

Executive Summary

Evaluation report Shore-Up CIC Occupational Therapy Group Programme (pilot) September - December 2022

This report collates information gathered over a variety of formats to allow for individuals to feedback and evaluate their experience of the Shore-Up occupational therapy group and provide thoughts on the content and effectiveness of the programme.

Outcomes

5 of 7 starting group members completed the programme and the standardised outcome measures indicate positive change across a number of health and wellbeing factors.

The qualitative feedback from group members reflected the positive outcomes with comments on:

- the positive value and impact of group work
- a change in perspective prompted by exploration of occupational self-analysis
- learning and tools to take forwards after the group programme

Links to ongoing support

The majority of group members were referred on to community support enabling Shore-Up to link group members into additional community networks.

All group members have the opportunity to continue to connect with Shore-Up via the Shore-Up Social Club.

The outcomes are positive and although a small pilot group, this indicates that a non-diagnosis led, occupational therapy groupwork programme is a useful addition to the third sector provision of community mental health care in Leeds.

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Reflections and next steps

A move away from diagnosis led inclusion criteria

Non-diagnosis, open inclusion criteria based on individuals' assessments of their own mental health and its impact on daily life resulted in a group with varied needs and goals.

However, the flexible, individualised approach using tools of occupational self-analysis and exploration enabled individuals to find personalised meaning and value in the programme.

Complexity of mental health needs and completion rate

The completion rate (5 of 7) indicates that it may be useful to consider in more depth the potential challenges of engaging in a group process prior to the start of the group. However, it is also important to note that mental health needs fluctuate and are impacted upon by many factors and so it is to be expected that there will be complexities that prevent all members from completing the programme.

The nature of the programme, with each week building on the work from previous weeks, means it is not feasible to support members to move in and out of the group programme.

As a result of these reflections future groups would aim to start with a higher number of members (10 maximum) in anticipation that the reality of mental health difficulties means that there will likely be some members who are unable to complete the full programme.

In addition, for those who do need to leave the programme early, we plan to offer future group opportunities and refer to alternative support in the community network which we aim to engage with further as we develop and grow.

Response to requests for additional support

As a result of requests from group members in the second phase of the programme, individual zoom/telephone calls were offered for support between group meetings.

These were not initially planned, or funded, but group members who chose to use them found them useful and in feedback, members told us that longer term, ongoing support to implement plans would be of benefit.

As a result, we have altered the structure of the programme to formally incorporate (and fund) individual sessions in the weeks without group sessions.

We would also like to consider the possibility of a longer intervention with a more graded support structure in the second phase of the group. This will be considered and explored following further implementation and evaluation of the programme.

Programme delivery

Programme aims

The occupational therapist led programme intends to provide individuals with the time, space and structures to consciously explore the ways in which the things they do and how they do them (occupation) impact on their health and wellbeing and how their health and wellbeing impacts on their occupation.

Programme outline

The first seven sessions are delivered weekly, and each week's content builds on the previous weeks' themes.

This section of the programme supports individuals to explore their occupational balance, occupational roles and occupational identity in the context of their current circumstances.

In session 7 all group members create individual, personally meaningful and goal directed action plans. Group members then have a week's break from group sessions in order to put their plans into action.

There is then a reflective group session in which group members come back together to reflect on how their plans are going and offer one another validation and support.

This is followed by another week's break from group sessions for further implementation of action plans and then the final session provides space for reflection on action plans and evaluation of the programme of as a whole.

9 x 2.5 hour group sessions over 14 weeks

Additional phone/zoom contact offered in weeks with no group meeting

Participants

The inclusion criteria for the group was that individuals identify themselves as having mental health difficulties which negatively impact on their ability to achieve a satisfying quality of life.

Of the 7 individuals who attended, 3 had support from community mental health teams, and 4 had no statutory service involvement.

All individuals attended initial 1:1 meetings, either in person or on zoom, to further discuss their current challenges and to hear more about the purpose and structure of the group programme before deciding whether or not they wished to attend.

The 2 individuals who did not complete left at weeks 1 and 3.

These individuals commented that due to their mental health difficulties at the time, the group programme was not a suitable approach for them.

However, they both opted to remain on the contact list for Shore-Up and one of these individuals has attended the Shore-Up Social Club since leaving the occupational therapy group programme.

Group members started: 7 completed: 5

Referral routes self-referral: 5 third sector referral: 2

Evaluation process

The evaluation process included both quantitative and qualitative measures to attempt to capture the multiple aspects of the experience from group members perspectives in relation to the programme aims.

The quantitative data was shared with group members in a discharge email which included some analysis of their individual scores and any change indicated.

Group member feedback

Quotes contained within this report are taken from:

- notes taken in the final group session focussed on evaluating individual action plans and the group programme as a whole
- email exchanges sent following the end of the group (with group members' permission)
- the anonymous feedback form which was available via Google forms following the end of the programme (returned by 4 of the 5 group members that completed the programme)

Outcome measures

All group members completed questionnaires before the group and in the final session.

These were:

- the Occupational Self-Assessment
- World Health Organisation Quality of Life (Bref)
- self-rating scales designed specifically to reflect the aims of group programme.

World Health Organisation Quality of Life Scale (WHOQOL-Bref)

The purpose of the WHOQOL-bref is to ask about individuals' perceptions of their quality of life and satisfaction with their health in their own context, as related to their goals, standards, expectations and concerns.

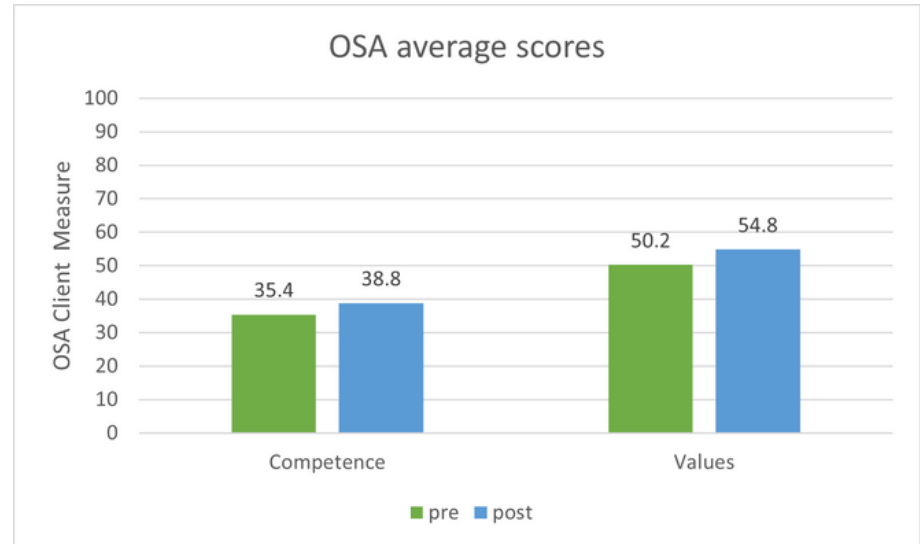
Occupational Self-Assessment (OSA)

The purpose of the OSA is to capture individuals' perceptions of their occupational competence and occupational values. That is, how well they feel they are able to do things that they need and want to do (occupational competence), and how important it is for them to do these things (occupational values).

Outcome measures

Occupational Self-Assessment

The purpose of the OSA is to capture individuals' perceptions of their occupational competence and occupational values. That is, how well they feel they are able to do things that they need and want to do (occupational competence), and how important it is for them to do these things (occupational values).



The increase in competence and values scores across the group indicate that the Shore-Up Occupational Therapy Group Programme contributed to an improvement in individuals' sense of competence and increased the sense of value they saw in their daily activities.

Group members' feedback

"transformative- increased meaning"

"perspective shift"

"grading helpful- not all or nothing"

"I really appreciated how there was flexibility and space given for different situations and perspectives. It was amazing that you found time to give everyone an individual approach and thinking/planning that worked for them."

"tools to solve problems"

"The ideas from the course gave me some tools to assess situations and deal with them. Planning for activity, fairly reviewing what I've done and seeing how to build on that."

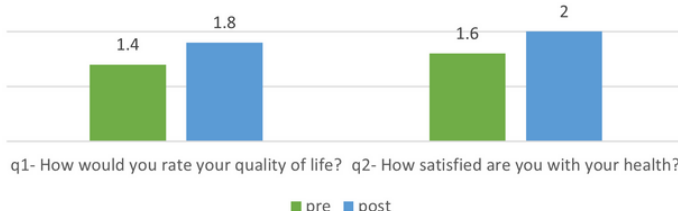
"I think it's helped me to prioritise better and have a fairer, more balanced view of what I do in my life."

Outcome measures

World Health Organisation Quality of life Scale

The initial two questions in the WHOQOL-Bref focus on individuals' ratings of their quality of life and how satisfied they are with their health.

WHOQOL-Bref average scores (global questions)



The increase in average scores on both these questions indicates that the programme contributed to an improvement in both quality of life and satisfaction with health.

The relatively small increase and continued comparatively low scoring indicates that a 14 week programme is insufficient to address all health and quality of life needs for this client group.

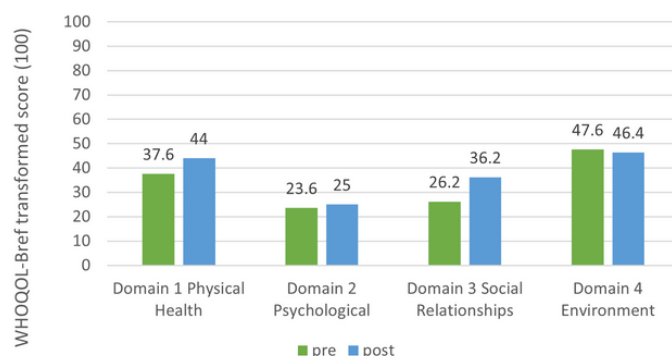
Group members' feedback

"I don't want my scores to reflect negatively on the service as I did find it really helpful. I know I found certain sections difficult but overall I feel like the group mitigated my mood decrease not contributed to it, if that makes sense. There's just a lot of time in a week and the group could only cover so much and the 6 days a week that I didn't have the group are probably more responsible for my decrease in mood than what we worked on in the group itself, at least that's how it seems to me."

The remaining questions cover four areas of health and quality of life. These domains are:

- .Domain 1- Physical Health
- .Doman 2- Psychological
- .Domain 3- Social Relationships
- .Domain 4- Environment

WHOQOL-Bref average scores (domains)



The increase in the average scores across domains 1,2 and 3 indicates sense of improved physical health, psychological health and social relationships. The decrease in domain 4 indicates a reduction in satisfaction with environment.

Group members' feedback

"increased mood"

"unique, useful, positive change"

"Physical environment affects mental state of mind"

"I found it hard to implement this thinking into my way of life but I felt it to be good things to know and keep in mind"

"Still largely uncertain with regards to my own future and sense of self, but I have come away with new knowledge and some small plan moving forward."

Outcome measures

Self-Rating Scales

These were implemented in the first and last group sessions and were devised to reflect the specific aims and content of the group programme.



The increase in average scores across all questions in the self-rating scale indicates that individuals felt that the programme provided them:

- space to talk about and process the ways in which their health impacts on their daily life
- improved satisfaction with the proportion of time spent on different life areas (occupational balance)
- improved satisfaction with daily roles and routines which reflect values, sense of identity and long term goals
- improved clarity in goals related to roles and routines
- increased confidence about their abilities to make meaningful changes to roles and routines
- increased confidence about their ability to make sustainable changes to roles and routines

Group members' feedback

"the group can bring lightness"

"Feel known"

"Has given me some things to try and focus on despite finding some of the topics difficult to implement"

"Support from the group"

"Shared experiences"

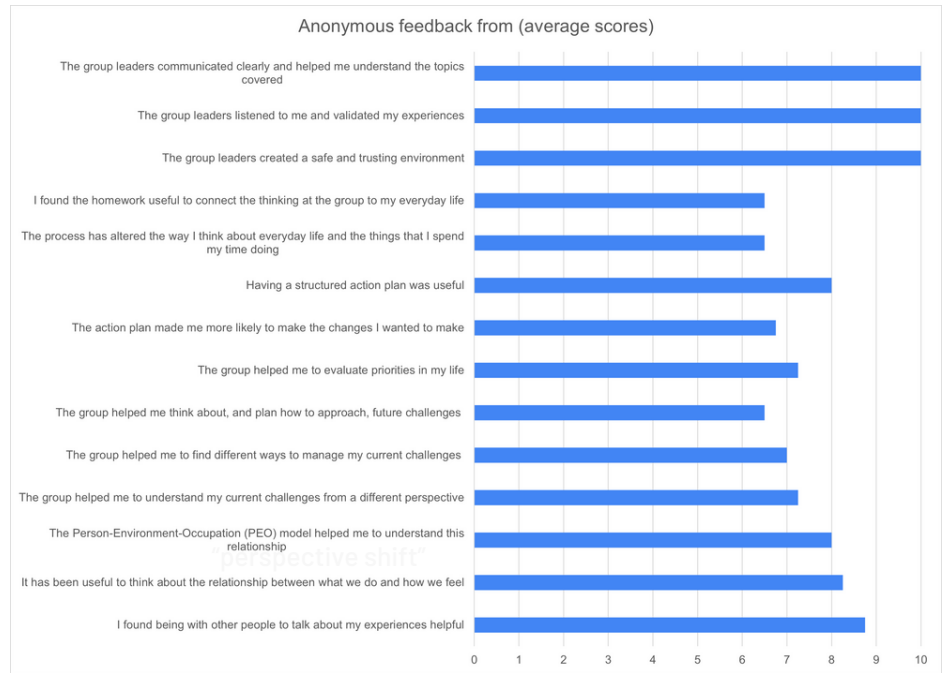
"Sessions where a safe environment to explore difficult subjects, these early sessions especially built up a lot of security in the group environment."

"More action than dwelling (good)"

Evaluation form feedback

Evaluation form feedback

All the group members that responded to the anonymous evaluation form said they would recommend the group programme to others.



Overall, there was positive feedback on the areas identified in the online form.

Group members' feedback

"Felt very supported by the group and it's leaders throughout the process".

"I really enjoyed the sessions and I'm sorry they've finished."

"Before starting the group I thought 2 1/2 hours seemed a lot. But actually to allow for a relaxed break and time to properly reflect on ideas/questions the reality seemed about right."

"I think it's helped me to prioritise better and have a fairer, more balanced view of what I do in my life."

"Good space, felt comfortable and less clinical than other places"

"Realise the limiting amount of time you have and the ways you can improve your life by making a plan and acting upon it"