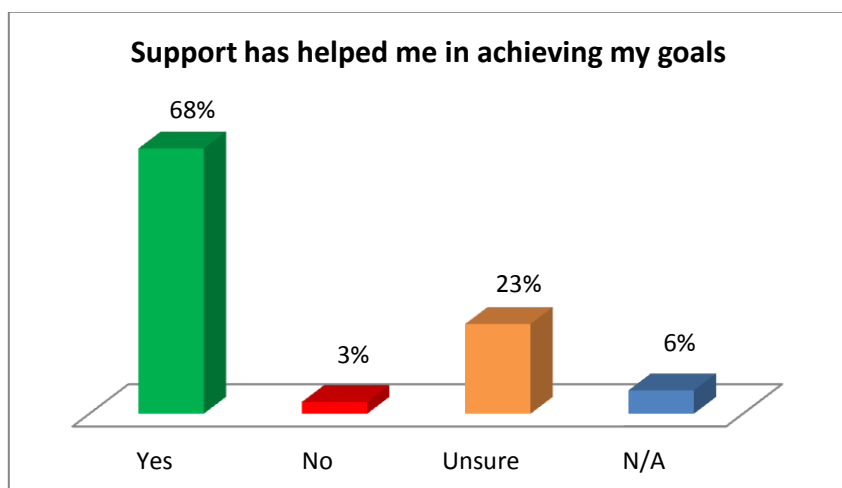
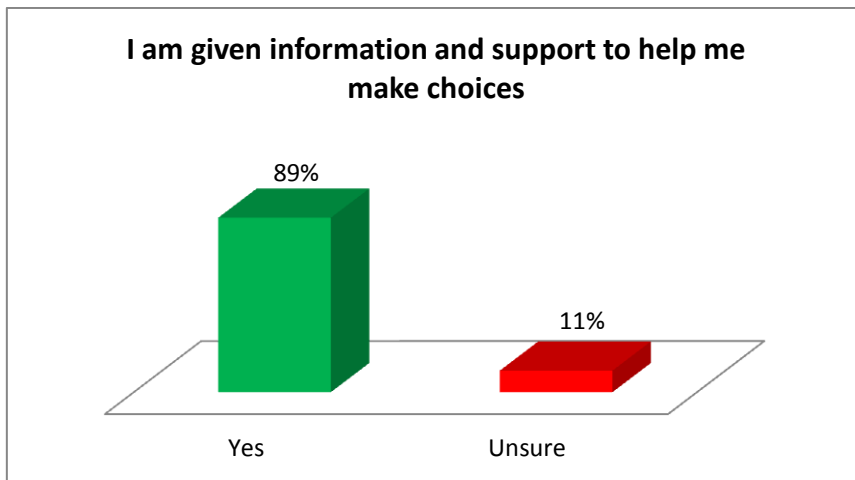
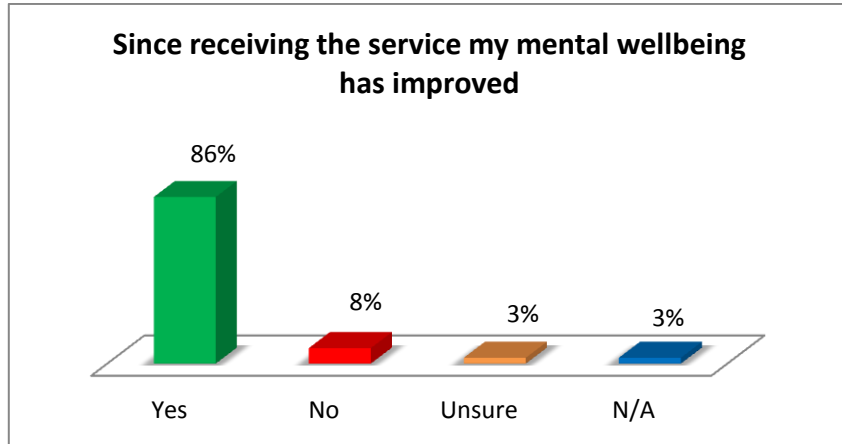
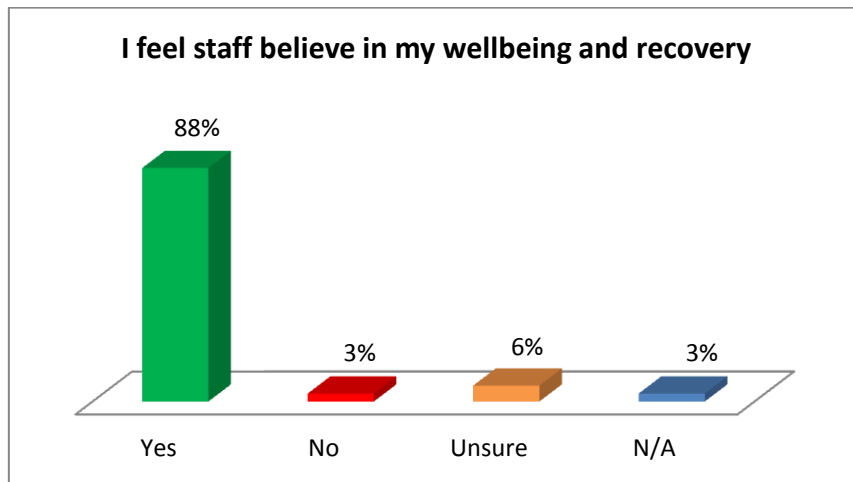




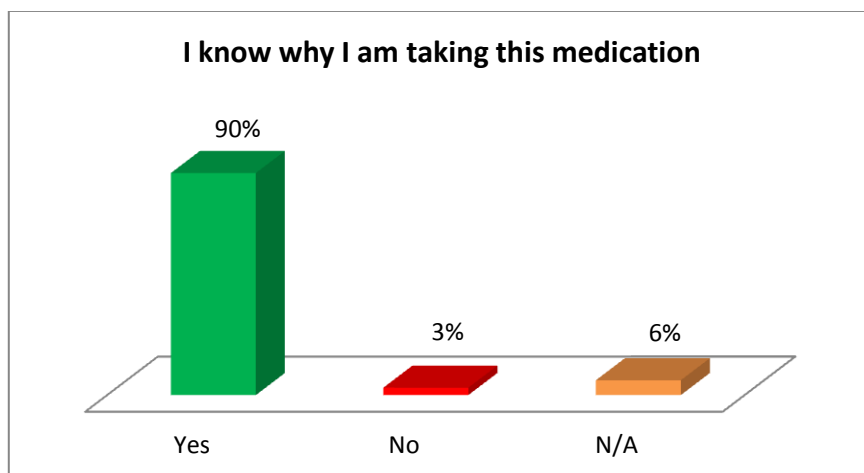
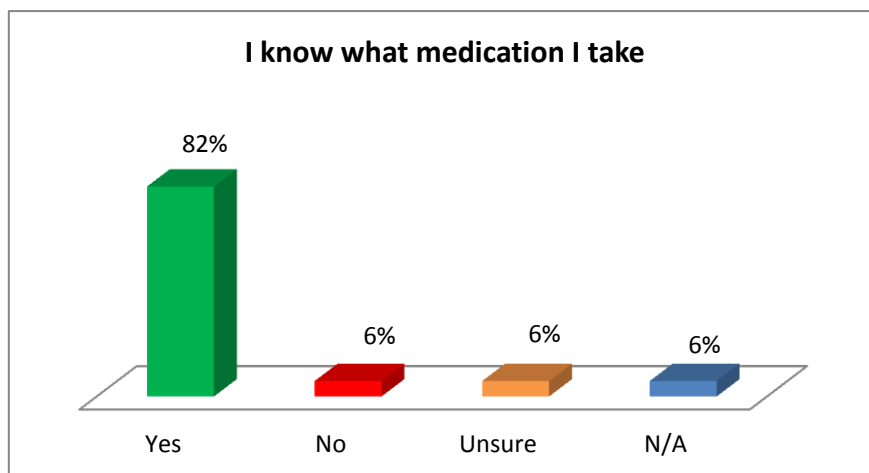
**Bromley Flexible Support Service
Survey Results 2016**

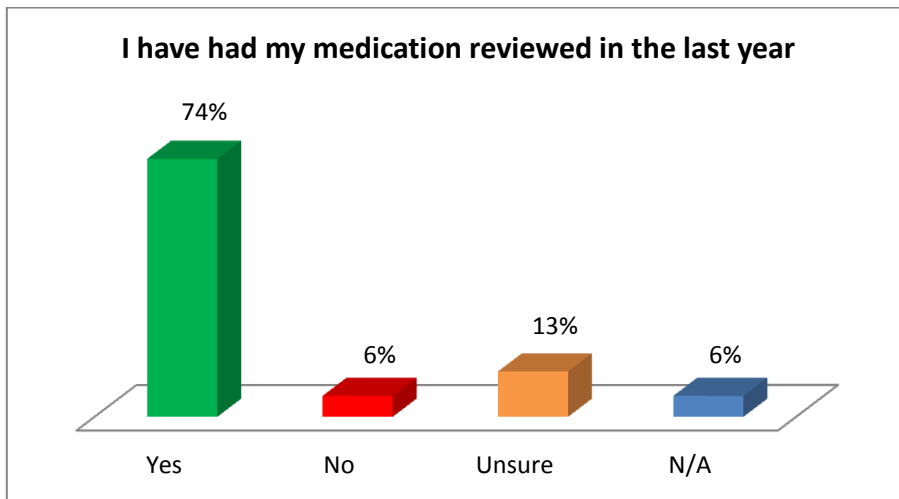
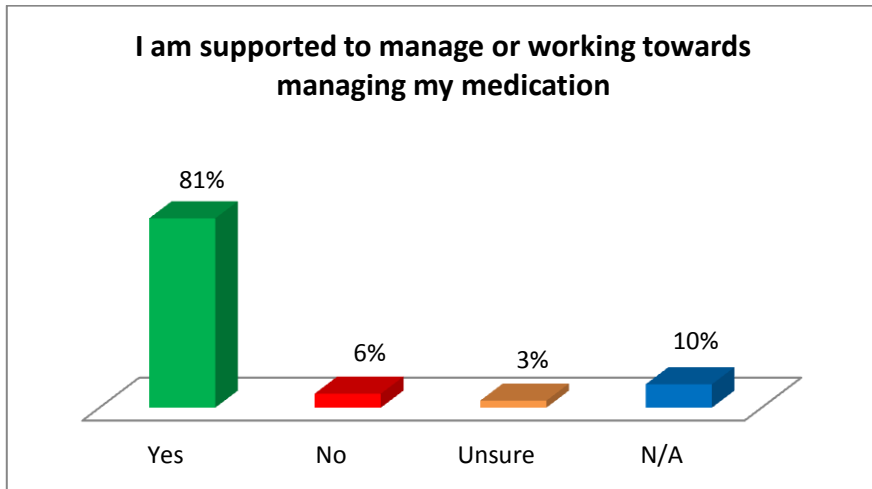
Bromley Flexible Support Service Survey Results



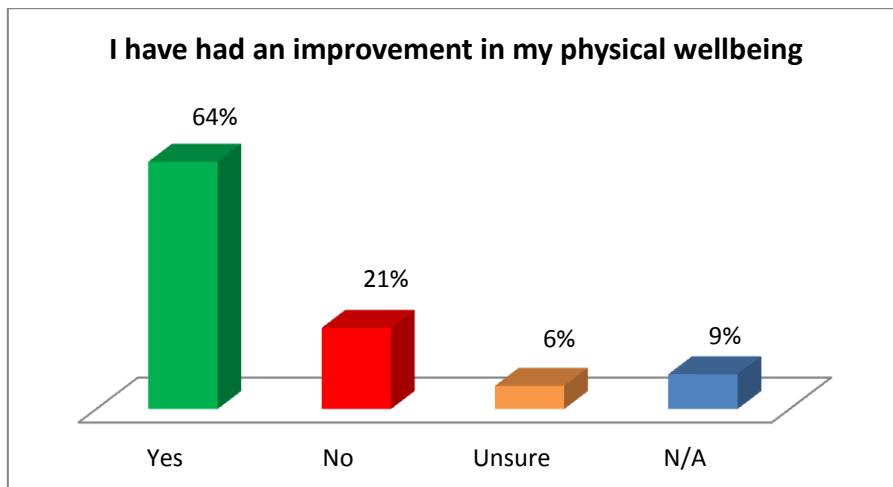


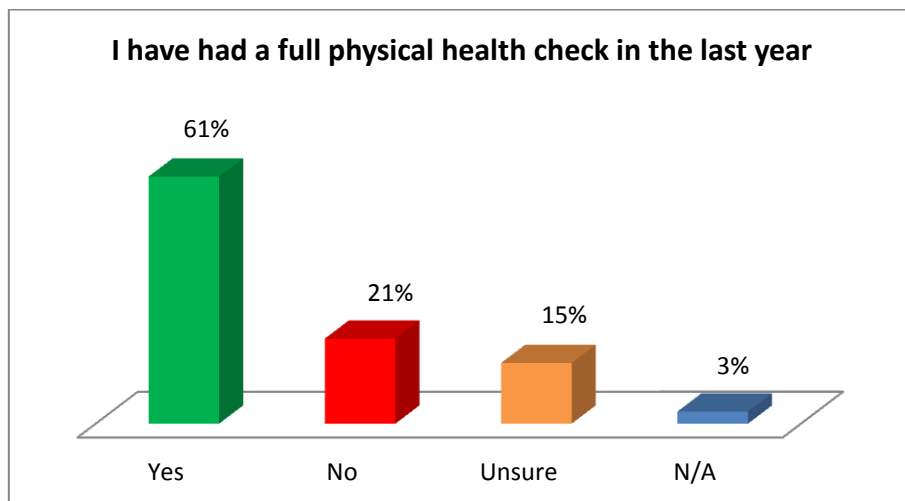
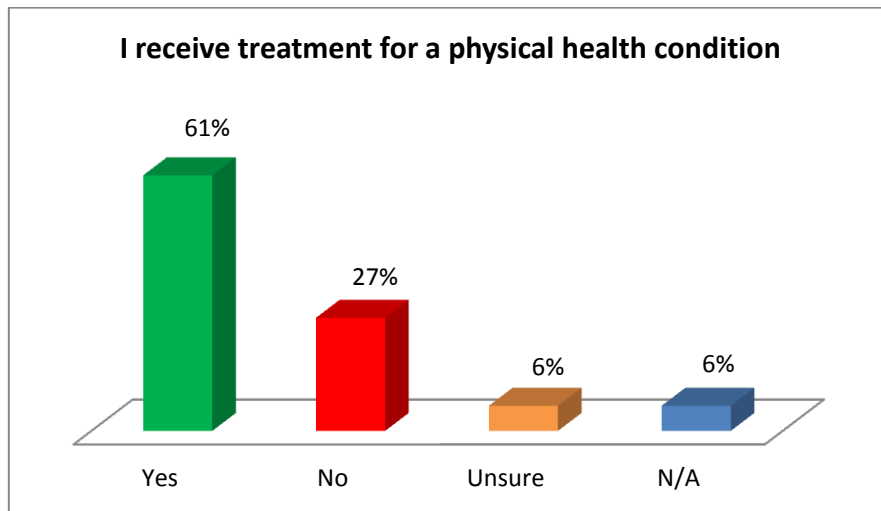
Please respond to the following statements about medication:



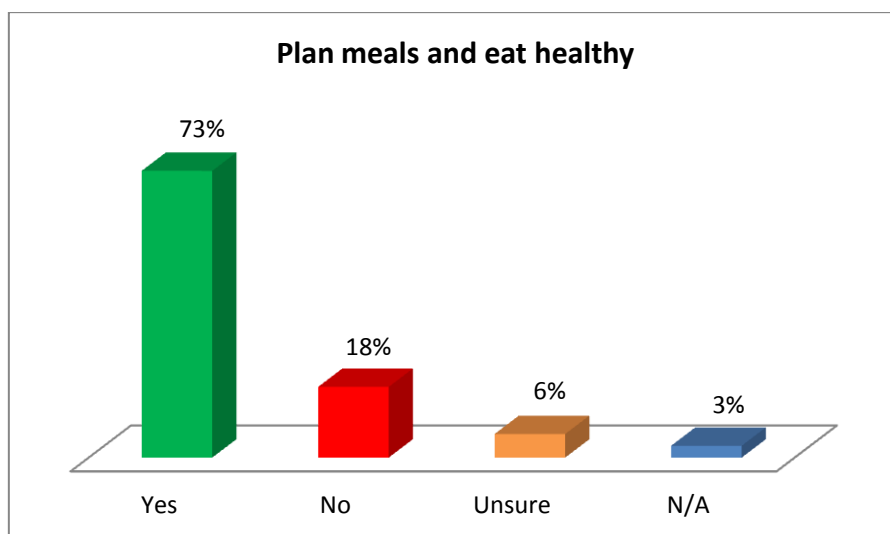


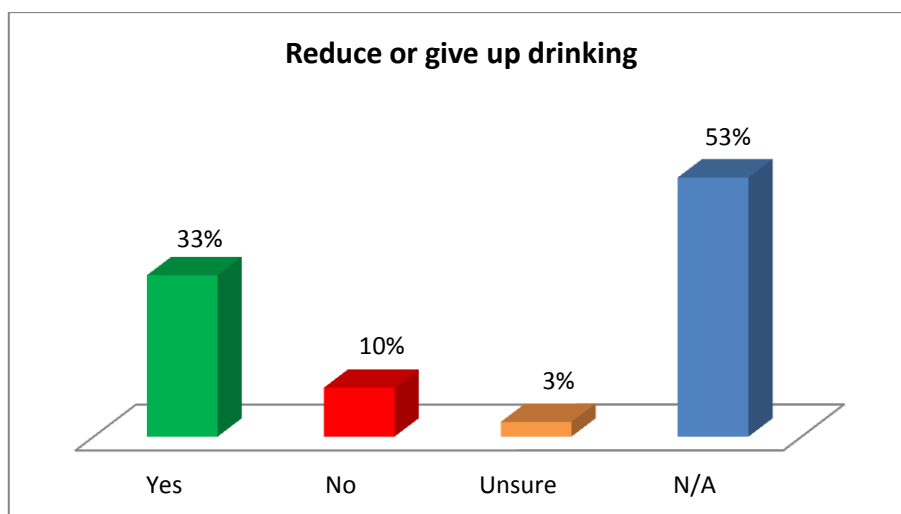
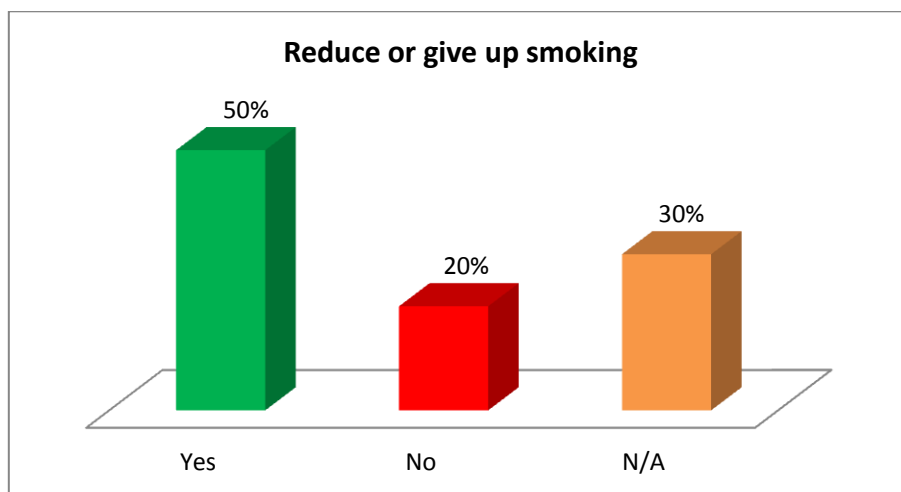
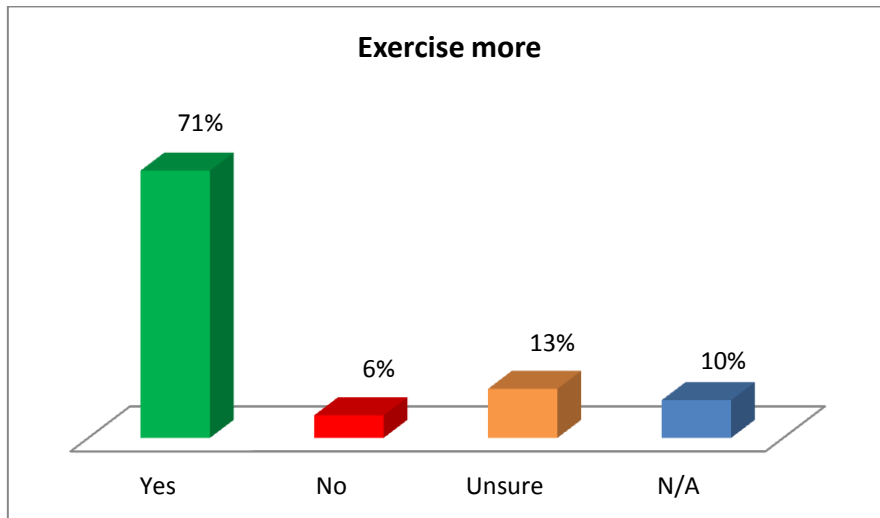
Please respond to the following statements about your physical wellbeing:

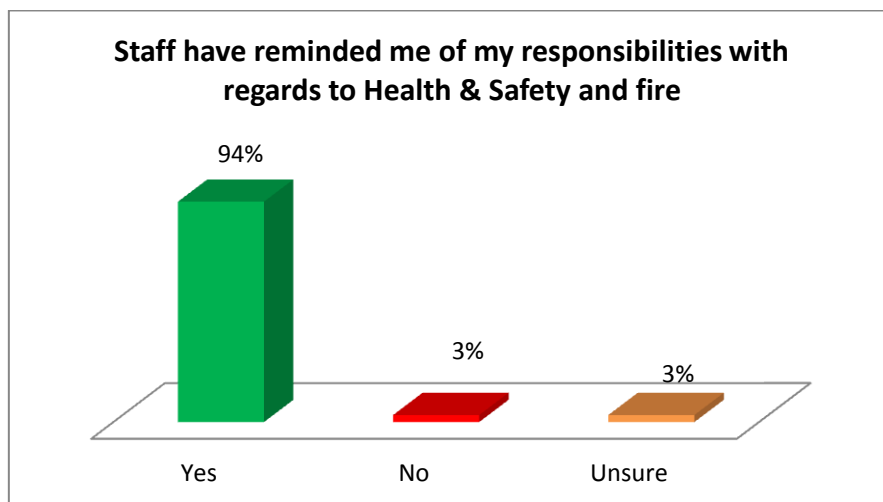
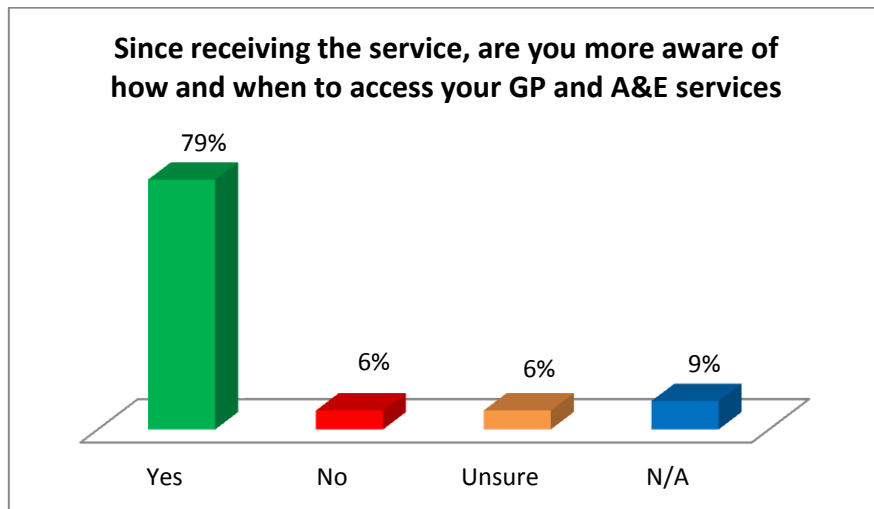




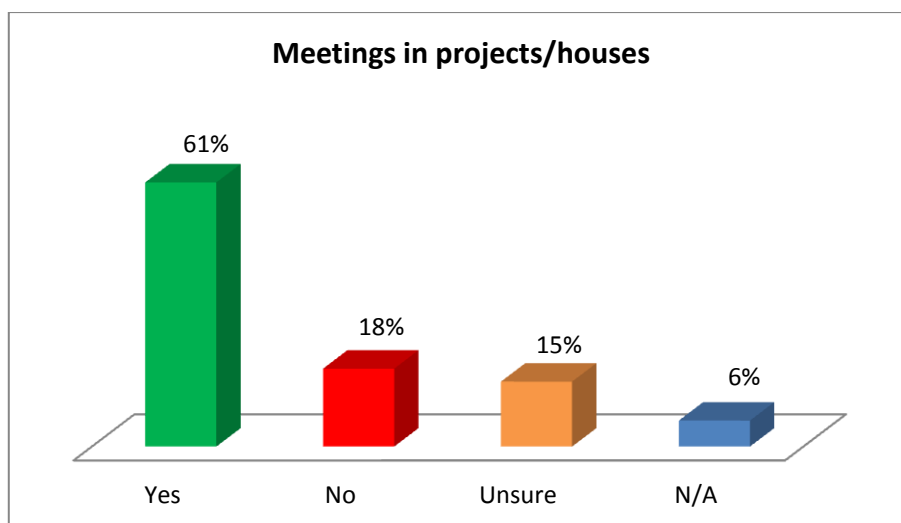
Do Community Options staff support you to manage your physical wellbeing by helping you to:

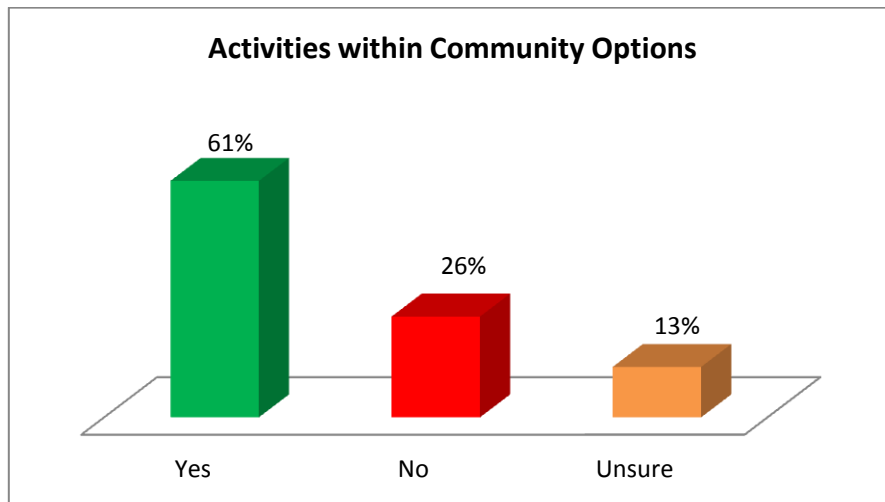




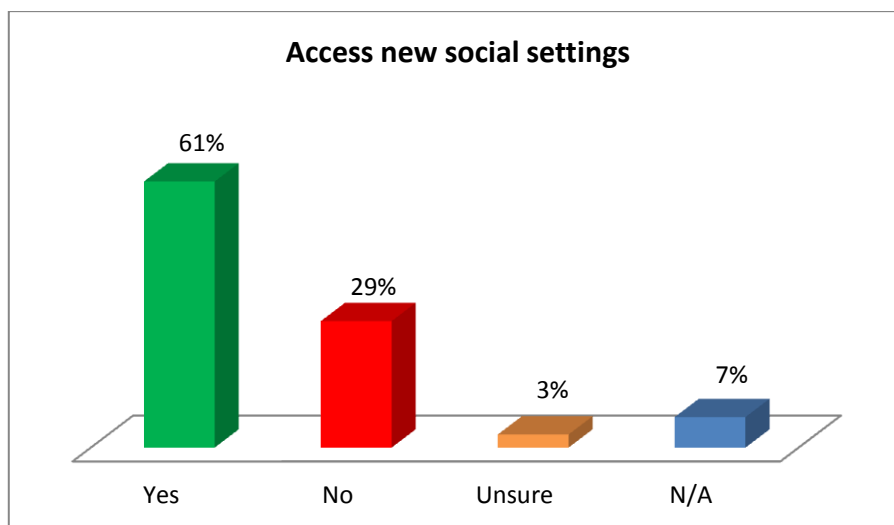
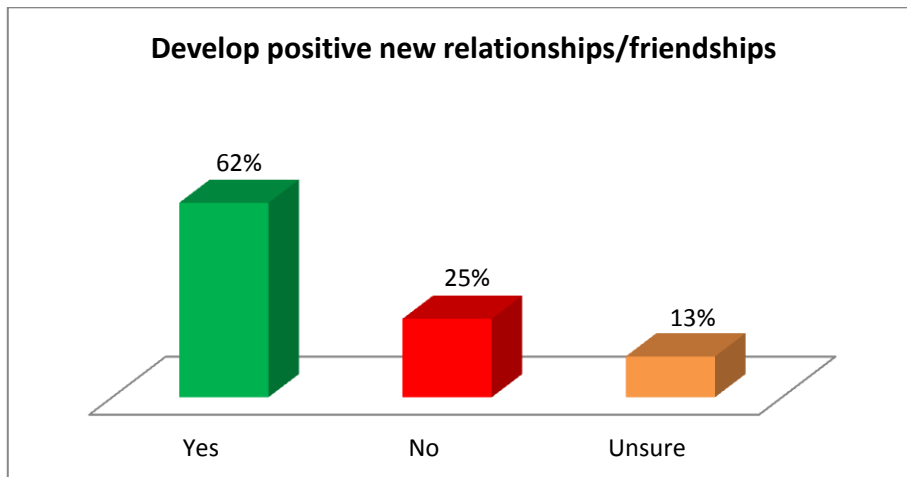


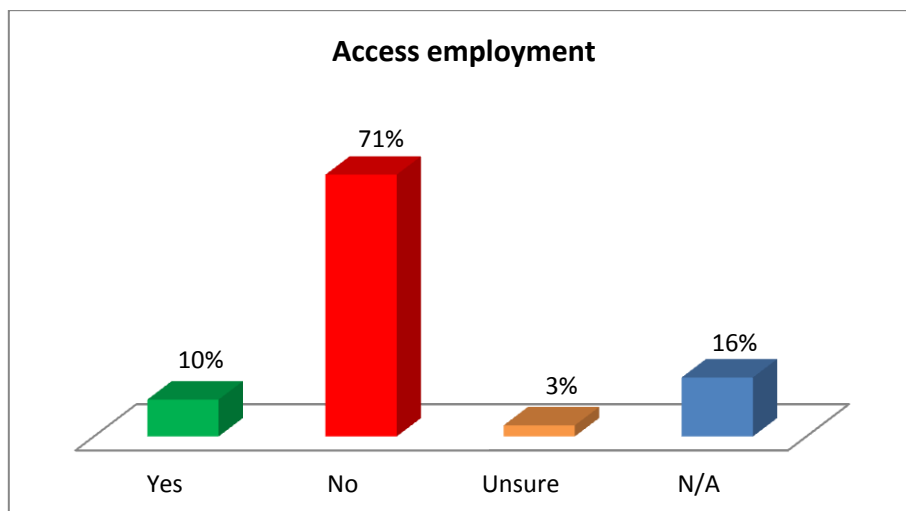
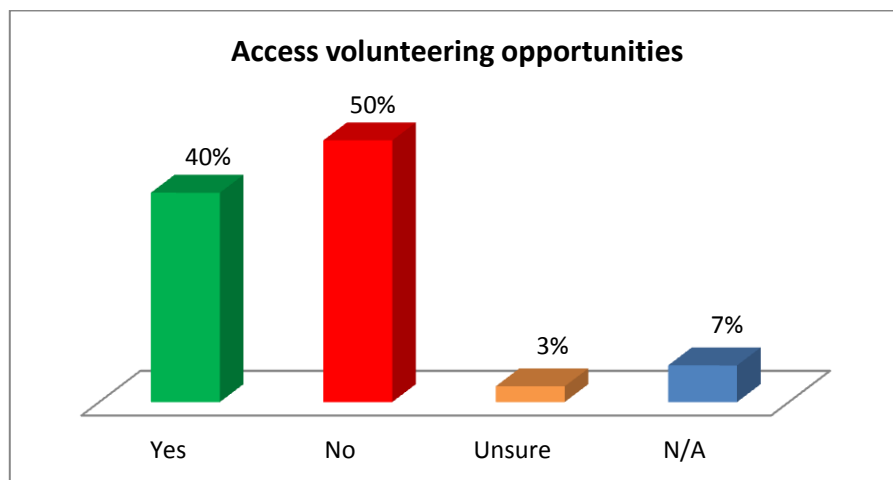
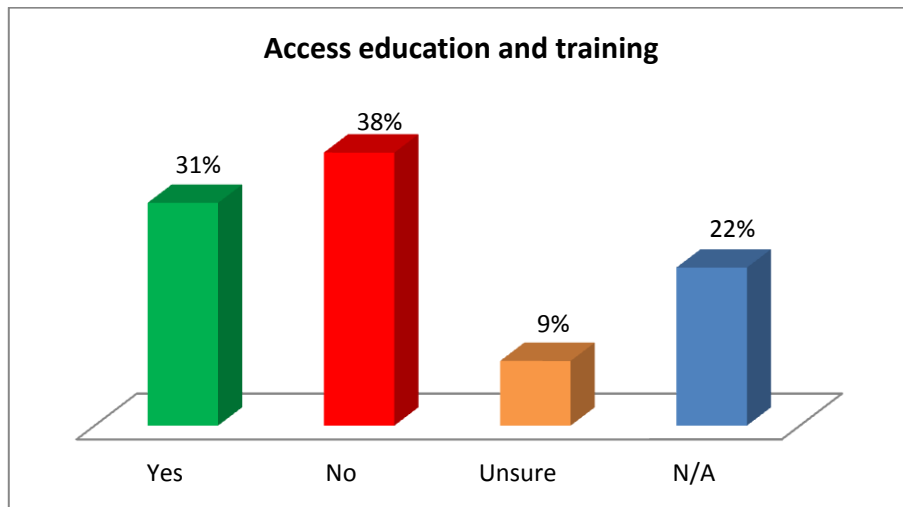
Has the support provided given you the opportunity to be involved in:

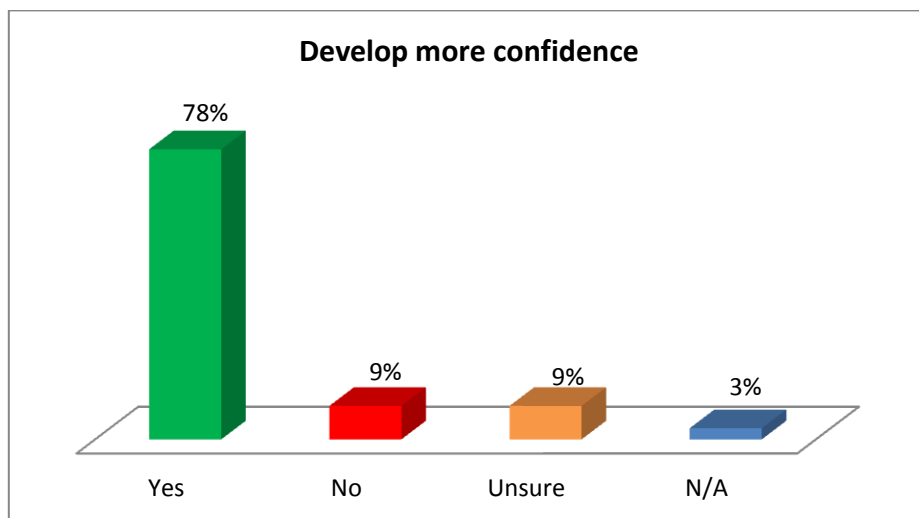
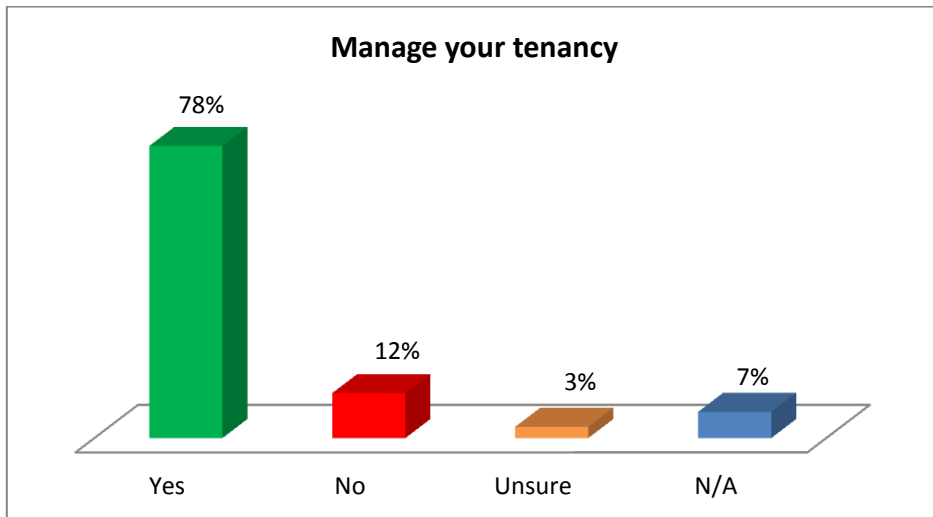
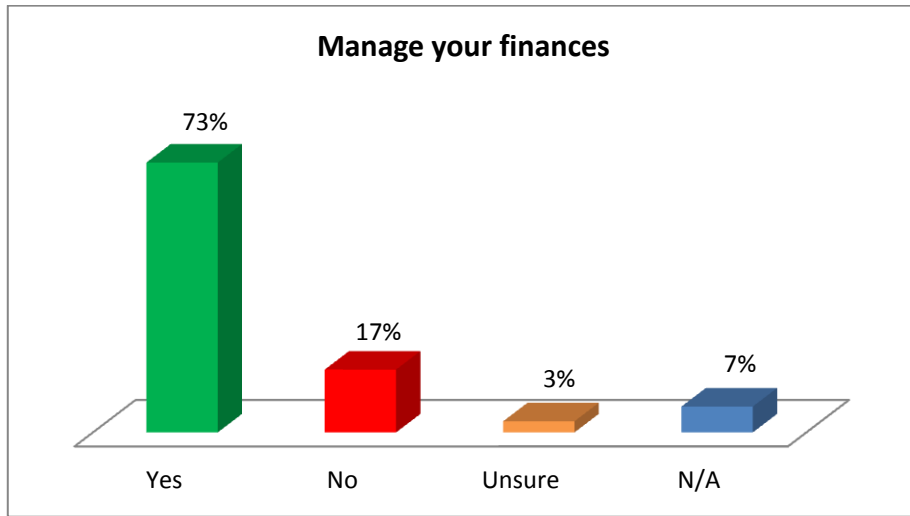


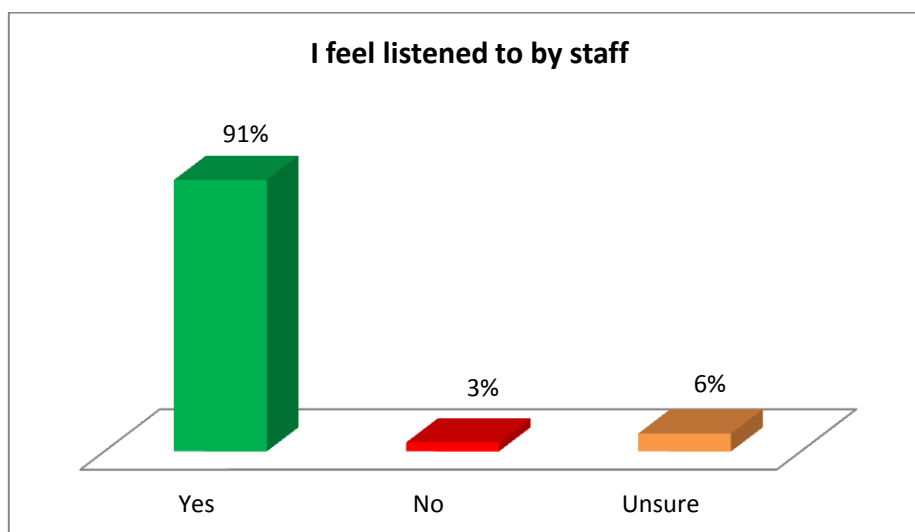
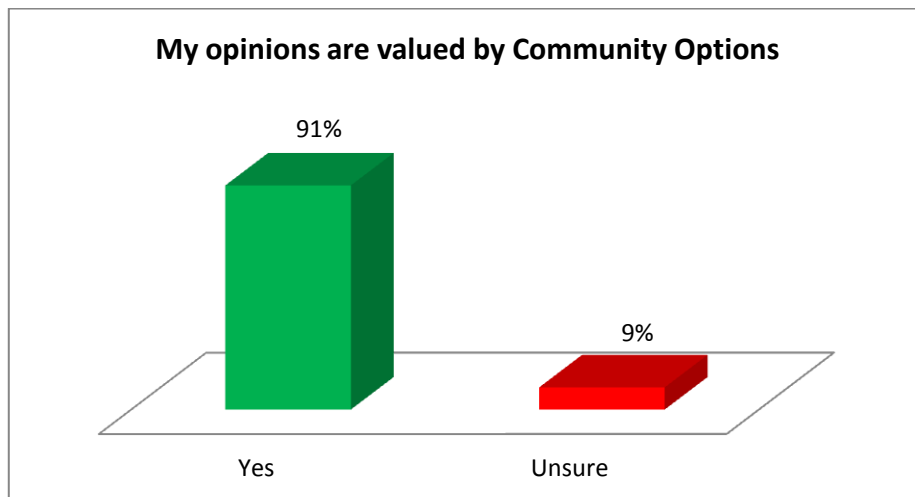
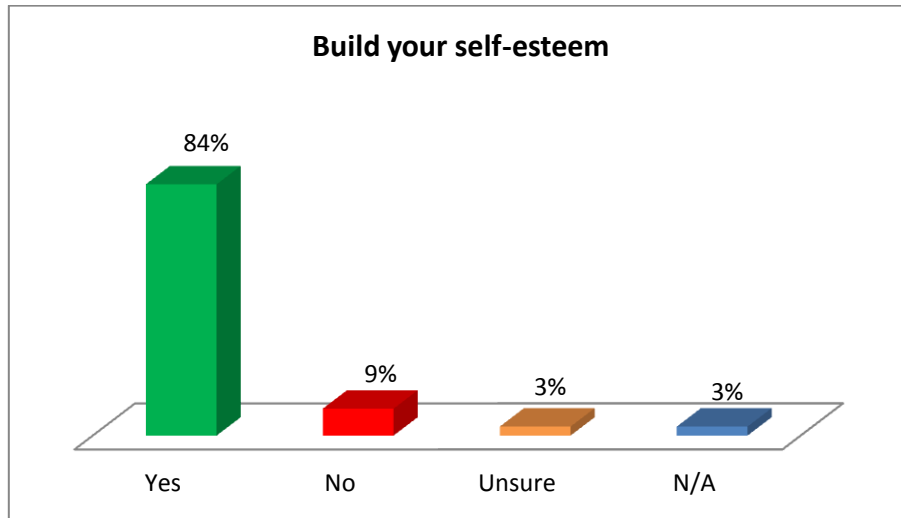


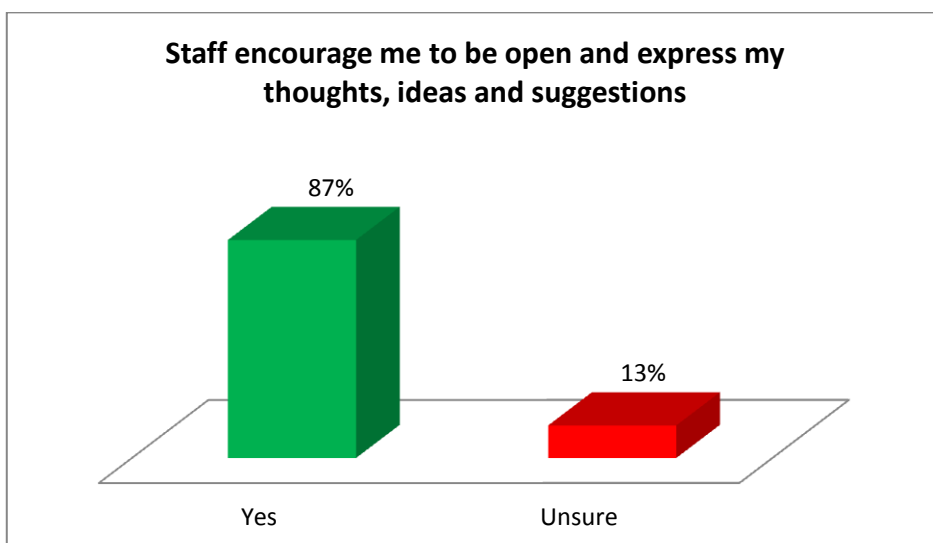
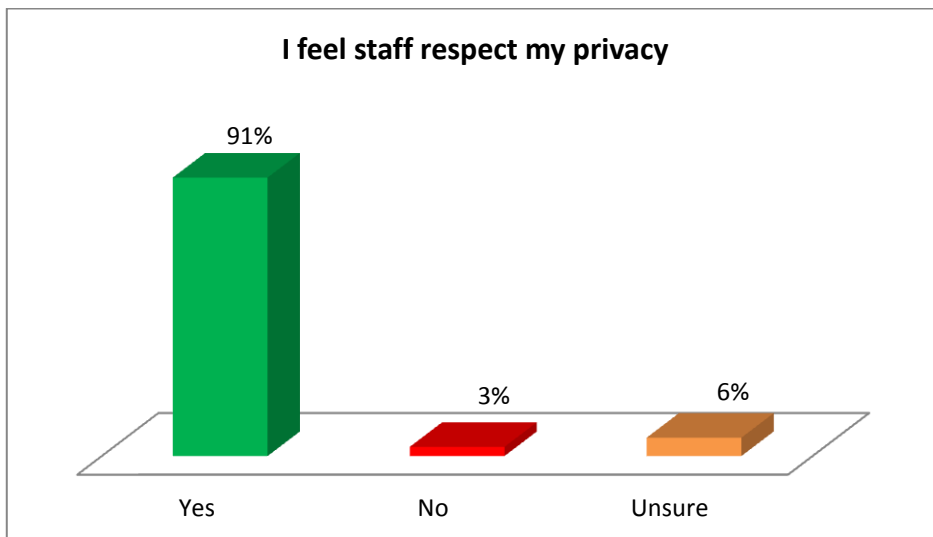
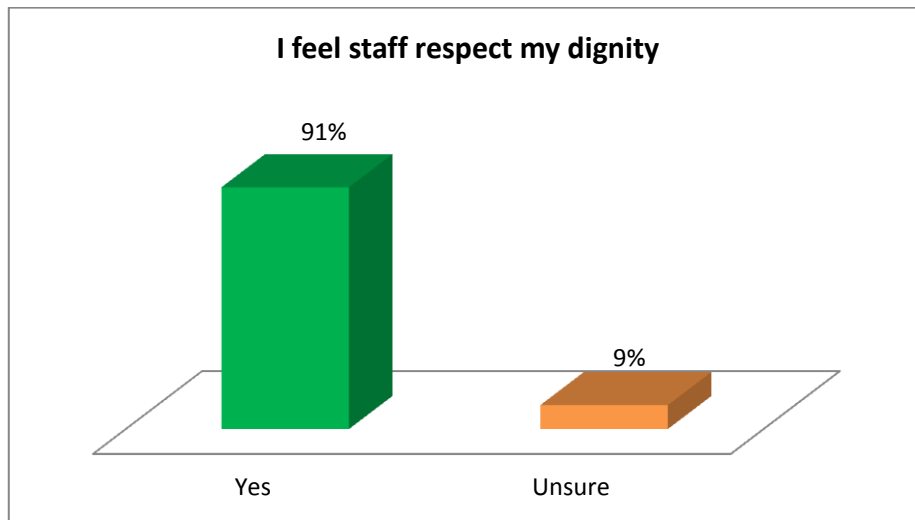
Has the support provided to you enabled you to:

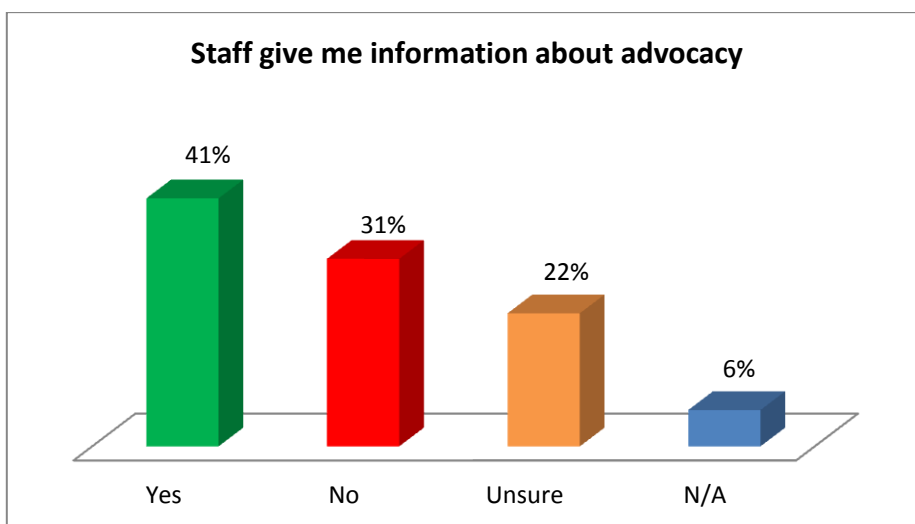
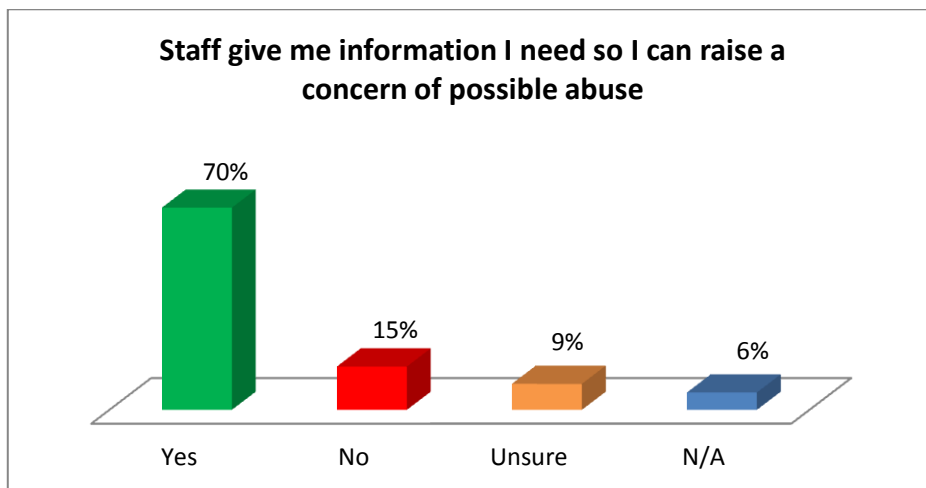
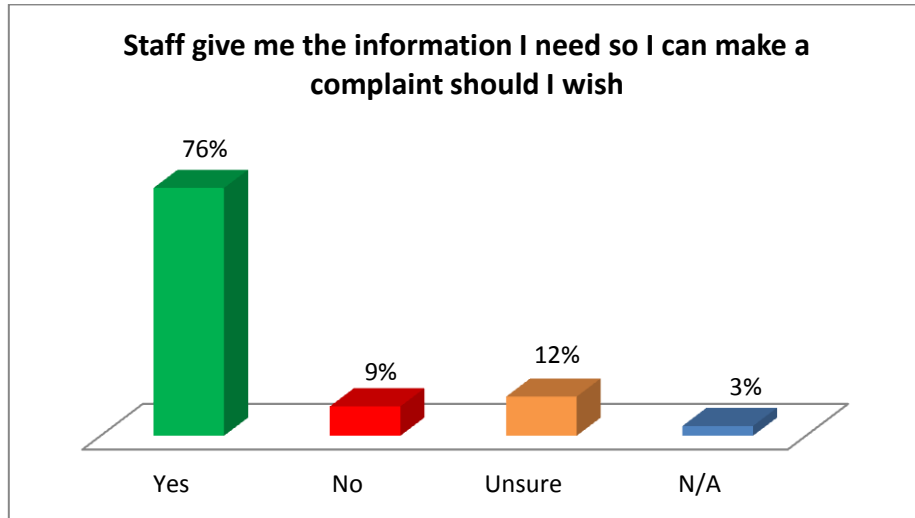


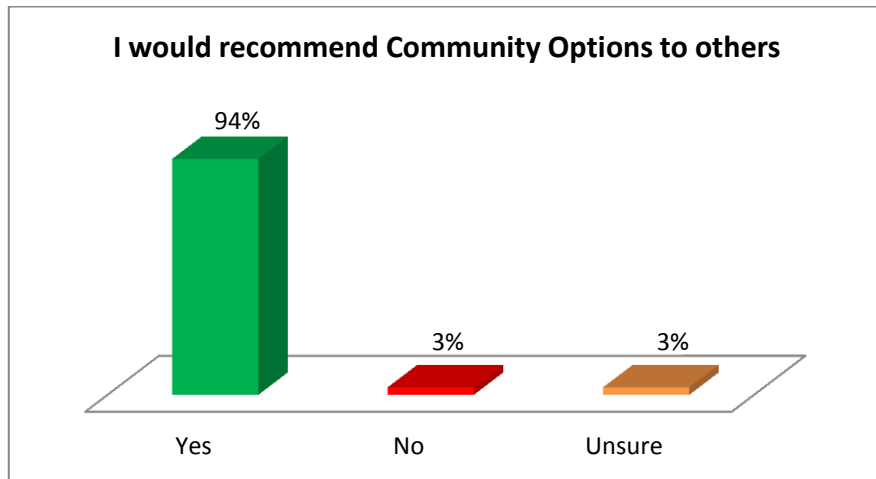
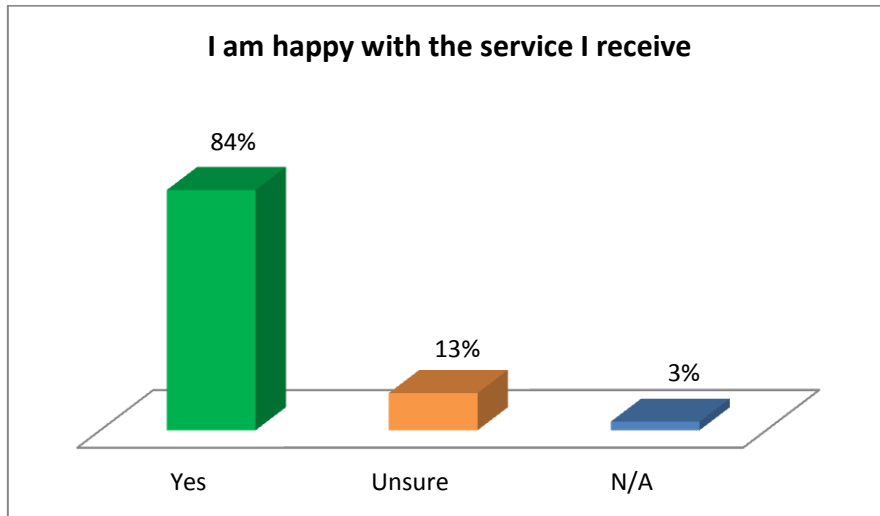


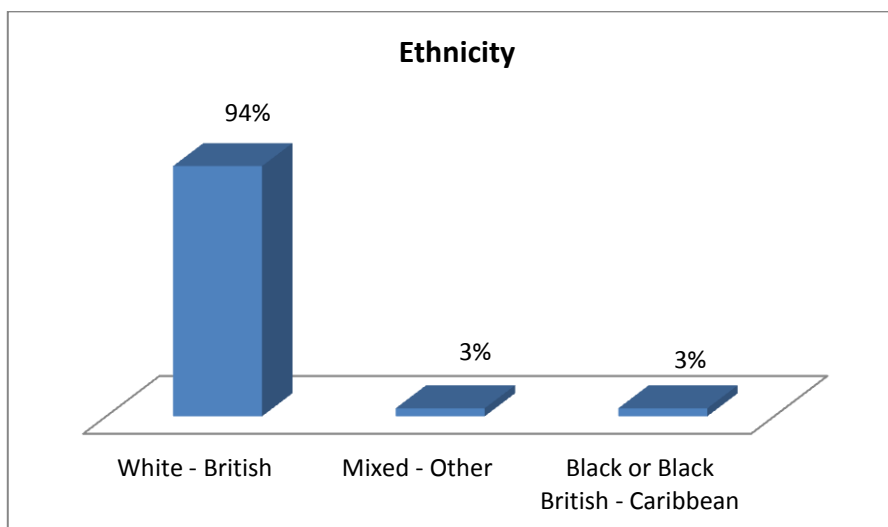
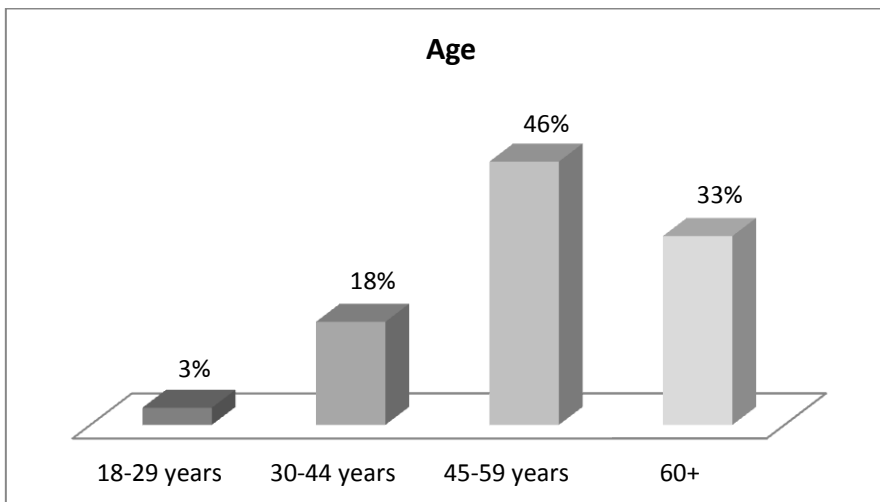
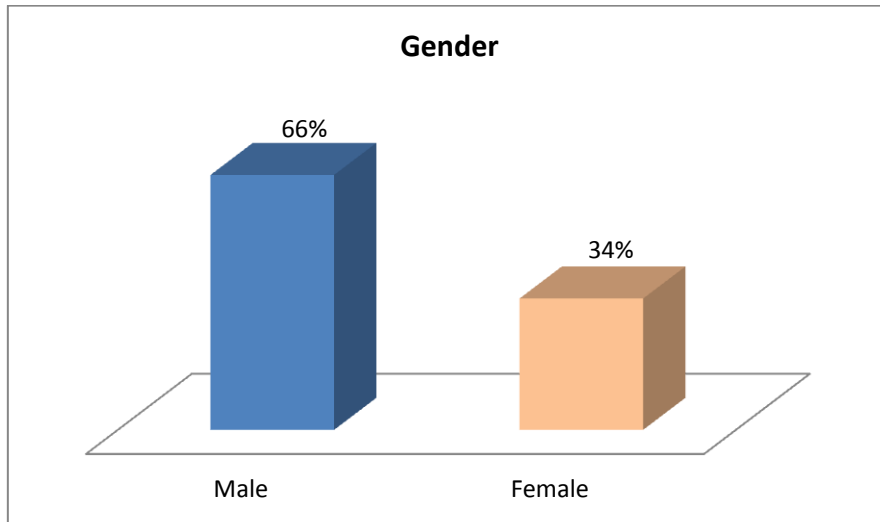












CASE STUDY:

CLIENT: K | Male | 52 |

Diagnosis: | Paranoid Schizophrenia

HISTORY:

K is a 52 year old man with a long history of being supported by mental health services. Approximately 1 year ago K's Mother died. He had a very close relationship with her and she provided K with a lot of support, particularly practical support with his activities of daily living. K's support, time and recovery workers raised concerns that his home environment had significantly deteriorated. It was also noted that K would often not be home for visits or wish to engage in any activity. Due to K's complexity, risks and poor engagement, it was identified that he would benefit from Occupational Therapy.

INTERVENTION:

At the initial stages of the Occupational Therapy assessment process for K all relevant documentation was reviewed and a joint visit took place with one of K's current workers. An Occupational Therapy report was completed highlighting K's main needs as low motivation, aspects of institutionalization, poor understanding of health and safety and neglect of his home environment.

To gain a more in depth understanding of K's current skills and occupational demands a MOHOST assessment was completed. A recovery star was completed demonstrating living skills and responsibilities as being areas where K appears 'stuck'.

K's care plan and suitable interventions were discussed at a professional's only meeting. The key outcomes were for K's visits to be amended to support the development of a meaningful productive routine, support to focus on improving the standard of his home environment and encourage K to take responsibility for attending to his domestic tasks. A new support plan, risk assessment, service agreement and task prompts were discussed and agreed with K.

Various techniques of Occupational Therapy were adopted when working with K to develop a successful therapeutic relationship and appropriately adapt activities to support his engagement.

OUTCOMES

K has become more actively engaged with the service and participation in activity during visits. The degree of support he requires has reduced as have his aborted visits, consequently his package of care reduced from 5 to 3 hours per week.

An evaluation MOHOST demonstrated notable improvements in K's motivation, routine and responsibility taking.

Effective working approaches have been handed over to ST&R workers continuing to support K and K has been discharge from the Occupational Therapy caseload.

Community Options is a subsidiary of the Heritage Care Group.

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Registered charity number | 1005994 | Company registration number | 2548974.