The HUB: Connecting to Community

An evaluation of the implementation of a community-focussed programme in adult day services

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What people said about the HUB programme

"The programme is great, I feel great and I like mixing with the people in the group."
HUB Participant

"The HUB is very good; it's flexible, it's getting involved in things….it's freedom."
HUB Participant

"Time in here has helped me learn that I can live the life I want, that there were others in the same situation and others that had a harder time than I. It gave me a better outlook on life." HUB Participant

"More geared towards what people wanted, linking in with the community and knowing what is going on." HUB Participant

"Having said goodbye to FETAC, rigid timetables, unrealistic expectations and a paternalistic mind-set ("we- the staff – know best"), the atmosphere in the centre is more vibrant, there is more energy and excitement and a feeling is emerging of 'we're all in this together'. People appear visibly happier and I have observed participants to develop 'a spring in their step'." Staff member

"For the first time, I believe, the appropriate structures are finally in place in EVE through the mechanism of the HUB methodology to allow that (participants to "take control of their lives") to happen. It's wonderful to be involved in a service that encourages an empowerment process like this." Staff member

Acknowledgements

The HUB Evaluation Team would like to thank the participants and staff who were generous in their time and commitment and ensured this evaluation was completed. We would also like to acknowledge the support of the Slánú and EVE Management Teams. Their support for the development of the HUB programme over the two years is acknowledged and was greatly appreciated by the team.

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Background

In 2012, *New Directions, Personal Support Services for Adults with Disabilities*, the HSE's blueprint for adult day services, set out a new vision for reforming care and support for adults with disabilities in the community, echoing the core values articulated in the national mental health policy, *A Vision for Change* (2006). The aim was to create a new approach to day services that envisaged all the supports available in communities would be mobilised to ensure that people with disabilities have the widest choice and options about how to live their lives and how to spend their time.

At the heart of *New Directions* (2012) is a personalised approach which promotes the rights of people to have real choice and control over their day service in order to achieve their goals.

Preparing for change

In order to implement this national policy, EVE, as a provider of day services to over 1,400 people[1] annually in the community, completed a number of tasks deemed essential to inform our approach to service reconfiguration.

Organisationally, we committed to design and deliver a new style of day service that we would pilot in three pilot sites who were offering a traditional Rehabilitative Training programme to people with mental health difficulties.

In advance, a mapping exercise of EVE service supports, staff roles and job descriptions was completed onto the core values of *A Vision for Change* and the twelve pillars of *New Directions*. In addition, an extensive review of best practice literature relating to day service/rehabilitative training provision was undertaken. The review highlighted the following themes which informed the redevelopment of EVE's day services, as follows:

- Community Participation and Integration
- Staff Attitudes and Training
- Support in Housing, Education and Employment
- Partnership
- Information
- Choice
- Person-Centred
- Peer-Support
- Educating Employers

Scoping exercises were carried out with participants and staff of the three pilot sites to establish their expectations of the new model. On foot of these exercises, an initial draft programme model, aims and objectives were circulated for consultation. All feedback was taken on board and redrafts were circulated.

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[1] EVE currently provides services to 1,400 people (approx.) annually with mental health difficulties, learning difficulties, physical and sensory disabilities and people with Asperger's Syndrome.

In 2014, EVE commenced the formal process of transforming three of its Rehabilitative Training (RT) Centre services into flexible support services with a personalised approach in the community. The HUB was designed to replace existing RT/Occupational Service (OS) programmes and reconfigure services to support participants to live more meaningful and satisfying lives in the community. Services participating in the pilot traditionally ran RT programmes, delivered on site and offered opportunities for participants to complete in-house FETAC certification in defined areas. The change process has required adjustments to the ways in which programmes are delivered and the ways in which staff work.

This pilot programme, developed in partnership with staff, participants and external stakeholders, was called the HUB model. The HUB has been designed to provide flexible, personalised support that assists individuals define their own goals and ultimately developing their own life plans, claiming their citizenship and reclaiming their community in accordance with EVE's Strategic Plan. The HUB pilot commenced in 2014 and ran for a period of 12 months.

The EVE HUB model is underpinned by eight key principles:

1. Work in partnership;
2. Listen carefully;
3. Offer hope;
4. Give choice;
5. Work holistically;
6. Provide quality programmes;
7. Promote social Inclusion; and
8. Offer a voice.

Connecting with Community-recognising the challenge

National policy advocates for the rights of people with disabilities to integrate in their community and traditionally this has been described in the context of employment or other productive activity, independent living, and/or social activity. However, supporting people achieve this ambition poses challenges for service providers in various ways, ranging from participant abilities/capacities, participant/staff knowledge levels, transportation, risk management, staff attitudes, family/community resistance, funding, organisational policies and empowerment (Salzer & Baron, 2006; Kennedy, 1989).

Community integration is generally seen as a unifying concept providing direction and vision for community disability services. Bond et al. (2004) states that community integration is one crucial aspect of the mental health recovery process. The methodology adopted in developing the HUB model served both to explore and alleviate some of the

challenges, cited by Bond et al. As aforementioned, central to this process was a comprehensive mapping exercise examining staff roles and the HUB model requirements. From this emerged clarity that the effectiveness of the key worker role was critical in order to ensure that participants had a quality person-centred plan that was frequently reviewed and focussed on community engagement, as informed by a robust community mapping exercise.

The HUB model's ethos is a simple one: support participants claim their citizenship and connect with their community. Within the context of community, the HUB model aims for individuals with disabilities to have the opportunity to fully access societal resources, the opportunity to be employed, have a place to call home, opportunities for engagement in the community with family and friends and control over their own day, including which job or educational or leisure activities they pursue.

> *"The HUB is great because you are doing things in the community and not being isolated from the community. You are thought of more, it helps me cope and gives me hope."* HUB Participant

So what is a HUB?

The HUB is a tailored and dynamic programme that provides a range of meaningful activities and programmes. It is a person-centred service which supports and encourages individuals, over a two year period, to set and achieve personal goals. The HUB programme aims to build on existing community development structures which promote access for people with disabilities. Each service aims to develop programmes and links which promote the engagement and integration of people with disabilities into their communities.

Community integration is a pivotal tenant of this programme. The HUB focuses on getting participants out into the community to complete meaningful, life enhancing activities. The amount of time spent in the community is tracked. The goal is to have participants spending approximately 40-60% of time in the community. On average, a participant should be supported in their community, a minimum of 40% by the end of year 1 and 60% by the end of year 2. These may vary slightly per individual dependent on personal requirements.

The programme aims to support participants to access and actively engage with the people, resources and opportunities within their local and wider community; promote personal health and wellbeing and encourage the achievement of self-determined goals.

Accordingly, the HUB programmes overall goals can be defined as follows:

Goal #1   Claiming citizenship and connecting with community;

Goal #2   Increasing physical and mental wellbeing;

Goal #3   Achieving self-directed goals; and

Goal #4   Improving participant experience and programme satisfaction.

The programme content changes on a 17-weekly basis to respond to individual needs, as identified through the person-centred planning system, in the areas of life skills, community integration, exploring vocational and employment options, health and wellbeing, outreach and social activities. As a result, the HUB timetable offers a mix of empowering components (see Figure 1) developed to enable participants to be active and contributing members in the community.

HUB Components	Description
Community Access & Training for Continued Health (CATCH)	CATCH programme is a community-based programme, tailored to assist participants by helping them connect with exciting recreational and educational opportunities in the community. The programme focuses on developing skills that promote community integration and on abilities that allow individuals to become more self-reliant.
Life Skills (LS)	The Life Skills Programme is designed to coach/train participants, at their individual pace, to develop the skills needed to live independently in the community.
Participant Alliance Through the HUB (PATH)	PATH is a forum for various clubs and activities that occur within the HUB. What ultimately makes a successful alliance is that it is flexible to meet the needs of the participants, it is social in nature and it nurtures and supports the individual.
Link	The Link programme emphasises social and recreational activities to promote peer networks and reduce community isolation. It aims to engage past participants, who are socially isolated, by encouraging attendance for specific events/occasions without requiring formal commitment.
Outreach Support (OS)	Outreach support involves key workers and/or participants contacting participants, with their prior permission, at their homes/hostels/hospital to provide support, encouragement and to check in with those whose level of contact with the centre has diminished or who have been out of the centre more than usual.
Coffee Dock (CD)	A Coffee Dock is an integral part of the programme for participants whereby they can avail of refreshments and peer support or just to take time to relax and reflect. The running of the Coffee Dock is also a meaningful activity for participants.

Figure 1. HUB Module Components & Descriptions

Key Features of the HUB

The HUB:

- provides flexible delivery-demonstrating an adaptable approach to service provision according to participant needs;

- staff act as a resource to participants, working 'with' them, moving from being 'fixers' to facilitators';

- programme is dynamic and as such the prospectus is co-produced/co-designed every 17 weeks based on person-centred plans – participants are considered to be the experts on their own circumstances and capable of making decisions;

- gives participants a physical presence in the community;

- is enhanced by a Community Mapping process carried out during the programme; and

- facilitates self-discovery with the aid of person-centred plans and recovery action plans.

The HUB Development Process

The development of the HUB involved a rigorous process spanning two years, incorporating an extensive literature review, a scoping exercise and consultation process with participants and staff within EVE services on the design of the HUB in Figure 2.

Currently in Stage 5 of development, the reconfiguration of the HUB model is based upon the evaluation findings and subsequent roll-out to all remaining RT & OS sites within EVE, where appropriate. The construction and implementation stages of the HUB Model are presented in Figure 2 below.

Stage 1 Extensive literature review & mapping exercise of *New Directions* and *Vision for Change* on EVE roles (ref: job descriptions, job specification and personal specification of Grades IV, V & VI).

Stage 2 Scoping exercise carried out with all participants and staff within HUB pilot sites.

Stage 3 Consultation process with participants and staff within EVE services. Review of feedback received, redraft of HUB framework based on feedback, comments and suggestions. Circulation to all EVE sites.

Stage 4 Roll out of HUB pilot within three sites and completion of mid-point evaluation. Final evaluation and review of HUB pilot.
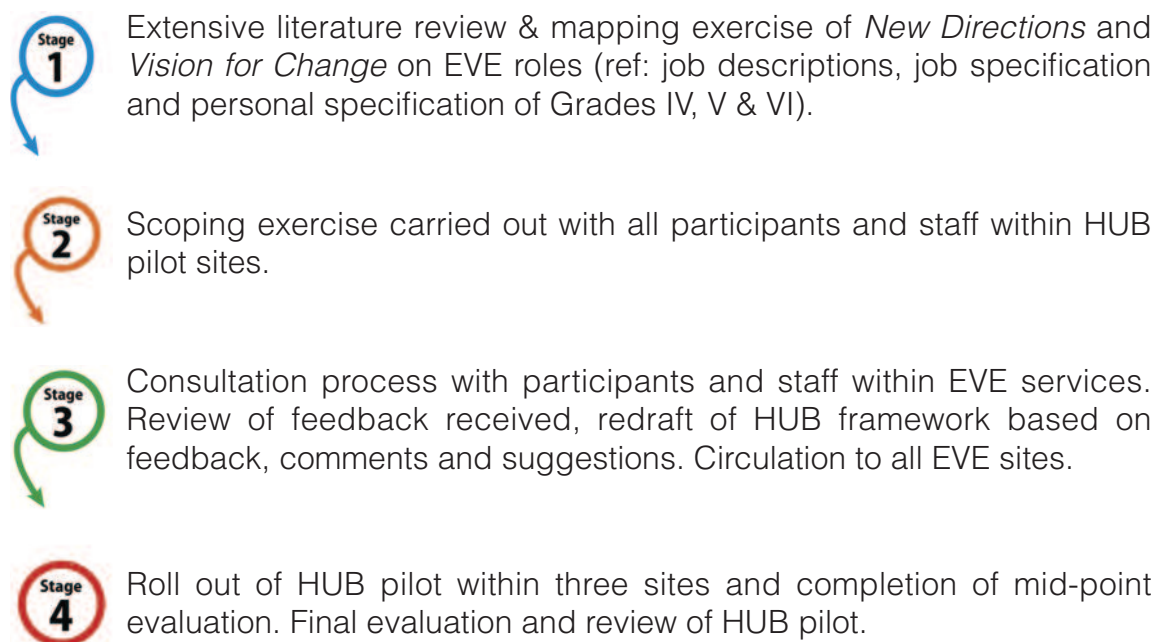
Figure 2. Staged development of HUB Model

Aims of the HUB Pilot Evaluation

The evaluation aimed to establish the effectiveness of the HUB model for people attending EVE services against the following programme goals:

- #1 Claiming their citizenship and connecting with their community;
- #2 Increasing physical and mental wellbeing;
- #3 Achieving self-directed goals; and
- #4 Improving participant experience and satisfaction with their programme.

The evaluation utilised a mixed methods approach to assess the overall impact of the HUB programme.

Methods

The scope of the evaluation included:

- determining the extent to which the HUB pilot achieved its objectives – i.e. the objectives relating to the service users, the service system and those pertaining to community;
- evaluating key outcomes for the participants who took part in the programme;
- monitoring and review of programme implementation through engagement and consultation with staff members and managers;
- evaluating the impact of the programme on the centre; and
- reviewing the success of the HUB as a viable and useful model, warranting further roll-out.

A mixed methods, multi-modular approach was employed, using a combination of focus groups, interviews and questionnaires. As a result, information was gathered from participants, staff and managers, in the three sites, in the form of both quantitative and qualitative data. See Figure 3 for an outline of the evaluation modules.

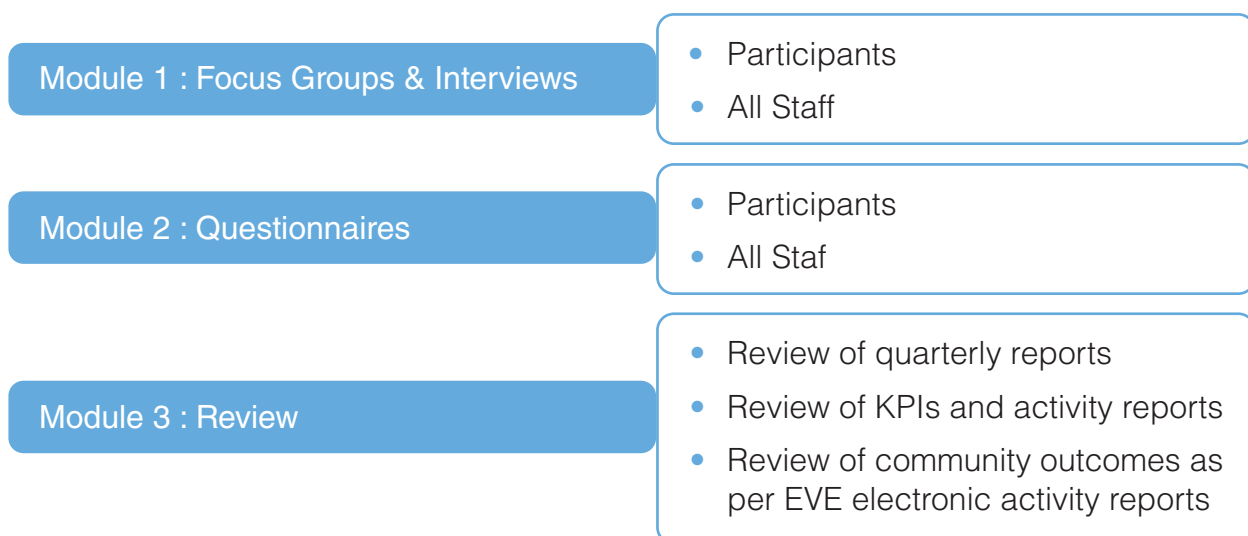| Module 1 : Focus Groups & Interviews	• Participants • All Staff
Module 2 : Questionnaires	• Participants • All Staf
Module 3 : Review	• Review of quarterly reports • Review of KPIs and activity reports • Review of community outcomes as per EVE electronic activity reports

Figure 3. Outline of multi-modular study design and participant categories

Key Findings

Sources of data include those drawn directly from the programme, from surveys completed by managers (n=6), staff (n=19) and participants (n=136) and focus groups conducted with participants (n=8) and staff (n=6) (see Table 1).

Table 1. Overview of the Sources of Data

Programme Data	Survey Data	Focus Groups
Reviewed the number of participants on site and those involved in community activities and education via the EVE electronic activity reports.	**Mid-Point Evaluation:** 73 participants completed and returned the HUB evaluation questionnaire. **Final Evaluation:** 63 participants completed and returned the HUB evaluation questionnaire, leaving a shortfall of 10.	**Mid-point Evaluation:** 51 participants (out of 73 or 70%) took part in four focus group session. **Final Evaluation:** 49 participants (out of 73 or 67%) took part in four focus group sessions.
Reviewed the number of different participants who attend during the month, numbers attending per day and staff to participant ratios via the EVE electronic activity reports.	**Mid-point Evaluation:** 13 staff members completed and returned their questionnaires. **Final Evaluation:** 13 staff members completed and returned their questionnaires, however one questionnaire was not fully completed.	**Mid-point Evaluation:** 12 staff members took part in 3 focus group sessions. One staff member was on leave. **Final Evaluation:** 10 staff members took part in 3 focus group sessions. 3 staff were on leave.
Reviewed areas of participant concern and status updates on service plan goals via quarterly service reports.	**Mid-Point & Final Evaluation:** Three managers completed their questionnaires.	**Mid-point Evaluation:** 2 managers took part in the focus group sessions. **Final Evaluation:** 1 manager took part in a focus group session.
Reviewed updates on centre/participant activity levels via the KPIs and activity reports.	136 participant questionnaire responses were reviewed alongside six manager questionnaires and 19 staff questionnaires (mid-point & final).	14 focus group sessions were completed with responses recorded of 125 individuals in total (mid-point & final).

Profile of Participants and Staff

Participants. A total of 136 questionnaire completions by participants were recorded. Of these, none were incomplete. These completions were composed of 73 participants who completed the mid-point questionnaire, of whom 63 subsequently completed the final (12 month review) evaluation. In addition, 51 participants took part in focus groups (n=4) for the mid-point evaluation and 49 individual participants took part in the focus groups (n=4) for the final evaluation. Numerical Profile of Participants and Staff Responses (n=144, 136 questionnaires and 8 focus group findings) were analysed.

Staff. 14 staff members (including two managers) participated in focus groups for the mid-point evaluation (n=3) and 11 staff members (including one manager) for the final evaluation (n=3). 13 staff members completed individual questionnaires for both the mid-point and final evaluation stages. Of these, one staff questionnaire was incomplete. Numerical Profile of Participants and Staff Responses (n=29, 25 questionnaires and 4 focus group findings) were analysed.

Demographics

Demographic information on all 73 participants is outlined overleaf. The large majority of respondents were born in Ireland (99%) and one person originated from Lithuania (1%). The participants' ethnicity was entirely white (100%). Most respondents described themselves as *'attending the programme full time'* (86.3%) with others *'attending four days per week'* (12.3%) or *'attending three days per week'* (1.4%). Table 2 shows further respondent demographics.

Table 2. Participant Demographics

Variable	Categories	n	%
Age	18 - 25 years	1	1%
	26 - 35 years	6	8%
	36 – 45 years	22	30%
	46 – 55 years	25	35%
	56 - 60 years	11	15%
	61 years+	8	11%
Gender	Male	44	58%
	Female	29	42%
Ethnicity	White	73	100%
Country of Origin	Ireland	72	99%
	Lithuanian	1	1%
Level of Education	No formal education/training	1	1.4%
	Primary education	15	20.6%
	Lower Secondary	24	32.9%
	Upper Secondary	20	27.4%
	Technical or Vocational	6	8.2%
	Advanced Cert/ Apprenticeship	5	6.8%
	Higher Certificate	2	2.7%
Attendance	Full time (5 days/week)	63	86.3%
	Four days/week	9	12.3%
	Three days/week	1	1.4%

Goal # 1: Claiming Citizenship and Connecting with Community

Based on the feedback captured from the three locations, throughout the evaluation period, the HUB was viewed, by the majority of respondents, as successful, exciting and rewarding. Freedom of choice and opportunities to engage in a variety of community activities were identified as key characteristics of the HUB.

In all three locations, community participation via the CATCH module increased from an initial 30% in one location to 100% by the end of the pilot. In the remaining two sites, it increased from 70% and 83% (mid-point) to 92% and 86% (final).

Sub-themes emerged which indicated that time and support had been given to participants to facilitate community engagement and activity. The impact of participant community engagement was a key feature and was recorded on centre information boards, in PCPs and at key worker meetings etc. Communication with external stakeholders was key and community mapping was essential.

Representative quotations from participants and staff for the sub-themes of Goal #1: *Claiming Citizenship and Connecting with Community* are set out overleaf and illustrate their range of perspectives. In addition, the range of community-based activities that participants engaged in are outlined in Appendix 2.

Goal # 1: Claiming Citizenship and Connecting with Community

Offers choice / freedom	*"Being treated like an adult and being accepted."* HUB Participant *"The programme is more geared towards what people want, linking us into the community and offering what we want and need."* HUB Participant *"I really value reducing social isolation and finding ways to socialise and integrate in the community."* HUB Participant
Time and support given	*"Staff are here to help…if you ask for help, it's there."* HUB Participant *"Participants, staff and local teams seem to be happy that we have time to engage more with the participant's real needs in the community."* Manager *"I think it is good that staff have the time freed up to concentrate on the important supports that participants require, on a fortnightly basis through key worker meetings instead of delivering FETAC."* Manager
Community outcomes	*"Being able to get a part-time job and still access the centre is a great opportunity."* HUB Participant *"I have now got a job thanks to the centre and Employability."* HUB Participant
Link Programme	*"The Link programme will be good for me; it will ease my transition to the community and leaving here (the centre)."* HUB Participant
Communication links	*"Building our links with other agencies is very positive for me, as the community has so much to offer."* Staff *"I feel that we have achieved a lot in relation to our networking with other agencies in the community."* Manager
Community Mapping	*"Surprised that people took to the community so well, their enthusiasm and the commitment, e.g. CATCH mapping, willing to get involved in everything, especially the community."* Staff
Impact of community engagement assessed	*"I assessed the impact of community engagement via feedback from participants."* Staff *"Portfolio of community activities now displayed in the centre, participants are availing of same."* Staff
Community Integration	*"Community engagement in external classes has been maintained throughout and are increasing all the time."* Staff *"The community integration concept is the best aspect of the HUB for me, as it makes some people much more self-sufficient and comfortable in their own communities."* Manager *"Participants are now actively engaged in promoting community participation, which is a new thing to the centre."* Manager

Goal # 2: Increased Physical and Mental Wellbeing

Promoting the value of physical activity to ensure health and wellbeing was a key focus in the design of the HUB model. Walking groups and clubs proved popular during the pilot with many reporting these benefits as personal outcomes. In drafting EVE's Strategic plan (2014-2018) and the HUB Model, EVE incorporated Healthy Ireland's (HSE, 2015) vision where *"everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone's responsibility."* (Healthy Ireland, 2013, p.5).

Motivational interviewing, one of the most common therapeutic strategies used to initiate behaviour change, was introduced as part of the pilot. Staff were trained and supported with follow-up coaching to enhance their skills to deal with new ways of working with participants. As a capacity-raising initiative, the majority of staff indicated that this was hugely beneficial to them and additional training and support in this area would be welcomed.

The social aspects of physical activity can also act as a powerful incentive, with evidence (Taylor et al., 1985) to suggest that interventions that provide social support are effective in driving behaviour change, either through social networking or through peer-to-peer interaction. This was borne out during the pilot programme.

The pilot programme assisted with increasing physical activity in a number of ways:

1. leisure time activities were done in periods of time outside of the centre. Sport participation was encouraged via different HUB-led social groups where participants engaged in physical activity (e.g. walking groups, fishing groups, dancing or community gardening). These were started within the centre and the group now carries out its activities in the community as opposed to in the centre, while other participants, in their own time, are accessing similar programmes in their local community.

2. the centre encouraged walking or biking to the centre, or going about daily activities, in their own time, such as shopping as a way to maintaining an active lifestyle.

3. an active living style programme was introduced as a way in which exercise was fully integrated into daily activities through HUB time. This was done in various ways: through leisure-time activity, e.g. walking to library for course.

Feedback from the pilot suggests that the programme assisted in increasing mental health/wellbeing in a number of ways:

1. improved mood, reduced symptoms of stress, anger and/or depression. This was achieved in many ways, for example, individual timetabling, community inter-action, key worker support, the introduction or health & wellbeing modules and physical activity.

2. some participants stated that their anxiety had been alleviated due to taking part in the HUB pilot programme.

Representative quotations from participants and staff for the sub-themes of Goal #2: *Increased Physical and Mental Wellbeing* are set out overleaf and illustrate their range of perspectives.

Goal # 2: Increased Physical and Mental Wellbeing

Programme Choice	*"I love the HUB programme. It has made me a better person in myself and there is so much to choose from and I love the centre."* HUB Participant *"I have a choice of courses, which has been beneficial to me."* HUB Participant *"The ability to go to the centre and study at the same time. I am at the moment starting to look for a part-time job and continuing my study."* HUB Participant
Physical Activity	*"Being active and in a routine has been good for my mental health."* HUB Participant *I am doing dancing in the community on Monday evenings. Altogether, I have found the programme fantastic. It has really changed my life for the better."* HUB Participant
Mental Wellbeing	*"I have found my voice, I feel less anxious and would not be alive today if it was not for the centre."* HUB Participant *"Number of people returning to hospital is far less than was previously."* Staff
Leisure Activities	*"I enjoy the walking group. It gets me out and about and improves my self-esteem."* HUB Participant *One person discovered that they like swimming, they found out the times and discovered a discount rate for their age group. They then started swimming every week. This really enhanced their self-confidence, health and wellbeing."* Manager
Active Living	*"There is a visible change in attitude, mood and confidence of participants."* HUB Participant *I am now meeting up with people outside the centre at weekends to do activities."* HUB Participant

Goal # 3: The Achievement of Self-Directed Goals

Goal-setting helps us determine our priorities, get organised, make big decisions, and realise our dreams. The HUB pilot programme was designed to support goal-setting activities and was underpinned by regular key working meetings and frequent person-centred planning meetings. Feedback suggested they were essential to facilitating the goal-setting process. The person-centred planning process involved listening, joint problem solving, coaching, sharing ideas, and seeking feedback. Key-working was integral to this process. Key workers worked with the person to awaken dreams and aspirations. Key workers also used knowledge of past and current individual strengths, as well as community resources to assist people in making steps toward achievement. This process was ongoing to make sure each person was supported towards their personal goals, even as they evolved and changed.

The ultimate aim was to understand what each individual person wanted and needed to live their own, personally defined, good life…..'their life, their way'. Participants were supported in this way to maximise their potential. Participants reported that the HUB programme focused on their ability as a person and not their inabilities. Many indicated that it built on their existing skills, increased their capacity and increased and improved their independence. By setting goals and reviewing them frequently via key working meetings, they were able to realise their own potential and to build bridges to required supports.

An example of a participant's achievement of self-directed goals was as follows: a participant from one of the HUB pilot sites gradually built up to attending four days a week. This individual was not interested in getting a job, as they had a long history of working, and did not wish to return to the world of work. Through the key-working process and engaging in the person-centred planning process, they began to set small attainable goals initially, for example, they started driving again, then purchased a car. With the support of the HUB, the participant completed several social activities, health and wellbeing and social courses in the community during the daytime and evenings, took part in job shadow initiatives, registered for voluntary work and and at the time of evaluation was volunteering a number of days per week.

Representative quotations from participants and staff for the sub-themes of Goal #3: *The Achievement of Self-Directed Goals* are set out overleaf and illustrate their range of perspectives.

Goal # 3: The Achievement of Self-Directed Goals

Achievements	*"I've learnt the skills to live a good life with the tools to overcome all life's hurdles."* HUB Participant *"I'm more confident and more outgoing."* HUB Participant *"I have facilitated Art & Knitting classes, found this to be a great experience, great motivator and has improved my confidence."* HUB Participant *"Any participants who have previously taken the summer months off from the programme (term time) are now doing voluntary work via community integration."* Staff
Person-Centred Planning	*"Setting and achieving my gaols was the most satisfying aspect of the programme for me."* HUB Participant *"Carrying out PCPs and realising all that participants are doing and are involved in/with, sometimes we forget about all these things."* Staff *"Participants met with their key worker to review the previous 12 weeks and set goals for the next 12 weeks. The programme has been largely driven by this feedback."* Manager *"I feel that the programme can be suited to the person themselves and when this is done in conjunction with the person's individual person-centred plan it can contribute greatly to their self-worth, purpose and confidence."* Manager
Outcomes	*"I facilitated classes during my time in the centre, I helped people and it made me feel more fulfilled."* HUB Participant *"Gained more awareness of my mental health."* HUB Participant *"I wouldn't have had the confidence to do this (volunteer work) only for this programme."* HUB Participant *"Completed quarterly evaluations, all went well. Also completed weekly 'stop, start, continue' session weekly, which participants found very beneficial."* Staff
Key working	*"You have your PCPs and key worker meetings, this helps us get the best out of the programme."* HUB Participant *"Good to link in with my key worker, I will access more."* HUB Participant *Participants became involved in the programme through the key worker meetings."* Staff *"We have been able to work with the goals that participants discuss at their key worker meetings and PCP's. We have worked to help everybody achieve their goals."* Manager

Goal # 4: Improving Participant Experience and Programme Satisfaction

Reported satisfaction levels from participants in the HUB programme were high with participants indicating that they were much more satisfied. There was nothing that participants would take out the programme, as the majority felt that it was meeting their needs. All participants who took part in the evaluation felt that they had achieved so much more than they would have in a FETAC programme and reported being much more engaged, positive, aware and active socially, educationally and personally. For example, one person stated that the HUB programme *"gave me more confidence to get out of my comfort zone. When I came here (the centre) in 2013, I was initially coming from hospital. I could hardly communicate. With the help of the trainers here and the participants, I have come on in leaps and bounds."*

Staff indicated that whilst they had identified possible outcomes for the HUB pilot programme they were surprised to find that a lot of the participants were *"thriving on the programme"*. Staff were pleasantly surprised about the eagerness of the participants, the amount of community participation, individuals engagement levels, the amount they took on and achieved, which exceeded their expectations.

Staff, along with participants and managers of the HUB pilot sites indicated that creating opportunities to deliver co-facilitated sessions was an important dimension of the HUB programme as it contributed to the empowerment of participants & supported co-production and co-facilitation of the Life Skills sessions. The implementation of co-facilitation as a practice in the HUB pilot sites emerged from the desire to create synergy between facilitators themselves and HUB participants, thus maximising the potential learning experience.

Managers felt that the reported improvements in participant experience and satisfaction could, in part, be attributed to the fact that staff now had dedicated time to concentrate on providing the identified supports that participants required and offering on-going support via key working and PCP meetings instead of delivering FETAC programmes.

Representative quotations from participants and staff for the sub-themes of Goal# 4: *Improving Participant Experience and Programme Satisfaction* are set out overleaf and illustrate their range of perspectives.

Goal # 4: Improving Participant Experience and Programme Satisfaction

Quality of their experience	*"Wonderful experience, the programme is great."* **HUB Participant** *"Being able to get a part-time job and still come here is great."* **HUB Participant** *"Stayed out of the hospital for the first time in four years."* **HUB Participant** *"Participants felt that they ran things themselves."* **Staff** *"In general it was a change that has improved the delivery of a programme that meets the needs of the participants."* **Staff** *"Challenging, but feel you are more in control."* **Staff** *"Definitely the HUB programme has benefited the participants greatly in terms of confidence and ability. They have soared and I think a lot of other centres would benefit from the programme."* **Manager**
Learning	*"I really value working on reducing isolation and finding ways to socialise and integrate into the community."* **HUB Participant** *"More acknowledgement of the skills that you have and to look at the skills that you do have to use as a stepping stone to lead somewhere else."* **HUB Participant** *"Time in here has helped me learn that I can live the life I want, that there were others in the same situation and others that had a harder time than I. It gave me a better outlook on life."* **HUB Participant** *"All staff have developed active listening skills in order to work together as a team. We now do this with the participants."* **Staff** *"Something that we are doing now is tapping into some participants, to their motivation and getting them to make changes."* **Staff** *"We have created a place where participants can achieve and excel and where their needs are met in a hope-inspiring centre."* **Staff**
Increased attendance	*"People came in because they wanted to."* **Staff** *"Participants are coming into the centre and engaging with the service more than they had been, that is very positive."* **Manager**
Commitment to the Programme	*"I have co-facilitated a WRAP® course to date and will be running another one."* **HUB Participant** *"Some people might lose confidence when they leave here (centre), it is good to have a connection (Link) to come back to…I will."* **HUB Participant** *"Willingness to weather the storm and keep going."* **Manager**
Retention rate	*"Any participants who have previously taken the summer months off from the programme (term time) are now doing voluntary work via community integration."* **Staff** *"People didn't leave as previously thought."* **Manager** *"Offering people flexibility, and part-time options has ensured that people are more encouraged by the programme and stay."* **Manager** *"People felt that it was easier to attend other things outside of the centre that they wanted to and also participate in the HUB programme."* **Manager**

Overview of the Programme Impact

The reports gathered through the focus groups and self-completion questionnaires primarily, suggested that the majority of participants, staff and managers had a positive view of the HUB pilot, and recommended areas for improvement in future implementation. Suggestions made by the staff focussed on timetabling, forecasting and planning in general.

Overall the participants reported, via the questionnaire, that they felt the programme was successful. All participants in site 1 reported that the HUB progamme was a success at both mid-point and final evaluation periods. 60% of participants in site 2 indicated that the HUB was a success at mid-point and 92% of participants stated that the HUB was a success at final evaluation. 66% of participants in site 3 indicated that the HUB was a success at mid-point with 100% of participants indicated that the HUB was a success at final evaluation stage.

All managers indicated the pilot was successful and should be rolled out further. All staff, bar one, concurred.

The reported impact that the pilot programme had on the participants in relation to goal achievement, health & wellbeing has been described as immense. It has also had a positive effect on staff.

> *"We have talked about being person-centred in EVE in the past and I think we never really got there because the systems got in the way. Now we have a real opportunity because the programme is more individualised – we have a real shot at being authentically person-centred – and that's great." Staff*

Representative quotations from participants and staff for the sub-themes in relation to *Programme Impact* are set out overleaf and illustrate their range of perspectives.

Programme Impact

Outcomes	*"Participants report being much more content. Some are less angry and depressed. They have said: "When I came through the gates for the first time I was depressed. I'm not depressed anymore", "Before I came here I had given up on myself. Now I am less angry, less anxious, I believe that I can recover and I can become the person I want to be."* **Staff** *"Some people's engagement levels, was shocked by how well some people did and what they took on."* **Staff**
Additional Support	*"Generally, we would not have liked more support as we felt we were supported."* **Staff** *"We were given guidance on how to describe what we were and what we offer – 'script'."* **Staff** *"Motivational Interview Techniques training came at a good time, it helped a lot."* **Staff**
Success of HUB	*"Being able to get a part-time job and still come here (centre) is good."* **HUB Participant** *"The programme was successful as we were treated like adults and were accepted."* **HUB Participant** *"Key worker and PCP meetings have been successful."* **Staff** *"The fact that they (participants) have choices integrating into the community. Some people are thriving on the external courses and the flexibility that they can come back here, as we are still here for them via the Link programme. They will have forged links and will be integrated into their community."* **Staff** *"Overall, the HUB is running very well, the pilot was a success and I am pleased and proud to be part of it."* **Staff**
Achievements	*"Took part in co-facilitation course and now facilitating class in centre with staff member."* **HUB Participant** *"Participants being in control of their lives within the centre and their wider community."* **Staff** *"Feedback from family members/clinical teams have been very positive, there have been improvements."* **Staff** *"Participants… more vocal on their thoughts and emotions…will now tell you that they think."* **Staff**
Important Aspects/ Strengths	*"Key worker meetings."* **HUB Participant** *"Community and flexibility of activities and time/attendance."* **HUB Participant** *"Find the living skills quite beneficial…transfer to home life."* **HUB Participant** *"Key worker meetings are an important way to introduce and promote community classes."* **Staff** *"Community integration concept is the best aspect of the HUB as it makes some people much more self-sufficient and comfortable in their own communities."* **Manager** *"Provides hopes for the future, by promoting co-facilitation, progression to jobs, and other educational opportunities."* **Manager** *"People are able to do more activities that were of value to themselves in a mainstream setting, not a segregated setting."* **Manager** *"I feel that the biggest strength of the pilot programme is the flexibility that it offers. People have a base to work out of and they also have a wide range of choices as to how they wish to spend their time. The choices are wide and varied."* **Manager**

It is proposed, that the reported achievements (see Table 3 below) have been facilitated by the core programme elements which in turn are underpinned by the core values of the HUB programme: Work in partnership; Listen carefully; Offer hope; Give choice; Work holistically; Provide quality programmes; Promote social Inclusion and Offer a voice.

Table 3. HUB Participant Achievements

Social	Community	Education / Employment	Wellbeing	Skills
More friends/Good to relate to others/ Meeting people/ Made new friends/ Staying in touch with people	Helped me find information/Have more insight about things in the community	Literacy/ Completed a literacy course	Gets me out of the bed in the morning/Getting up early/ Look at things from a different perspective now/ See the positives in everything	Art/I do craft courses/Knitting/ Computers/ Catering Skills/ Current Affairs group
Trips out/Going out on trips on own time with friends	Know the community/ Helped me integrate more into the community	Art/Art classes/ Craft classes/ Drama classes	More motivated in myself/ Fully engaged/Interested in taking part in things now/ More involved	Staff support not sought as often/ Dealing with issues through PD
Joined evening clubs	Community college	Computers	HUB made me a better person	Became more independent
More social/Going out more/Better social life/Social skills/Great social life now/More sociable now/ More socially approachable	Out in community more/Getting more involved in the community/More community centred/More confident in the community	Adult Education courses/ Community College – Maths and Environmental Studies	Somewhere to go & do/ Sense of purpose/Occupied/ Filling a void in my life/The day is more fulfilling/Given me space to structure a routine/Made my time useful/ Achieved more	More experience/ Learnt different - new skills/Learning all the time/More knowledge/Goal setting
New hobbies/ More outlets for socialising/More things to do during the day	External classes and groups	Healthy eating class	More outgoing/Mixing more with others/Increased my self-confidence/More confidence/Built more self-esteem/Happier	Got a part in the centre newsletter production/ Courtyard project/ Gardening
More outgoing/ Get out more/Want to come in as I really enjoy what's going on in the centre	Using restaurant/ cafe in the community	I've used facilities like the library more Centre based classes, e.g. anatomy, Computers.	Setting PD goals/PD has made my life better/Dealing with issues through PD/ Better at dealing with things now/More assertive in dealing with others	Coffee dock is excellent/ Reception skills/ Salon/Started fishing/Cleaning/ Photography
Talking to and meeting new people/More confident meeting people	Linked up more in the community/ Out in the community more/ Went on outings to places I haven't been before/Enjoy them	Work/Job – part time	Routine – know what's happening/Being able to pick and choose what I want to do	Doing things I never did before/ More active/I go dancing/Joined a local gym
Going out with the men's group women's group made me more confident/ Increased confidence	Getting to know more places	Voluntary work, e.g. Pound shop, Deaf Village	Good support from participants and staff/More help from people/ Physically and mentally fitter/ More aware of my mental health/Improved daily diet/ Healthier lifestyle	More outgoing/ More motivated/ Better routine/ Facilitated a group with SOS

Challenges and Limitations

There were various initial challenges encountered during the programme. These included:

- delays in the roll out of the community mapping systems due to interpretation issues that prevented the collection and recording of useful community data;

- recruiting community stakeholders to take part in HUB evaluations; and

- delays in completing of some of the evaluation with regards to the administration of surveys/questionnaires and staff capacity levels.

The most notable methodological limitations to this evaluation report include:

- Not all participants' opinions were included as some chose not to take part in the focus group session or return the questionnaires;

- One member of staff did not complete the questionnaire fully;

- The lack of control group data;

- The difficulty in recruiting community participation stakeholders, for example health promotion officers, community nurse managers, community group leaders etc.;

- The researcher conducting the evaluation was the project manager for the HUB pilot; and

- The project manager, due to resourcing constraints, was obliged to compile the evaluation report.

Timetabling, having dedicated time for planning and forecasting, staffing levels, and layout/space in current accommodation were key concerns for staff. Responding to the demand to offer a range of educational sessions (changing every 17 weeks) proved challenging and caused pressures within the HUB throughout the pilot process. A small number of participants indicated that the pitch of the education sessions provided on site (*"…childish compared to external courses"*) should be reviewed and re-packaged to a level reflected in community classes.

Establishing the Coffee Dock aspect of the HUB Programme was highlighted as a challenge for the manager in one site as there was limited space to develop this key feature. Another manager noted that delays establishing the coffee dock prior to the roll out of the HUB was a frustration, with the facility proving ultimately to be a particularly successful aspect of the programme.

Conclusions

The qualitative feedback from all parties demonstrates a confidence and commitment to the concept of the HUB programme, suggesting it can make a significant contribution to support people in 'claiming citizenship: reclaiming community'.

Overall, the large majority of participants found that the HUB Programme was working and that it should continue. It was viewed as successful, exciting and rewarding. The reported impact the programme had on the participants in relation to goal achievement, health & wellbeing was described as immense.

Motivational interviewing was introduced as part of the pilot, the large majority of staff indicated that this was hugely beneficial. The pilot programme assisted with increasing physical activity, mental health and wellbeing.

Managers felt that the reported improvements in participant experience and satisfaction could, in part, be attributed to the fact that staff now had dedicated time to concentrate on providing the identified supports that participants required and offering on-going support via key working and PCP meetings, instead of delivering FETAC programmes.

There were some key learning points that emerged over the course of the pilot: keep timetabling simple, offer fewer centre-based options and ensure time is scheduled for planning and forecasting of activities and course preparation.

Recommendations

Based on the conclusions which have emerged from the evaluation study, a number of recommendations have been made which are summarised below:

Summary of Recommendations

Staffing	- Staffing levels to be maintained. - All Staff should participate in HUB roll-out briefing. - A HUB mentoring programme/forum should be in place to support collaboration in service development. - Staff should be offered skill development opportunities to support their role in delivering the HUB programme.
Programmatic	**Timetabling:** - Avoid over-populating the timetable with too many choices. - Ensure contingency timetables are in place for each 17 week cycle (to accommodate reduced staffing levels). - A dedicated slot should be built into the timetable to allow staff plan and forecast for each 17 week cycle, e.g. hour slot per fortnight. **Programmes Variety:** - Ensure that different informational/educational sessions are offered for each 17 week cycle and continue to be generated from the participants' goals outlined in their key worker meetings, person-centred plans and external inputs. - Ensure core modules, e.g. Health & Wellbeing, Community Mapping, Key worker, CATCH etc. are built into each 17 week timetable. - Develop and circulate prospectus for each 17 week cycle. - Avoid repetition of activities over 17 week cycles, where possible. **Resources:** - Develop a plan for community activities and timetabled activities in relation to budget and resource requirements for each 17 week cycle. - Develop and submit business plans for any programme requirements, for example, media programme. **Planning:** - Give staff time in the timetable to forward plan timetable activities, develop/update resources and continue community mapping and linkages.
Key Performance Indicators	**Outcomes:** Ensure all outcomes are recorded in the monthly activity and KPI figures, for example voluntary work, CE schemes.

Attendance	**Recording Activity Levels:** • Ensure all community activities are inputted into the appropriate recording mechanisms already in place in the centre. • Ensure all staff know how to use these systems and how to record the activity levels required accurately. • Put a procedure in place to ensure all participants are recording their attendance and activity levels appropriately.
Environment	**Community:** • Continue to develop and strengthen links. **Building:** • Ensure a review of the physical building is carried out re: space, use of rooms etc. • Ensure all information boards, e.g. CATCH, Education, Mapping etc. is displayed in appropriate areas within the centre. **Coffee Dock:** • Have in place, where possible, prior to programme roll out.
Governance	**Governance Guidelines:** • Develop guidelines to guide staff in relation to HUB programme features, for example Link, programme duration, extension etc. • Revise all HUB documentation based on evaluation findings. • Roll out finalised guidelines and documents to all remaining RT & OS locations within EVE, where relevant.
HUB Branding & Promotion	**Pack:** • Develop and circulate promotional pack to all centres. **HUB Promotion:** • Staff to be cognisant of the programme's key characteristics and potential benefits in order to promote the programme in the community and to prospective participants.
Training & Development	**Briefings:** • Roll out briefing sessions to all staff in all HUB sites (existing/future). **Training:** • Follow-on Motivational Interviewing (MI) Techniques training to be sourced. • Person-centred Planning training to be sourced and rolled out. • Co-facilitation training to be rolled out to all staff and participants, as requested. • Address staff skills development needs to support effective programme delivery.

Based on the evaluation findings, the evidence suggests that the HUB model is a viable and useful option for HUB participants which fosters community integration and promotes health & wellbeing. Accordingly, we recommend that the HUB model is considered for implementation by community day services.

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Appendices

Appendix 1: Glossary of Terms

Active Citizenship	Refers to citizens who become actively involved in the life of their communities. Active citizens are those who develop the skills, knowledge and understanding to be able to make informed decisions about their communities and workplaces with the aim of improving the quality of life in these.
Community Integration	The opportunity to live in the community, and be valued for one's uniqueness and abilities, like everyone else.
Mental Health Recovery	Mental health recovery has been defined in a variety of ways and is considered both multi-definitional and multi-dimensional. Deegan (1988) provides an influential definition as follows: *"Recovery refers to the lived or real life experience of people as they accept and overcome the challenge of the disability…they experience themselves as recovering a new sense of self and of purpose within and beyond the limits of the disability".*
Motivational Interviewing (MI)	Motivational interviewing is a collaborative, person-centred form of guiding to elicit and strengthen motivation for change.
Occupational Services (OS)	A centre-based programme designed to provide constructive occupation for an individual or group where work activity is a key element of the programme.
Outreach	Outreach is the provision of individualised, focused and proactive care to service users to minimise the risk of disengagement and to maximise involvement in the recovery process (AVFC).
Person-Centred Plan (PCP)	Person-centred planning may be defined as a way of discovering how a person wants to live their life and what is required to make that possible. The overall aim of person-centred planning is *"good planning leading to positive changes in people's lives and services"* (Ritchie et al, 2003).
Rehabilitative Training Programme (RT)	A certification-led skills based programme.
Wellbeing	Wellbeing exists in two dimensions, subjective and objective. It comprises and individual's experience of their life as well as a comparison of life circumstances with social norms and values. (WHO, 2012)
Wellness Recovery Action Plan (WRAP®)	WRAP® is an evidence-based practice, consisting of a personalised wellness and crisis plan development programme. WRAP® undertakes a strengths-based approach to recovery. Participants are encouraged to manage their own wellness and recovery in a manner that is comfortable to them and within their means. The key recovery concepts of WRAP® are hope, education, personal responsibility, support and self-advocacy.

Appendix 2: Overview of Community Activities Across all HUB Pilot Sites

Community Education	Community Participation
FETAC L5 in Community Development in Crumlin (n=1)	Trips out (n=67)
Advocacy course (n=6)	Cinema club (n=10)
Computers for beginners (n=6)	Wellbeing Café (n=19)
Advanced computers (n=6)	Wicklow Heather (summer trip) (n=15)
Shopping online classes (n=6)	Bowling (n=5)
Community Activities (Misc.) (n=4)	Pool (n=3)
Level 5 IT (n=1)	Swimming (individually in community) (n=11)
Social Studies (n=1)	Walking club (n=10)
Liberties College (n=1)	Green Ribbon events (n=35)
Leaving Cert Maths (n=1)	Café/Coffee in community (n=41)
Leaving Cert English (n=10)	Park (with others) (n=6)
Book Club (n=10)	Gym (n=17)
Community Development course (Level 5) (n=1)	Men's Group (social elements) (n=30)
Quilting course (n=5)	Women's groups (mostly social activities) (n=34)
Craft class (n=6)	Ping Pong (n=4)
Literacy tutor course (15 weeks, 1 night/week) (n=1)	Walking group (n=23)
Maths class (n=4)	Collaborative Art Group (n=8)
Co-facilitation training (n=6)	Bingo calling (community group) (n=1)
Mosaic classes (n=3)	CATCH Mapping (n=45)
Local Parish Centre classes (n=18)	Meditation (n=4)
Cross Care classes (n=22)	Fishing (n=8)
Embroidery classes (n=2)	Pitch and Putt (n=5)
Flower arranging (n=4)	Allotment (n=4)
Budget cookery classes (n=8)	
Arts & Crafts (n=22)	
Computers (n=8)	
Personal Development (n=9)	
Irish class (n=2)	