# A study of the effects of the Comprehensive Approach of Rehabilitation (CAre) on vulnerable people

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The goal of this study is to determine the effects of CAre on vulnerable people. The CAre method delivers care from the perspective of the homeless person. If CAre interventions result in an increased quality of life of marginal groups, it will be...

Ethical reviewApproved WMOStatusRecruitingHealth condition typeOther condition

**Study type** Observational non invasive

## **Summary**

#### ID

NL-OMON30844

#### **Source**

ToetsingOnline

#### **Brief title**

effect study CAre

### **Condition**

Other condition

#### Synonym

homelessness, marginalisation

#### **Health condition**

meervoudige psychosociale problematiek

## Research involving

Human

## **Sponsors and support**

**Primary sponsor:** Universiteit van Tilburg

Source(s) of monetary or material Support: smo-Traverse en fondswerving

## Intervention

**Keyword:** homeless, needs, quality of life, rehabilitation

#### **Outcome measures**

#### **Primary outcome**

The most important outcome will be the degree in which the CAre approach helps clients to achieve their rehabilitation goals. The validity and importance of these goals are first checked. After a year, we ask if they have achieved their goals and what merit it has had to them.

Another important outcome is quality of life. Quality of life is measured with the extended Dutch version of the Lancashire Quality of Life Profile (Van Nieuwenhuizen et al., 1998). This standardized interview includes both objective and subjective aspects (satisfaction with) of quality of life regarding living situation; free time; finances; family; security; health; affect; positive and negative self-esteem, achievement and framework. Of importance is also the way in which the care fulfills needs and wishes regarding housing. The questionnaire that will be used, has been recently developed for research among homeless people.

Finally, we make use of a CAre Fidelity questionnaire (Van Wijngaarden & Wilken, 2006). The degree in which social workers use the method will be measured on a scale from 1 (no fidelity) to 5 (maximum fidelity).

## Secondary outcome

Psychiatric problems and addiction are frequently observed within the homeless population. It is known from previous research that these directly influence the quality of life. Therefore a screening instrument is used to establish if there are problems regarding mental health or addiction. This screener has been recently developed at the University of Nijmegen in cooperation with IVO, for research among the homeless.

## **Study description**

## **Background summary**

Vulnerable people who have trouble coping with the demands of our society are more and more visible, especially in the large Dutch cities. Institutions who take care of those vulnerable people are challenged to increase their quality of life and their participation in society as full citizen. However, only few empirical-based interventions about the care for homeless people are available. A rehabilitation intervention developed for mental health care i.e. the Comprehensive Approach of Rehabilitation (CAre) adequately reflects the mission and vision of the care for the homeless. The CAre method is an integrated eclectic rehabilitation method that corresponds with the daily routine in the care for the homeless. Although rehabilitation is an empirical-based method, those methods have not yet been investigated in clients who depend on long-term care. This research project pertains to a quasi-experimental study regarding the effects of CAre method on (former) homeless people.

## **Study objective**

The goal of this study is to determine the effects of CAre on vulnerable people. The CAre method delivers care from the perspective of the homeless person. If CAre interventions result in an increased quality of life of marginal groups, it will be an important gain. Not only for the institutions who take care of the homeless, but especially for the homeless people themselves. The results can be used to increase the quality of care. The study also contributes to the understanding of vulnerable people and their living situation.

## Study design

The study has a quasi-experimental design with two conditions. The clients are followed one year and data is collected in three assessments. Randomization is unfortunately not possible because of the organization of the care in the institution in which the study takes place. Most clients have achieved a long-term relationship with their social worker.

The present study is a follow-up of a previous study. This study investigated the quality of life (Buitendijk et al., 2005) in 166 people at Traverse, an institution for homeless people. This assessment will be seen as the base-line measurement (T0) of the present study. In this previous study, the CAre method was implemented in the organization.

In the present study two assessments are conducted. At the start of the study (T1) and after one year (T2). Besides quality of life, clients will be asked about their rehabilitation goals, their needs for care and their wishes regarding housing. Rehabilitation workers will also be assessed on certain aspects (i.e. education, experience) and also the Care fidelity scale will be administered to determine the proper use of the method. The assessment encompasses the effect of extra training and education of rehabilitation workers on goals, quality of life, needs and wishes regarding housing of clients.

## Study burden and risks

The burden of the study for clients consists of three interviews. It encompasses a combined questionnaire about rehabilitation goals, quality of life, needs, and wishes regarding housing. Interviews take place at the start of the study and after a period of a year. Three test interviews have been conducted and the combined questionnaire takes about 45 -60 minutes. Moreover, clients reacted positive to this combined questionnaire.

In the second half of the study clients are asked to answer some questions regarding the CAre-fidelity scale. This will be the third interview. This section has recently (December 2006) been tested. An interview takes about 45 minutes and clients also reacted positive to it.

## **Contacts**

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## **Trial sites**

## **Listed location countries**

Netherlands

# **Eligibility criteria**

### Age

Adults (18-64 years) Elderly (65 years and older)

## Inclusion criteria

Cliënt of smo-Traverse Long term care A stable living situation Age 18 years and older Willing to coöperate

## **Exclusion criteria**

Not in care of smo-Traverse No stable living situation Age less then 18 years Not willing to coöperate

# Study design

## **Design**

Study type: Observational non invasive

Intervention model: Parallel

Allocation: Randomized controlled trial

Masking: Open (masking not used)

**Primary purpose:** Health services research

## Recruitment

NL

Recruitment status: Recruiting
Start date (anticipated): 13-08-2007

Enrollment: 128

Type: Actual

## **Ethics review**

Approved WMO

Date: 25-06-2007

Application type: First submission

Review commission: METIGG: Medisch Ethische Toetsingscommissie Instellingen

Geestelijke Gezondheidszorg (Utrecht)

# **Study registrations**

## Followed up by the following (possibly more current) registration

No registrations found.

## Other (possibly less up-to-date) registrations in this register

No registrations found.

# In other registers

Register ID

CCMO NL17003.097.07