

Primary Research and Data Collection from Attitude Survey

A survey in the form of a questionnaire was employed to discover the experiences and attitudes service users hold to the primary and secondary aims of the strategy.

1.0 Consultation process

The primary aim of the accommodation strategy is the enablement of partnership that draws together services from the Plymouth Primary Care Trust, Local Authority and voluntary and community housing sectors.

To achieve this aim primary and secondary data collection, its analysis and evaluation is used to inform both the direction of the strategy and its implementation.

The process of capturing need data for the purpose of analysis and planning was undertaken in conjunction with a number of partner agencies that included service user participation.

Consultation to determine the most appropriate research methodologies included participation from professionals working within mental health's acute inpatient and rehabilitation services, drug and alcohol services, community psychiatric services, criminal justice system, Adult Social Care, older people supported housing services, general needs housing, young people and a representative from the University of Plymouth. Service user representation was provided by the Plymouth's Service User and Carer's Forum.

The methodologies employed in the collection of primary data included attitude questionnaires, focus groups and research interviews, the latter of these can be found in appendix two, three, four and five.

The differing methodologies have all used the rules of inference (heuristic rules) in their construction and implementation. This methodology was employed used because service users, practitioners and service managers have a detailed knowledge and experience of the issues that relate to poor mental health and the process of recovery, see Sanderson (2007) and Chen and Chaiken (1999) and Chaiken et al (1989) for a full discussion of heuristic rules.

2.0 Service User Survey & Questionnaire

An attitude questionnaire was employed in the cause of capturing the attitudes and opinions of service users accessing mental health services from within the PtPCT and across the relevant community and voluntary sector supported housing services.

The primary aim of the questionnaire was to ascertain the attitude service users have to the services they receive and in how that either enable or inhibit their personal development in moving from residential psychiatric services, secondary care inpatients and supported housing to a more independent lifestyle.

A series of secondary aims were designed to determine what changes to new or existing services should be undertaken to enable the primary aim to be successfully achieved. These are identified and explained in table 1.2.

2.1 Target Population & Sample

A target population of service users were drawn from inpatient facilities, community psychiatric services and supported housing providers. Service providers who work alongside the target population have been identified in the table 1.1 below.

Target Population

Table 1.1

Service provider	Service Sector	Service capacity
Assertive Outreach Service	Community Psychiatric	120
Community Forensic Team	Community Psychiatric	55
Home Treatment Team	Community Psychiatric	442
Glenbourne Unit	Inpatients & Rehabilitation	38
Lee Mill	Inpatients & Rehabilitation	12
Gables	Inpatients & Rehabilitation	9
Syrena	Inpatients & Rehabilitation	9
Edgcombe	Inpatients & Rehabilitation	8
Willows	Inpatients & Rehabilitation	5
Inner City PCLT	Community Psychiatric	736
Ice Break & Insight	Community Psychiatric	108
Supporting People funded services	Community voluntary	185
		Total 1,727

To attain a representative sample of the target population a figure of 17% was considered realistic and meaningful (Henry, 1990; Robson, 1993: 136).

This was calculated by establishing the number of available units within a service, or in the case of the Home Treatment and Primary Care Liaison Teams the number of service users seen on a monthly basis (as an average) over a 12 month period. This has not been calculated against the number of contacts.

From this a figure of 110 participants was established as meeting the target of 17%. To ensure an even distribution of service user involvement was achieved each service was measured against achieving 17% of their service user population.

In simple terms the justification for selecting this particular sample was the homogenous nature of the client group and fact that people using these services were established as the entire target population relevant to the aims of the strategy.

Quota sampling was considered the most appropriate means of attaining a homogenous sample as all the service users will have experienced, or will continue to experience poor mental health. Therefore, a quota of the target population would provide the best possible sample method (Robson, 1993: 140-141). To show consideration, random sampling was considered, indeed is considered the best method. However this would have provided a less targeted approach as the development of a sampling framework would not have been possible for a host of practical reasons.

Service providers were issued with 200 questionnaires, who were then asked to distribute to service users. Service users could individually determine whether they wished to participate in the survey or not. Implementing the questionnaires in this way enabled participants to self select.

2.2 Design

To achieve the primary and secondary aims of the survey, four theme areas were agreed with members of a project board, who themselves represent a number of related and relevant disciplines that includes service user representation.

The themes agreed were training, the development of a mental health crisis house, support, barriers and training. Each theme was then broken down into 5 questions per section in the form of a positive statement. Respondents were provided with an opportunity to agree, disagree, strongly agree and strongly disagree. See example 1.1 below.

Example 1.1

Strongly Agree	Agree	Disagree	Strongly disagree
	√		
2	1	0	-1

This methodology was developed by Likert (1932) as a measure of people's attitude to a particular subject or set of subjects (Berg, 1998: 165). This psychometric response scale provides participants with the opportunity to choose

their level of agreement with each statement presented. From this the research is able to identify the attitudes held by participants to each statement posed.

Measuring respondent's selections are determined by the tick placed against one of the options provided. This is then scored by attributing a number to each of the boxes for the purpose of measurement, as demonstrated in the example 1.1.

2.3 Survey statements

The themes and questions used in the research are detailed in table 1.2 below, which are provided for information purposes.

Table 1.2

	Section One Training	Section Two Crisis House	Section Three Barriers	Section Four Support
1	All the care and support workers I meet and work with have all the skills and knowledge necessary to help me live more interdependently	A crisis house should be a place I can go if I need extra help or support	There are enough supported housing and accommodation options for me to choose from	When I need to take medication I can manage this without assistance
2	The support workers and staff I meet and work with should be able to access psychological therapies to help me in my recovery	Knowing I have access to a crisis house, if I needed it, would give me the confidence to continue to work towards living a more independent life.	I would like to live more independently	I know how to access drug or alcohol treatment, if I need it
3	I have the skills to live independently	When I use the crisis house is will be ready to return to my home or place of residence within 5 days	I would have the confidence to reduce the amount of support I currently receive if I knew I was able to increase it again	Ex-offenders who have mental health problems should have access to specialist supported housing
4	My support plan/care plan is helping me to live more independently	Practical support will be important to me if I use the crisis house	I know what support services are available to me and how I would access them	Expert housing advice should be accessible whenever I use mental health services
5	Having access to different training opportunities will help me live a more independent life	It is important that individuals living in supported accommodation are able to access the crisis service when the need to	The health care professionals and support workers I meet and work with always have the time to help me with my housing and accommodation needs	Individuals with mental health needs should be able to access all types of supported housing

Each of the four section themes are informed by the aims and objectives of the strategy, correspondingly each of the statements in the questionnaire relate to the section theme and key objectives within the strategy.

The themes informing the questionnaire as part of the overall research plan were derived from a move on model developed with partner agencies such as Supporting People and Directors within the Mental Health Partnership.

Prior to the formulation of the statements contained in the questionnaire the themes and rationale for measuring each theme and statement were agreed with the strategies project board.

The questions contained in the table 1.2 were derived from the need to establish a service user's attitude to each theme and question within each theme, which are explained and detailed in table 1.3.

The questions contained within the survey were constructed as a set of positive statements. The selection of positive statements over negative, or positive and negative statements mixed is simply to avoid ambiguity and allow the respondent to view all the statements the same way, see Sanderson (2007) and Chen and Chaiken (1999) and Chaiken et al (1989) for a full discussion.

2.4 Survey Themes

Section one in table 3.1 will establish if staff require extra or additional training to enable a more progressive approach to be taken in moving service users on. Section two will likewise establish if users of community psychiatric health care, residential and designated supported housing services would feel more confident about moving on if they had access to crisis accommodation. For those already living independently this section relates to sustaining and maintaining independence.

Section three in table 3.1 will establish the attitude service users have and barriers they either perceive or have experienced in trying to move on from supported, residential or community based psychiatric services to a more independent lifestyle. While this section is essentially concerned with measuring a service user's attitude to 'move on' it is also concerned with their access to the necessary knowledge that might provide them with a greater confidence and ability to engage more fully with the move on process.

Section four, see table 3.1, focuses on support and in how positive risk taking with appropriate support will enable service users to progress towards a more independent lifestyle. The section will seek to establish the level of demand on high, medium and low support services by identifying some of the perceived risks service users might present to the community. If some of these risks can be identified contingencies can be made and planned for that will enable more targeted support and risk management to take place.

Survey Themes

Table 1.3

	Section One	Section Two	Section Three	Section Four
Statements One	<p>The statement seeks to establish the service users attitude to the support staff or operational teams they work with. Does the service user believe staff have all the necessary skills to help them move on or sustain their independence. The statement relates to practice and the type of skills and knowledge staff currently posse and use to facilitate a service users move on. The measure will be the service users attitude to 'having all the skills and knowledge'.</p>	<p>This statement seeks to establish the fundamental need for a crisis house. Crisis accommodation will be accommodation for people experiencing crisis in their health, welfare or personal situation.</p> <p>This is an underpinning statement and one that should identify a need or otherwise for a crisis service.</p>	<p>This statement will determine the service users attitudes to the housing and accommodation options available, based on their established knowledge, opinion or awareness of availability. It will also determine or otherwise if this attitude is a barrier to move on. If through a lack of knowledge, or from a held belief that suitable housing or move options do not exist then it should be established that this is a barrier to the service user in considering move on as a reality.</p> <p>This statement will measure the core beliefs of the service user as to the options real or otherwise and their knowledge of existing provision.</p>	<p>Part of managing risk and targeting support in the most appropriate way is the ability of a client to take their medication unsupervised. A lack of ability, due to insight or confidence will prevent a service user from progressing toward a more independent lifestyle. Service users who need to take medication but fail to do so can present a significant risk. For service users living independently this risk could result in a loss of liberty as failure to be compliant with prescribed medication could lead to hospital admission. It is therefore a significant support need and underpinning element of any move on process.</p> <p>This statement seeks to measure a service users confidence, not ability, to manage prescribed medication unsupervised.</p>
Statements Two	<p>The statement seeks to establish the service users attitude to the support staff being able to deliver psychological therapies, e.g. talking therapies, etc. These are naturally taken as a measurement across the service sector.</p> <p>This is an underpinning statement and one that should identify a need or otherwise for a specific type of training.</p>	<p>This statement seeks to establish the service users attitude to having access to crisis accommodation. If the service user is aware of the crisis service and its operational function this might increase their level of self-confidence or willingness to engage more fully with the primary and secondary aims of the survey.</p> <p>Agreement with the statement should determine a change in attitude based on the existence of crisis accommodation.</p>	<p>This statement will determine the service users attitude to their situation and desire or otherwise to move on. The service users own attitude might in itself be a barrier to move on. As such it becomes essential to establish an individual's position. Speculation as to why an individual may or may not wish to live a more independent lifestyle creates a number of possibilities, all of which might pose barriers to an individuals move on. However, any attitude is based on a set of beliefs that can change. It is therefore with this contention that 'attitudes can change' and this can only take place if a group's position is first established.</p> <p>This statement will measure the service users own attitudes to move on and independent living.</p>	<p>Part of the need to manage risk and provide appropriate support in achieving move on is recognition that substance misuse prevents progression. Substance misuse is therefore a key factor in preventing a service user from progressing in either their treatment or personal development. A service user who experiences mental illness and misuses substances should be defined as presenting with a dual diagnosis. Treating the mental illness without treating the substance misuse as either a primary or secondary presenting need prevents the opportunity to progress. Likewise placing a service user in suitable accommodation will have little effect if either one of the presenting needs goes untreated.</p> <p>This statement will determine the extent to which service users believe they have access to drug and alcohol treatment.</p>
Statements Three	<p>This statement seeks to establish the service users attitudes to independent living. Are they prepared to move on or not? This will indicate the need to develop training to</p>	<p>This question seeks to establish the service users attitudes to a time limit of 5 days or less as the most appropriate timeframe for them to sufficiently recover and be ready to return to their home or place of</p>	<p>This statement is seeking to measure the service users confidence to progress if they knew they could receive additional support if their health declined or they were unable to sustain a more independent style of living. The key generalization to be made</p>	<p>Service users experiencing poor mental health and who have criminal convictions often present a high level of risk and require support outside main stream provision. This group of service users will present with support needs that often require</p>

	<p>enable a change of attitude to take place.</p> <p>This is an underpinning statement and one that should identify a need or otherwise for a specific type or types of training.</p>	<p>residence.</p> <p>This is an operational statement that seeks to measure the attitude of the service user to the length of stay based on their experience, perceived expectation or personal insight into their own need.</p>	<p>from this statement might be a justification for a more flexible approach to service provision.</p> <p>The practical issues related to this statement rest on the ability of existing service providers to be flexible enough to facilitate change based on need and service user demand. If such a set of arrangements can be created the primary and secondary aims of this questionnaire can be achieved.</p> <p>This statement will measure the service users confidence to move on if they were able to increase their level of support when they needed to.</p>	<p>criminal justice interventions to operate alongside mental health services. There might therefore be a need for designated accommodation to be developed to support this group of service users in a more appropriate way.</p> <p>This statement will measure the attitude service users have to specialist supported housing provision for this group.</p>
Statements four	<p>This question is seeking to establish the service users attitude to their support or care plan. The service user should have an awareness of their support/care plan and its contents. If they do not, or are of the view that it does not focus enough on helping them in their move on then staff will need to be trained in re-focusing on the primary aim of move on and in how this should be communicated to the service user and agreed as part of their care/support plan.</p> <p>This is an underpinning statement and one that should identify a need or otherwise for a specific type or types of training.</p>	<p>This statement is seeking to establish the service users attitude to non-therapeutic support. Non-therapeutic support is practical support that could be housing related support or domiciliary care. Practical support relates to social functions that do not directly relate to the cause or continuation of an individuals mental health but contribute to factors that enable an individual to maintain or increase their ability to live independently. Support of this nature can be understood to be any type of support that cannot be provided by one of the PCLT's, Home Treatment Team or Assertive Outreach Service. This statement will measure the need for non therapeutic support.</p>	<p>This statement seeks to establish a service users awareness of support services and how they might access them. The question is deliberately seeking to ask two questions in one statement as the two questions in this statement are intrinsically linked and co-dependent. The first is the service users awareness of support services and the second is in how they might access the services they are aware of. The importance of linking the two items stems from the fact that not knowing about something is not necessarily a barrier on its own, however not knowing how to access it is.</p> <p>This statement will measure a service users confidence in being able to access the support services they are aware of, not the number or type of services available.</p>	<p>This statement is based on the belief that suitable accommodation is essential for recovery. Access to appropriate housing advice and accommodation will enable a service user to stabilize and engage with the treatment services in a more effective way. Expert housing advice targeted at the point a service user engages with mental health services supports both the clinician and service user. The dual effect this has is to empower the service user and free up the time the clinician spends researching appropriate housing advice.</p> <p>This statement will measure the extent to which the service user believes this to be beneficial.</p>
Statements Five	<p>This statement seeks to establish the service users attitude to training opportunities that might enable them to be better prepared in their progress towards an independent or more independent life. Training that empowers the service user will help achieve the primary aim of the Accommodation Strategy. This is an underpinning statement and one that should identify a need or otherwise for training e.g. re-focus of care and support plans to moving on and independent living.</p>	<p>This statement will determine the importance service users place on being able to access the crisis house if they are living in supported housing. This statement can also apply to people living in residential or unsupported accommodation in the community as they might at some future point have to access supported accommodation or housing related support in the community.</p> <p>This statement will measure the current and future need of service users who have access to the crisis house</p>	<p>This statement specifically asks about housing and accommodation issues in relation to time as a constraining factor. Do service users perceive the time they spend with their worker as limited to the primary function of that worker? If this is shown to be the case it might act as a barrier to the service user asking for help with housing and accommodation related issues.</p> <p>This statement will measure the service users attitudes to the health care professionals and support staff they work with and in how they perceive time as a constraint in the support they receive.</p>	<p>People who suffer from poor mental health will quite often have a number of other support needs and quite often present with a range of risks and vulnerabilities. Having a mixture of support needs, some more problematic than others, will also mean the primary presenting need might not be mental health, which can also result from other social and medical needs going unmet. This statement will measure the recognition service users have in identifying a need to access a range of supported housing options.</p>

3.0 Results

Two hundred questionnaires were issued to service providers across three service sectors including the community psychiatric services, inpatients and residential rehabilitation services and community and voluntary supported housing sector (Mental Health specific).

A time period was set for the implementation and return of questionnaires. This was however breached, but the short extension allowed for difficulties in engaging some service users who wished to participate was facilitated. This allowance was rewarded with a significantly high number of returned questionnaires.

One hundred and fifty three questionnaires were returned from the three service sectors eclipsing the targeted 110 needed to achieve 17%. The actual percentage achieved was 23% of the target population.

The results from the questionnaire are analysed by the actual number of responses to each question and then by service sector to determine variations between respondents. The same information is then subjected to the same analysis but converted into percentages. Each of the twenty questions included in the questionnaire are likewise analysed on the basis of a percentage and in some cases combined as agree and strongly agree, which are then compared with disagree and strongly disagree.

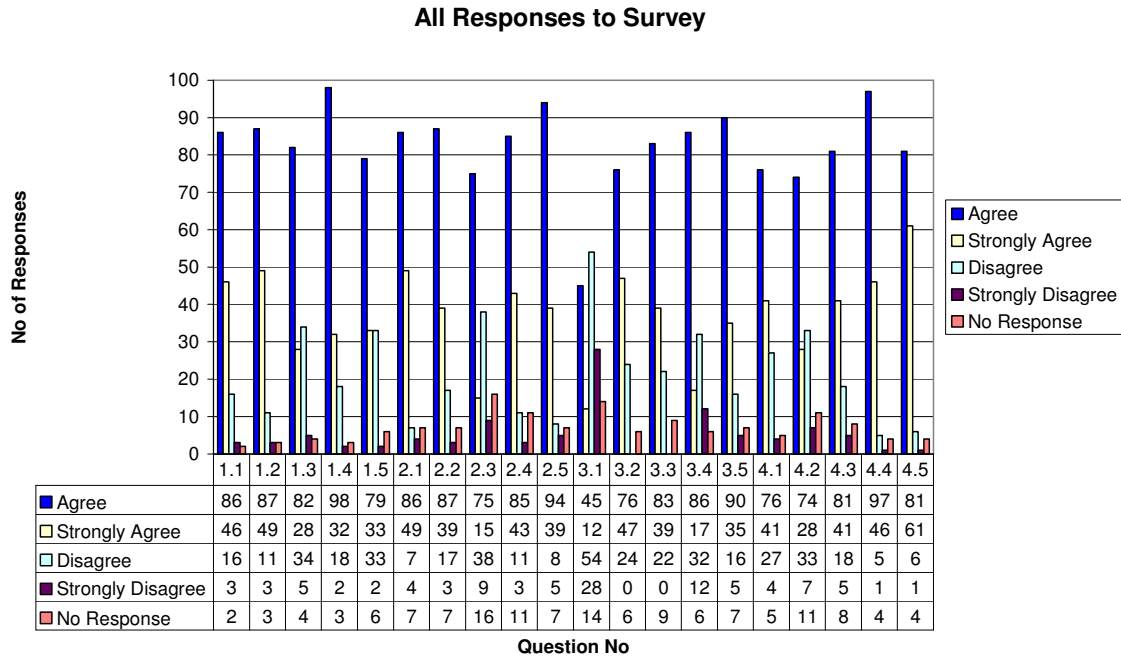
The number of non responses has been recorded but has not been analysed in the same way as the rest of the data. Nevertheless the numbers of non responses are shown in chart 1.1.

From a total of 3060 possible responses only 140 options from returned questionnaires received no response.

3.1 Comparing Responses

Chart 1.1 shows all responses to the survey in terms of the actual number of responses to each question. The graph shows significant support for the positive statements in the questionnaire as the agree option is overwhelmingly favoured.

Chart 1.1

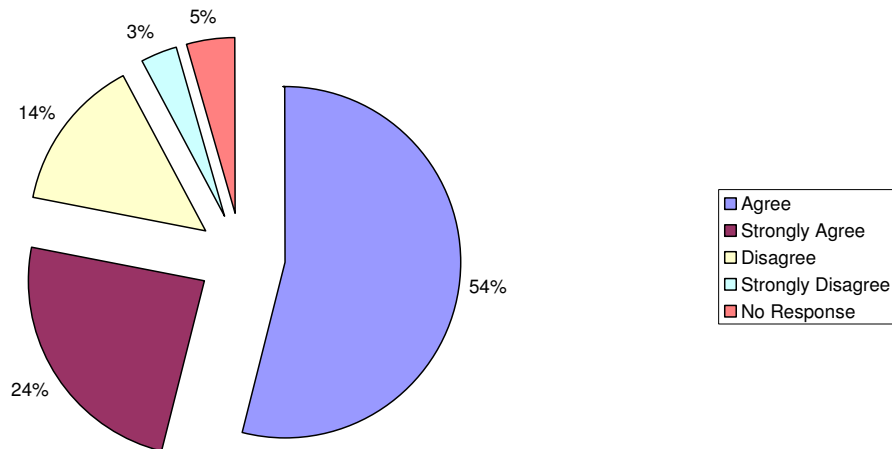


However, one anomaly exists in section three that supports the disagree option. This provides verification that respondents were able to discriminate between the options as the range of strongly agrees and strongly disagrees demonstrate.

Meaningful comparisons can be easily made from the responses presented in Chart 1.1. However, viewing the same data set in the form of percentages more graphically illustrates the respondents' preference and strength of agreement with the content of the statements.

Chart 1.2

Percentage of all responses by category



By combining agree and strongly agree responses a rate of 78% of respondents supported the statements in the questionnaire as a series of themes, thereby endorsing the need for additional training, crisis accommodation, increased levels of support and greater access to move on accommodation.

Disagree and strongly disagree responses jointly account for no more than 17% of all responses by category.

The pie chart does however indicate a non response rate of 5%, this was largely attributable to questions in section two as chart 1.1 illustrates. From viewing the original data collected the vast majority of non responses in this section were generated by the voluntary community sector. There maybe any number of reasons for this consistency but the over all number of responses in this and other sections have in no way been invalidated or skewed by this as the 5% is distributed across the range of responses and service sectors.

From the overall response rate to the questionnaire and size of the sample the primary aim of the questionnaire has clearly been met. The secondary aims of the questionnaire are clearly measurable in terms of the strategy and its objectives. It is however important to understand the differences between sectors before individual questions are analysed for there implications. Comparing all responses by service user sector enables wider conclusions to be drawn. Charts 1.3 to 1.10 compare the actual number of responses with the percentage from each of the three service sectors involved in the research.

Chart 1.3

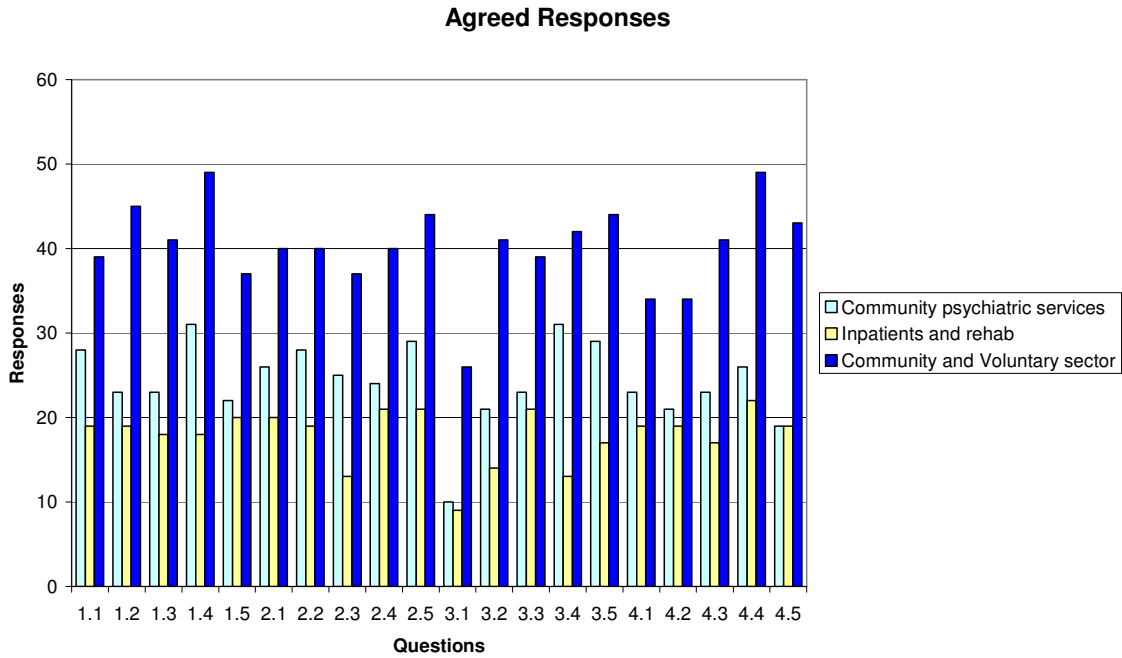
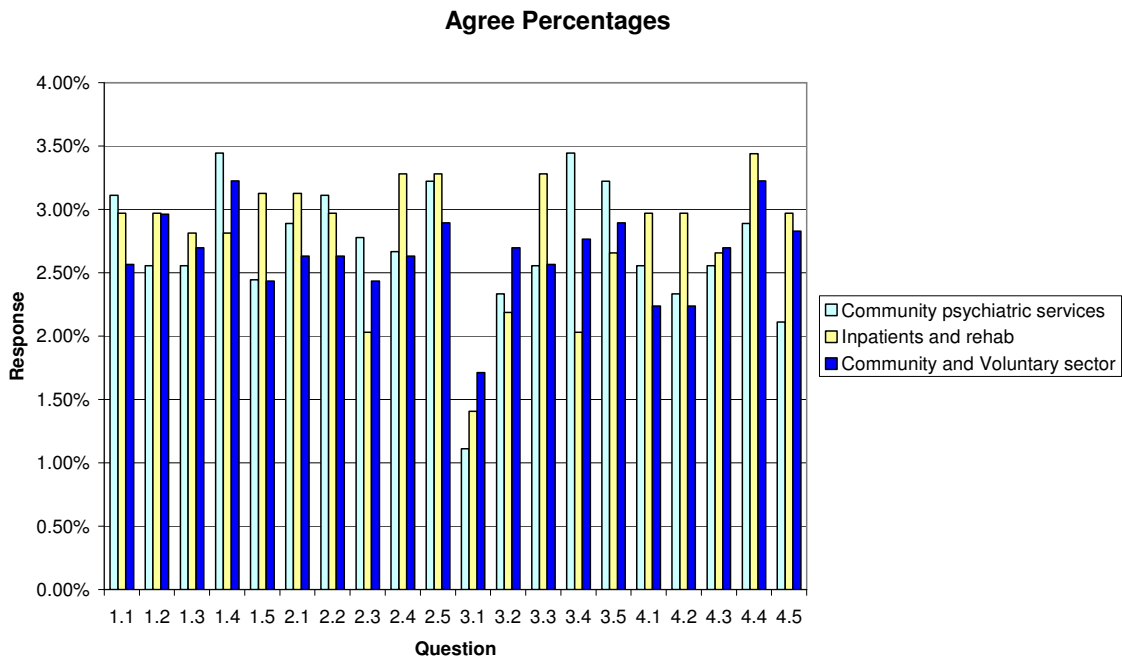


Chart 1.4



While chart 1.3 shows the number of returns from the community voluntary sector as being singularly greater in number than its comparator service sectors. It's when these are compared as percentages that a picture of conformity or divergence can be distinguish.

The only anomaly and one that was anticipated was the number of agree responses to statement 3.1.

Chart 1.5

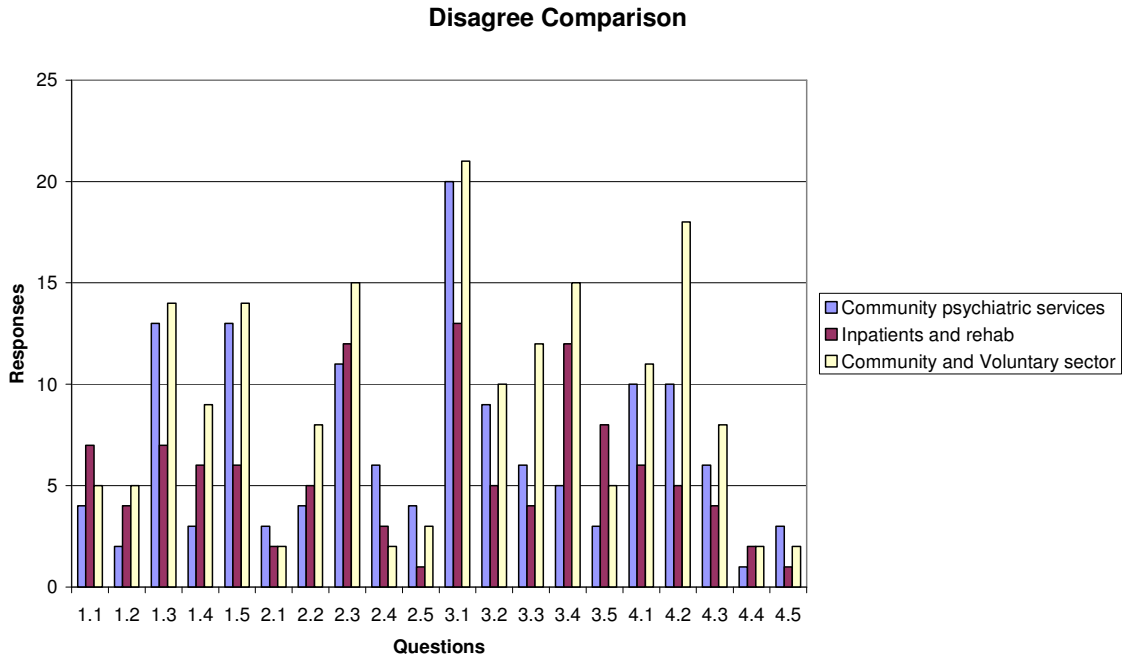
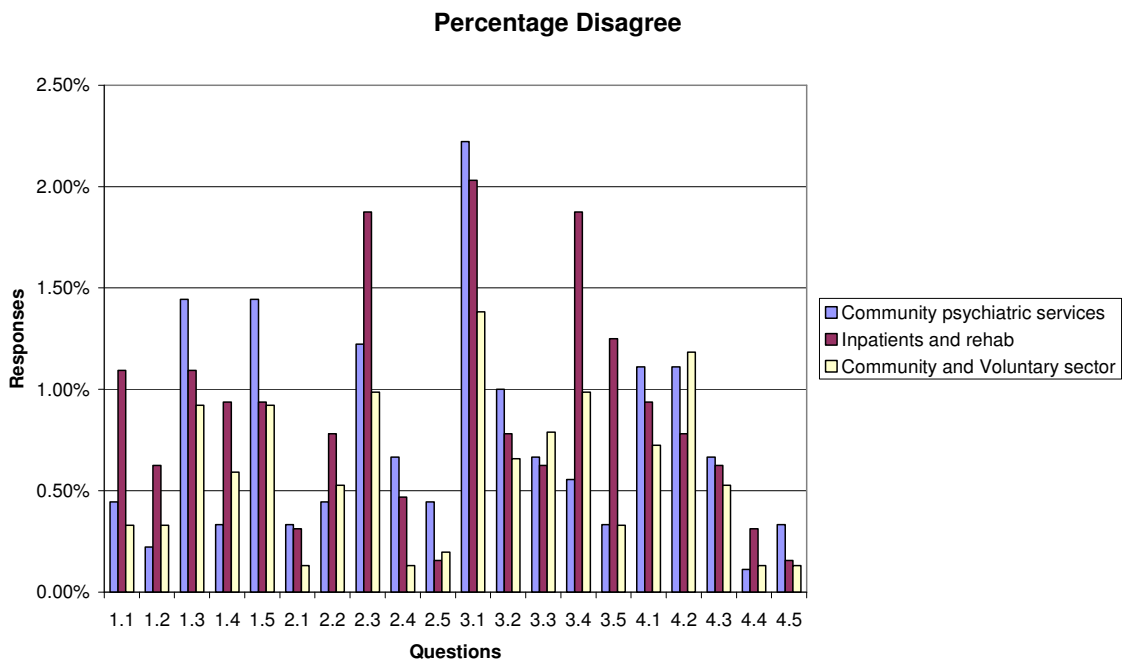


Chart 1.6



Comparing the three sectors by percentage shows a greater percentage of service users accessing the community psychiatric and inpatient services as holding the view that they do not have the skills and knowledge, or believe

having the training will help them to live more independently. Nevertheless these represent a small percentage of the population and are, arguably likely to reflect the views of service users who believe the number of suitable move on options available to them are limited.

This view is supported by the number of disagree responses to statement 3.1, by the inpatient and community based psychiatric service users. Statement 3.1 asks if enough supported housing and accommodation options are available to choose from. It is exposed here that this is a strongly held belief then this group of service users are likely to consider increased independent living, as an option, as not open to them. As such statements 1.3 and 1.5 are likely to attract a strong disagree response, which has proved to be the case.

The fact that respondents from the community voluntary sector disagreed less with the statements in 1.3 and 1.5 as a percentage, could be argued as being a result of them already being able to access appropriate supported and general needs housing and as such hold a differing attitude to their comparators.

Many, indeed most service users in the community voluntary sector will have received a service from the City's inpatient services, and or community based psychiatric services at some point. The disparity between comparator sectors might therefore exist because these service users hold the knowledge and have an experience of accessing supported housing in the community.

Chart 1.7

Strongly Agree Comparison

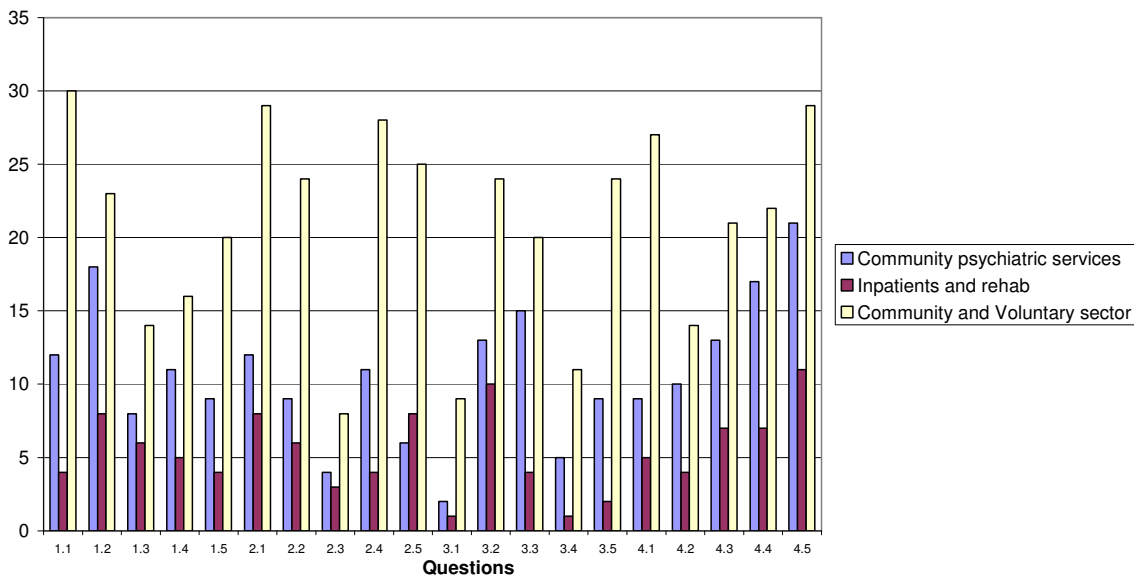
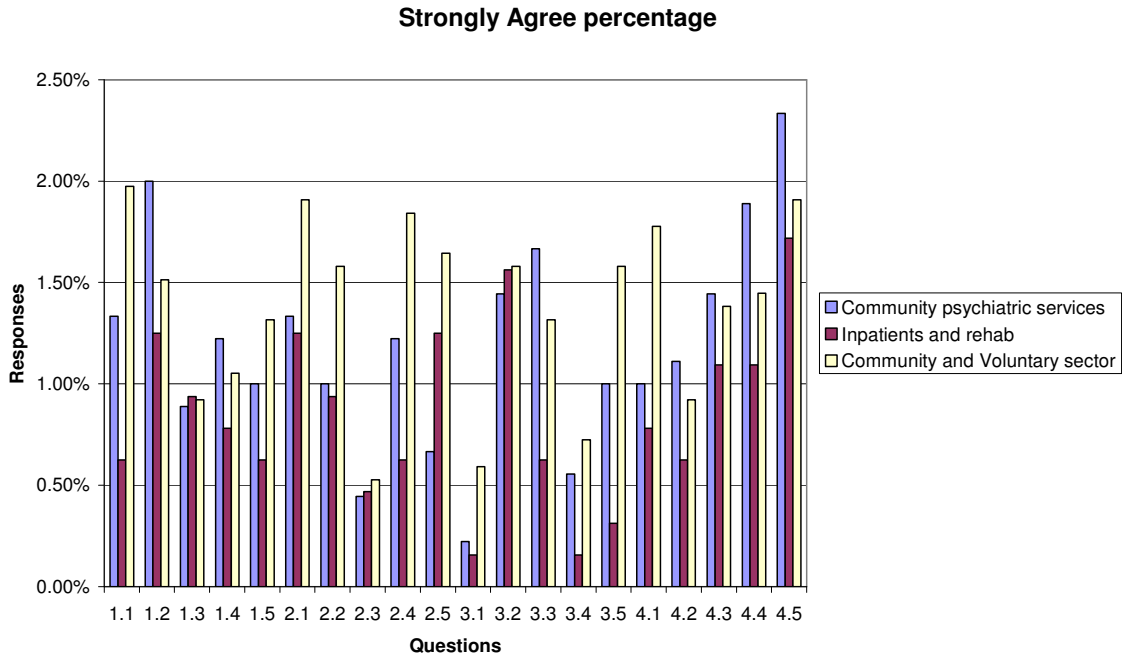


Chart 1.8



Statement 4.5 asks if all individuals with mental health problems should be able to access all types of supported housing. This is strongly supported by all three sectors. This reflects a clear need that other types of specialist supported housing should be open to service users with a multiple number of secondary needs, in addition to a service users mental health issues.

Chart 1.9

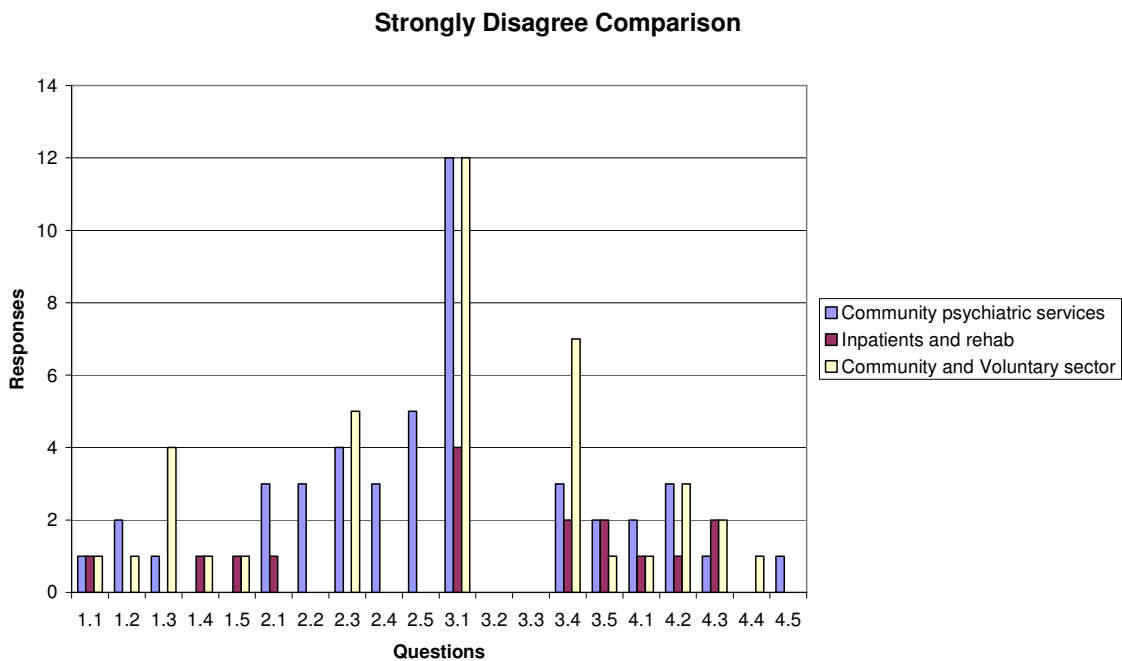
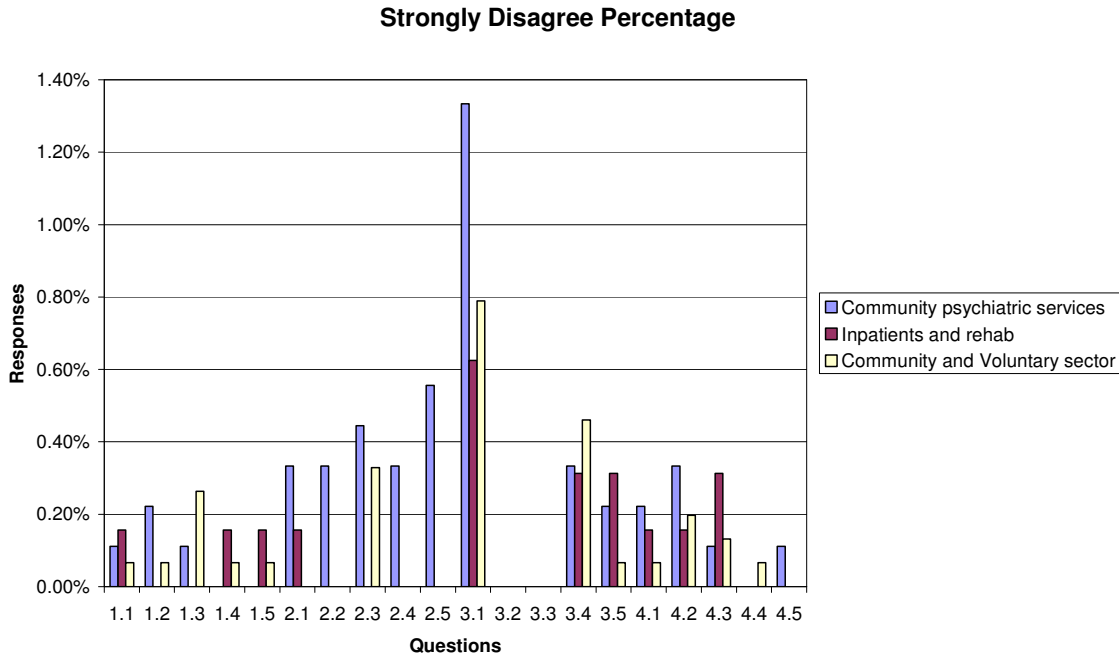


Chart 1.10



Strongly disagree responses account for only 3% of all the responses in the survey, nevertheless a significant percentage selected statement 3.1. Similarly statements 3.4 and 3.5 scored consistently high across the three comparator service sectors. These statements relate to a service user’s knowledge of support services and the professionals they work with.

Two considerations might be drawn from this, the first that service users across the 3 comparator sectors do not, largely speaking, have knowledge of what support services are available to them and the professionals they met and work with do not have the time and or knowledge of other services available to them.

While respondents who selected the disagree and strongly disagree response represent a minority of the overall sample size there is nevertheless a consistent response rate across the three comparator service sectors against some statements. Where a strong cluster of disagree and strongly disagree responses appear conclusions can be drawn that can be used to contradict the number of agrees against some statements.

4.0 Evaluating the statements

To meet the aim of the research each statement within the four themed sections of the questionnaire needs to be evaluated individually. Comparing the purpose of the section and measure by which each statement was made will enable a conclusion and series of informed recommendations to be made.

Under the section 'survey themes and rational' in this appendix the themes of training, crisis accommodation, barriers and support are explained. Each statement is then illustrated to show what the statement seeks to establish.

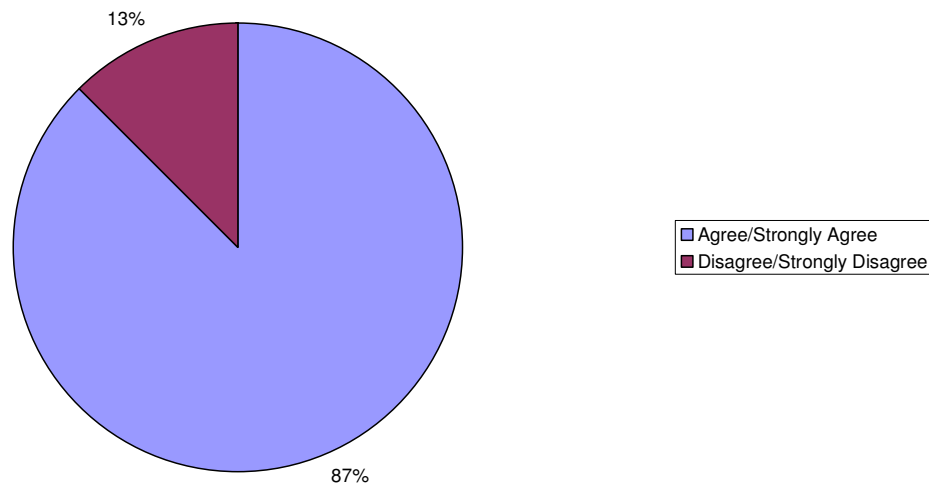
Section One

The statements in section one all seek to identify if a need for extra or additional training is required.

Statement One

From a possible 153 responses 132 respondents agreed or strongly agreed with the statement. As a percentage this equates to 87%.

Question 1.1

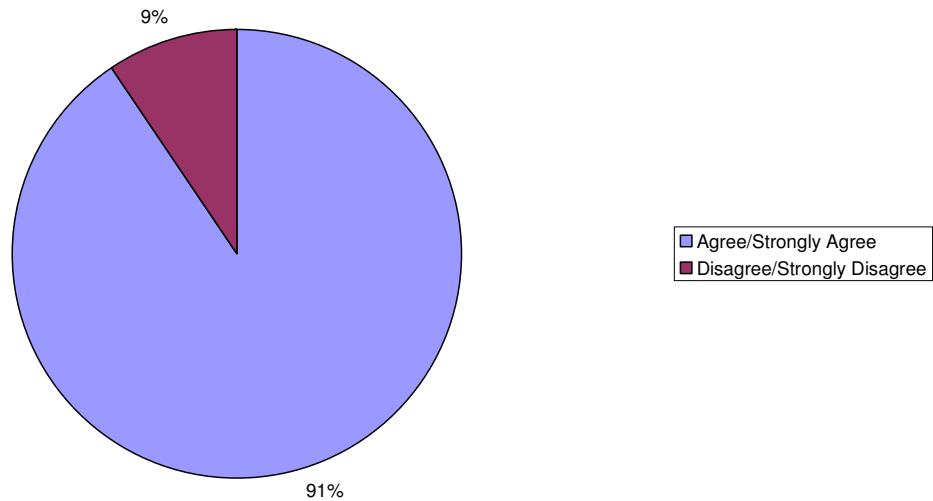


Clearly the sample of respondents exposed to this statement believe the staff teams they work alongside have all the necessary skills and knowledge required to help them to live more independently. However, a significant percentage of service users from the inpatient and residential rehabilitation services disagreed or strongly disagreed with the statement in section one. While 13% might represent a small proportion of the all overall number of responses it does however indicate that service users in this sector hold an attitude that will, to varying degrees, prevent them from moving on.

Statement Two

From a possible 153 responses 136 respondents agreed or strongly agreed with the statement. As a percentage this equates to 91%.

Question 1.2

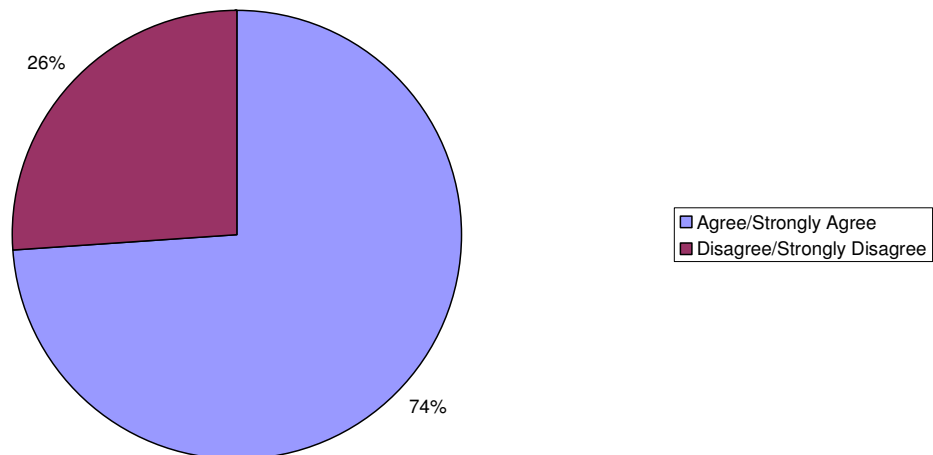


Service users from all service sectors showed strong support for this statement. The disagree and strongly disagree responses from the three sectors were fairly evenly distributed. The statement itself implies that staff across the three sectors should have access to psychological therapies and receive training to deliver them.

Statement Three

From a possible 153 responses 110 respondents agreed or strongly agreed with the statement. As a percentage this equates to 74%.

Question 1.3

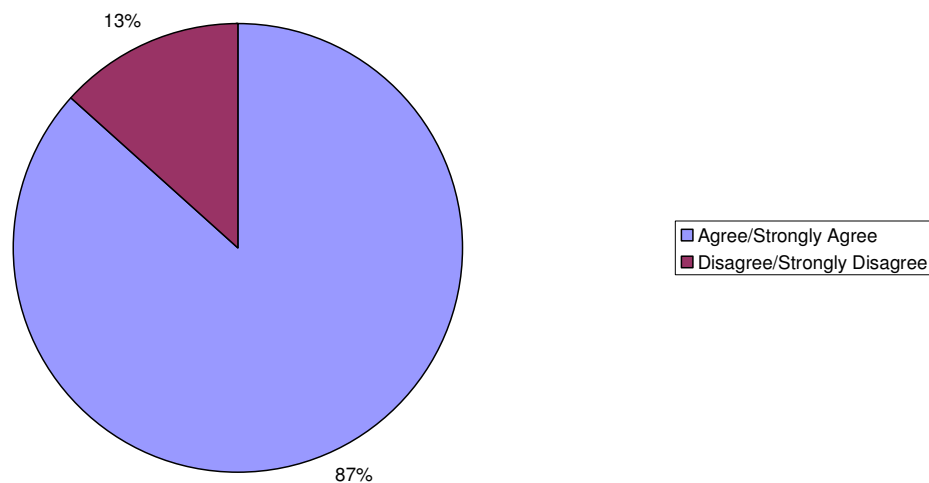


While a significant number of agree responses were made overall, 34 respondents selected disagree. Most disagree responses as a percentage were made by service users receiving support from the community psychiatric services. While this is not in itself significant a large percentage of service users do hold the view that they do not have the skills necessary to live independently.

Statement Four

From a possible 153 responses 130 respondents agreed or strongly agreed with the statement. As a percentage this equates to 87%.

Question 1.4



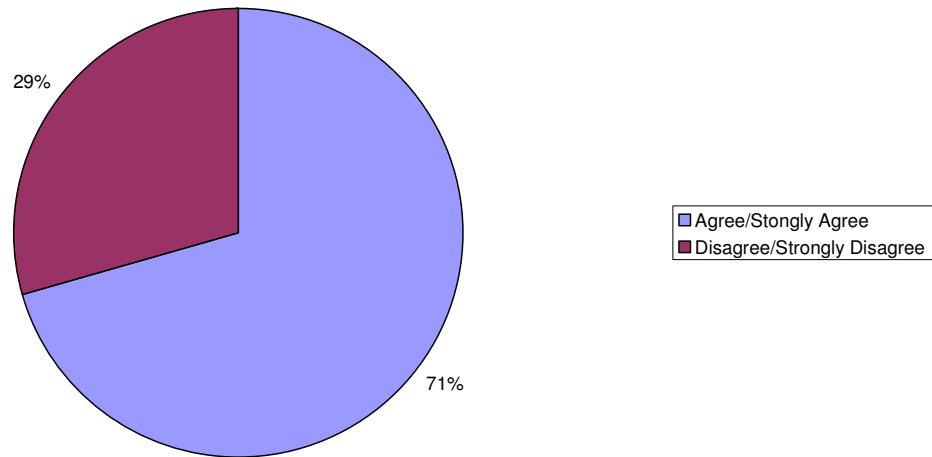
Service users from the inpatient service sector selected the disagree and strongly disagree option more often as a percentage than other sectors.

The community and voluntary sector, as a percentage of the 13% similarly chose the disagree option and did record the highest actual number of disagree responses. However, while the percentage of disagree is comparatively small 13% still represents a small population who feel the support planning and care plans they agree or receive as part of their care do not feel it helps them to live more independently.

Statement Five

From a possible 153 responses 112 respondents agreed or strongly agreed with the statement. As a percentage this equates to 71%.

Question 1.5



Service users showed a high level of support for having access to training opportunities to help them live a more independent life. Nevertheless 29% disagreed with the statement the greatest percentage of which came from the Community Psychiatric services. It is also worth noting that the percentage of disagrees recorded was matched by the same percentage of strongly agrees.

Section Two

The statements in section two seek to identify the level of need for a Crisis House in the City. The statements have been collectively drafted to establish the need for this new service, the form it should take and who should access it.

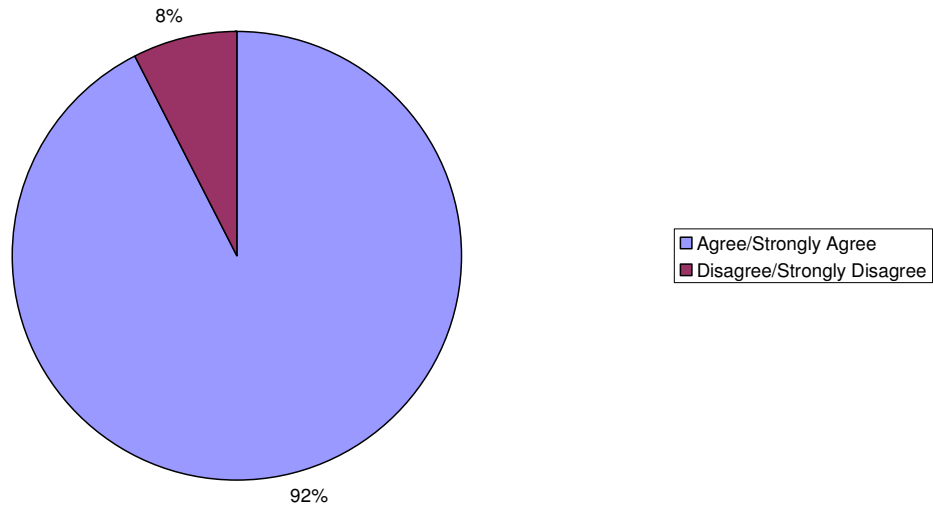
Each statement relates to people living in the community and those who are in receipt of support from the Community Psychiatric Services or Voluntary Community sector. The statements are by their nature intended to enable move on to take place from the inpatient and supported housing services as they are to enabling service users to sustain their independence.

Section two had the largest number of no responses compared with the other three sectors. However, only 48 no responses were recorded against a possible 765 options available in this section.

Statement One

From a possible 153 responses 135 respondents agreed or strongly agreed with the statement. As a percentage this equates to 92%.

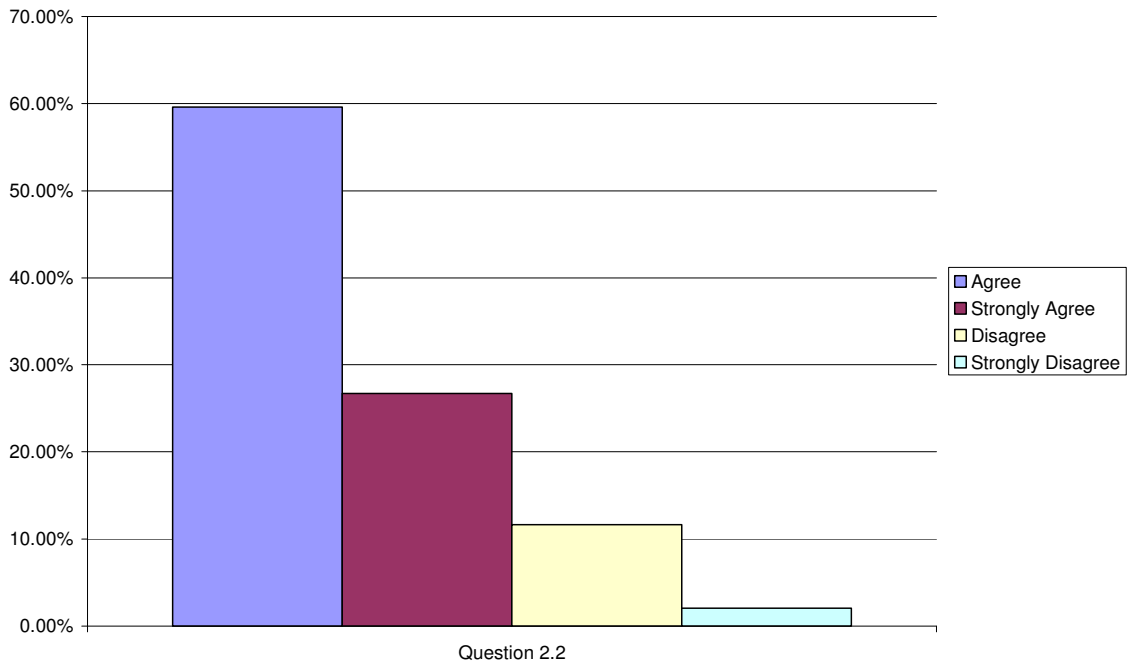
Question 2.1



Service users representing the three service sectors, as a percentage overwhelmingly support the need for a Crisis House. The 8% of service users who selected disagree are evenly distributed across the service sectors.

Statement Two

From a possible 153 responses 87 selected the agree option, 39 strongly agreed with the statement, 17 selected disagree and 3 selected the strongly disagree option. As a percentage 59.59% agreed and 26.71% strongly agreed.

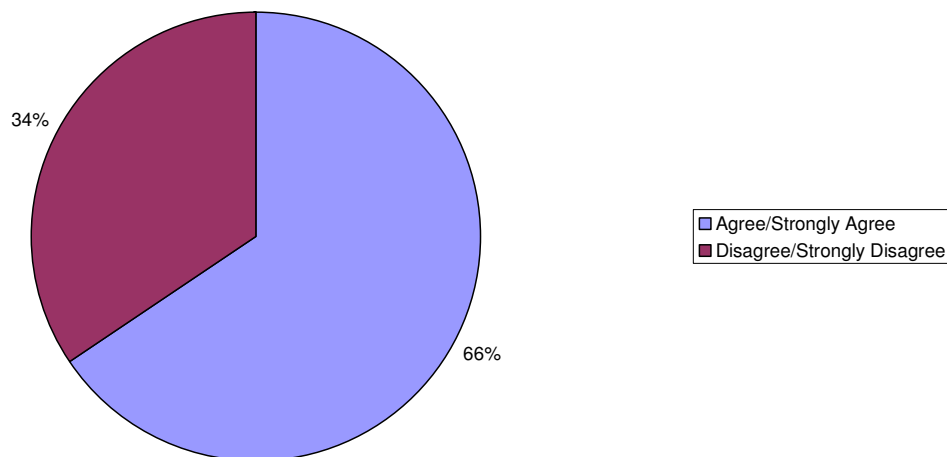


Disagree and strongly disagree were recorded as 11.64% and 2.05% respectively. In actual terms 125 respondents positively supported this statement. An overwhelmingly positive response to this statement, supporting the attitude that if crisis accommodation were available to service users across the three service sectors this would increase their confidence to engage more fully in the process of attaining move on or sustaining their independence in the community.

Statement Three

From a possible 153 responses 90 respondents agreed or strongly agreed with the statement. As a percentage this equates to 66%

Question 2.3



Approximately two thirds of respondents felt 5 days within the crisis house provided adequate time for them to recover and return to their home or normal place of residence.

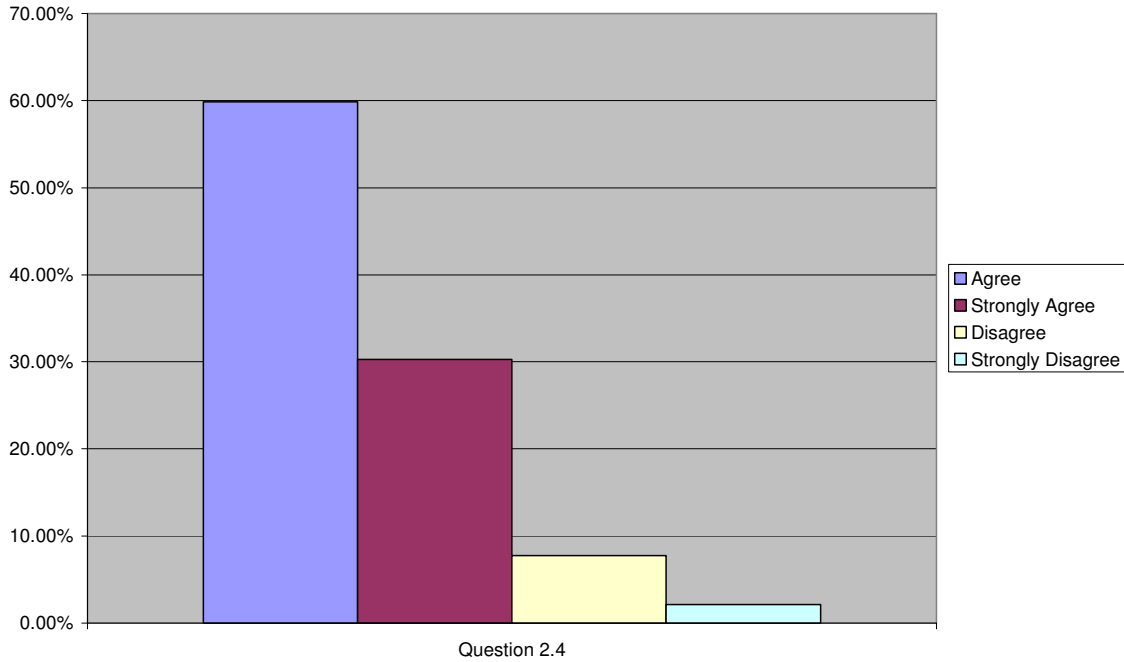
The number of disagree and strongly disagree responses against this statement should be seen as significant as they exceed all but one statement in the range of disagree responses. The statement is also significant as it received the highest number of no responses from the returned sample of questionnaires.

As a percentage the inpatient services recorded significantly higher than either of its comparator sectors in selecting the disagree option. The Community Voluntary sector recorded the lowest number of disagree responses.

Statement Four

From a possible 153 responses 85 selected the agree option, 43 strongly agreed with the statement, 11 selected disagree and 3 selected the strongly disagree

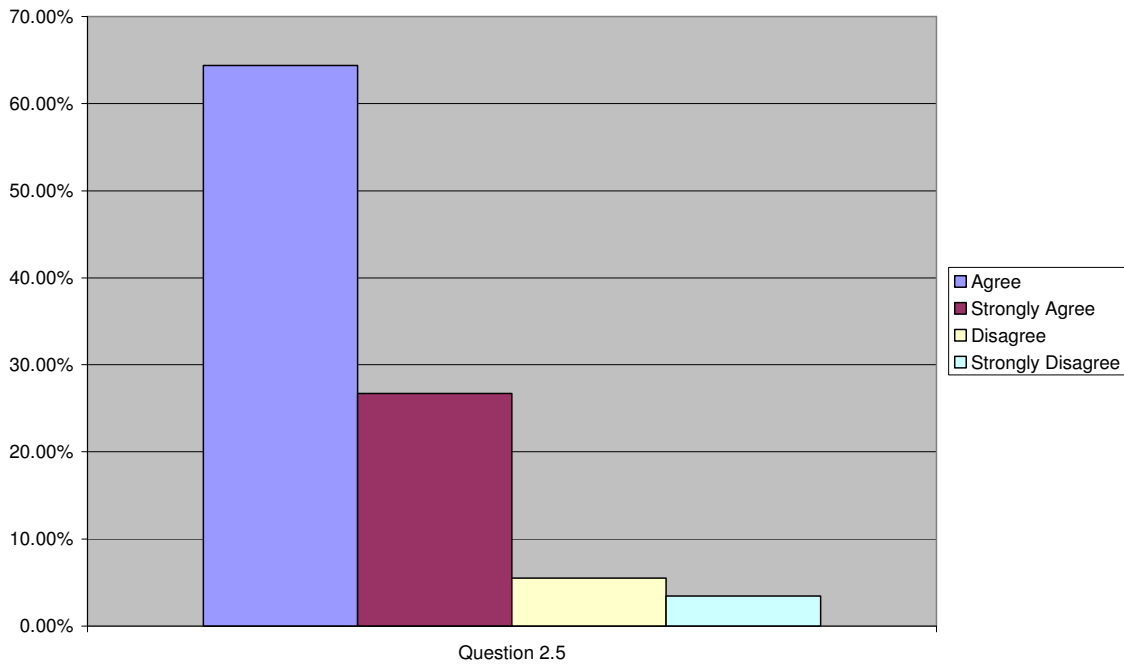
option. As a percentage 59.86% agreed, 30.28% strongly agreed, 7.75% and 2.11% disagreed and strongly disagreed respectively.



Service users show exceptionally strong support for non therapeutic or practical support if they required use of the crisis House.

Statement Five

From a possible 153 responses 94 selected the agree option, 39 strongly agreed, 8 disagreed and 5 selected the strongly disagree option.



As a percentage 64.38% agreed, 26.71% strongly agreed, 5.48% and 3.42% disagreed and strongly disagreed respectively.

Service users across the three service sectors expressed positive attitudes toward users of supported housing being able to access crisis accommodation.

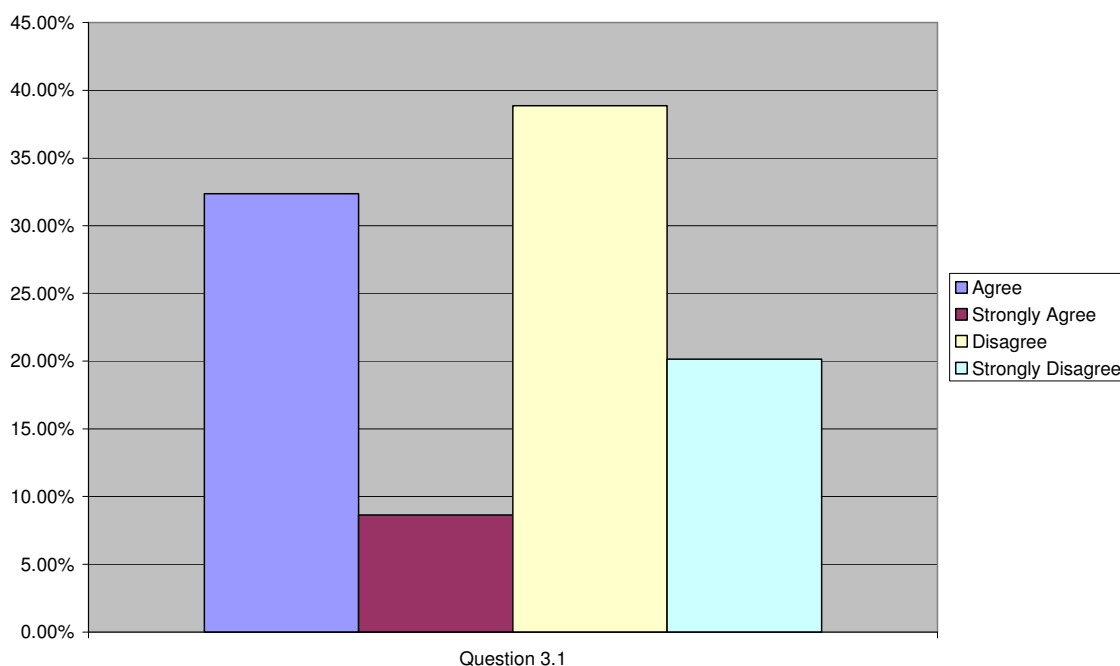
Comparing the percentage of responses from the three sectors the inpatient services recorded the highest number of agree and strongly agree responses against this statement.

Section Three

The statements in section three seek to establish the service user's attitude to the barriers they adjudge to exist or experience in trying to move on from supported, residential or community based support services to a more independent lifestyle.

Statement One

From a possible 153 responses 45 selected the agree option, 12 strongly agreed with the statement, 54 selected disagree and 28 selected the strongly disagree option. As a percentage 32.37% agreed, 8.63% strongly agreed, 38.85% and 20.14% disagreed and strongly disagreed respectively.



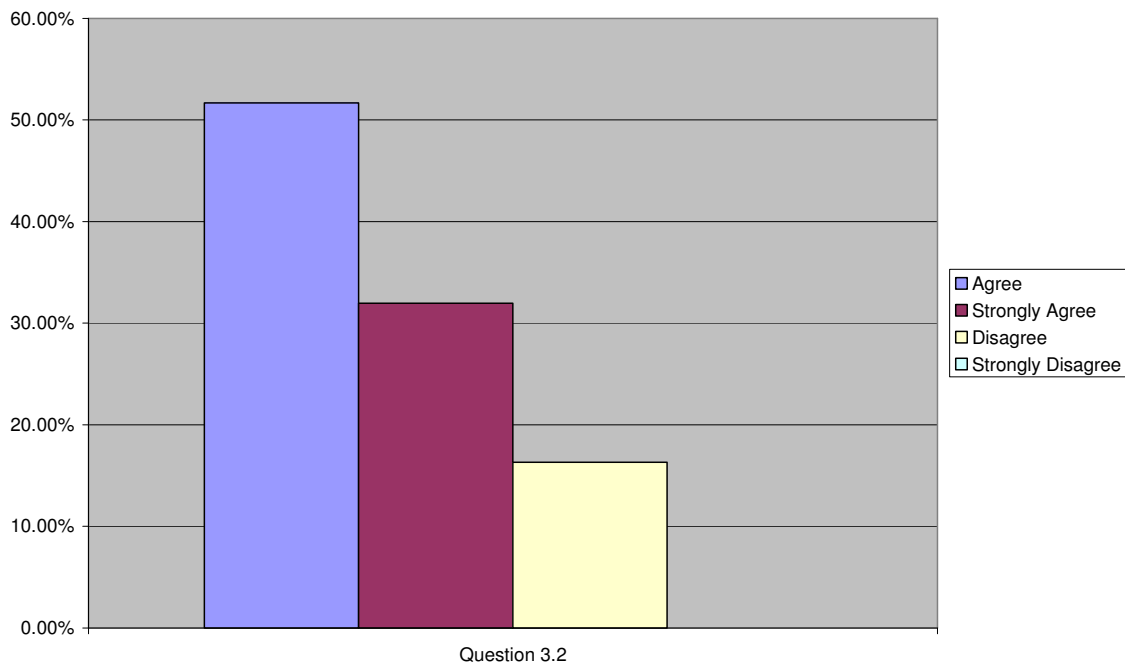
The majority of respondents hold the view that not enough supported or accommodation options exist for them to choose from.

It is significant that the range of responses from the three service sectors diverged. The greater number of respondents from the voluntary and community

sector selected the agree and strongly agree option more often than the disagree and strongly disagree options. This service sector likewise recorded the least amount of disagree options compared to both of its comparator sectors. Supporting the view that enough supported and accommodation options exist for them to choose from.

Statement Two

From a possible 153 responses 76 selected the agree option, 47 strongly agreed with the statement, 24 selected disagree and no respondents selected the strongly disagree option. As a percentage 51.70% agreed, 31.97% strongly agreed, 16.33% and 0% disagreed and strongly disagreed respectively.



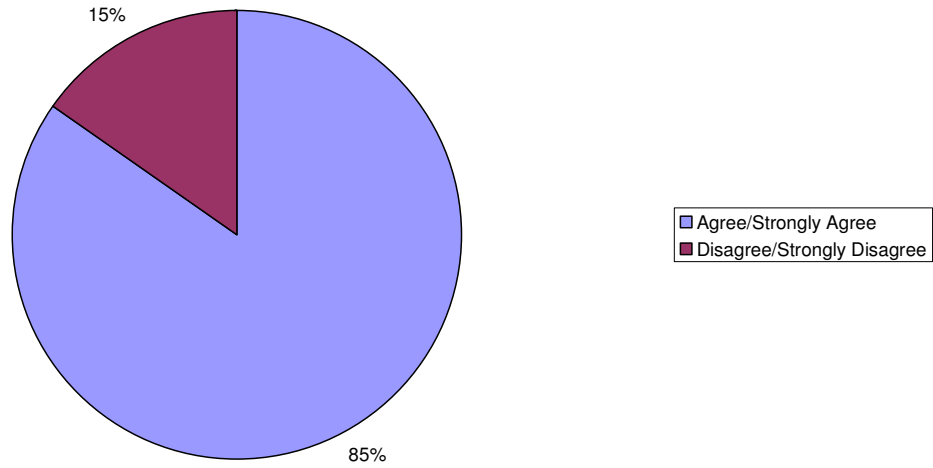
The Percentage of agree and strongly agrees account for 83.67%, expressing the view that they would like to live more independently. The number of strongly agree responses recorded against this statement are in the upper echelon of all strongly agree responses recorded against the 20 statements.

The range of strongly agree responses from the three comparator sectors, measured as percentages, are extremely narrow. The greatest percentage of agree and strongly agree responses were recorded by the community and voluntary sector, but this is not by a significant margin. Only 6 respondents failed to record a response against this statement from a possible 153 with no responses attributed to the strongly disagree option. This strongly supports an attitude that living independently is desirable.

Statement Three

From a possible 153 responses 122 respondents agreed or strongly agreed with the statement. As a percentage this equates to 84.72%.

Question 3.3

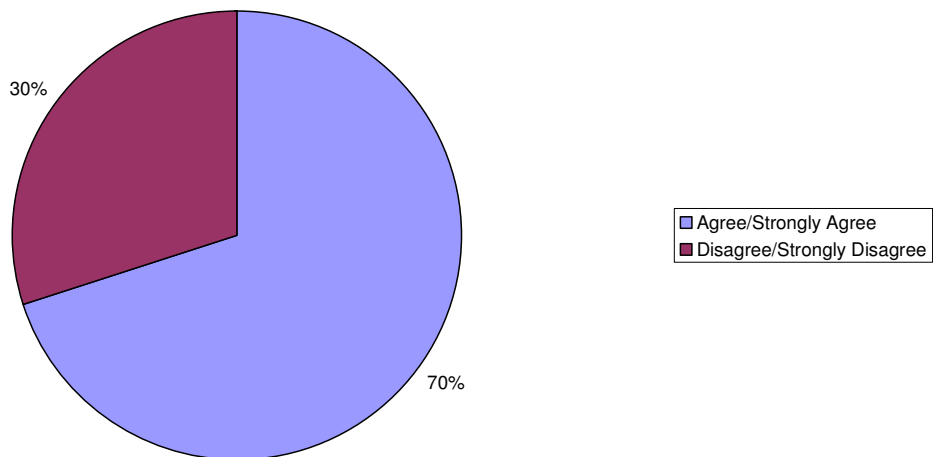


Respondents expressed the view that if they were able to increase support when they needed it, this would give them the confidence to reduce the level of support they currently receive. As a percentage the inpatient service sector recorded the most agree responses in contrast to its comparators.

Statement Four

From a possible 153 responses 103 respondents agreed or strongly agreed with the statement. As a percentage this equates to 70.07%.

Question 3.4



Support for this statement favours the agree and strongly agree option sustaining an attitude among service users that they know what support services are available to them and how they would access them.

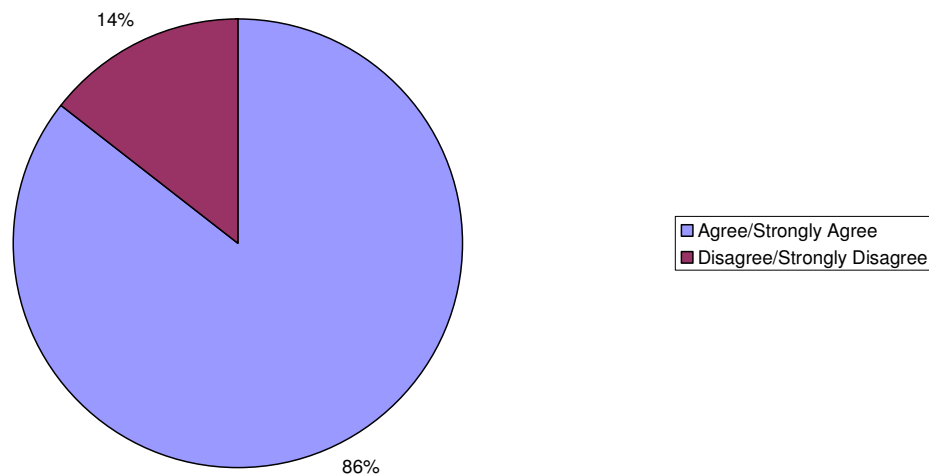
The greater percentage of responses recorded against the agree and strongly agree option were made by service users living in the community who receive some support and occupy accommodation within the community. The inpatient service sector recorded the lowest number of agrees and strongly agrees and likewise recorded the greatest number of disagrees as a percentage.

However, the majority of strongly disagrees were made by the respondents accessing the community voluntary sector. The significance of this is not just the divergence between comparator sectors but from within individual sectors.

Statement Five

From a possible 153 responses 125 respondents agreed or strongly agreed with the statement. As a percentage this equates to 86.62%.

Question 3.5



A strong consensus of agree responses from the three comparator sectors attributed to the 86% response rate that support staff and health care professionals have the time to deal with the housing issues and accommodation needs respondents experience.

Despite 14% representing a small sample of disagree or strongly disagree respondents to the survey the percentage is significant enough to show disharmony among respondents.

While the range of agree responses between comparator sectors show a fairly even distribution the community based services consistently recorded more support for this statement than the users of the inpatient services.

Respondents from the inpatient services recorded the highest percentage of disagree and strongly disagree responses to the statement. Respondents from the inpatient services show an even split between supporting this statement and disagreeing.

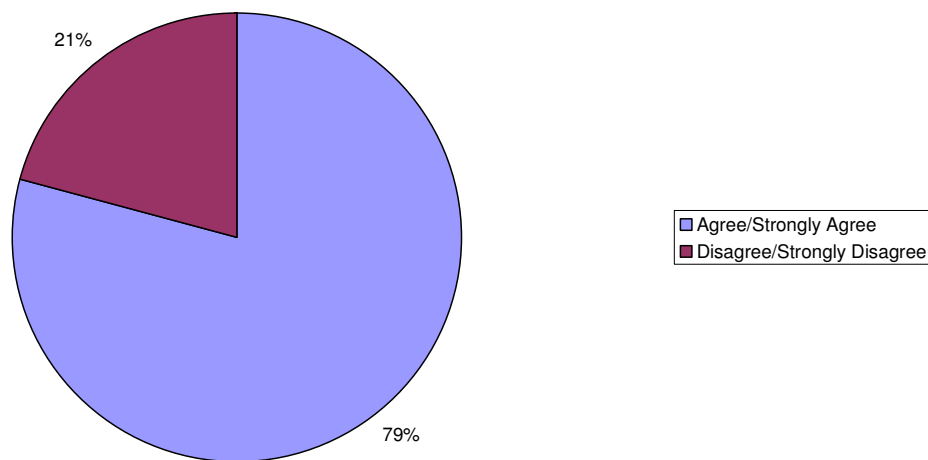
Section Four

The statements in this section relate to support and the mitigation of risk by targeting support in specialist areas.

Statement One

From a possible 153 responses 117 respondents agreed or strongly agreed with the statement. As a percentage this equates to 79.05%.

Question 4.1



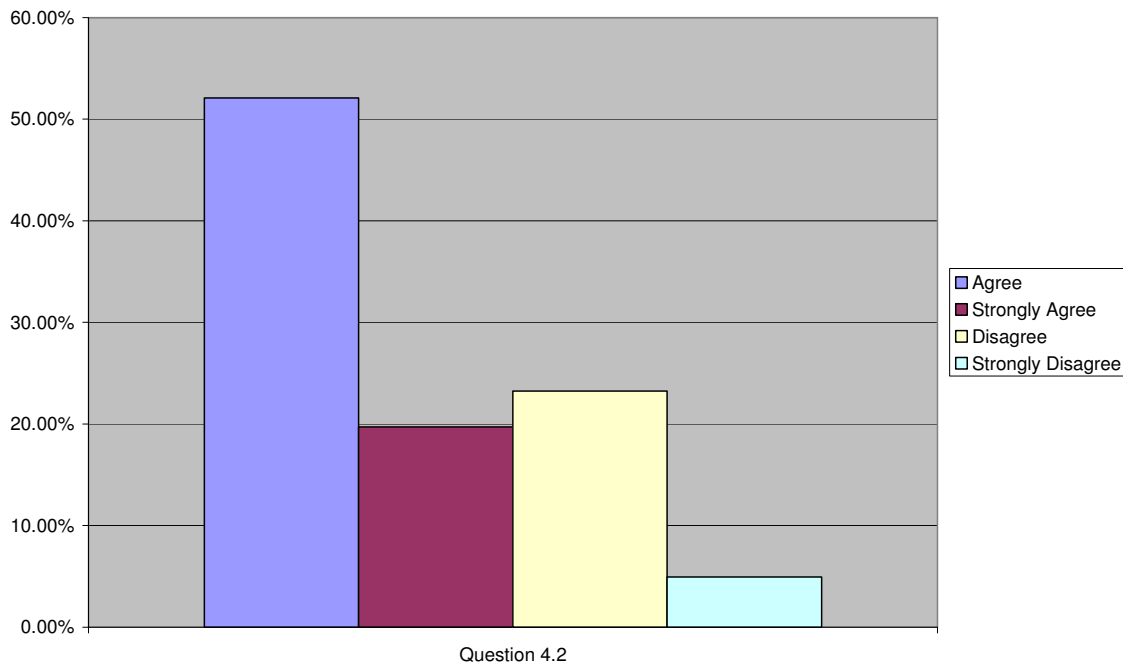
While a strong percentage of service users from the three comparator sectors expressed the view that they can manage their medication without assistance the percentage of disagree and strongly disagree responses is significant. While 21% represents a small total of the overall population it is significant enough to be relevant to the statement.

The three comparator sectors show no pattern in the recording of responses to the options available. More respondents from the inpatient services recorded agree responses than their comparators, however more respondents from the community voluntary sector, as a percentage, recorded strongly agree. While

respondents from the community psychiatric services recorded the greatest percentage of disagree and strongly disagree responses. Despite the variation between sectors 21% of the respondents identified a need for assistance with their medication.

Statement Two

From a possible 153 responses 74 selected the agree option, 28 strongly agreed with the statement, 33 selected disagree and 7 strongly disagree. As a percentage 52.11% agreed, 19.72% strongly agreed, 23.24% and 4.93% disagreed and strongly disagreed respectively.

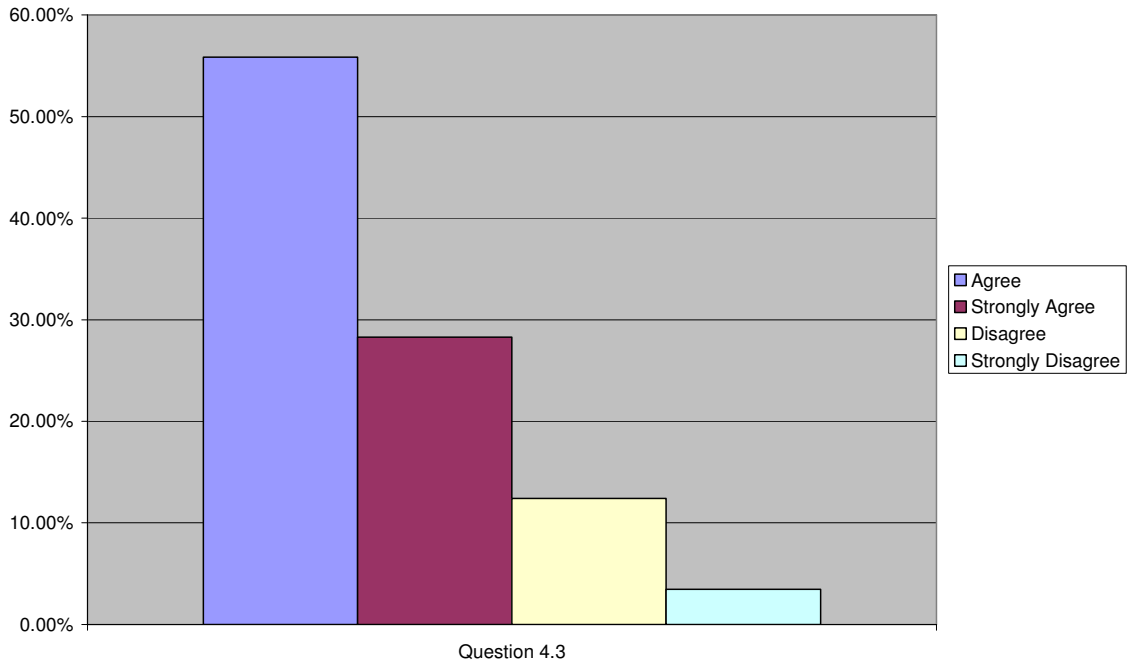


A combined percentage of 71.38% support the view that they know how to access drug and alcohol treatment. However, a significant percentage of the target population, 28.17% disagree with the statement.

The voluntary and community sector recorded the most disagree and strongly disagree responses.

Statement Three

From a possible 153 responses 81 selected the agree option, 41 strongly agreed with the statement, 18 selected disagree and 5 strongly disagree. As a percentage 55.86% agreed, 28.28% strongly agreed, 12.41% and 3.45% disagreed and strongly disagreed respectively.

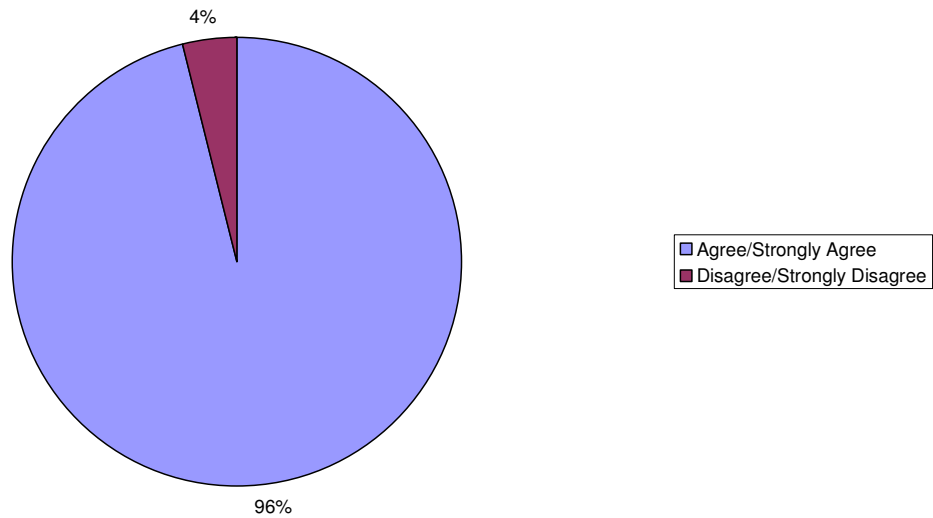


Respondents from the three comparator sectors unanimously supported ex-offenders having access to specialist supported housing. The deviation between comparator sectors in the selection of the four options is negligible. However, a significant percentage from the inpatient sector selected the strongly Disagree option compared to partner sectors.

Statement Four

From a possible 153 responses 143 respondents agreed or strongly agreed with the statement. As a percentage this equates to 95.97%.

Question 4.4

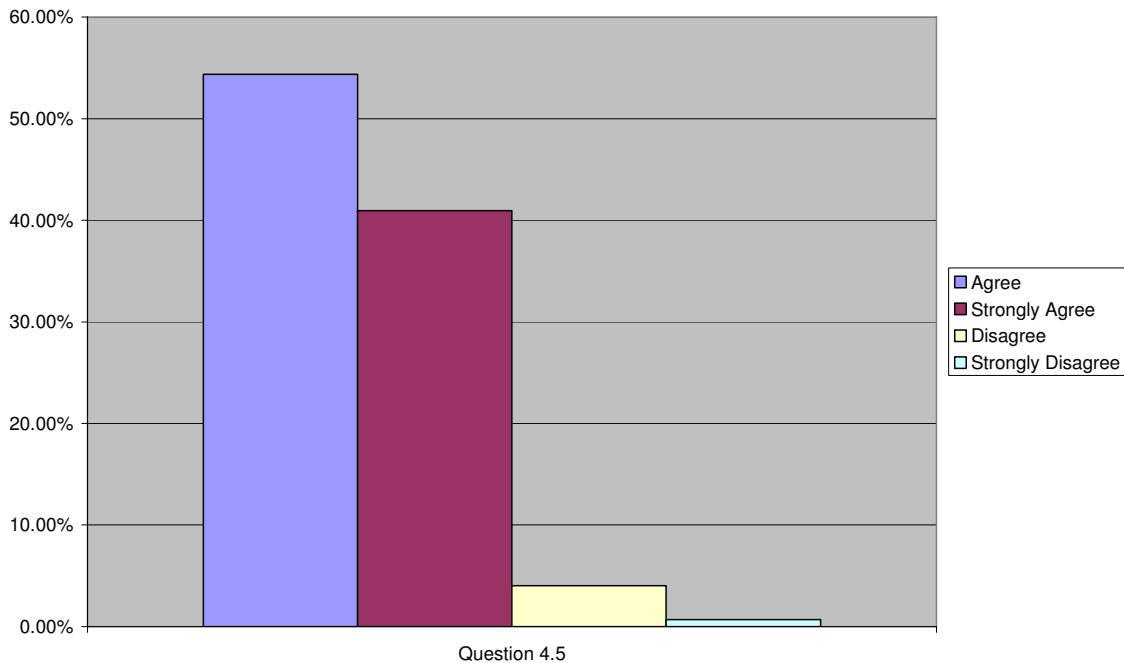


This statement attracted the most agree and strongly agree responses from the survey. The level of response from all respondents supports the concept that expert housing advice should be accessible within all the mental health service sectors.

The implications associated with this level of support for the statement relate to the co-location of specialist housing related support staff, strategically located within the community psychiatric and inpatient services.

Statement Five

From a possible 153 responses 81 selected the agree option, 61 strongly agreed with the statement, 6 selected disagree and 1 strongly disagree. As a percentage 54.36% agreed, 40.94% strongly agreed, 4.03% and 0.67% disagreed and strongly disagreed respectively.



Respondents across the three comparator sectors selected the agree and strongly agree 142 times, compared to the 7 disagree and strongly disagree options available. The overwhelming support for people with mental health problems being able to access all types of supported housing is only eclipsed by the number of strongly agree options selected.

The number of strongly agree responses recorded exceeds all other statements by a considerable margin.

While the ranges between the three comparator sectors that supported the statement are small, the community psychiatric services recorded more strongly agree statements than their partner service sectors as a percentage.

6.0 Key Findings

The measure or hypothesis against which this survey was produced relates to the attitude service users hold to a series of key themes. These were identified as either preventing or facilitating the change required to better affect housing related outcomes.

The Key findings from the results are summarised here to inform the recommendations that have resulted from the research.

6.1 Section one

The purpose of section one in the survey was to try and establish if existing staff teams and service users across the three service sectors would benefit from additional training.

The key findings from section one advocate a need for staff teams and service users to have access to specific types of training, which should be specialised, targeted and available across the inpatient, community psychiatric and community voluntary sectors.

1. While the majority of respondents from the survey believe the staff teams they work with have the necessary skills to enable them to live independently a small but nevertheless significant sample disagreed. If some service users hold or retain the view that the staff they work with do not have the necessary knowledge or housing skills required this will impact on their move on or ability to sustain their independence.
2. Respondents from the three comparator service sectors overwhelmingly support the view that staff teams from the voluntary and community, inpatient and community psychiatric services should be able to deliver and or access psychological therapies.
3. While the majority of respondents to the survey hold a positive attitude toward the skills they adjudge to hold or have acquired to enable them to live independently, a significant percentage hold an opposing view that has implications for the implementation of the strategy.
4. A small population of respondents hold the attitude that their support/care plan is failing to help them to live more independently. This small percentage is over represented by the inpatient services but does nevertheless represent the views of service users across the three service sectors.
5. Respondents expressed a strong desire for training opportunities to enable them to live a more independent life. The last statement in section

one underpins statements three and four in this section, providing strong evidence that service users wish to live independently, but will need access to targeted and relevant training opportunities to enable this.

6.2 Section Two

The statements in this section attempt to establish if users of community psychiatric health care, inpatients and designated supported housing services support the need for a Crisis House.

The key findings from this section provide unequivocal support for a Crisis House. They also underline the importance a Crisis House has in meeting the primary aims of the strategy.

1. Respondents to the survey overwhelmingly support the need for a Crisis House as a place they can receive help and support in addition to the existing services available. The very small percentage who felt they did not need this option if it were available reflects the fact that this service will not be necessary for everybody. However, given the number of positive responses a clear need exists for this development to be implemented and made available.
2. Service users were asked if they had access to a Crisis House would this give them the confidence to continue to work towards a more independent lifestyle. A positive attitude was expressed by the majority of respondents indicating a level of confidence and willingness to engage with the primary and secondary aims of the research if a Crisis House were available.
3. Determining the amount of time a service user might need to access a Crisis House will vary according to personal experience. However, the majority of respondents supported the view that 5 days should be the optimum period of residence.
4. Respondents to the survey indicated strong support for non-therapeutic or practical support when they access the Crisis House.
5. It would appear that respondents from across the three service sectors support the idea that service users accessing supported housing should have access to the Crisis House. Service users have strongly advocated for this, given the range and level of support. This might reflect the fact that service users from residential inpatients and the community psychiatric services see themselves as needing to access supported housing at some point in the future.

6.3 Section Three

Section three establishes the barriers respondents perceive or have experienced in trying to move on from supported, residential inpatients and community based psychiatric services to a more independent lifestyle.

A number of barriers have been identified that work to prevent a service user from moving on or attaining the correct or right type of support to enable them to meet the key aims of the strategy.

1. The majority of respondents support the opinion that not enough supported housing or accommodation options exist for them to choose from. Naturally this is a barrier to move on, however, it does evidence a gap or lack of knowledge about the services that exist and it does establish that as an attitude this will act as a barrier to move on.
2. A large percentage of respondents expressed a strong desire to live more independently.
3. Respondents expressed the view that for them to feel able to decrease the support they currently receive and live more independently they need to feel able to increase it again when they need it. Not being able to do this will continue to act as a barrier to move on.
4. The majority of respondents feel they know what support services are available to them and how they would access them. However, a sizable percentage of service users disagreed with this position. For this percentage not being aware of existing support services and not knowing how to access services will prevent progression and act as a barrier to move on.
5. Only a small sample of respondents felt the health care professionals and support workers they meet and work with do not have the time to help them with their housing and accommodation needs. If this is the case how much of their time do the health care and support workers spend on their primary functions? While the time health care professionals and some support workers spend on housing and accommodation issues benefits one aspect of a service user's need it limits the time they can allocate to their primary role. Naturally this can not apply to housing related support workers in the community voluntary sector but as the inpatient and community psychiatric services registered the greatest amount of support for this it can therefore act as a barrier.

6.1 Section Four

It has been the focus of this section to identify support and associated risks to enable progressive planning to take place and thereby increase the way risk is mitigated.

Respondents overwhelmingly support the need to increase risk taking by matching it with the appropriate levels of support and access to differing types of service.

1. A substantial number of service users hold the opinion that they are able to manage their medication without assistance. However, a substantial percentage of respondents felt they were unable to do so. For respondents who feel unable to manage their medication the opportunity to live more independently, with reduced support, is therefore limited. Non compliance with medication increases the level of risk to both the service user and the community. Assisting service users with the management of their medication reduces risk while promoting the primary aims of the strategy.
2. The majority of respondents hold the view that they know how to access the drug and alcohol treatment if they required it. More importantly however, almost one third of respondents expressed the view that they would not, or do not know how to access substance misuse treatment. As an outcome this has important connotations for service users who present with a dual diagnosis.
3. Respondents unanimously endorse the need for ex-offenders who have experienced mental health problems to have access to supported housing.
4. More respondents support the view that expert housing advice should be accessible to service users using the full range of mental health services than any other statement in the survey.
5. Because people who experience poor mental health will have a mixture of other support needs, respondents strongly supported the view that a range of supported housing options with a number of specialisms should be available to people who experience poor mental health.

7.0 Recommendations

The key findings and recommendations from the research results are summarised by section. Recommendations are simply drawn as a comparative response to the need identified from the results of the survey.

Individual and detailed recommendations resulting from this research are provided in the main strategy and can be found in chapter 8 under Conclusions and Recommendations and Chapter 9, The Future (implementation strategy).

1. Training will need to be provided to service users to better enable or facilitate service users to live more independently. Training should be targeted and access to mainstream training events and opportunities should be offered to the full range of service sector providers to cascade to all service users. All service sector providers should be offered training that relates to the delivery of psychological therapies, support planning and improving upon existing housing related support skills in the delivery and promotion of independent living.
2. As part of the strategic aim to promote independent living and sustain independence in the community a Crisis House that provides therapeutic and non therapeutic support will need to be available to all service users living in the community who experience periods of crisis in their mental health.
3. Service users have signalled a strong desire to live independently and have identified some of the barriers that they perceive or have experienced as preventing them from achieving this outcome. Increasing the level of support they receive when required, access to expert housing advice and the full range of supported housing should in some instances be provided by co-located staff expert in housing related support. These changes are identified as increasing a service users confidence to engage more fully in the processes of attaining independent living.
4. Service users from across the service sectors strongly supported the need for service providers to increase the balance between positive risk taking and access to the support they need. Experienced and qualified health care staff should work more closely with the voluntary and community sector to enable service users who struggle to manage their medication to live a more independent lifestyle. The need for expert housing advice to be available to the community psychiatric and inpatient services and a clear and logical route that supports service users to access drug and or alcohol treatment

8.0 Implications Arising

The exceptional number of completed and returned questionnaires from the survey demonstrates the importance service users believe housing and accommodation issues have for them. Achieving a response rate equivalent to 23% of the target population exceeded expectations. The implication arising from such a strong response will be the actions that result from the research once the findings are made known to participants and organized service user groups.

The four key theme areas used in the survey received overwhelming support with 78% of respondents supporting a range of changes, that if implemented will impact on practice, commissioning and the procurement of existing services. This obviously brings with it a range of financial and performance implications. Identifying areas of reinvestment, savings and remodeling opportunities will require a great deal of co-ordination as partner agencies and service providers will be at the fore front.