



Community Care Trust (South Devon) Ltd

Service Evaluation, July 2009

“The challenge is to make the important
measurable, not the measurable important”
- Robert McNamara

Compiled with the support of everyone at Community Care Trust
(www.community-care-trust.co.uk)

Rohan Davidson and Eilis Rainsford

Acknowledgements

The Community Care Trust would like to thank the following contributors to this evaluation:

All the people who have taken time to complete this Service Evaluation questionnaire and helped with the Trust's process of service improvement. We are aware that we have introduced several questionnaires recently, and thank you for your patience in completing them. This help in assisting the Trust to improve the service on offer will not end with this evaluation report, but will inform a series of meetings to discuss this further and it is hoped that the people who completed the questionnaires can attend these discussions.

The staff at CCT who have put so much work into ensuring we can measure our recovery outcomes (as recovery is at the heart of what we do) and for achieving such a high response rate.

Jasmine Hacking, for ensuring the questionnaires were distributed and collected in an organised manner.

Alison Moores, for her work in designing the questionnaire and ensuring it provided CCT with a comprehensive evaluation of the service.

Nick Hewling and Queenie Chant, for providing an objective scrutiny of the report in its early stages and for ensuring it maintained its focus.

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Introduction

The Community Care Trust has set out clear recovery objectives¹ to provide effective service pathways for the people who come to it for support. In order to evidence that these objectives are being met, we have asked people who use the services to evaluate their experience through a series of questionnaires. The Service Evaluation took place in November 2008 and May 2009. The basis of the questions comes from several sources, including The Developing Recovery Enhancing Environments Measure (DREEM)², Elements of a Recovery Facilitating System (ERFS)³, Human Givens⁴, the Community Care Trust (CCT)'s own Outcomes Evaluation in February 2008⁵, and the Report of the Standards and Outcomes Pilot Project 2008/9⁶.

“...an overall outcome evaluation strategy would measure two things; first, objective quality-of-life indicators, such as adequacy of housing, friendship, safety, employment, close relationships etc.; second, progress towards personal goals. A mental health service which can show it is increasing the attainment of valued social roles and increasing the proportion of personally valued goals being met by people on its caseload is likely to be a recovery-focussed mental health service”

Mike Slade, 2009⁷.

The questionnaire⁸ is divided into four main areas: Recovery Supporting Services, Promoting Health and Emotional Wellbeing, Promoting Relationships and Community Interaction and Promoting Social Inclusion. Each section creates a separate discussion in terms of how Community Care Trust meets individual needs.

The Trust's Outcomes Evaluation from 2006-2008 advised many areas of the Service Evaluation, and also attributes importance to many areas on the same scale as they are measured within this study. Although recovery focuses on individual needs and does not make assumptions in terms of what people require to support them in their recovery, we can take a great deal from the importance people placed on certain areas of recovery and basic human needs as evidenced by a sample of people who used the Trust's residential services in the Outcomes Evaluation. Where possible, the data received from this study was compared to the importance placed upon it within the previous evaluation.

Data Summary

From a total of 255 people who were receiving support during the month of May 107 (42%) completed a questionnaire. This consisted of 52 from Community Networks, 46 from residential services and 9 questionnaires which were returned anonymously by post⁹.

¹ The CCT's Statement of Purpose, Core Standards and Service Specification.

² Ridgway, P. & Press, A., "A User's Guide for the Developing Recovery Enhancing Environments Measure", 2004.

³ Ridgway, P., Press, A., Ratzlaff, S., Davidson, L., & Rapp, C.A. (2003). Report on field testing the Recovery Enhancing Environment Measure. Lawrence, KS: School of Social Welfare, Office of Mental Health Research and Training.

⁴ Griffin, J., and Tyrrell, I, "Human Givens: A new approach to emotional health and clear thinking", 2004.

⁵ Davidson, R., and Moores, A., "Outcomes Evaluation – Final Report" February 2008.

⁶ Moores, A., "Mental Health and Wellbeing Networks Devon and Torbay Report of the Standards and Outcomes Pilot Project 2008/9, March 2009.

⁷ Slade, M., "Personal recovery and Mental Illness: A Guide for Mental Health Professionals", 2009.

⁸ Please see Appendix 2 of this report.

⁹ These figures are added to the overall score, but cannot be attributed to any one service.

Service Description

The Community Care Trust provides a wide range of recovery services where the recovery relationship is central to the delivery of our services. People use any combination of services, through self introduction and the Trust strives to ensure that these are consistent in the standard of delivery, are based upon a shared understanding of human need and are recovery supportive. The element of service provided will be determined by the individual.

People have their own journey of recovery and may use different services at different points within this journey to access the level and type of support that is required at any time. People are supported to develop self-management techniques so they become increasingly aware of their needs and CCT is available to meet changing requirements at different points in time.

The following services are provided and can be accessed in any combination:

Residential Services:

The Trust's residential services provide support with accommodation within three houses in the Torbay and Teignbridge areas. The emphasis is to ensure everyone works towards their own personal goals and recovers a meaningful life as defined by them. Residential services also support both to people who have moved on into their own accommodation. These services are staffed 24 hours a day by Support, Time and Recovery (STR) workers and registered nurses (RMNs).

- Cypress Independent Hospital (Paignton), with 12 beds and a separate flat;
- Granvue Residential Care Home (Torquay) with 8 beds;
- St Maur Residential Care Home (Newton Abbot) with 8 beds;
- Shirburn Road supported accommodation (Torquay) with 4 beds.

Community Networks:

Community Networks, which consist of STR services throughout Teignbridge and Torbay, community groups, a Life Coach and a Vocational Coach as well as Women's and Men's Networks which provide facilitated peer support. Community Networks work with people who require any level of support in the community from frequent STR sessions to infrequent visits to groups or networks.

- The Haven and DART Team (Teignbridge area)
- Daybreak Team (Paignton and surrounding area)
- Abbey Road Team (Torquay and surrounding area)

Underpinning Philosophy

Although the nature of our services varies, they are all based on a shared understanding of humanity and human need. This is most effectively expressed in the theory of human givens. The Human Givens¹⁰ include the need for:

- Security – safe territory and an environment which allows us to develop fully
- Attention – to give and receive it
- A sense of autonomy and control
- Being emotionally connected with others
- Being part of the wider community
- Friendship and intimacy
- A sense of status with social groupings
- A sense of competence and achievement
- Meaning and purpose – which come from being stretched in what we do and think

Mental health is the capacity to think, feel and act in ways that lead to fulfilling relationships and a sense of well-being. It means being able to adapt to change and cope with adversity and is vital for the achievement of individual and collective goals¹¹.

The Principles of Recovery

- Recovery is about building a meaningful and satisfying life, as defined by the person themselves, whether or not there are ongoing or recurring symptoms or problems.
- Recovery represents a movement away from pathology, illness and symptoms to health, strengths and wellness.
- Hope is central to recovery and can be enhanced by each person seeing how they can have more active control over their lives ('agency') and by seeing how others have found a way forward.
- Self-management is encouraged and facilitated. The processes of self-management are similar, but what works may be very different for each individual. No 'one size fits all'.
- The helping relationship between clinicians and patients moves away from being expert / patient to being 'coaches' or 'partners' on a journey of discovery. Clinicians are there to be "on tap, not on top".
- People do not recover in isolation. Recovery is closely associated with social inclusion and being able to take on meaningful and satisfying social roles within local communities, rather than in segregated services.
- Recovery is about discovering – or re-discovering – a sense of personal identity, separate from illness or disability.
- The language used and the stories and meanings that are constructed have great significance as mediators of the recovery process. These shared meanings either support a sense of hope and possibility, or invite pessimism and chronicity.
- The development of recovery-based services emphasises the personal qualities of staff as much as their formal qualifications. It seeks to cultivate their capacity for hope, creativity, care, compassion, realism and resilience.
- Family and other supporters are often crucial to recovery and they should be included as partners wherever possible. However, peer support is central for many people in their recovery.

Adapted from "*Recovery – Concepts and Application*", by Laurie Davidson, the Devon Recovery Group.

¹⁰ Griffin, J., and Tyrrell, I., "Human Givens: A New Approach to Emotional Health and Wellbeing", (2004) and at <http://www.humangivens.com/pages.php?pageid=12>

¹¹ Moores, A in Moores, A., and Davidson, R. "Outcomes Evaluation – Final Report", January 2008

Background

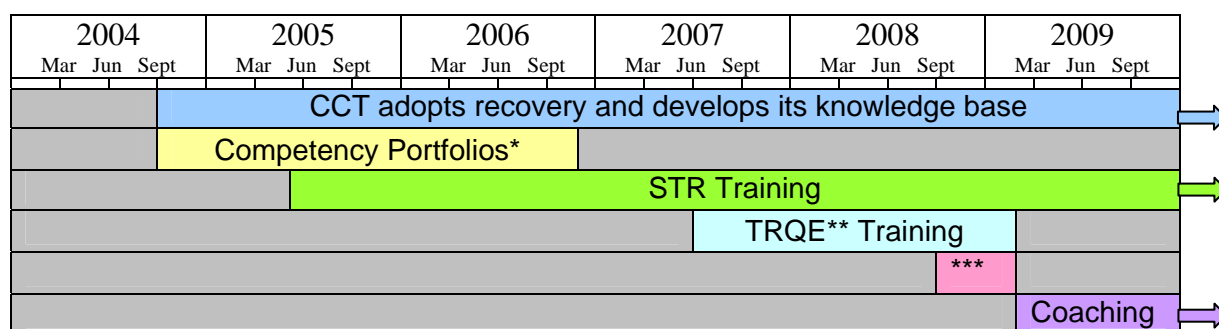
The Community Care Trust began evaluating outcomes in earnest in 2006 after adopting the Recovery Approach as the way it operates from 2004. Recovery methods required an assessment to see how well they were meeting needs and in May 2006 the Trust modified a version of DREEM¹² as its first attempt to measure what really matters to people. This evaluation fed into a county-wide evaluation into Standards and Outcomes, led by Alison Moores, which was commissioned by Devon Primary Care Trust and Devon County Council to advise the Recovery and Independent Living Professional Expert Group on the next step to ensure people’s recovery outcomes were meeting their needs. This paper advised developments in the methodology of this Service Evaluation.

The Trust developed its Service Evaluation by drawing together previous evaluations and learning that took place therein and asked people to complete the first set of Service Evaluations in November 2008. With the second set of data being collected in May 2009, it was possible to make a comparative study to that taken in November 2008.

In 2004 it was evident that for CCT to work effectively as a recovery organisation, employees would need to develop skills and competencies to ensure their interactions with people who they support met with the Trust’s objectives. The Trust adopted a competency framework from New Zealand¹³ and began on a journey of learning how to provide a recovery service. Learning from the evaluation in 2006-2008 led to further developments in CCT, and it became evident that employees need to embody recovery *qualities*. The Trust took steps towards embedding these qualities within the workforce and developed The Recovery Qualities Experience¹⁴ (TRQE), which was set out to enhance employees’ understanding of the personal qualities it takes to be a good Recovery Coach.

Recovery Coaching is a relationship which embodies recovery qualities and focuses on the person’s strengths, abilities and aspirations. The Recovery Coaching role is now the basis for all relationships and interactions within the Trust. We operate a Trust wide Recovery Coaching Programme to develop and practice skills each month. The Trust is now evaluating this programme and a full written summary will be available in October 2009.

Chart to show the process of embedding recovery into CCT:



*used to define knowledge and skills required to be effective in recovery

**The Recovery Qualities Experience training facilitated by Mo Cohen

***Coaches trained to provide coaching to CCT

⇒ Arrows show this is ongoing.

¹² Ridgway, P., and Press, A., ‘A User’s Guide for the Developing Recovery Enhancing Environments Measure’, (2004).

¹³ O’Hagan, M., “Recovery Competencies for New Zealand Mental Health Workers” (2001).

¹⁴ This was developed by CCT and MIND in Exeter and East Devon and delivered as a commissioned piece of work by Mo Cohen and Associates for CCT and MIND.

Summary and Recommendations

Changes in the way the Trust is funded¹⁵ have enabled CCT to be true to recovery where people can define recovery pathways across all of CCT's services, accessing what they need for as long as they need it. Maps of how people access CCT's services are available in Appendix iii of this report.

People are able to self-introduce to CCT and this has improved accessibility as this represents a shift from the necessity for professional referrals only up until July 2008. Initial results from the Service Evaluation show that people have given a higher score for the question "I can receive services for as long as I need them" with a rise from 3.23 out of 4 to 3.53.

The Trust has seen an increasing level of activity as a result of the changes in funding and increased flexibility of access, with an active caseload of 456 in June 2008 rising to 597 in June 2009¹⁶. It is a credit to the CCT community that levels of service provision have been seen to rise at the same time as a 31% rise in people who are supported by the Trust.

The Trust aims to meet everyone's individual needs through providing recovery services. These can be split into four categories and set out the format of this report. The four categories are as follows:

- Recovery Supporting Services
- Promoting Health and Emotional Wellbeing
- Promoting Relationships and Community Interaction
- Promoting Social Inclusion

These areas overlap a great deal, and in order to evidence how the Trust meets a certain need in one area, it may also provide evidence of how it meets another. Some questions that overlap bring up interesting comparisons and provide further discussion topics.

This evaluation measures the degree to which people's key recovery needs are being met by the service they receive. Although people were asked to relate their answers to CCT in particular, some of the answers will represent collaboration between the person themselves, CCT, and other Network providers. The evaluation will help CCT to reflect on its practice and to improve what people can access.

Section 1: Recovery Supporting Services.

Questions in this section show that people who use CCT for support feel the service meets their recovery needs for most questions. 55% of all questions in this section were answered 'always' and 23% were answered 'often'. The Trust will look at each of the areas, concentrating on the least positive, to understand better where people are being well supported, and where they aren't.

In comparison with the previous Service Evaluation in November 2008 the findings were quite positive. In 11 out of 15 areas an improvement was observed. By giving each answer a score from 0-4 (0 = never and 4 = always) an average score for each question could be measured. Over all the answers in this section an average rise of 0.18 out of 4

¹⁵ Funding has now changed from spot purchasing and separate contracting to joint commissioning of CCT's services through Devon Primary Care Trust, Torbay Care Trust, Devon Partnership Trust and Devon County Council.

¹⁶ This consists of a rise from 391 to 503 in Community Networks (a 29% rise on the level in 2008), and a rise from 65 to 94 people who are supported by residential services (a 45% rise on the level in 2008).

was observed in May 2009 in comparison to their scores in November. Although the answers cannot strictly be measured in these terms (as 'often' cannot be measured as half way between 'always' and 'sometimes', for example), if this crude measure is applied it sees a 4.5% rise in scores from those observed in November 2008.

Section 2: Promoting Health and Emotional Wellbeing

There are six questions in this section which we have struggled to summarise as a meaningful measure of the health and emotional wellbeing of the people who completed the questionnaire. Each question is valuable and provides the evaluation with a broad understanding of physical health, although two questions¹⁷ indicate the need for further conversation if they are to be evaluated meaningfully.

With 32% of people deciding not to answer the question about the number of days they have taken off sick in the last 6 months, this would suggest a need to re-visit the question in the planned Report Feedback sessions.

Section 3: Promoting Relationships and community interaction

This section explored family contact, hobbies, faith, community inclusion and close relationships. Out of 107 responses, 11 people did not have regular contact with either family or friends on a regular basis and without individual importance it is difficult to interpret what this means to people.

The most surprising result was for Question 25 which asked people about their involvement in local community or civic activities. 68% answered no to this question. It will be helpful to discuss this question and its meaning with people in planned feedback sessions.

Section 4: Promoting social inclusion

There are 12 questions in this section focusing on accommodation, education and employment.

From the data collected, a score of 3.07 out of 4 was given to people being supported in normal life roles such as worker, student and tenant (Q29). Yet 64% of respondents recorded that they were unemployed and 74% recorded that they were not in education. As 80% of respondents were satisfied with their accommodation, we need to consider that this may have influenced the scoring for question 29.

Out of 27 people who were not satisfied with their employment situation, 15 people did not feel supported to change their employment. This highlights the need for us to ensure we are asking better questions and increasing our knowledge and awareness of the basic human shared need which ties in with the Trust's underpinning philosophy of the Human Givens¹⁸.

Service Evaluation questionnaires incorporated a box for people to add comments on any necessary alterations the questionnaire required. In this section there were 20 responses out of 107 questionnaires. The feedback received was useful, but no themes presented themselves, making a summary difficult. Further information will be collected within the evaluation feedback sessions, and people will be asked to write down comments if they are unhappy speaking in front of the group.

¹⁷ Q20 and Q21

¹⁸ Employment is one of the key areas that helps people to meet the need for a sense of autonomy and control, being part of the wider community, a sense of status with social groupings, a sense of competence and achievement and meaning and purpose.

The Trust's Service Evaluation gives CCT the opportunity to take stock of developments in the way these changes have impacted upon the people who use our services. A longitudinal study¹⁹ is now possible, and findings have seen a steady improvement in many key areas of recovery. Weaknesses and dips in the data scores become areas of focus for developments within the Trust's coaching programme and for conversations between Recovery Coaches and the people they support. Recovery has always been about finding out what matters to people and working alongside them to meet their defined needs. Through evaluating how well the service is meeting established recovery needs, the Trust can improve its understanding of each individual through asking the right questions and having the right conversations.

Recommendations:

1. This evaluation in its current form is repeated for the next 18 months which will give longitudinal value and continue to inform recovery practice.
2. During the next 18 months we will explore how we can improve the questionnaire to incorporate importance. A perfect outcomes evaluation would measure the importance of each area of recovery to each individual on every occasion they complete a questionnaire²⁰ and measure how well the service provides for that need.
3. The Service Evaluation will further inform the content of The Trust's coaching programme to establish better recovery coaching practice. The Service Evaluation has shown important areas for improvement, which includes:
 - The need to understand the importance and impact of education and employment in people's lives and how we can be more effective in coaching conversations on these subjects.
 - Understanding what conversations ensure greater knowledge of what people need and how they can shape services to meet these needs.
 - To review and further develop our ability to utilise the "How Well is Life Working Out For You?" questionnaires²¹ as a framework for coaching conversations and coaching questions within the Elephant Plan²².
 - Improve our conversations on close relationships and sexual health about which only 60% of respondents felt able to talk to someone.
 - Increase our understanding and awareness of the shared need for relationships and inclusion.

Although the above is not conclusive it gives an initial overview on how we will ensure this report informs the content of our coaching programme over the next six months. Improved conversation and questions will help people to define and meet their recovery needs.

4. The findings from the evaluation will be presented within all CCT services. Presentations will inform the groups of key findings and the groups will be asked to give personal feedback to develop recovery practice.

¹⁹ November 2008, when 28 people completed the evaluation, and May 2009, when 107 people gave their feedback.

²⁰ This is because people's needs change over time and individual recovery must focus on the right areas at the right time.

²¹ Report of the Standards and Outcomes Pilot Project 2008/9

²² A copy of the CCT's Elephant Plan is in Appendix iv of this report.

Section 1:

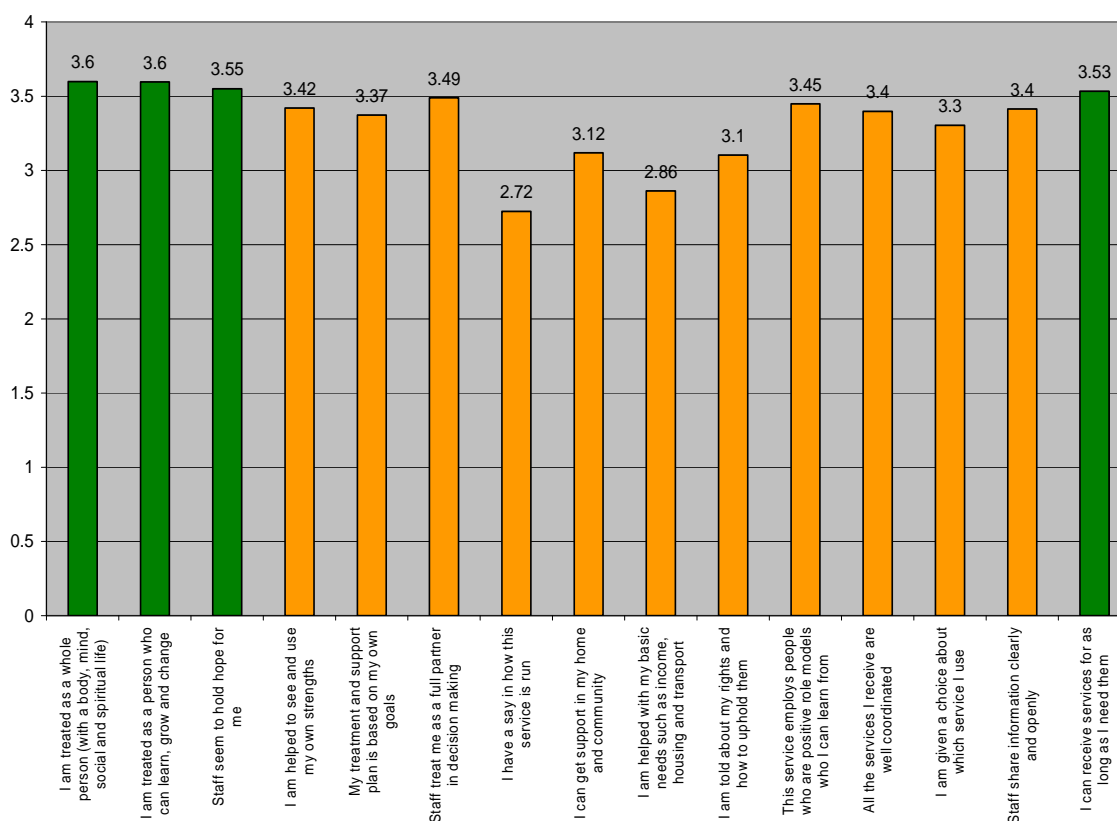
Recovery Supporting Services

“Recovery is an idea which has developed out of the experience of people living with, and beyond, mental illness. The mental health system already helps many people to live meaningful and purposeful lives, but we can do better.”²³

The Trust aims to ensure every interaction we have is based upon coaching people to achieve their personal goals to improve their lives and recover what is meaningful to them. This chapter looks into how well the Trust is supporting people in a recovery relationship and can give us pointers to how we can work better. There are a total of 15 questions in Section 1, of which 8 have an importance level from the evaluation in January 2008.

Findings:

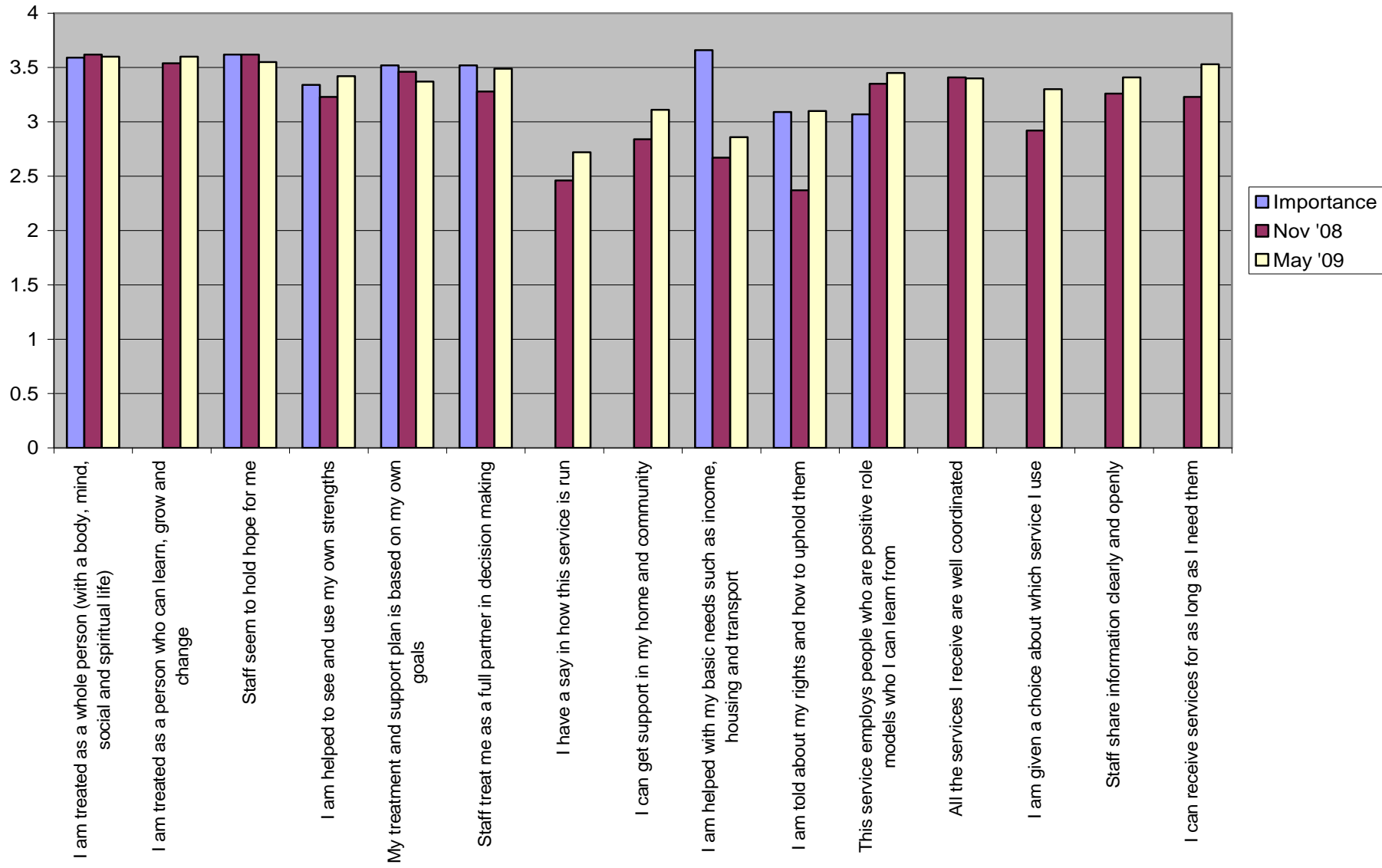
The following mean scores give a numerical correspondence to the answer given to give an idea of the strength of feeling for each question. In this summary 0= Never; 1= Rarely; 2= Sometimes; 3= Often and 4= Always. In order to see at a glance which scores produce a cause for concern and which are scoring sufficiently highly to be deemed acceptable the chart and subsequent discussion reflects each score with a colour coding. This means scores of over 3.5 are in green, scores of 2.5-3.49 are in amber and scores below 2.49 are red and therefore areas the Trust will act upon as a priority.



In total, within this section of the questionnaire ‘never’ was ticked in 2.2% of the answers and ‘rarely’ received 2.7% of responses. 11% of the answers were answered ‘sometimes’ and 6% of answers were left blank. Within this section, 78.1% of all answers were either answered ‘often’ (22.8%) or ‘always’ (55.3%).

²³ Dr Mike Slade

In order to understand if the Trust is making progress in its provision of meaningful support to people a comparison is made between the latest set of data and scores in November 2008 on the following page. Where possible a comparison to the perceived importance from January 2008 is made in the blue bars on the chart.



The graph on the previous page compares scores between November 2008 (in plum) and May 2009 (in cream). The blue bars show the level of importance where available. This shows where there have been fluctuations in scores and how the service provided matches up to the level of provision defined by the evaluation in January 2008 for questions 1, 3, 4, 5, 6, 9, 10 and 11.

Discussion:

Of the questions in the Recovery Supporting Services section, 11 out of 15 areas achieved a more positive response and 4 had a less positive response than in November 2008. The average score throughout the questions in this section saw an improvement of +0.18. This improvement shows an encouraging shift throughout the services.

The lowest scoring area in November 2008 was that of "I am told about my rights and how to uphold them", and this was brought up in meetings within CCT. This score rose by 0.73 in 6 months. This score reflects 29 responses in November 2008 compared to 107 in 2009.

Each of the 10 lowest scoring areas in November improved in the 6 months up to May 2009, which shows a positive reflection on the way CCT services have worked over this period. Of the 5 highest scoring areas (that scored less than in November 2008) two were (and still are) green and two appear in the top five highest scoring areas (meaning they scored well in November) and only fell by a small amount. Only one area that scored within the top 5 in November dropped outside of it in May 2009. "My treatment and support plan is based on my own goals" dropped by 0.09 in the six month period.

The second lowest scoring question, "I am helped with my basic needs, such as income, housing and transport" is further dissected later in the evaluation, but only in terms of how well housing needs are met, which comes across reasonably favourably, with 80% being satisfied with their current accommodation.

Section 2:

Promoting Health and Emotional Wellbeing

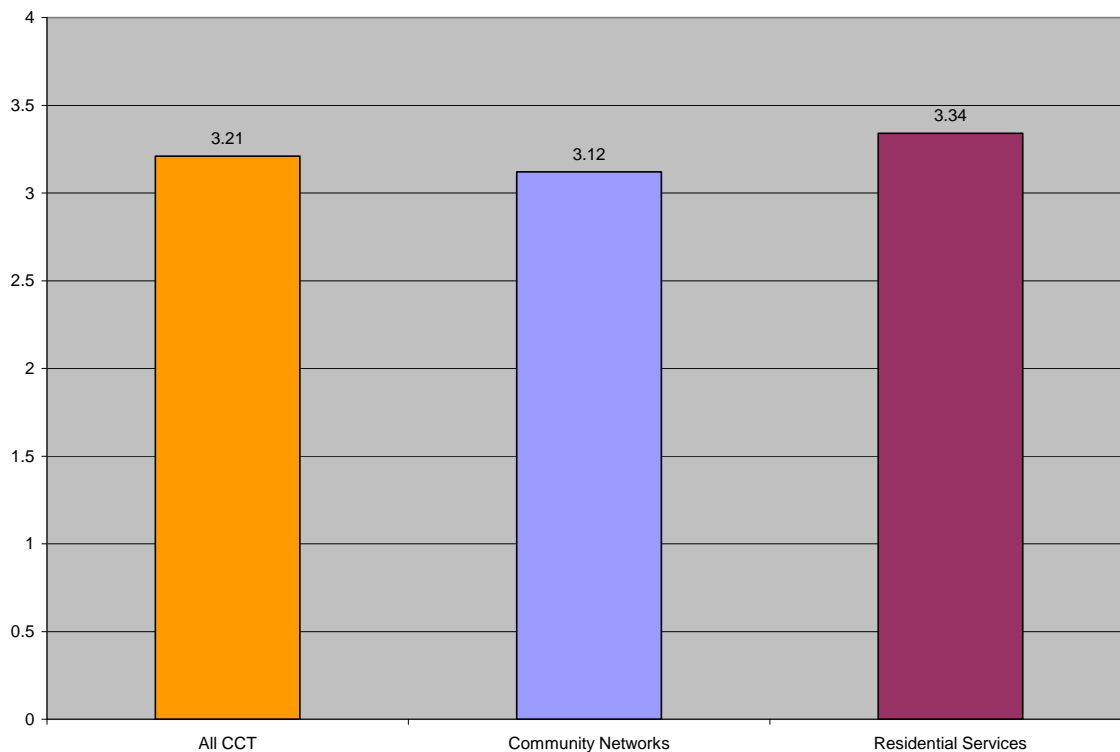
“People who need services to be delivered in specialist facilities will be actively supported to maintain and regain their health, wellbeing and support networks. The services will be based on the principles of recovery, self help, early intervention, mainstream and social inclusion. The services will be characterised by their quality, convenience and commitment to empower users and carers”²⁴

This section explores how people take steps towards maintaining a healthy lifestyle. There has long been a link between physical health and mental wellbeing and the questions in this section help to establish what the people who come to Community Care Trust do in terms of maintaining their physical health. The authors acknowledge that some questions in this chapter do not necessarily have a bearing on one’s mental health, but feel they act as interesting points to lead a discussion on the links between physical and mental health.

The options available to respondents to the questionnaire can be seen as setting the goalposts of what is a high and low level of sickness absence and what constitutes a high level of visits to a GP. This is not intentional, but instead aims to see how people’s levels of sickness and visits to the GP impact on mental wellbeing.

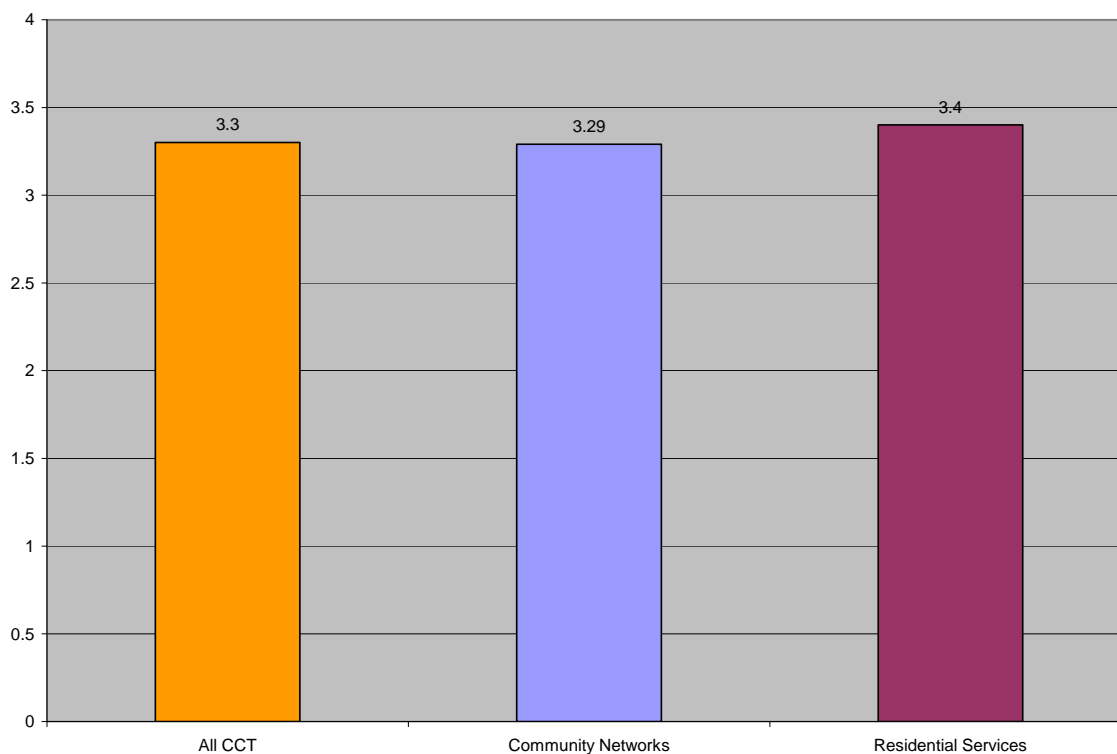
Findings:

Q16: I am helped to create healthy daily routines scores an average of 3.21, but residential services receive an average score of 0.22 higher than those responses from Community Networks. The score has risen by 0.1 (2.5%) since the evaluation in November 2008. 49 (46%) of the 107 respondents answered this question with ‘always’.



²⁴ LIT Vision for Adult Mental Health Services in Devon and Torbay (June 2005)

Question 17: Staff help me to learn how to cope with and manage my mental health problems scores an average of 3.3. There is a slightly higher score from the people who answered from residential services. In the Outcomes Evaluation in 2006-8 this area could be compared to two questions²⁵, the highest scoring of which was given a level of 3.45 out of 4. Overall the May 2009 figures show a score of 3.3 or 96% of the importance score. The score for this question has risen by 0.09 (2.3%) from the score in November 2008. Of the 107 respondents in May's study, 52 (49%) marked this question with 'always'.

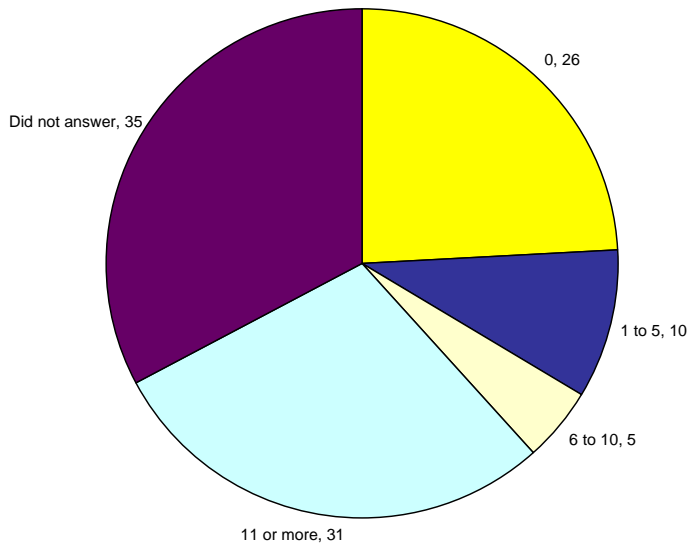


Q18: Do you take part in sport or exercise regularly? 53% of the 100 people who responded answered yes. 51% of respondents from Community Networks felt they took part in regular sport or exercise compared to 57% of those using residential services. This level has increased from 46% in November 2008.

Q19: Do you smoke? 49% of the 95 people who responded answered yes. 41% of people who use Community Networks answered yes compared to 59% of people who use residential services. This level has decreased by 8% from a score of 57% 6 months before.

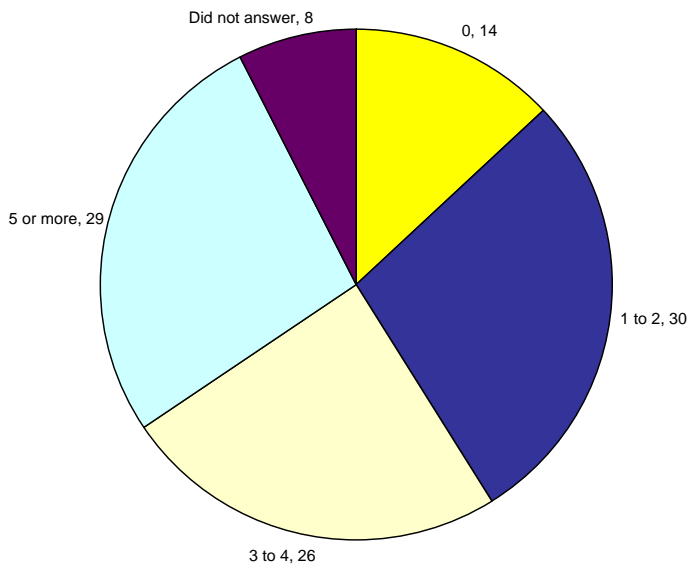
Q20: How many days have you taken off sick in the last 6 months? Offered four possible responses: None; 1-5, 6-10 and 11 or more. The chart shows the responses in graphical form and the table below the chart shows the level of response in comparison to November 2008. It is worth noting the high level of people who did not answer this question (32% in May and 46% in November), which is the second highest level of all the questions (the highest being “Are you satisfied with your current employment situation” with 39% of respondents choosing not to give an answer), and much higher than the third highest level of 14%.

²⁵ “Being able to self-manage symptoms / distressing experiences and avoid setbacks is important to my recovery” with a score of 3.45 out of 4 and “Having up to date knowledge about mental health and the most effective ways of managing / improving mental health, is important to my recovery” with a score of 3.24 out of 4.



	None	1 to 5	6 to 10	11 or more	DNA
Nov 2008	7 (25%)	1 (4%)	0 (0%)	7 (25%)	13 (46%)
May 2009	26 (24%)	10 (9%)	5 (5%)	31 (29%)	35 (33%)

Q21: How many times have you visited your GP in the last 6 months? Respondents were asked to choose 'none', '1 to 2', '3 to 4' and '5 or more'. Of the 107 people who completed the questionnaire 14 answered 'none', 30 answered '1 to 2', 26 answered '3 to 4' and 29 answered '5 or more'. 8 people did not answer. The table below the chart compares the scores in May to 6 months previous.



	None	1 to 2	3 to 4	5 or more	DNA
Nov 2008	3 (11%)	7 (25%)	5 (18%)	12 (43%)	1 (4%)
May 2009	14 (13%)	30 (28%)	26 (24%)	29 (27%)	8 (7%)

Although providing an interesting snapshot of how frequently people visit their GP this does not tell us about the impact this has on an individual. This is further discussed overleaf.

Discussion:

Without a measure of the importance to people of some of these questions (e.g. taking regular exercise) it is hard to evaluate the impact on a person's mental health.

The question 'I am helped to create healthy daily routines' scores an average of 3.21 and it would be useful to understand what people feel is essential to healthy routines and how this outcome could be improved.

The question 'staff help me to learn how to cope with and manage my mental health problems' scores an average of 3.3 and the questionnaire does not have a directly comparable question for physical health. This will be explored in the CCT satisfaction survey.

With 32% of people deciding not to answer the question about the number of days they have taken off sick in the last 6 months, this would suggest a need to re-visit the question in the planned Report Feedback sessions.

Section 3:

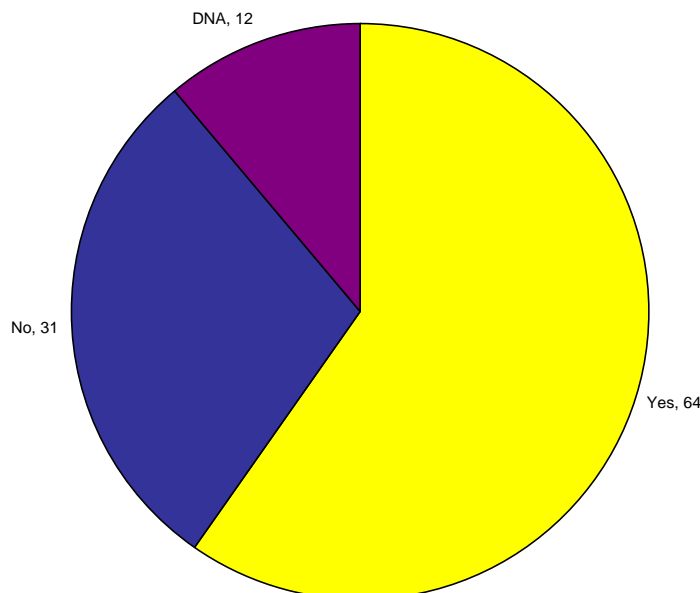
Promoting Relationships and Community Interaction

*“Tend to the social and the individual will flourish”,
Jonathan Rutherford (2008)*

Relationships and interaction with a community have proved to be beneficial to people’s mental health²⁶. *“Friendship, good social relations and strong supportive networks improve health at home, at work and in the community”*²⁷ so it is important the Trust is actively promoting relationships and community interaction outside of the services relating to mental health. Although the Trust provides recovery relationships, this interaction is only part of supporting a person to improve their wellbeing. For many people it is important to be a part of a community and have meaningful relationships with others. This section will show whether people who use CCT for support have key relationships and interact within their communities.

Each question required a ‘yes’ or ‘no’ answer.

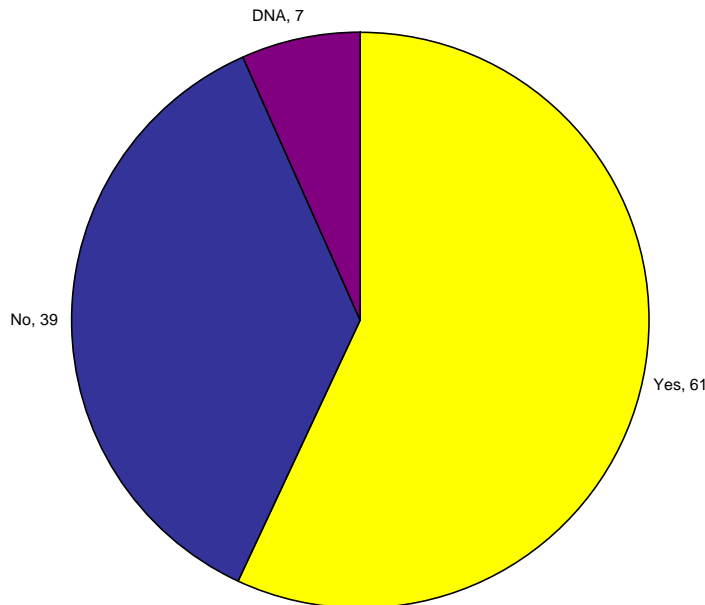
Q22: Do you feel there are people you are able to talk to about close relationships, your sexual health and sexuality? From the sample of 107 people 60% felt they were able to talk to someone about this subject. 29% did not and 11% did not answer. This area shows an increase in the percentage of people who answered ‘yes’ to this question from the study in November 2008. In the previous study, 46% of people felt there were people they could talk to on this area of their recovery. 50% had disagreed with the statement. This shows a rise in positive answers of 14%. This question can be compared to the importance placed upon this area of recovery by the question “Intimacy and sexuality are important to my recovery” in the Outcomes Evaluation from 2008. This area scored 2.83 out of 4.



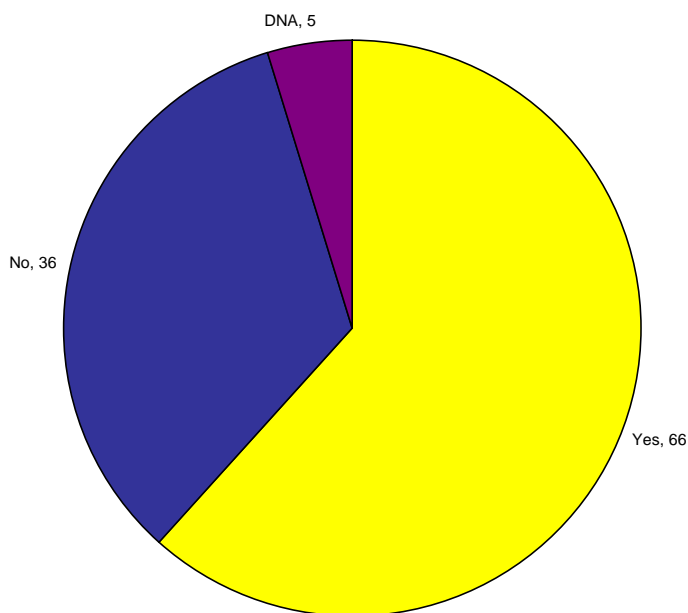
²⁶ From social integration to health: Berkham, Glass, Seeman 2000

²⁷ Social determinants of health – the solid facts: WHO (2003)

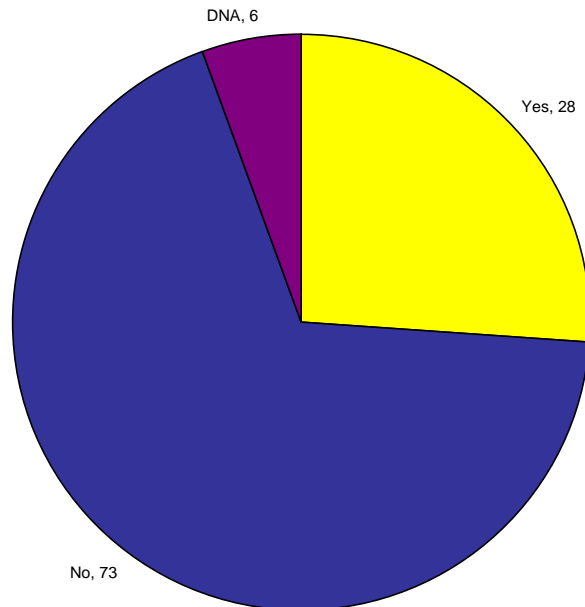
Q23: Are you involved in contributing to activities within the service you use? Of the 107 people who responded 61 (57%) answered 'yes' to this question. 39 (36%) answered 'no' and 7 (7%) did not answer. The positive answers show a small drop of 4% from 61% last November, but with an increase in the number of people failing to answer the question there is also a drop in the percentage of negative responses from 39% in November to 36% in May '09.



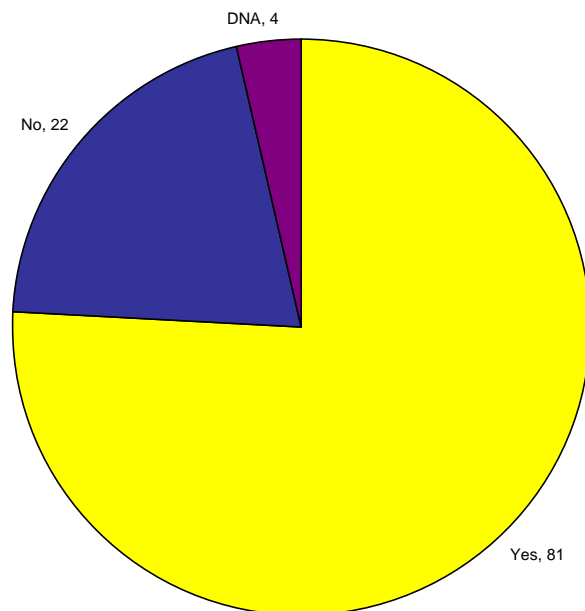
Q24: Do you pursue a hobby or activity outside the service you use? Of the 107 responses 66 (62%) answered 'yes', 36 (34%) answered 'no' and 5 (5%) did not answer. This compares to November 2008's scores of 57% answering 'yes', and 43% answering 'no', showing an increase of 5% in positive answers. In a measure of importance, "Being involved in personally meaningful activities is important to my recovery" scored 3.24 out of 4 in 2008.



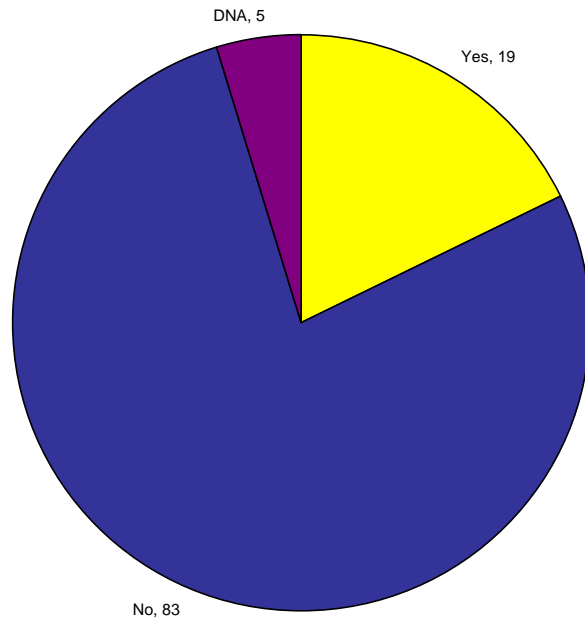
Q25: Are you involved in a local community or civic activity? 28 out of 107 people (26%) answered 'yes' to this question, with 73 people (68%) answering 'no'. 6 people did not answer; representing 6% of those asked the question. In the previous study in November 2008, 32% answered 'yes' and 64% answered 'no', so less people are involved in these activities than 6 months ago.



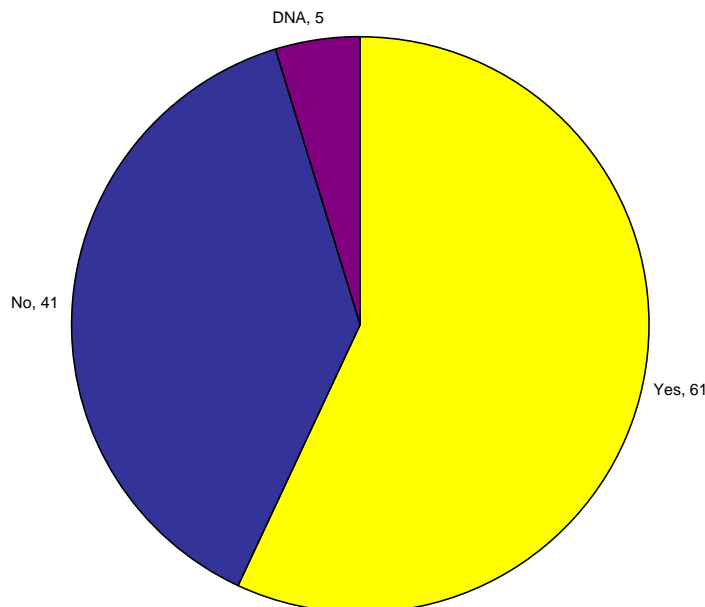
Q26: Do you have regular contact with your family? 81 respondents (76%) answered 'yes', 22 (21%) answered 'no' and 4 (4%) did not answer. In November 2008, 61% answered 'yes' to the question, showing an increase of 15% in positive responses. This question would benefit from a supplementary question to ask how important is to people.



Q27: Do you attend a faith group? Of the 107 respondents, 19 (18%) answered 'yes', 83 (78%) answered 'no' and 5 (5%) did not answer. In comparison, the 6 months previously 21% answered 'yes' and 79% answered 'no', showing a slightly lower level of attendance.



Q28: Do you have friends or acquaintances who you visit regularly? Of the 107 respondents 61 (57%) answered 'yes', 41 (38%) answered 'no' and 5 (5%) did not answer. This response has a high percentage of negative answers and shows a slight increase from November 2008. In the previous evaluation 54% answered 'yes' and 46% answered 'no'. If social interaction is important to the people who are answering 'no', then Recovery Coaches should be focusing on supporting the individual to improve their frequency of social interactions.



Discussion:

With 29% of people who are being supported by CCT feeling they don't have someone to talk to about close relationships, sexual health and sexuality, Recovery Coaches should look to improve their accessibility on this subject. The 'How Well is Life Working Out for You?' questionnaire is part of the interaction between the Recovery Coach and the people they work with and is aimed at opening up a broad conversation on the important areas in one's life. It is hoped that people are able to discuss the areas of their lives that they might not otherwise discuss (such as sexuality and sexual health) and people can work with support of their Recovery Coach towards achieving their goals.

It is the intention for activities to be guided by the people who come to CCT for support, so with 36% of people feeling they don't contribute to the activities within the service they use, this is an area the Trust can explore further. We need to understand what people perceive to be a contribution to the service and how this would be valued. This needs to be addressed within the coaching programme. In Section 1, the score for a similar question "I have a say in how this service is run" scored 2.72 out of 4 and was the lowest scoring response in that chapter.

18% of people questioned attend faith groups, with 78% who do not. With this question there could be the need to establish how important this is to people. People may or may not have the desire to attend a faith group but what is important is that we are having these conversations. The comparative score in terms of importance, "Spirituality is important to my recovery" scored 2.83 out of 4 in the Outcomes Evaluation in January 2008 and was therefore one of the lower scoring areas.

With 34% of people not pursuing a hobby or activity outside the service they use, this brings up a potential further discussion topic with the people who completed the questionnaire. The question itself can be brought into question but this must be in dialogue with the people who completed the questionnaire.

"Being involved in, and part of, the larger community is important to my recovery". Scored 3.1 out of 4 in terms of importance to people and with 68% of people not being involved in a local community or civic activity, these are areas Recovery Coaches could focus on to improve social inclusion with the people they are working with. There is an anomaly with Q29, as the question "I am supported to succeed in normal life roles such as worker, student, tenant" scored an average 3.07 out of 4 in this evaluation, and suggests that people who access the CCT's services are quite involved in their communities.

In terms of family contact, 76% of respondents were in regular contact, but 21% answered 'no' to this question. This question links in with whether people have friends or acquaintances who they visit regularly, to which 38% answered 'no'. This paints a reasonably positive picture that the vast majority have regular contact with one or the other. Only 11 people said they had no regular contact with either family or friends or acquaintances on a regular basis, and 92 (86%) had a regular contact with someone close to them.

Only one person answered this section of the questionnaire by answering 'no' to all the questions, meaning they have no regular contact, hobby or activity outside the service they receive. 7 people only answered 'yes' to the question about family and one person only answered 'yes' to the question about friends, so all the other people have at least two different sources of contact with people. Four people did not answer enough questions to get a picture of the level of their relationships and community interaction.

Section 4:

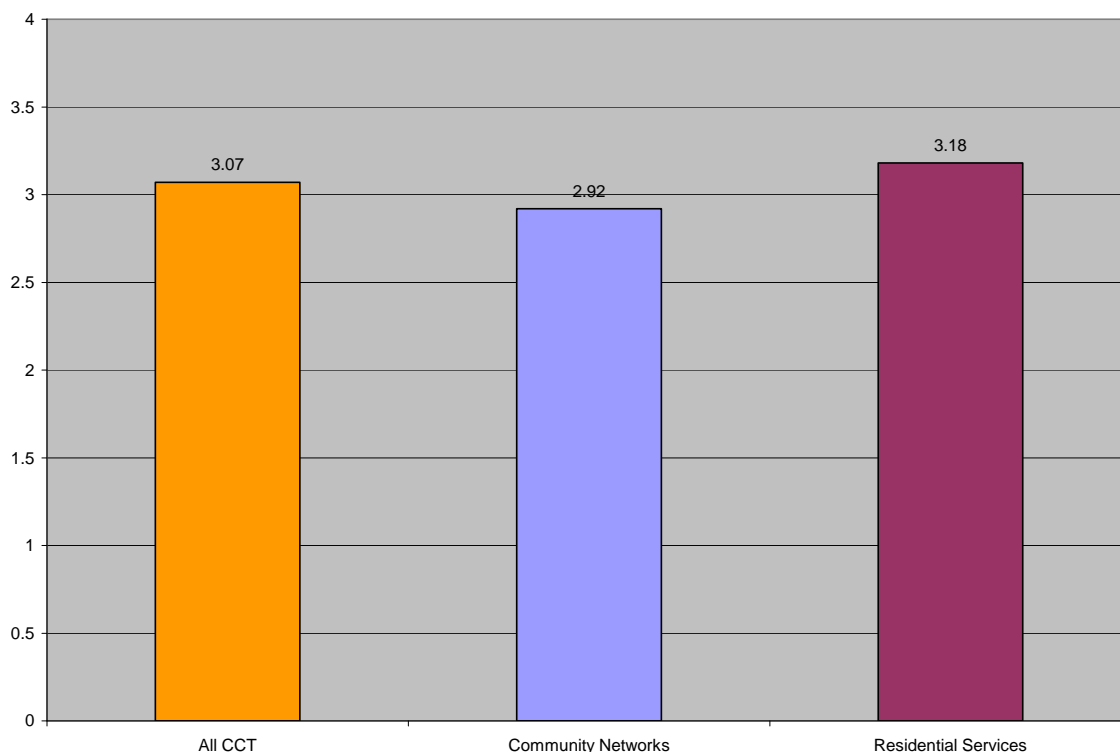
Promoting Social Inclusion

“A successful recovery is dependent upon our ability to take on meaningful and satisfying roles in society and gaining access to mainstream services such as housing, adequate personal services, education and leisure”²⁸

As one of the core elements of the Trust’s vision for its service provision and as one of the 10 Core Standards by which a recovery service should abide by, promotion of social inclusion is central to achieving the Trust’s recovery goals. It is important to the Trust that educational and occupational needs and aspirations are identified and incorporated into personal recovery plans. It is also important that the Trust helps to promote healthy lifestyles and access to physical healthcare. The questions in this chapter are set out to evidence the extent to which the Trust is meeting these requirements.

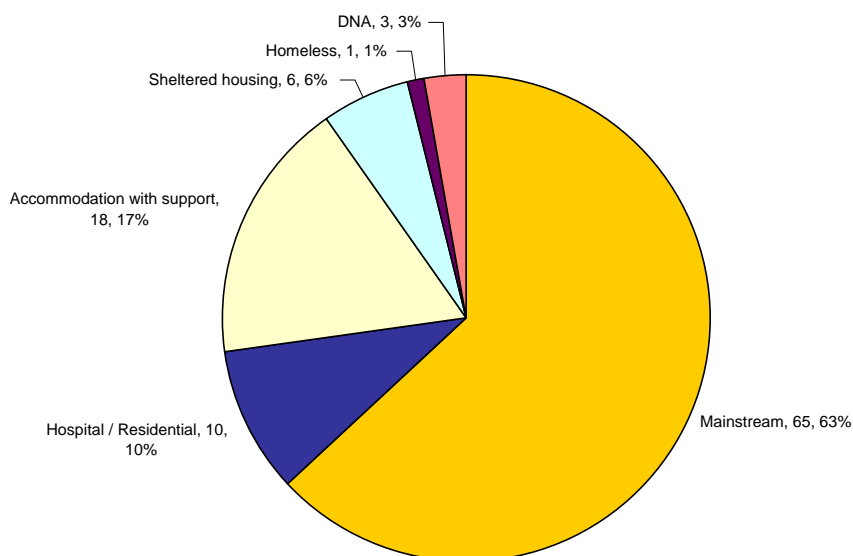
Findings:

Q29: I am supported to succeed in normal life roles such as worker, student, tenant. From the 107 respondents, a mean score of 3.07 was observed, with a more positive view of the provision of support in normal life roles given from people who use the residential services. These averaged 3.18 compared to an average score of 2.92 for Community Networks. The previous evaluation scored 2.81 out of 4 and this shows an increase of 0.26 out of 4. In 2008, “Taking on and succeeding in ordinary social roles is important to my recovery” scored 3.17 out of 4. In May 2009 the overall Trust score was 97% of the importance placed upon it in the Outcomes Evaluation of 2008.



²⁸ CSIP, Royal College of Psychiatrists and Social Care Institute for Excellence Joint Position Paper: A Common Purpose: Recovery in Future Mental Health Services: June 2007

Q30: Current accommodation type

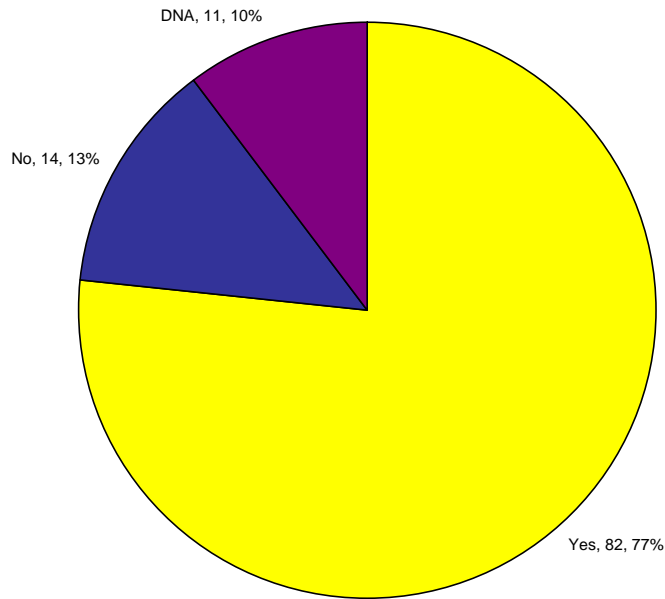


Overall, people who use CCT for support are mostly living within mainstream housing (63%). Accommodation with support and hospital or residential accommodation also represents a high percentage (10% for hospital or residential and 17% for accommodation with support). A full breakdown of the split between residential and Community Networks is shown on the table below:

	Community Networks	Residential Services
Mainstream housing	38 (73%)	23 (50%)
Hospital or residential	1 (2%)	9 (20%)
Accommodation with support	7 (13%)	11 (24%)
Sheltered housing	4 (8%)	2 (4%)
Homeless	0	1 (2%)
Did not answer	2 (4%)	0

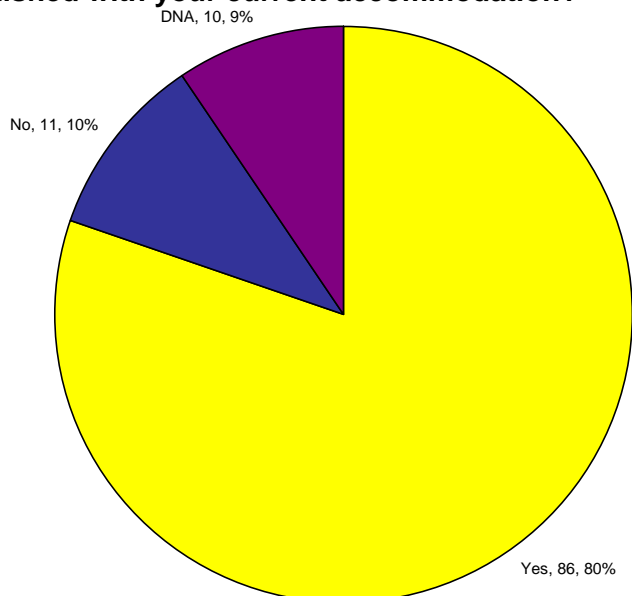
In comparison to the evaluation in November 2008, the level of mainstream housing was 64% (down 1%), the level of hospital or residential care was 14% (down 4%) and the number of people in accommodation with support was 21% (down 4%). There were no other answers given (sheltered housing / homeless).

Q31: Is accommodation settled with security of tenure?



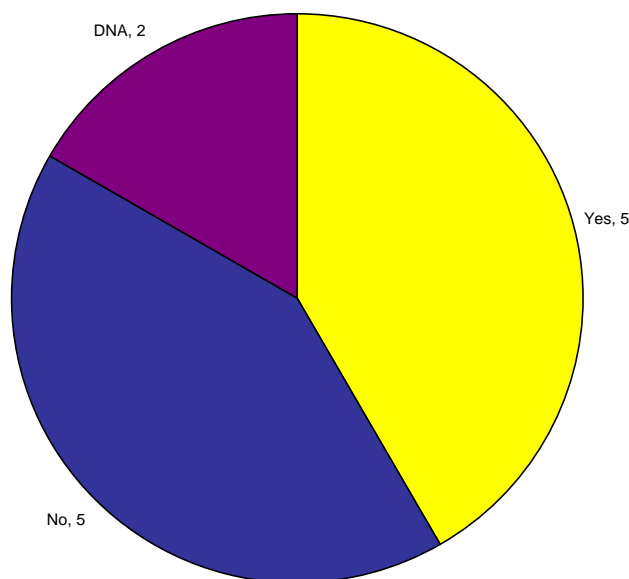
This response is similar within residential and community networks respondents but shows a slightly higher percentage of people who feel their accommodation is settled with security of tenure within residential services. 73% of people (38 out of 52) who use community networks answered 'yes' compared to 84% of people (39 out of 46) who use residential services. 15% (8 people) did not feel their accommodation was settled in community networks compared to 13% (6 people) in residential accommodation. 6 people from Community Networks did not answer this question compared to only one person who used residential services. The overall scores can be compared to those give 6 months ago, when 71% answered 'yes', 18% answered 'no' and 11% did not answer. 6% more people are settled and secure in their accommodation and 5% less people are not settled.

Q32: Are you satisfied with your current accommodation?



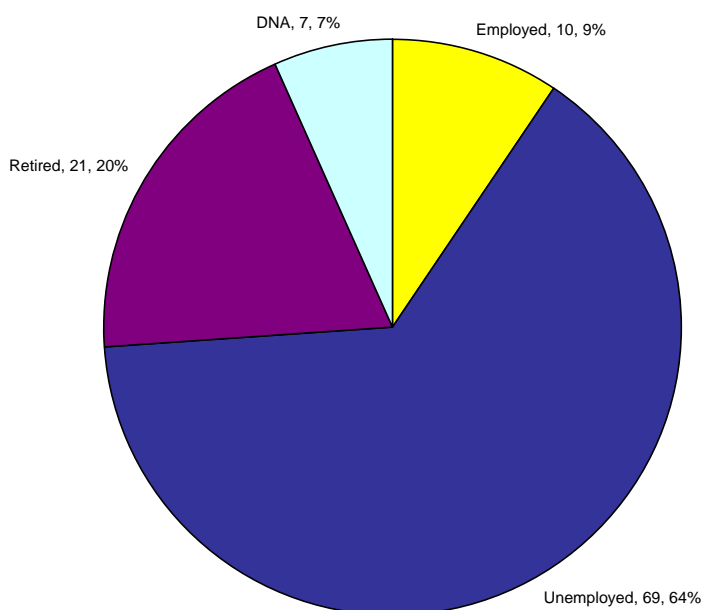
80% of people who come to CCT for support are satisfied with their accommodation. This figure is higher in residential services (91%) compared to people who receive support within Community Networks (77%). In November's study 75% answered 'yes' to this question and 21% answered 'no'. This shows an increase of 5% in positive responses from the previous evaluation.

Q33: If no, are you being supported to find alternative accommodation?



5 (42%) of the 12 people who are dissatisfied with their accommodation are being supported to find alternative accommodation. This consists of 38% of people within Community Networks and 33% in residential services. November’s data shows that only 7 people were dissatisfied with their accommodation and 5 of these were being supported to find an alternative.

Q34: What is your current employment status?²⁹



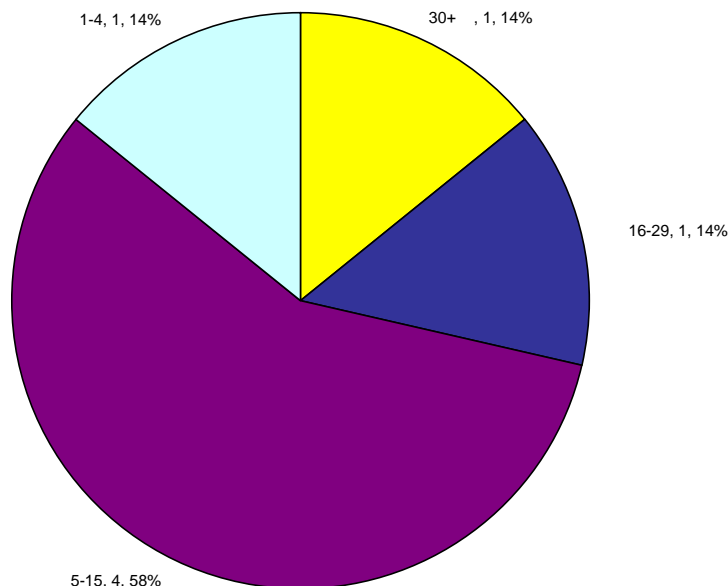
64% of the sample of people who access CCT for support are unemployed. 21% are retired and 9% are in employment³⁰. 60% of those who are employed access Community Networks. Of the people who access residential services 78% are unemployed compared to 54% of people who

²⁹ “People with mental health problems are more likely to be or become workless...with a risk of a downward spiral of worklessness, deterioration in mental health and consequent reduced chances of gaining employment” Waddell, G and Burton, A.K: Is work good for your health and wellbeing? (2006)

³⁰ This is in comparison to 21% of the UK population who have mental health problems who are in paid employment (Waddell, G and Burton, A.K: Is Work Good for Your Health and Wellbeing? London, The Stationary Office, 2006)

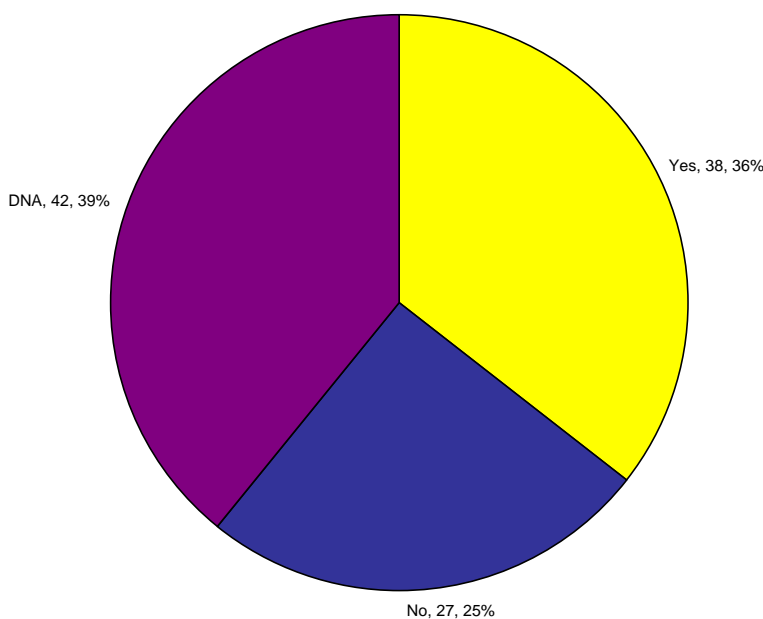
use Community Networks. In November 2008 the split was 7% employed, 82% unemployed, 7% retired and 4% did not answer. There is a rise in the percentage of people who use CCT for support being in employment and a drop in those who are unemployed over the past 6 months. This is accounted for by a larger percentage (20% compared to 7% in November 2008) being retired and a rise from 4% to 7% of those who did not answer.

Q35: If Employed, how many hours do you work each week?



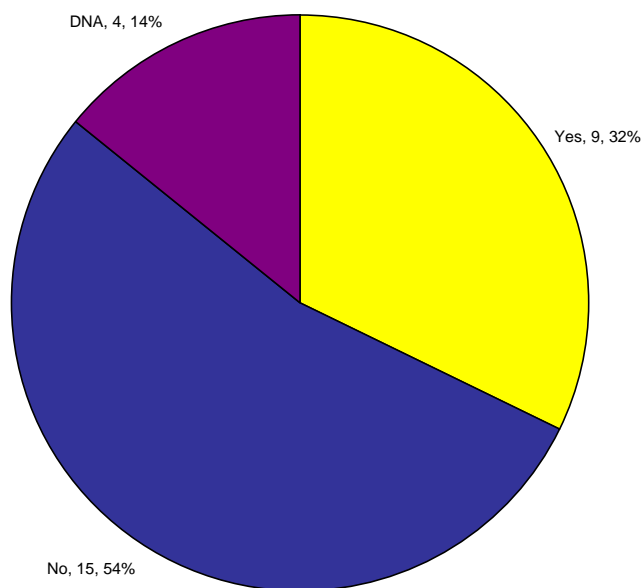
Of the people who are employed one works over 30 hours per week, one works between 16 and 29 hours per week, four people work between 5 and 15 hours and 3 people work between 1 and 4 hours. In November's evaluation only two respondents were employed (one for between 1 and 4 hours per week and one for over 30 hours per week). In order to carry out a meaningful longitudinal study these figures cannot be used, but with the continuation of the evaluation process it is expected that this will be possible after completion of the next set of questionnaires.

Q36: Are you satisfied with your current employment situation?



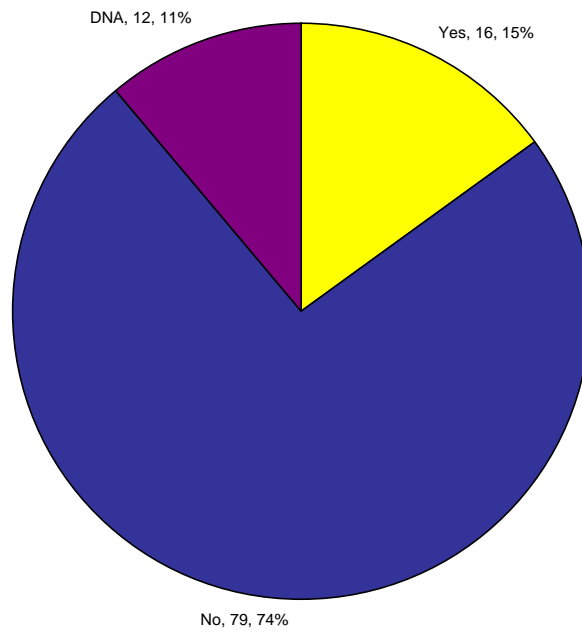
In total, 36% of respondents across the Trust said they were happy with their employment situation. 41% were happy in residential services compared to 35% within Community Networks. It is notable that 42 people did not answer this question (42% from Community Networks and 30% from residential services). 39% of the respondents did not answer this question. In comparison, 18% answered 'yes' to this question in November 2008 and 50% answered 'no'. 32% did not answer the question. This shows a large increase in the level of satisfaction with one's employment status, but with very few people being in employment the subject will be a topic for discussion within the Trust's coaching programme.

Q37: If no, are you being supported to change your employment?



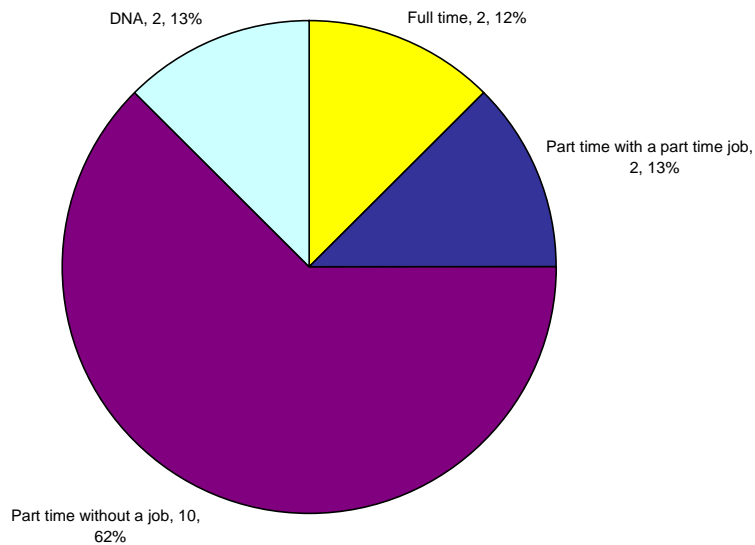
Of the 27 people who said they weren't satisfied with their employment in the previous question, 32% of respondents said that they were being supported to change employment compared to 54% who said they weren't. 31% of respondents from both Community Networks and residential services said they were being supported to change their employment if they were unhappy with it. Responses in November showed that 50% of those who were unhappy with their employment status were being supported to change it and 43% were not. This shows May's response was lower than in November 2008 and is concerning as employment is a large part of many people's lives and supporting people to find more meaningful employment should be a focus of recovery coaching whenever the person is unhappy with their employment situation.

Q38: Are you currently in education?



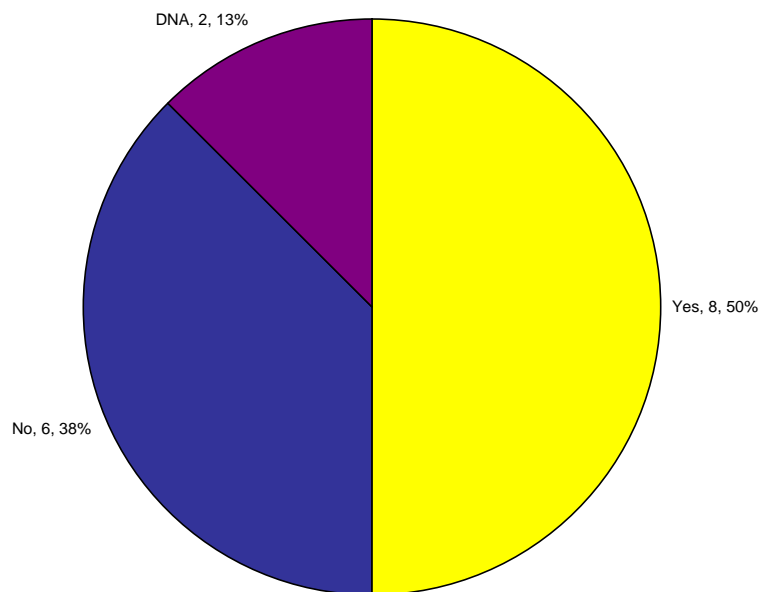
Of the people who use CCT for support 15 % are currently in education. This figure consists of 10 people from Community Networks (19% of people using Community Networks) and 5 people who use residential services (11% of residential respondents). In November 2008, 7% of respondents were in education, with 82% saying they weren't and 11% without an answer. This has increased, but is still a low figure. The increased emphasis on vocational coaching within CCT will focus on work and training towards work and may have an impact on the number of people in education.

Q39: If yes, do you attend full-time, part-time with a part-time job, or part-time without a part-time job?



Across all CCT services two people attend education on a full-time basis (both from residential services), two attend part-time alongside a part-time job (both in Community Networks) and 10 people attend part-time without a part-time job. Two people did not answer this question. With only two answers in the study in November 2008 no meaningful comparison can be drawn.

Q40: Do you have a clear vision of the future once you have completed your studies?



Of the people who were in education 8 (50%) had a clear view of the future upon completion of their studies. 6 (38%) did not have a clear vision. 3 out of 5 residential respondents answered 'yes' to this question and within Community Networks 5 out of 10 answered 'yes'. Two people did not answer. With only two answers in the November 2008 study no meaningful comparison can be drawn.

Discussion:

From the data collected, a score of 3.07 out of 4 was given to people being supported in normal life roles such as worker, student and tenant. This score reflects an average answer which corresponds to more than 3, which would represent 'often'. This question is important to this evaluation as it tells CCT how well they are supporting people to live a life that is not directed by mental health services, but instead by the person in a way that does not segregate them from the rest of the population.

80% of people were satisfied with their current accommodation³¹, and 77% of people who completed the questionnaire were happy with the security of their tenure, but 13% said they weren't and 10% did not answer. 63% who access support from CCT live in mainstream accommodation³².

*"People with mental health problems are more likely to be or become workless... with a risk of a downward spiral of worklessness, deterioration in mental health and consequent reduced chances of gaining employment"*³³. Questions 34 to 37 are set out to explore what the people who use CCT for support experience in terms of employment and joblessness. Of the respondents to the Trust's questionnaire 9% were employed, 64% were unemployed with 20% retired. Of those who work one works over 30 hours per week, one works between 16 and 29 hours per week, four people work between 5 and 15 hours per week and one works between one and four hours per week. In essence, only one out of the 107 people who completed the

³¹ This figure was higher in residential services (91%) compared to the score in Community Networks of 77%

³² 73% of people who are accessing the non-residential services and 50% of people who are accessing residential services (some as part of an inreach or outreach package of support as part of their transition from residential to mainstream or supported housing) also living in mainstream housing.

³³ Waddell, G and Burton, A.K: Is work good for your health and wellbeing? (2006)

questionnaire is in full-time paid employment. Of those asked, 36% were happy with their employment situation, 25% were not, and 39% did not answer, and of those who were not satisfied with their employment situation, only 32% were being supported to change their employment, leaving 54% who were not, and 14% who did not answer. This shows a gap in provision which can be addressed to improve the service.

Of all the people who access support from CCT, 16 (15%) are currently in education. 2 people attend full-time and 12 attend part-time. Of the 12 who attend part-time two also have a part-time job. This area is difficult to evaluate as it is not clear whether people would like to be in education or not. From those who are currently in education, 50% have a clear vision of the future upon completion of their studies, leaving 38% without a clear vision and 13% who did not answer. In order for education to be useful, it is important for people to make it a part of their ongoing career development, and the Trust can help people to have a better vision of their future through recovery coaching.

Appendix i:



Community Care Trust (South Devon) Ltd

Service Evaluation Form

This Evaluation form is an opportunity for you to tell us about your experience of the Community Care Trust or project. **Please answer questions in relation to your experience of the particular service that has given you this form and not that of other services you may use.**

The information we receive will be highly valued and will help us to establish what we are doing well and what we need to do better. It will form the basis of ongoing service development and we hope it will prove a good way to ensure we continue to grow and improve. Findings will be fed back to the service or project but feedback on individual workers will not be identified.

This questionnaire will be distributed every 6 months that you are in contact with the CCT and we hope you will choose to fill it in on each occasion as your experience is likely to change over time.

Thank you for your time in filling out this evaluation.

Name (optional)	
Service(s) used	
Date	

Section 1: Recovery Supporting Services

		Always	Often	Sometimes	Rarely	Never
Q1	I am treated as a whole person (with a body, mind, social and spiritual life)					
Q2	I am treated as a person who can learn, grow and change					
Q3	Staff seem to hold hope for me					
Q4	I am helped to see and use my own strengths					
Q5	My treatment and support plan is based on my own goals					
Q6	Staff treat me as a full partner in decision making					
Q7	I have a say in how this service is run					
Q8	I can get support in my home and community					
Q9	I am helped with my basic needs such as income, housing and transport					

Q10	I am told about my rights and how to uphold them					
Q11	This service employs people who are positive role models who I can learn from					
Q12	All the services I receive are well coordinated					
Q13	I am given a choice about which service I use					
Q14	Staff share information clearly and openly					
Q15	I can receive services for as long as I need them					

Section 2: Promoting Health and Emotional Wellbeing

		Always	Often	Sometimes	Rarely	Never
Q16	I am helped to create healthy daily routines					
Q17	Staff help me to learn how to cope with and manage my mental health problems					

Q18	Do you take part in a sport or exercise regularly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q19	Do you smoke?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q20	How many days have you taken off sick in the last 6 months?	None <input type="checkbox"/> 6-10 <input type="checkbox"/>	1-5 <input type="checkbox"/> 11 or more <input type="checkbox"/>
Q21	How many times have you visited your GP in the last 6 months?	None <input type="checkbox"/> 3-4 <input type="checkbox"/>	1-2 <input type="checkbox"/> 5 or more <input type="checkbox"/>

Section 3: Promoting Relationships and Community Interaction

Q22	Do you feel there are people you are able to talk to about close relationships, your sexual health and sexuality?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q23	Are you involved in contributing to activities within the service you use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q24	Do you pursue a hobby or activity outside the service you use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q25	Are you involved in a local community or civic activity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q26	Do you have regular contact with your family?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q27	Do you attend a faith group?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q28	Do you have friends or acquaintances who you visit regularly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section 4: Promoting Social Inclusion

		Always	Often	Some-times	Rarely	Never
Q29	I am supported to succeed in normal life roles such as worker, student, tenant					

Q30	Current accommodation type	Mainstream housing	
		Hospital or residential care	
		Accommodation with support	
		Sheltered housing	
		Homeless	
Q31	Is accommodation settled with security of tenure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q32	Are you satisfied with your current accommodation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q33	If no, are you being supported to find alternative accommodation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Q34	What is your current employment status?	Employed	
		Unemployed	
		Retired	
Q35	If employed, how many hours do you work each week?	30 +	
		16-29	
		5-15	
		1-4	
		Not disclosed	
Q36	Are you satisfied with your employment situation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q37	If no, are you being supported to change your employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Q38	Are you currently in education?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q39	If yes, do you attend	Full-time	
		Part-time alongside a part-time job	
		Part-time without a part-time job	
Q40	Do you have a clear vision for the future once you have completed your studies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

This questionnaire may require some alterations to ensure we are asking the right questions to make sure we are meeting your needs. Please can you write comments below to inform us if you feel it should be different in any way or if we have failed to cover all the areas you would like to talk about?

Thank you for your participation. If you are returning this by post please send to:
 Rohan Davidson, The Haven, 8 Hanbury Buildings, Bradley Lane, Newton Abbot TQ12 1LZ.
 A stamped addressed envelope will be available from the CCT if you require one.

Appendix ii

Section 1 Additional Data

Each question can be compared to a score from the subsequent Service Evaluation from January 2009. This evaluation was the Trust's first example of using the Service Evaluation questionnaire and set a baseline for the Trust to work from to improve the service available to those who come to CCT for support. Wherever possible the score in terms of importance from the Outcomes Evaluation will be used as a gauge of how effective CCT is at meeting people's needs. The percentage score for each does not show whether CCT is meeting needs, but gives a rough understanding of how well areas of individual recovery are being tackled. A good score will always be as near to 4.0 as possible, regardless of the importance placed upon the area by the people who use the service.

Q1: I am treated as a whole person (with a body, mind, social and spiritual life)

Importance (2008)	Score in Nov 2008	Score in May 2009	Change (+/-)	% of importance (May)	% who answered 'always'
3.59	3.62	3.60	-0.02	100%	55%

Q2: I am treated as a person who can learn, grow and change

Importance (2008)	Score in Nov 2008	Score in May 2009	Change (+/-)	% of importance (May)	% who answered 'always'
N/A	3.54	3.60	+0.06	N/A	68%

Q3: Staff seem to hold hope for me

Importance (2008)	Score in Nov 2008	Score in May 2009	Change (+/-)	% of importance (May)	% who answered 'always'
3.62	3.62	3.55	-0.07	98%	64%

Q4: I am helped to see and use my own strengths

Importance (2008)	Score in Nov 2008	Score in May 2009	Change (+/-)	% of importance (May)	% who answered 'always'
3.34	3.23	3.42	+0.19	102%	54%

Q5: My treatment and support plan is based on my own goals

Importance (2008)	Score in Nov 2008	Score in May 2009	Change (+/-)	% of importance (May)	% who answered 'always'
3.52	3.46	3.37	-0.09	96%	51%

Q6: Staff treat me as a full partner in decision making

Importance (2008)	Score in Nov 2008	Score in May 2009	Change (+/-)	% of importance (May)	% who answered 'always'
3.52	3.28	3.49	+0.21	99%	58%

Q7: I have a say in how this service is run

Importance (2008)	Score in Nov 2008	Score in May 2009	Change (+/-)	% of importance (May)	% who answered 'always'
N/A	2.46	2.72	+0.26	N/A	36%

Q8: I can get support in my home and community

Importance (2008)	Score in Nov 2008	Score in May 2009	Change (+/-)	% of importance (May)	% who answered 'always'
N/A	2.84	3.11	+0.27	N/A	51%

Q9: I am helped with my basic needs such as income, housing and transport

Importance (2008)	Score in Nov 2008	Score in May 2009	Change (+/-)	% of importance (May)	% who answered 'always'
3.66	2.67	2.86	+0.19	78%	42%

Q10: I am told about my rights and how to uphold them

Importance (2008)	Score in Nov 2008	Score in May 2009	Change (+/-)	% of importance (May)	% who answered 'always'
3.09	2.37	3.1	+0.73	100%	46%

Q11: This service employs people who are positive role models who I can learn from

Importance (2008)	Score in Nov 2008	Score in May 2009	Change (+/-)	% of importance (May)	% who answered 'always'
3.07	3.35	3.45	+0.1	112%	55%

Q12: All the services I receive are well coordinated

Importance (2008)	Score in Nov 2008	Score in May 2009	Change (+/-)	% of importance (May)	% who answered 'always'
N/A	3.41	3.4	-0.01	N/A	53%

Q13: I am given a choice about which service I use

Importance (2008)	Score in Nov 2008	Score in May 2009	Change (+/-)	% of importance (May)	% who answered 'always'
N/A	2.92	3.3	+0.38	N/A	54%

Q14: Staff share information clearly and openly

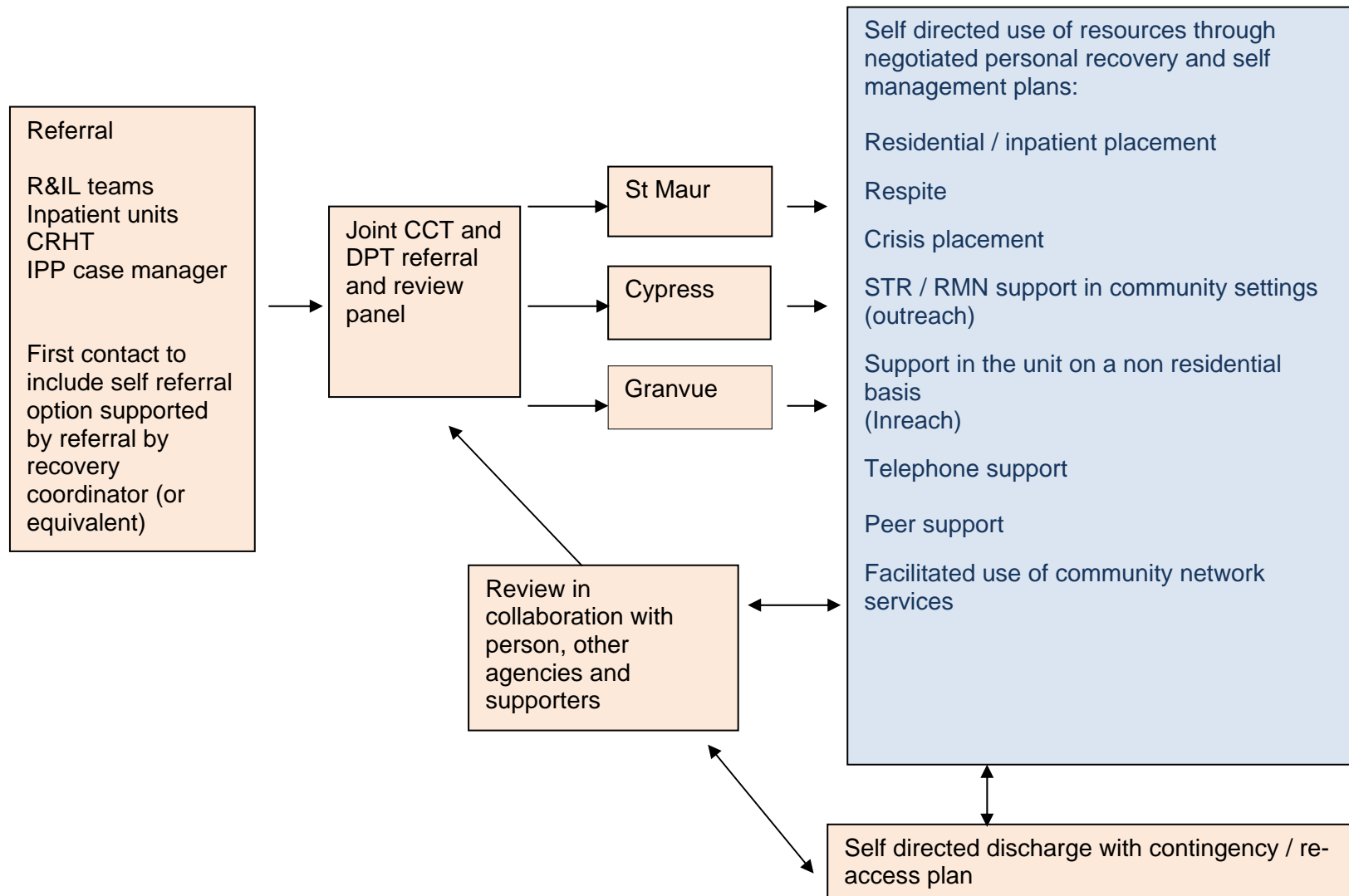
Importance (2008)	Score in Nov 2008	Score in May 2009	Change (+/-)	% of importance (May)	% who answered 'always'
N/A	3.26	3.41	+0.15	N/A	57%

Q15: I can receive services for as long as I need them

Importance (2008)	Score in Nov 2008	Score in May 2009	Change (+/-)	% of importance (May)	% who answered 'always'
N/A	3.23	3.53	+0.3	N/A	64%

Appendix iii

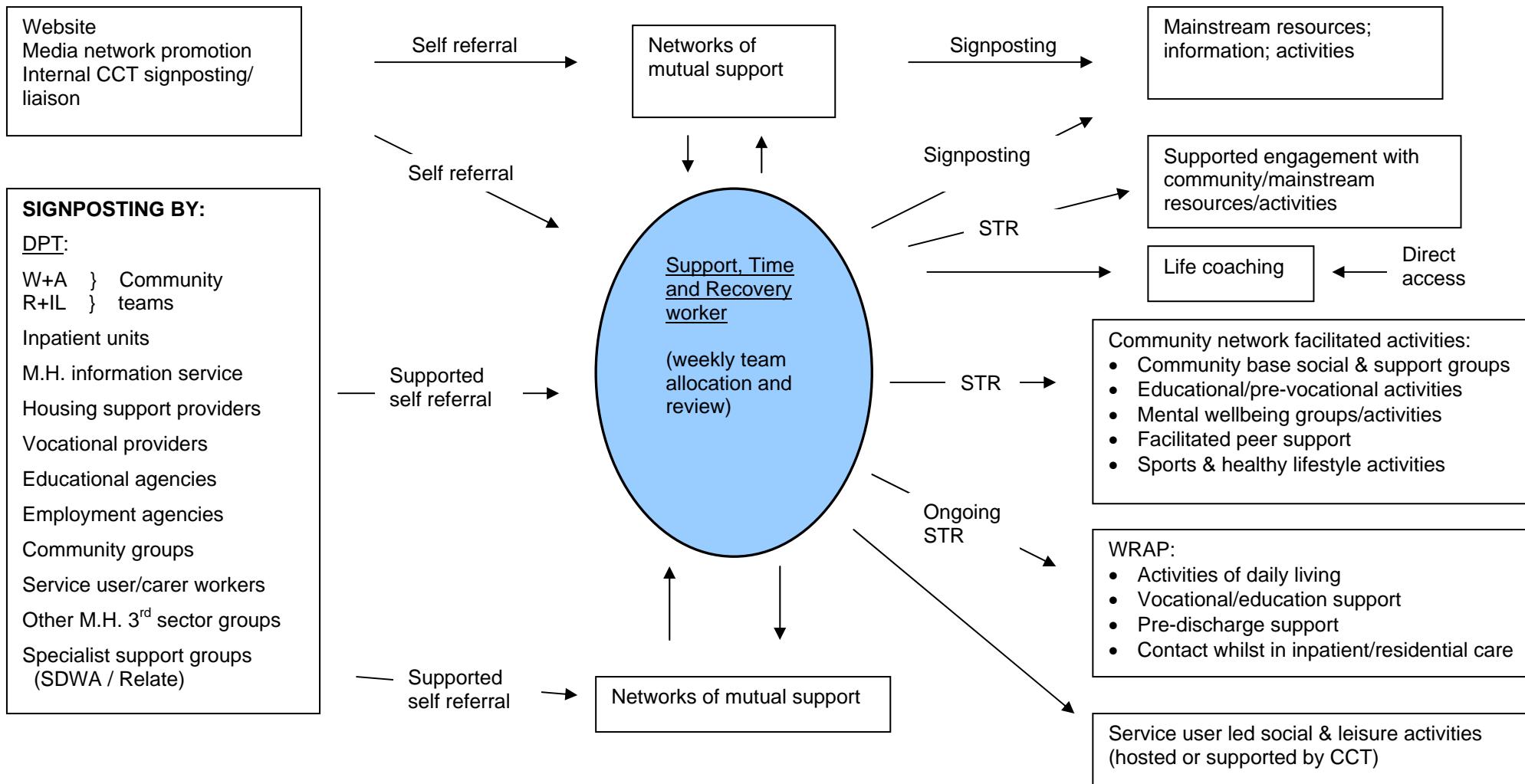
Community Care Trust Access and pathways (residential)



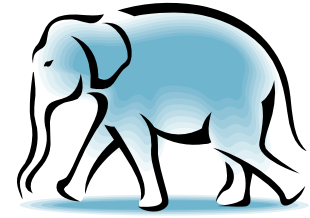
2009.

COMMUNITY CARE TRUST (SOUTH DEVON) LIMITED

COMMUNITY NETWORKS : ACCESS AND SERVICE PATHWAYS



NOTES: 1. A person may access more than one community network activity
 2. Engagement with facilitated activities may continue after STR support is no longer needed



'ELEPHANT' Plan

E
xploring

- How are you? How are things for you right now?
- What's happening to you right now?
- Tell me a bit more about that. I wonder what that is like for you.
- How else might you describe this? How might someone you love or know well describe this?

L
istening

- What I hear/ heard you say was...
- What I understood you to mean was...
- What are you hoping I will understand from this?
- What is the most important part of this for you?
- Have I missed anything?

E
xperiences

- What has this experience meant to you in the past?
- What has happened when you have had these experiences in the past?
- What helped you in your recovery/ to regain a sense of wellbeing?
- What happens before/ next?

P
lace/ person

- Who's helpful/ unhelpful when you are in this place?
- Do you feel safe where you/ we are now?
- What helps you feel safe?
- What could I/ we do to make things feel safer for you?
- What do you need right now?
- What's the result of that for you/ home/ family/ friends?

H
ow?

- How would you know if it was working for you?
- How would I know if it was working for you? How would it look to me?
- How could you do things differently?

A
ction

- What could you/ we do right now to help?
- What could you do differently from now?
- If we could make one part different in the future who would be most helpful to you in this?
- How can we make sure this happens?
- Who do we need to speak to?

N
ext steps

- What would you like to happen next?
- What now?
- How shall we take this forward?
- Who would you most like to be alongside you from here?
- How would it look if we were getting it right?

T
imescale

- When would you want this to be different?
- When shall we start?
- When shall we meet again? Shall we meet again?
- By the time we next meet how will things be different?
- What would you like the big difference to be?

