in the number of contacts each service user has with both people and places between T1 and T2.
- Most change was observed in the 'places' category. This included two types of changes: an increase in the *variety of places* service users have contact with (for example, BV105 had contact with three types of places at T1 and at six types at T2); an increase in the *number of contacts* a service user has within a specific place (for example, BV101 had two contacts with 'services' and one contact with 'faith and meaning' at T1. This had increased to three contacts with each at T2).
- The social inclusion webs demonstrate an overall positive change in social contacts for each service user since joining Brookvale. They also suggest a general increase in service users' uptake of activities and interests such as 'arts and culture', 'education', and 'sports and exercise'.

2.5. Family Members' Views: Standardised Questionnaire

A standardised questionnaire was developed to obtain the views of family members. This questionnaire was administered by the Brookvale staff. To ensure confidentiality, all completed questionnaires were returned directly to the Praxis Care research department using a prepaid envelope included with the questionnaire. This section provides a brief outline of the main questions asked and the responses provided by the family members. Seven questionnaires were administered and three completed questionnaires were returned, a response rate of 43%.

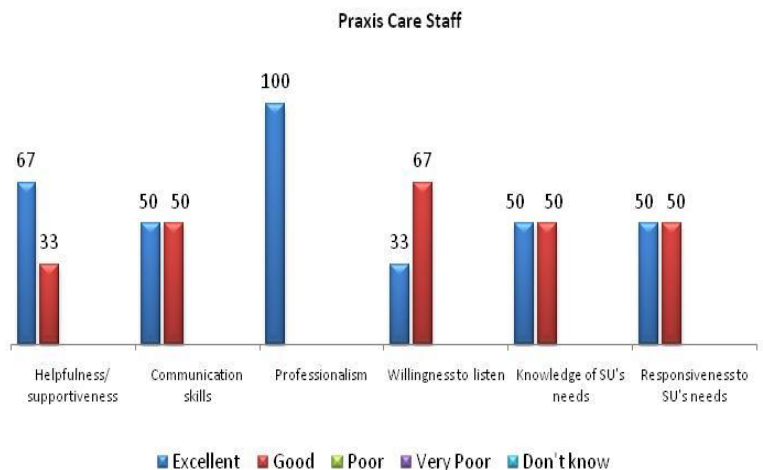
Relationship with Praxis Care

67% of family members described having an 'excellent' relationship with Praxis Care, while 33% considered their relationship to be 'good'.



Praxis Care Staff

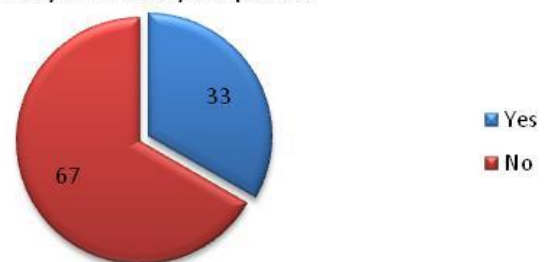
The chart illustrates how family members rated staff in a number of key professional areas. Staff were rated most highly in 'professionalism' (100% considered staff to be 'excellent') and 'helpfulness/supportiveness' (67% rated staff as 'excellent').



Complaints

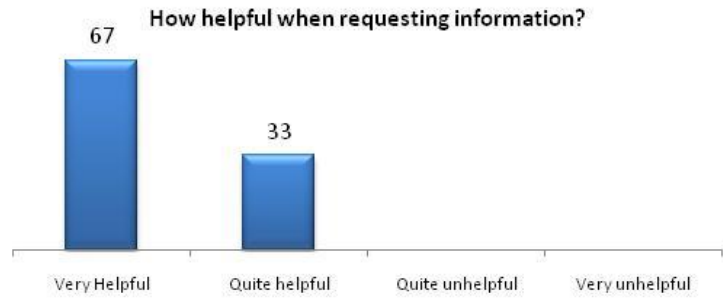
One family member responded that s/he had made a complaint and indicated that it had been adequately dealt with. One family member had provided positive feedback to the scheme.

Have you made any complaints?



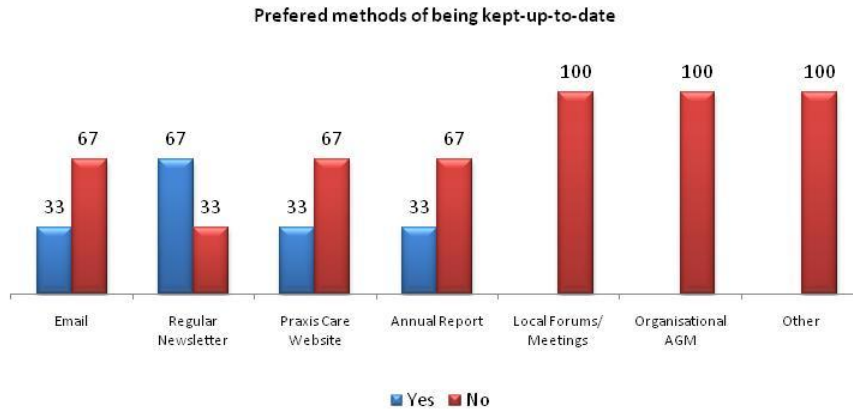
Helpfulness of staff

67% of family members considered Brookvale staff to be 'very helpful' when they requested information. 33% rated staff as 'quite helpful'.



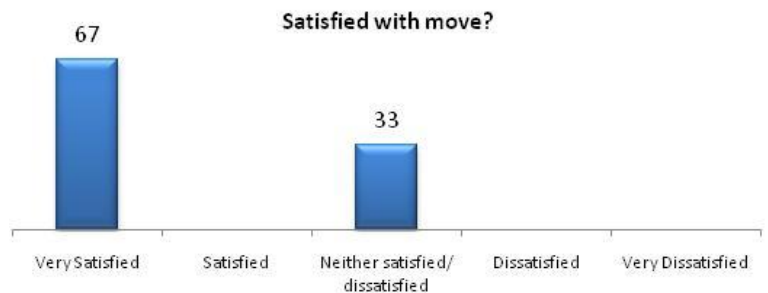
Being kept up to date

The most popular method of 'being kept-up-to-date' amongst family members was the 'regular newsletter' (67% chose this as a favoured method of communication). 'Local forums/meetings', 'organisational AGM' and 'other' were not identified as preferred methods of communication by any of the respondents.



Satisfied with the move

67% of family members were 'very satisfied' with how their family member's move to Brookvale was handled.



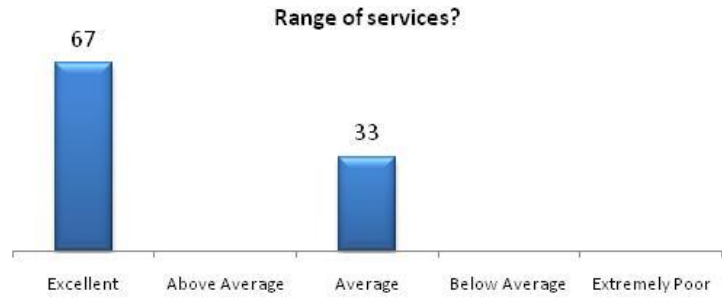
Settling into Brookvale

All (100%) respondents reported that their family member was 'very settled', in Brookvale. One family member commented that 'staff were very friendly' and 'Brookvale was like a home away from home'. Another reported that, overall, service users were 'very happy and content'.

Range of services

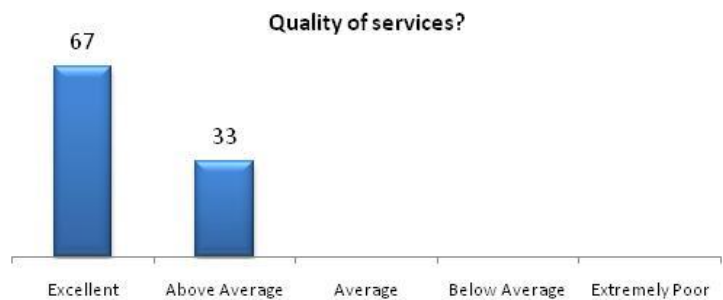
The range of services offered at Brookvale was viewed as 'excellent' by 67% of family members. The remaining 33% reported the range of services as 'average'.

Family members did not identify any new areas of support they would like Praxis Care to provide.



Quality of services

67% of respondents reported the quality of the services provided by Praxis Care as 'excellent'. The remaining 33% indicated that they were 'above average'.



Impact on Quality of Life

All (100%) respondents stated that Praxis Care made a 'positive impact' on both the quality of their family member's life and on their lives. All respondents indicated that Praxis Care 'fully met' their expectations in providing a service.

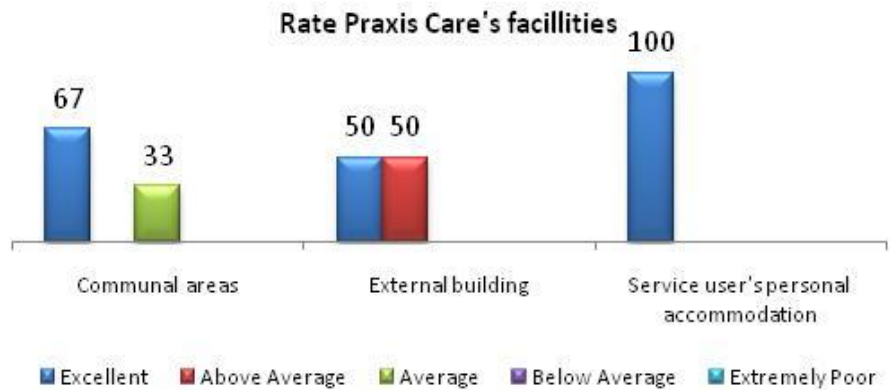
Meeting service users' Needs

All (100%) family members indicated that their family member's needs were 'fully met' in the following areas: 'Personal/care', 'Social/recreational', 'emotional/behavioural' and 'support needs'.



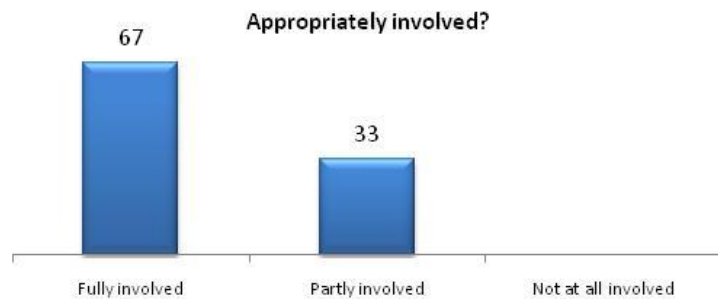
Facilities

Family member's personal accommodation was rated as 'excellent' by 100% of respondents. 67% viewed communal areas as 'excellent', with 33% providing a rating of 'average'. Half of the respondents (50%) rated the external building as 'excellent' while the remaining 50% rated this as 'above average'.



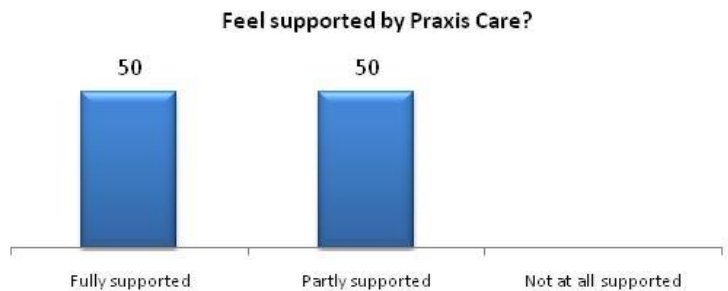
Being involved

67% of family members indicated that they were 'fully involved' when decisions were made with/for their family member. The remaining 33% felt 'partly involved' in these processes.



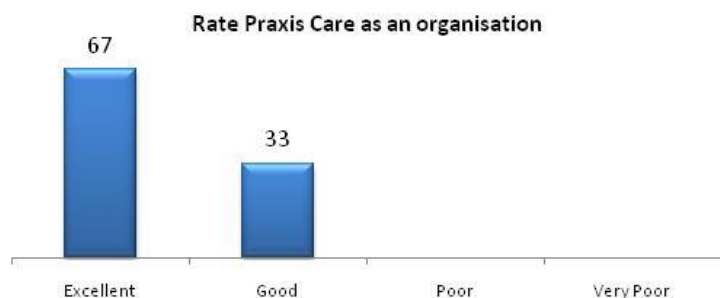
Supported by Praxis Care

50% of respondents stated that they felt 'fully supported' by Praxis Care while 50% felt 'partly supported'.



Praxis Care as an organisation

67% of respondents rated Praxis Care as an 'excellent' organisation. The remaining 33% rated the organisation as 'good'.



Family members were also asked if

they would *choose* Praxis Care if they were given a government allowance to purchase services. 100% of respondents indicated that, yes, they would choose Praxis Care. In addition, 100% of respondents reported that they would 'definitely' recommend Praxis Care to others.

Summary

- Three questionnaires were completed and returned by family members.
- Family members' feedback was generally very positive in relation to both the Brookvale service and Praxis Care.
- 100% of respondents reported that their family member's needs were 'fully met'
- 100% of respondents indicated that they would purchase Praxis Care services if they were given a government allowance to procure services for their family member.
- 100% of respondents rated the following areas as either 'good' or 'very good': 'relationship with Praxis Care', 'Praxis Care staff', 'quality of services', and 'Praxis Care as an organisation'.
- Negative ratings were not provided in any area.

3. SUMMARY

3.1. Summary

Overall, the evaluation of Brookvale indicated that the service users have settled well into the Brookvale service. Service users have become increasingly involved in service activities. They have developed new and more diverse links with activities and places in their community and have continued to maintain those links they previously held. Furthermore, the family members who responded to the survey are satisfied with the quality of the service provided by Praxis Care. Preliminary results from the outcome measures suggest that, while no large changes have taken place, a number of small improvements have been observed in the service users' mental health and behavioural functioning. The findings suggest that, in the short time that Brookvale has been operational, there have been a number of improvements in service users' behaviour and quality of life, indicating that the scheme is providing a supportive environment with opportunities for greater socialisation and improved quality of life.

3.2. Acknowledgements

Thank you to the staff and managers at Brookvale for completing each of the outcome measures and in doing so within the time frame of the evaluation. This has enabled timely and accurate information to be collected. I would also like to thank the family members who voluntarily completed and returned the family members' questionnaire.

3.3. References

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