

COMMUNITY AUDIT &
EVALUATION CENTRE



***'A bit of humanity': service users'*
views of assertive outreach in
Manchester**

**Report of an evaluation of the N'gage
project**

**by Veronica Marris
July 2003**

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assertive outreach in manchester
ngage

‘A bit of humanity’:
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Report of an evaluation of the N’gage project – July 2003

Community Audit & Evaluation Centre
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RIHSC: Research Institute for Health & Social Change

'A bit of humanity': service users' views of assertive outreach in Manchester

This is a report of an evaluation undertaken with service users of the N'gage project during March to May 2003. This was carried out on behalf of HARP (Health, Advocacy and Resource Project) by the Community Audit and Evaluation Centre at Manchester Metropolitan University.

The findings of the evaluation were presented at the N'gage Stakeholder Day on 19th May 2003. This day was attended by staff, service users and representatives of a range of statutory and voluntary sector agencies with whom N'gage works.

One aim of the evaluation was to nurture a culture within N'gage in which users' views and experiences are central to the continued development of the service. A brief summary of the findings of the evaluation (included as an appendix to this report) was produced and circulated to service users.

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1. The N'gage Project: Manchester's response to a new mental health initiative

This is a report of an evaluation of service users' experience of a new mental health service established by HARP (Health, Advocacy and Resource Project) in partnership with the Manchester Mental Health and Social Care Trust. HARP is a voluntary sector organisation offering services to people with mental health problems. HARP was set up in 1989 and since then has acquired a track record of working with the most disadvantaged members of society. It manages several projects, of which N'gage is the most recent and the largest.

The N'gage Project provides what is called an assertive outreach service and was set up in response to a national initiative to establish services on this model throughout the UK. The project is funded by the Joint Commissioning Team and has been running since September 2001. This evaluation was commissioned by HARP as part of an overall review of the progress of the project and was undertaken by the Community Audit and Evaluation Centre (CAEC) during March to May 2003. The aim of the evaluation was to find out :

- whether or not the service had succeeded in stimulating and supporting positive change in users' lives
- what users themselves valued about the service
- what users would like to be different about the service.

2. What is assertive outreach and who is it for?

Assertive outreach is a way of working with severely mentally ill adults who have complex multiple problems and are likely to need support for a considerable part of their lives. The aim is to provide intensive and holistic support which enables users to have more sustainable lives in the community, with more secure living situations and fewer crises, involuntary hospital admissions and less involvement with the criminal justice system than they might otherwise experience.

The people whom assertive outreach aims to help will normally have a history of severe mental illness and are likely also:

- not to use mental health services which may not meet their needs
- not to comply with medication, which may lead to poor mental health
- to have frequent crises and hospital admissions
- to have involvement with the police because of their mental illness
- to have multiple problems in addition to mental illness, such as drug or alcohol misuse, frequent homelessness or learning disability.

They may at times be a significant risk to their own safety or that of others and they are likely to have very little capacity to care for themselves independently, sustain relationships with people around them or to undertake work or learning opportunities. Their degree of mental illness severely limits their life chances and other related problems (such as homelessness, drug misuse and involvement with the criminal justice system) in turn worsen their mental health.

3. What is different about assertive outreach?

The principle characteristics of the assertive outreach model are a flexible approach, working with clients in their own environment, frequent contact with clients and a multi-disciplinary, team approach. The aim is to build a long-term, therapeutic relationship with clients and to be able to meet complex and wide-ranging needs, either through expertise within the team itself or by supporting clients to access other appropriate services.

Services provided through assertive outreach should be time-unlimited with a policy of not closing cases and the ratio of service users to staff must be low in order to enable regular, frequent contact. The aim is to maintain contact with service users (even where in some cases they do not want it) and not to allow them to be lost to services. The team approach means that clients do not miss contact due to staff illness or holidays. The team will at the least include nurses, psychiatrists and social workers and can also include workers from a range of other disciplines, depending on identified local needs.

An assertive outreach service can be provided through statutory sector or voluntary sector organisations. Most of the services established in the UK are located within the statutory sector. The N'gage Project is one of the very few which are managed by voluntary sector organisations. The relative independence which this brings may be a factor supporting the truly multi-disciplinary nature of the N'gage Project. The staff group includes not only nurses, a psychiatrist and social workers but also housing and benefits experts, vocational specialists and substance misuse workers.

4. Does assertive outreach work?

Research into assertive outreach in Australia (where the model has been in operation for some years) has shown both that the approach can reduce emergency hospital admissions and that service users prefer the approach.¹ This evaluation of N'gage did not consider changes in medical outcomes such as hospital admissions (which were examined separately). However the results clearly support the view that users prefer the assertive outreach approach.

Overall the evaluation was very positive. Users feel that N'gage has helped bring about positive practical improvements in their lives and that they feel they get a level of care and attention which they have not experienced previously. The title of this report, '**A bit of humanity**', reflects expressions by service users of the way in which N'gage has helped to restore to them some of their basic human dignity. We hope that the study will serve as a useful reflection for the project of where and how they are being most effective and will also indicate ways forward to ensure that service users' views continue to shape the development of the service.

¹ Hambridge, J.A. and Rosen, A. (1994). Assertive community treatment for the seriously mentally ill in suburban Sydney: a programme description and evaluation. Australian and New Zealand Journal of Psychiatry, 28 438-445; and Sanderson, K., Issakidis, C., Johnston, S., Teeson, M., Salkeld, G., & Buhrich, N. (1996). Cost-effectiveness of intensive case management for people with serious mental illness. Darlinghurst, NSW: CRUFAD.

5. Overcoming barriers: difficulties of involving service users in the evaluation process

The Community Audit and Evaluation Centre has expertise in participatory research, audit and evaluation. This approach aims to put those service users or community members, whose needs, views and experience are being researched, at the centre of and in control of the research process, including being involved in research design and decisions about methods to be used.

In this piece of work it was recognised that the life experiences and current situation of service users created barriers to participation. All those who use the N'gage service have a serious mental illness which may mean at times they find it hard to concentrate or may be confused. Over two thirds of users also have a diagnosis of drug or alcohol dependency. At least one person interviewed cannot read or write. In addition almost all interviewees had concerns and problems (such as the threat of eviction, problems with neighbours or family, wanting to leave hospital, recent suicide of a friend) which were preoccupying them at the time of the interview.

In the main users understood that the researcher was independent and that their confidentiality would be maintained. However some people had anxieties about the purpose of the evaluation (such as whether it meant the service was under threat) as well as some embarrassment about meeting and talking to an outsider about their lives (which might touch on homelessness, problems with the police or losing a child to the care system). Finally, most service users have had long term involvement with a mental health system which has a poor track record in consultation of users' feelings and opinions. They need practice and long term support to enable them to articulate their views and trust in an evaluation process.

All these circumstances meant that the approach to the work was more worker-led and less user-influenced than would normally be the case. The methods used were designed to make it as easy as possible for people to take part. The range of quotations from interviews in the following report show that users were able to give opinions, both positive and negative. This demonstrates that in the long term and with the right support users could become more involved in influencing the service.

MANCHESTER METROPOLITAN UNIVERSITY
FACULTY OF COMMUNITY STUDIES LAW & EDUCATION

COMMUNITY AUDIT & EVALUATION CENTRE



Survey for people who use N'Gage

N'Gage needs to know if it is doing the right things to help the people who use its services.

We are asking you and other people who get help from N'Gage to take part in an interview with Veronica Marris, a researcher from Manchester Metropolitan University to find out how much N'Gage has been able to help you in important areas of your life.

Anything that you say to the researcher will be confidential and will not make any difference to your relationship with N'Gage workers.

We hope that what you and other people say will help N'Gage to continue and improve the service in future.

You will be paid £10 if you take part in the interview. The interview will be arranged with one of the workers from N'Gage who will come with the researcher to your home or somewhere else where you would like to do the interview.

6. Methods and process used

Project users were asked by workers if they were willing to take part in the evaluation and were given a brief letter from CAEC explaining the process and reasons for doing it. They were told that they would be paid £10 and that information given would be used in a report but would be anonymous. Users referred within the last six months were excluded as were a few people who were extremely ill at the time of the evaluation. Those who expressed interest were contacted again near the time of the interview.

<u>N'Gage Service Users' Questionnaire</u>	
1) Looking after myself	
<i>Worst</i>	<i>Best</i>
2) Emotional and mental health	
<i>Worst</i>	<i>Best</i>
3) Safety to myself and safety with other people	
<i>Worst</i>	<i>Best</i>
4) Living situation, money and other practical needs	
<i>Worst</i>	<i>Best</i>
5) Physical health	
<i>Worst</i>	<i>Best</i>
6) Things to do with my time	
<i>Worst</i>	<i>Best</i>
7) Relationships with other people	
<i>Worst</i>	<i>Best</i>
8) Religion, Language & Culture?	
<i>Worst</i>	<i>Best</i>

N'gage staff accompanied the researcher and effected introductions. In order to ensure confidentiality they were not present for the interview itself except in two cases where the client indicated they would prefer to have the worker present.

Assurances about confidentiality were reiterated at the start of the interview along with information about the purpose of the evaluation. Interviewees received a £10 cash payment at the end of the interview.

Service users were interviewed in a variety of settings, depending on their current situation and on their own choice. Venues included their own home, temporary accommodation, coffee bars and day rooms on hospital wards.

Interviews lasted between 15 and 30 minutes. The first part of the interview was an exercise where users were asked to mark crosses on a line at the points where

they felt they were before and after working with N'gage. The lines measured 18 cm when drawn on an A4 sheet of paper (where 0 was the worst and 18 the best that things could be), but no numbers were shown as the aim was to allow users to give a visual impression of how much change they felt had taken place.

Users were asked to do this exercise for 8 different areas of their life. Originally the research team were asked to look at 20 separate areas, based on the Manchester Care Assessment Schedule, used by N'gage staff to assess clients. However, it was felt that this would produce an unwieldy exercise. For this reason the 20 were condensed down to 8 areas, which were:

- Looking after self (clothes, food, hygiene, warmth)
- Emotional and mental health
- Safety to self and others
- Living situation (accommodation, benefits, access to advice)
- Physical health (including access to health care)
- Things to do
- Relationships with other people
- Religion, language and culture

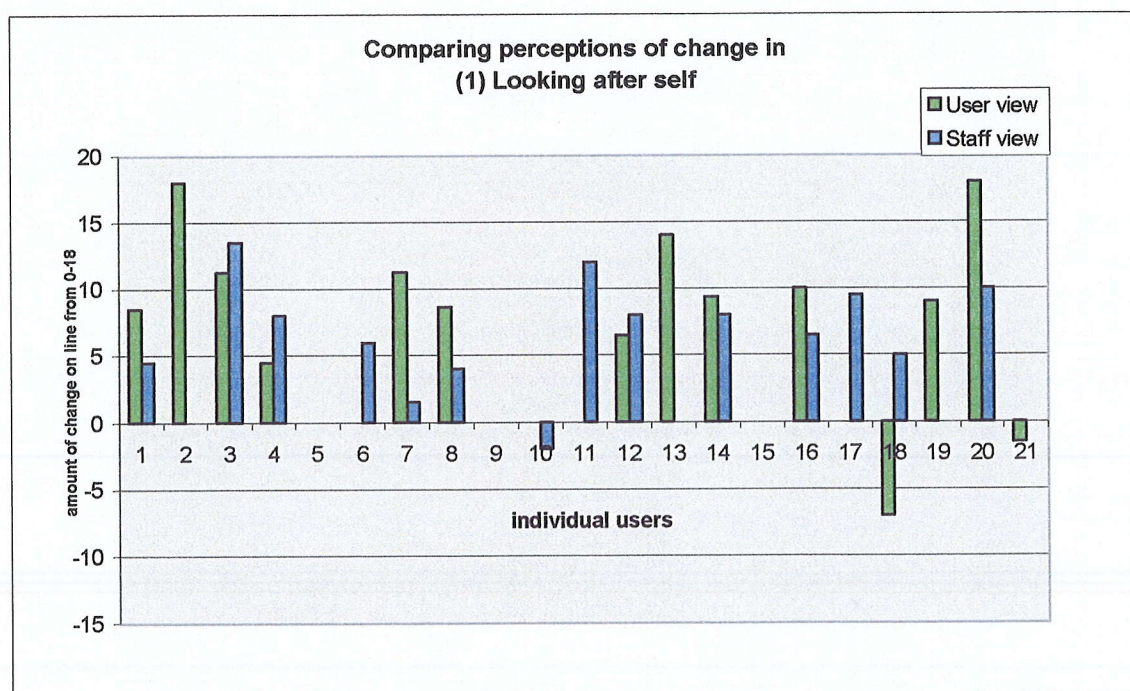
During the first 5 interviews users were questioned as to how easy and how useful they found the exercise. As the response during this pilot period was positive the exercise was used unchanged for the remainder of the interviews. One user in particular, who could not read or write, commented that the scaling exercise was easy to understand and respond to.

The second part of the interview consisted of an informal discussion in which users were asked about how N'gage had benefited them, what things they liked about it and what things they did not like or would like to be different.

After the service user interviews were completed, sessions were held with the staff teams where they were asked to assess individual clients' situations using the same scaling exercise, in order to compare user and staff perceptions.

In order to analyse the results the points marked by users were measured and the measurements put onto a spreadsheet. An example of a chart resulting from this is shown below and more charts are included as an appendix to the report. It should be noted that users interpreted the scaling exercise in very different ways from one another and so the resulting figures should be used with caution. They are most useful for giving an impression of amounts of change experienced by users and also of the variation between different users and between staff and user perceptions.

Figures and charts have not been produced for the question on **religion, language and culture** as almost half the users interviewed did not fill in this area. With hindsight it seems that this was not an appropriate or useful way of asking about religious, racial and cultural differences and needs.



7. Who took part in the evaluation?: gender, race and age

N'gage has two staff teams, one each for North and South Manchester. Service users are allocated to one or other team according to where they are based. The aim was to achieve 30 interviews, but in the event 24 were completed. This represented half of the people who had been referred to the project more than six months previously.

The lower number achieved was partly due to logistical difficulties and shortage of staff time to accompany the researcher. It was also partly due to some users having a downturn in their situation, making it hard to engage them in the process.

Characteristics of interviewees

Men

White UK, 40-49 yrs	1
White Irish 40-49 yrs	1
White UK, 30-39 yrs	11
White UK, 20-29 yrs	1
Black Asian, 40-49 yrs	1
Black UK, 30-39 yrs	1
Mixed race, 30-39 yrs	1
	17

Women

White UK, 40-49 yrs	3
White UK, 30-39 yrs	3
Black Caribbean, 20-29 yrs	1
	7

The single largest group interviewed was of white men in their 30s, which is the largest group amongst all N'gage service users. Black users were under-represented in the evaluation as some black clients chose not to take part and others had been very recently referred to the project. The gender balance of interviewees reflected that of the whole caseload. Where sexuality was known users had identified as heterosexual, but this was not known in every case.

As mentioned in the previous section the scaling exercise was not successful in answering questions about any particular needs which users might have due to racial, cultural or religious backgrounds. Overall this

evaluation did not reveal differences in users' needs or demands due to race, gender or age. This is unlikely to be because there are no different needs.

Comparison of interviewees with whole client group

	Group Interviewed (24 people)		Involved > 6 months (48 people)		Whole Group (66 people)	
Men	17	71%	33	69%	45	68%
Women	7	29%	15	31%	21	32%
White	20	83%	32	67%	44	67%
Black/Asian/Mixed Race	4	17%	13	27%	19	29%
Over 50 yrs old	0	0%	1	2%	3	5%
40-49 yrs	6	25%	13	27%	16	24%
30-39 yrs	15	63%	25	52%	33	50%
20-29 yrs	3	13%	3	6%	6	9%
under 20 yrs	0	0%	2	4%	4	6%

N.B. Where totals < 100%, this is due to race or age being unknown for some people

Numbers interviewed from each team

North Team

Total	30
Referred < 6 months	9
Total eligible	21
Interviewed	14

South Team

Total	36
Referred < 6 months	9
Total eligible	27
Interviewed	10

The fact that the N'gage staff teams are mixed makes it possible for users to have contact with and support from people of the same race or gender as themselves, but the team approach would preclude a user working exclusively with particular workers on the basis of race, gender or any other reason. Neither women users nor black users interviewed expressed any preference for working with someone of the same gender or race. Where race is concerned, this could be because black users did not wish to raise this issue with a white researcher.

N'gage should attempt to ensure that future evaluation of the project includes a greater focus on these issues, since there is no shortage of evidence from elsewhere that race and gender are significant in users' experiences of mental health services. On a positive note, one black interviewee gave a reason for liking N'gage workers as being that: *'They don't just tell you things or label you. They listen to you. They take you more seriously than other people I have had to deal with.'*

8. Findings of the evaluation: where has N'gage made the most difference to people's lives?

Most service users (roughly two thirds of those interviewed) said that N'gage had helped them significantly in the areas of their **living situation** and **emotional and mental health** (both underlined in the table below). The staff teams also tended to see significant improvement in **emotional and mental health** and this was an area where user and staff perceptions of the amount of change were close. Both staff and users saw significant improvement in **living situation**, although users were particularly positive about this area. This was perhaps because in many cases they had been homeless or in very insecure housing situations before being referred to N'gage. The following sections of the report include quotations from interviews, which bear out the importance of both these areas of life to the service users.

Table showing the number of users experiencing positive change, no change or negative change in different areas of their lives

	Positive change		No change		Change for the worse	
	User view	Staff view	User view	Staff view	User view	Staff view
Looking after self	12	13	7	7	2	1
<u>Emotional & mental health</u>	16	17	4	4	1	0
Safety to self & others	13	14	8	5	0	2
<u>Living situation</u>	15	16	6	4	0	1
Physical health	12	19	8	2	1	0
Things to do	14	16	6	4	1	1
Relationships with other people	13	16	7	4	1	1

The two areas in which both staff and users tended to agree that there had been least change were **relationships with other people** and **things to do with my time**. Staff tended to see slightly more improvement than did service users in the area of **relationships with other people** but neither saw this as a

area where much change had been achieved. Although users did not raise this as an issue, it could indicate a long term need for more support in improving relationships with carers, family, neighbours and others. Users' more cautious assessment of their situation also perhaps illustrates how isolated and cut off they may feel and therefore how important is the human contact they have with N'gage workers.

Most people felt there had been some positive change in **things to do** or occupation, but the amount of change experienced was relatively small and a number of people mentioned going out more and having more things to do as being the main thing they would like to have in their life which was not currently available.

Staff saw more change than did users in the area of **physical health**, although both groups saw this as being an area of relatively low concern compared to some other areas. Users tended to be open about past drug and alcohol use but (not surprisingly) less clear cut about current use and therefore may have overestimated their current level of health.

Table showing user and staff views of change for individual users

	User sees more change	User agrees with staff	Staff see more change
Looking after self	10	3	8
Emotional & mental health	9	2	10
Safety to self & others	11	3	7
Living situation	11	3	8
Physical health	6	2	13
Things to do	12	3	6
Relationships with other people	9	2	10

The area where there was greatest difference between staff and user perceptions was in that of **safety to self and others**, where users were far more positive than staff about their own level of **safety** both before and after working with N'gage. There were 8 users who saw no change in their level of safety and almost all of these rated themselves as very safe to begin with. Staff agreed with some of these assessments, but by no means with all of them.

It is perhaps not surprising that **safety to self and others** was an area where staff and user perceptions diverged. This may be partly due to differing interpretations of safety. For instance staff assessed some behaviour (such as working in prostitution) as being unsafe which the service user did not include in their thinking about the question. There are in addition obvious barriers to wanting to report unsafe behaviour or feelings to a stranger (**safety to self and others** encompassed not only suicidal feelings but the potential or desire to harm others). It is therefore likely that service users presented themselves as being and feeling safer than was in fact the case.

There is some overlap between **safety to self** and **looking after self**, which encompassed things such as having warm clothes, hygiene and being able to provide food for themselves. **Looking after self** was an area where there was a lot of divergence between staff and user views in individual cases. Over half the users saw their ability to care for themselves very differently from how staff saw it. More users saw their situation more positively than staff, but overall both users and staff saw room for more improvement.

9. 'I feel better now I have food': help with basic necessities

Two thirds of users described ways in which N'gage had helped them to find housing, sort out housing problems and benefit problems. Several users had been supported through the process of getting Disability Living Allowance (DLA) when they did not previously have it or had been helped to get a higher level of DLA than they had previously been paid. They also referred to help with sorting out debts, paying bills and budgeting. Some people for whom N'gage are 'appointees' described this positively, saying that it prevented them from spending all their money at once on drugs or gambling. They appreciated being taken shopping for food so that once in the week they had food in the house.

Comments on practical help

They got me the place where I am staying, which is good. My lifestyle has improved since having somewhere to stay.

I was homeless and they helped me get a house.

When I came out of hospital they got me a flat and helped get clothing, food, electricity cards until my money came through after the first two weeks.

They helped me sort out my debts.

I had no money and they got my benefits sorted out, came to interviews with me and helped me get DLA.

They help with shopping which means I have food rather than spending all my money on drugs.

They have helped with loads of things. They helped with getting housing and with getting my bills paid.

They helped with benefits so that I now have a better level of DLA and have it for longer.

They helped me appeal for DLA so I have more money than I used to have.

They have come out when I've been skint and given me money for a meal.

They help with money, with dropping food off and they drop my medication off. They help with functioning on a day to day basis.

It has helped a lot being able to save money for things so that I can buy clothes and things I need. They will take me to pay for electricity and gas and take me places if I need, like into town to buy clothes.

I was smashing up flats and unable to look after myself. I'm still bad but am able to cook and wash and clean up.

They help with my money so that I get it three times during the week. Before I used to blow it all straight away on gambling. I had no money so had no clothes and wasn't eating. I feel better because now I have food.

10. 'Someone to talk to me': emotional and social support

Emotional and mental health was the area in which most (three quarters) of the users reported positive change in the time N'gage had worked with them. Included under this heading are comments made about the ways in which N'gage has helped with medical issues which improve mental health. This might be help with stabilising or altering medication or having injections brought to them at home rather than them having to travel to a clinic for them. Several users said this was important or helpful.

Far more people talked about other kinds of support which had helped to improve their emotional and mental health. These were a very important feature of why people said they liked N'gage better than other services they had been in contact with. Service users talked about reduced isolation, feeling that someone was looking out for them, feeling that help was there if needed, being motivated to clean up their flat, feeling listened to, having time with people and being encouraged and accompanied to go out, go shopping, do exercise or activities which made them feel better.

Comments on emotional and social support

They come round twice a week to check that I'm alright. I feel that someone is checking up. If there is a problem I can ring them and there is usually someone to talk to me.

The biggest difference they have made is with emotional and mental health because they sit down and talk to you. This makes me feel better. They can give advice on practical and emotional issues.

They helped with stabilising my medication and they bring my injections round.

They have helped sort out regular medication and counselling when I need it.

It makes a big difference having injections at home.

They have helped keep my medication under control by my having it twice weekly.

I see someone three times a week so I can talk to them for instance about problems with my family.

They gave me motivation by coming to see me. I had lost motivation to do anything. They came with me to a Centre which made me less isolated. They have helped me to socialise with people more because they are friendly.

I feel isolated in hospital but OK when N'gage come to visit. They come and take me out for breakfast. They have spent pure time with me although they have lots of other people to cater for.

There is some security knowing that someone is coming twice a week. Some of them are good at listening and at counselling which means I am able to get things off my chest rather than just going to the pub and rambling to friends.

It's someone to lean on, someone there to help when you need help.

Advice and someone to talk to about difficult issues in their lives were also valued. A couple of people described N'gage workers as having helped to address some of their delusional beliefs by talking to them, listening and challenging them over a period of time. Others had been helped by being accompanied to do things which were important to them but which they might have been unable to do on their own.

As can be seen from the quotes from interviews shown below, users spoke about a range of difficult issues which they had to deal with. N'gage workers had been able to listen to them but also had worked with other relevant agencies. This outgoing and responsive approach is important not only because of its practical benefits, but because a holistic view of individual users and their lives has the potential to promote confidence and self esteem rather than undermine them.

'Who else could you expect this from?:

comments on other things which have helped

One worker does cooking with me which I like because it is hard to motivate yourself to do it just for yourself.

They take me out for a coffee or a meal which is a treat. It makes you feel looked after. It's really nice that they do that.

They helped with gardening and painting and going to my mum's cremation plot. I wouldn't be able to get there on my own.

They have taken me out to the cinema and to get something to eat which helps to pass the time.

I can do activities like go to the gym or go to acupuncture which I wouldn't be able to do on my own.

They went to court with me when I was going for custody of my daughter.

Very recently my two friends tried to commit suicide. I wanted to kill myself too. I phoned NGage at 7.30 pm. The workers came round and stayed with me until 9.30 pm. They took me out to get shopping, they took away the knife I was going to use, they bought me food and cigarettes. They talked to me and took all my plan to commit suicide away. Who else could you expect this from?

They are good at liaison with the police if you get into trouble. They helped when I got arrested - if I had been left on my own I would probably have been sectioned.

They have helped my Dad a lot because he sees a big improvement and so is not so worried about me.

Two workers went to visit my parents. That helped my parents and so there is the possibility of an improvement in my relations with them. At some point I plan to visit them with workers from NGage. No other service I know would have the resources to do that.

One worker has helped me do some research on my past and it has helped to have someone to talk things over with. It's sort of counselling which I should have had in the past.

11. 'A bit of humanity back': why are these things important?

N'gage is seen by service users to be making the most difference to their lives is in areas which are hard sometimes to quantify but which are fundamental to human existence and without which other improvements or changes are not possible. The help which is given to many users over benefits and housing does not only help to keep them alive but restores some of the dignity which is eroded by being homeless and having no money.

Positive changes in emotional and mental health were often seen to be due to feeling cared for and listened to. When users talked about why they liked N'gage they mentioned things such as not being labelled, having their dignity and autonomy respected. The life experiences of many service users are likely to have damaged or stunted their sense of being deserving of care and attention and their sense of autonomy. Their experiences of mental health services and other encounters with society and the state (such as the police, social services or the benefits system) may often also have undermined their sense of self and their human dignity. By restoring even a little of these N'gage is addressing basic and fundamental human needs.

One interviewee with a number of negative things to say about the service, nevertheless came up with the clearest statement of what many others talked about in different ways. He said that in the mental health system you often feel that you are not treated as a person deserving of respect. He said that N'gage workers respected his knowledge of his illness and his right to have opinions about it. Because of this, he said, *'I have got a bit of humanity back'*, which is an important testament to what N'gage does and how it works with people.

12. 'N'gage is the best. leave the rest!': what do service users like about the project?

There are many different quotes from service users about the importance of the workers having the right attitude. They used words like *'flexible, helpful, outgoing, friendly, comfortable, supportive, respect, polite, enthusiasm, caring, good listeners, good company'* and so on. As discussed above, these should not be seen as a luxury or icing on the cake. The human relationships formed by the team of workers with individuals, who are often isolated and whose experience of relationships and capacity to sustain them are often limited, are a very important part of the service which N'gage offers to its users.

One of the principal things which service users valued was the time and attention given to them. People said they liked being seen more frequently or for longer than they had been by other services. They liked the flexibility of workers which meant that they felt they would get the time they needed if a crisis or something unexpected came up.

Comments on things that users like about the service

You feel looked after.

They take you more seriously.

They have more time.

The best support I've had. They've helped me with loads of things. There isn't anything I would want different.

They are caring people. They came to see me when I was living on the streets. Who else would have done that?

They are very flexible. Anything that they can help with they will.

They are more helpful than other services I have had because they keep in contact with you.

They've been great. All the staff are good company. I can't do without them.

They don't just come round for a chat but offer help with different things. I feel comfortable with them. They are easy to get on with.

They talk more. When I had a psychiatrist he only cared about my medication.

They come to see me more often than any other service I have used.

I've got pure respect for N'gage. There is nothing I would want to change.

13. 'I wonder if they spread themselves too thinly': things that users don't like about the service

Overall service users said much more about what they liked than about what they didn't like. Where there were negative comments is important to note how these are closely related to the positives. Things that people said they didn't like included workers being late or not respecting confidentiality. These make users feel that they are not respected or taken seriously. In these cases the all-important human relationship is not working as well as it should. There were two users where this could be said to be the case and the most negative comments come from their interviews. Three other users were ambivalent, two of them because they felt they did not need a service and one who said he had not been aware of all that N'gage could offer.

Several people who were very positive about the service commented that workers seemed busy, rushed or over-stretched. One user interviewed in hospital commented that *'I look forward to their visits and then am disappointed when they are rushed.'* If one of the most important and valuable things that N'gage offers to its users is more individual time and quality time, then it is important to be able to sustain this.

Other negative comments concerned practical issues, such as the time taken to sort things out or the lack of continuity experienced because of different workers dealing with things. Some users felt that handover and communication between workers could be improved. To an extent these problems result from the teamwork approach which in other ways benefits users.

A couple of users said they did not like having to see different workers and not knowing who would be coming to see them. However, some others, where this issue came up, felt that having a number of workers gave them access to a range of experience and knowledge which was important and useful. It is clear from the things that service users value that the team is successful in providing a wide range of expertise which is vital given the complex needs of many users. People also recognised that it meant they could always see someone and not have a break in the service when a key worker was ill or away.

Several users referred to having been angry or unhappy with the service in the past (usually while waiting for money, medication or for housing to be sorted out) but said it was their fault because of the mood they were in that day and did not wish to record negative comments in their interview. It may be useful to record the content of complaints made by users when they are stressed or angry in order to identify any common issues.

Comments from service users about things they don't like

I wonder if they spread themselves too thinly. I like it that they are flexible, but are they trying to do too much?

There should be someone you could ring at night and somewhere to go at night time but not somewhere with alcohol. Night time is often the worst time when everywhere is shut and it's not safe to walk the streets so you're shut up at home.

They seem too busy and overstretched. I wonder if they need more staff. I look forward to their visit and then am disappointed when it's rushed. Last week I should have had a two hour session but didn't even get one hour. Also I find it hard that people have too high expectations of me. Because I look quite well they think I am better than I am.

The main thing I wanted was my accommodation sorted out. I was unhappy while I was waiting for that but now it's fine. Things like that take time so I can't really blame them.

They could push more. There are times when I needed help and they have stood back and let me get into a bad way.

I don't like all the workers and I don't like not knowing who will come.

They say things which aren't true and they gossip amongst themselves about you.

There isn't good coordination between them about following things up. They need to have more continuity. My care plan hasn't been done which it should have been.

The handover of casework and information isn't always brilliant. The continuity of care isn't great.

Several people said there should be 24 hour cover. This has significant resource and staffing implications, but it is important to note that people often feel that night time is particularly frightening or difficult and want help at this time.

Similarly it would take more resources to fulfil the desire of some users for more occupation. Most would need support from a regular companion in order to attend a course, group or voluntary activity consistently. Service users place a high value on being accompanied to undertake things which they are or feel unable to do alone.

14. Summary of Findings

What users value most

- Service users feel that they get good advice and help with practical issues such as housing and benefits which are crucial to their everyday life.
- Service users place a very high value on the friendship, companionship, listening and caring which they receive from workers. In most cases there is a very positive relationship between the team and the user.
- Users value the flexibility and responsiveness of the service and, most of all, the amount of time they get with workers.

The benefits of a multi-disciplinary team

- The range and mix of skills and experience possessed by the team has enabled them to be very successful in providing flexible and holistic support based on individual users' needs.
- The wide knowledge within the team and their ability to access other organisations and services benefit users by providing help or information on issues personal to them.

What users would like to be different

- A few users complained about poor time-keeping by staff and also about problems in coordination and handover of information or casework.
- The most important additional demand from service users was for a 24-hour service which would enable them to get help or at least speak to someone if problems arise overnight.
- Many users would like more opportunities to do things outside their home (or hospital, when they are there).
- Users did not ask for more help with their personal relationships but did note this as an area where little change had been achieved.

Limitations of the evaluation

- It was difficult for service users to engage in this evaluation either because of their state of mental health, because it is difficult talking to a stranger or because they are not used to being consulted seriously about their views.
- It was noticeable that users and staff views diverged on sensitive issues such as safety to self and others and on drug and alcohol misuse.
- Perhaps because of the barriers to involving this group of service users, the evaluation produced little detail on some important areas such as differences in experience between men and women or between white and black service users.

15. Recommendations for the future

Protecting the unique features of the service

- It is essential for N'gage to maintain a high ratio of staff to users. This is what enables the project to offer time, flexibility and a range of relevant expertise to individual clients. These are highly valued by service users. The amount of time on offer is perhaps the most important quality which sets N'gage apart from other mental health services which their clients have experienced.
- The caseload also needs to remain at a level which allows staff to make maximum use of their individual expertise in different areas or disciplines for the benefit of users.

Enhancing and developing the service

- Resources from within or outside the project should be sought in order to enable more users to take up regular activities.
- The feasibility of offering a 24 hour service should be investigated. If resource limitations make this impossible, users should be consulted about any other ways of addressing their concerns about not having access to help at night.
- In the long term consideration should be given to the possibility of more support for users in their relationships with other people.

Including users' views in continuing evaluation

- N'gage should continue to find ways to evaluate its work and to involve users in developing the service.
- Day to day complaints and comments should be recorded as part of ongoing monitoring of issues important to users.
- A long term study could be undertaken with some users to look at the impact of the service on their quality of life.
- A post could be established to develop work with users and build their capacity to give their views and comments on the service.
- Future evaluation should include attempts to identify any differences in the experiences and needs of different groups of users, in particular users from different racial or cultural backgrounds. Black workers and researchers and/or organisations with appropriate expertise should be involved.
- Future evaluation could also include the views of family and carers of service users and the impact, if any, of the service on their lives.

APPENDIX 1

N'Gage Service Users' Questionnaire

1) Looking after myself

Worst

Best

2) Emotional and mental health

Worst

Best

3) Safety to myself and safety with other people

Worst

Best

4) Living situation, money and other practical needs

Worst

Best

5) Physical health

Worst

Best

6) Things to do with my time

Worst

Best

7) Relationships with other people

Worst

Best

8) Religion, Language & Culture?

Worst

Best

MANCHESTER METROPOLITAN UNIVERSITY
FACULTY OF COMMUNITY STUDIES LAW & EDUCATION

COMMUNITY AUDIT & EVALUATION CENTRE



Survey for people who use N'Gage

N'Gage needs to know if it is doing the right things to help the people who use its services.

We are asking you and other people who get help from N'Gage to take part in an interview with Veronica Marris, a researcher from Manchester Metropolitan University to find out how much N'Gage has been able to help you in important areas of your life.

Anything that you say to the researcher will be confidential and will not make any difference to your relationship with N'Gage workers.

We hope that what you and other people say will help N'Gage to continue and improve the service in future.

You will be paid £10 if you take part in the interview. The interview will be arranged with one of the workers from N'Gage who will come with the researcher to your home or somewhere else where you would like to do the interview.

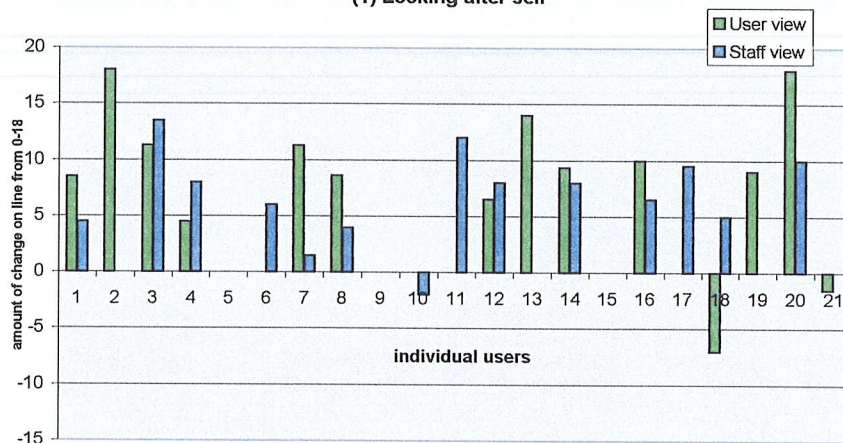
APPENDIX 3

Charts showing user and staff views of amount of change achieved

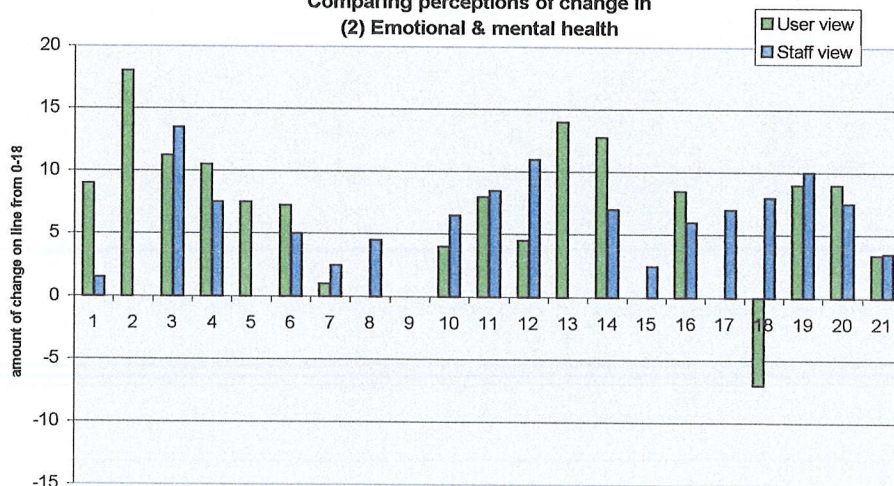
Notes

- 1) In all the charts which follow the numbers 1 to 21 on the horizontal axis indicate the individual users. The size of each bar represents the difference between the point on the line where the user was before working with N'gage and the point where they were at the time of the interview, i.e. the amount of change achieved.
- 2) The green bars show the user view of the amount of change while the blue bars show the staff view for that user.
- 3) Where a negative value is shown this means that either the user or the staff group felt there had been a change for the worse. This might be because the service had not helped or because of external events unrelated to the support being provided by N'gage (for instance a friend committing suicide, losing custody or contact with a child).
- 4) Where no value is shown this indicates that either user or staff (or in some cases, both) felt no change had taken place. In most cases where users reported no change this was because they felt this area of their life was reasonably alright to begin with. In 46 instances of users reporting no change, in only 2 did the user report themselves as being very near the worst end of the line in this area of their life.

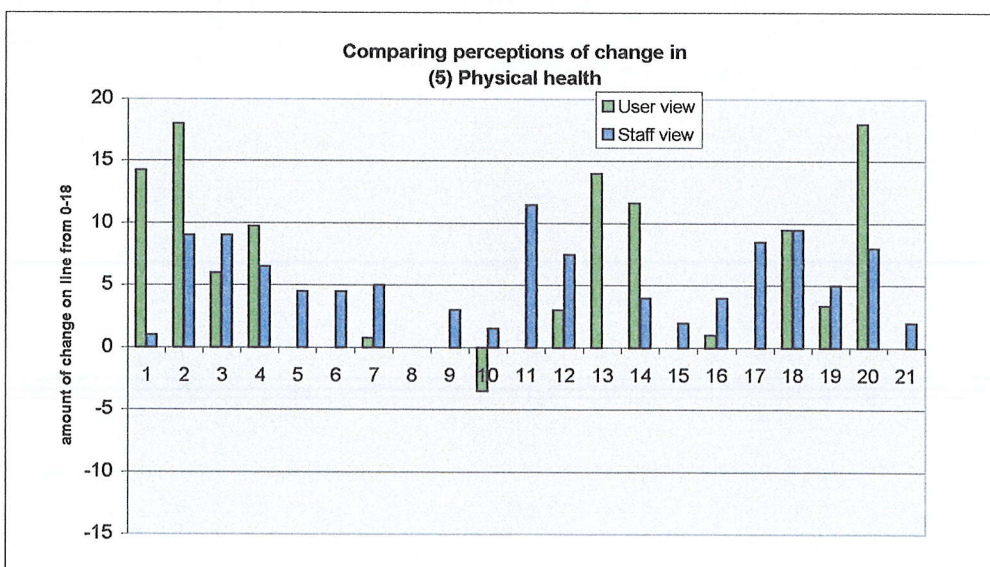
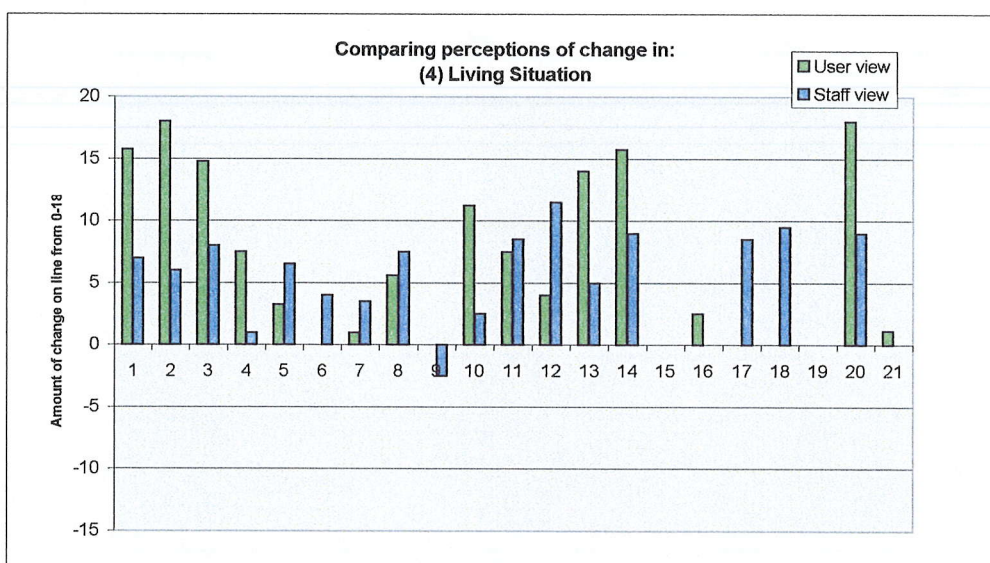
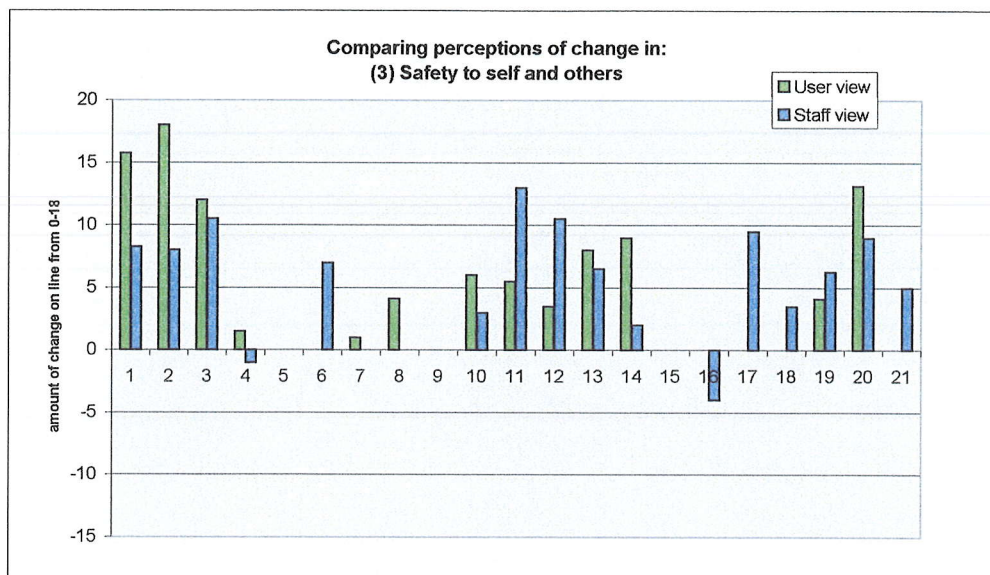
Comparing perceptions of change in
(1) Looking after self



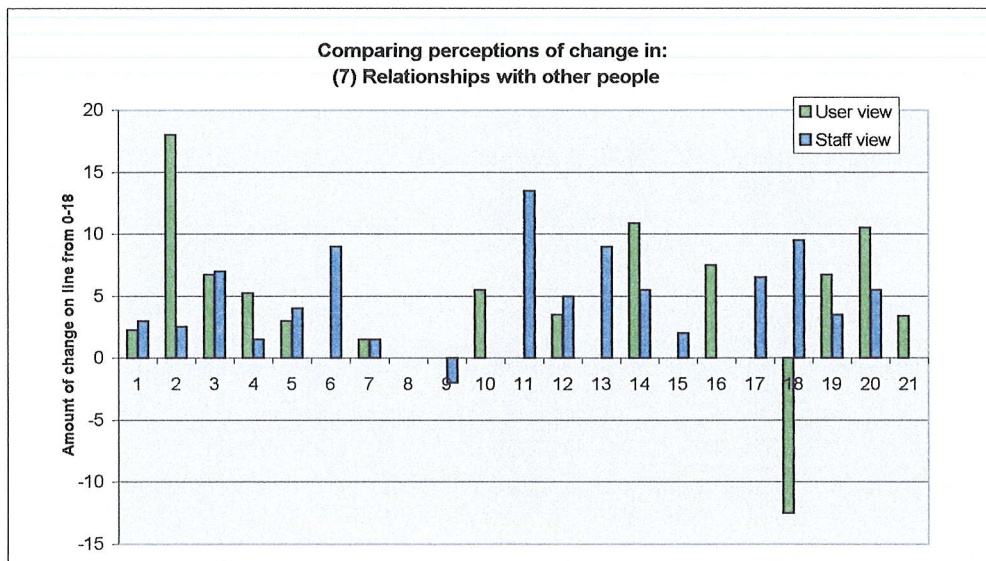
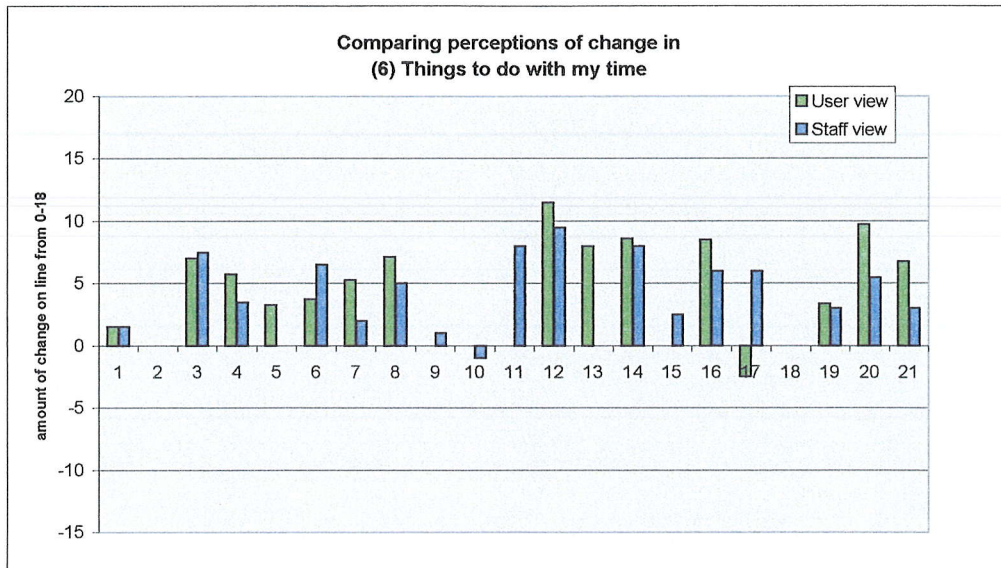
Comparing perceptions of change in
(2) Emotional & mental health

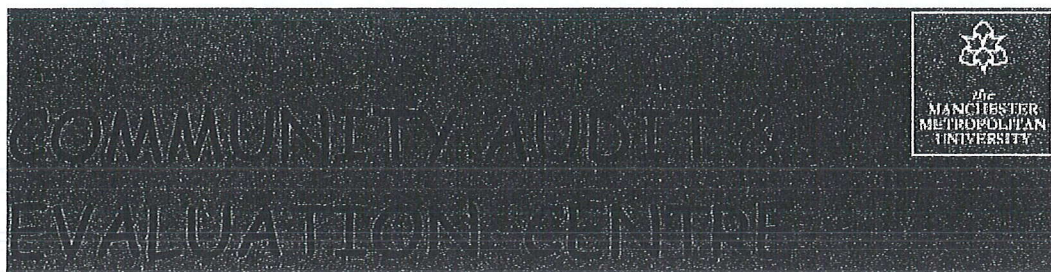


APPENDIX 3 CONTD.



APPENDIX 3 CONTD.





Dear

Service User Evaluation

A couple of months ago you agreed to have an interview to tell me what you thought about the service you get from N'gage.

I am writing now to say thank you for taking part in this. The things you told me will help N'gage develop its service for you and other people.

I enclose a short version of the report about what you and other people said about N'gage. If you would like a copy of the whole report then ask one of the N'gage workers.

Thank you and best wishes
Veronica Marris

mind.body&soul

assertive outreach in manchester



'A bit of humanity': your views about the N'gage Project

This is a short report on service users' views about the N'gage Project. You can get a copy of the longer report from N'gage. The information comes from interviews with 24 users in March and April 2003. You were asked about how N'gage has helped you and about what you like and don't like about the service.

Has N'gage made any difference to your life?

Most of you (over two thirds) said that your living situation had improved since you were referred to N'gage. The workers had been able to help with getting somewhere to live, with applying for better benefits or sorting out debts.

*I was homeless
and they
helped me get
a house.*

*They sit down
and talk to you
which makes
me feel better.*

A lot of you also said that your emotional and mental state was better since being involved with N'gage. You said it helped having someone to talk to and having someone come to see you often. Some of you liked having help with sorting out your medication or taking it regularly.

You said you liked the fact that the workers were flexible and could help with lots of different things, from decorating or going shopping to going to court with you.

*They gave me
motivation by
coming to see
me.*

You said that N'gage had made less difference to some other areas of your life, such as your **physical health** or how **safe** you feel to other people and to yourself. Sometimes this was because these were things you didn't feel you needed a lot of help with.

What do you like about N'gage?

These were some of the words you used to describe the things you liked about N'gage workers: *flexible, enthusiasm, respect, caring, supportive, friendly, comfortable, good company, helpful, outgoing, good listeners, polite.*

They are caring people.

They have more time.

They take you more seriously.

I look forward to their visit and am disappointed when it's rushed.

What don't you like about N'gage?

Some of you said you don't like it when the workers don't arrive on time. You thought that they seem over-stretched or too busy which means that they don't spend as much time with you as you want.

A few of you said you didn't like seeing different workers all the time and that there wasn't always good continuity or sharing of information between workers.

What would you like to be different?

Several of you said there should be a 24-hour service so that you could get help or at least speak to someone if a crisis happened during the night. You did say that N'gage offers a service for more hours than other services, but you still feel

There should be someone you could ring at night... because night time is often the worst time.

Do you agree with what is in this report?

If you have views about how the service could be better, then talk to the N'gage workers about it.

frightened about things going wrong at a time when no one is around to help.

Some of you also said that you would like to have more things to do with your time. You would like N'gage to be able to help you or come with you to go to a group or course or to do activities such as go to the gym which you don't feel able to do on

your own. This was true for people living in their own home and people who were staying in hospital.

Thank you to everyone who helped with this evaluation.

£5.00

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