University of Dundee

Dundee Community Hubs Evaluation Report

Daniel Jupp Kina, Laura Jones, Roeland Hemsteede,

Beverley Searle, Fiona Smith

October 2019

Acknowledgements

Contents

1. Executive Summary and Recommendations

This report was commissioned by Dundee Voluntary Action (DVA) on behalf of a consortium of third sector organisations and supported by the Dundee Alcohol & Drugs Partnership. The review was designed and executed by the School of Social Sciences at the University of Dundee.

The purpose of this report is to provide a review of the services offered by three community hubs in Dundee (Cairn Centre, Albert Street and Lochee Community Hubs). The community hubs were created after a review of substance misuse issues in Dundee City in 2013-14 by the Dundee City Alcohol and Drugs Partnership (ADP) which led to a refocus of overall strategy on substance misuse from a focus on treatment towards a focus on recovery and prevention. As part of the implementation of this approach, the three multi-agency community-based hubs were established between 2015 and 2016 to offer a variety of services for people facing substance misuse issues and their wider community.

The review aims to better understand the perspectives of both service users and service providers on how each of the community hubs is working in order to develop an evidence-base which can inform the future development and sustainability of the community hubs within the wider promotion of recovery-oriented systems of care for people dealing with substance misuse issues in Dundee. A qualitative approach consisting of in-depth interviews and a thematic data analysis approach was taken to compose the evidence base of the review, with a total of 47 participants interviewed, consisting of 17 service providers and 30 service users.

Overall benefits and Impacts of the Community Hubs

The Dundee community hubs are effective in key areas in delivering a community-based multi-agency service. Benefits and impacts of the community hubs for individuals facing substance misuse, producing positive impacts in their recovery process include:

- **Building trust and supportive relationships:** participants highlight that the work of the community hubs to build long-term, trusted and supportive relationships are key to service users' engagement with long term recovery processes.
- **Placing the person at the centre of providing support:** having a single place of contact through which people can access support on different aspects of their lives, both from services offered directly in each community hub and through supported contact to other services, is a key factor in the effectiveness of the approach developed by all three community hubs.
- **Making services accessible:** location in their local areas, longer opening hours than other services, the use of a drop-in model (rather than appointment-based approaches) and regular availability of members of staff are crucial for people's engagement with the community hubs. The positive relationships people develop with members of staff and people feeling that the community hubs are comfortable and safe environments for them contribute to the depth and quality of their engagement with recovery.
- **Providing access to other services:** according to service users, community hubs are key in providing access to relevant services through the activities offered, the partner organisations which provide services directly on the premises, and through facilitating access to external services. For this, elements of the lead professional approach present in the community hubs' work are key to providing tailored support for individual service users.
- **Providing informal therapeutic activities:** participants highlight that activities developed in the community hubs – such as gardening, women's groups, arts, and hiking – have a

therapeutic impact, significantly contributing to their recovery process. Peer support and for volunteering and mentoring are all positive activites which contribute towards recovery.

Building a Recovery Oriented System of Care

This report considers that the community hubs contribute, or can contribute, towards the characteristics of a Recovery Oriented System of Care as outlined in the Scottish Government (2018) national strategy *Rights, Respect & Recovery: Alcohol and Drugs Treatment Strategy* in the following ways:

- **People access treatment and support – particularly those at most risk:** the community hubs provide service users with access to services by both offering them within community hub premises through partnerships or through facilitating individuals' engagement with external services. Community hubs are effective in addressing symbolic barriers to recovery by offering people who use the services a sense of safety free from prejudice or stigma, and by providing locally accessible spaces which are relevant to the lives of the service users.
- **People engage in effective high-quality treatment and recovery services:** the community hubs develop long term engagement with service users through relational approaches which are in turn effective in producing positive impacts in the recovery process of service users. The report finds that the range of services offered (within the community hub or through external partnerships) and the integration between services could be improved further.
- **People with lived and living experience are involved in service design, development and delivery:** Community hubs have a range of approaches to encourage different forms of service users' participation in the design and delivery of their services, including volunteering and peer involvement. This review suggests the further enhancement of this strategy across activities in all three community hubs.
- **People access interventions to reduce harm:** all three community hubs have harm reduction initiatives. This is particularly well developed in the Cairn Centre which utilizes a harm reduction approach as an effective strategy for engaging with service users as well as to reduce harm. This approach can be expanded across all three community hubs.
- **A person-centred approach is developed:** in terms of delivering tailored services with a priority on individuals' needs, a number of essential principles are already in place across the three community hubs. The review suggests a full implementation of the approach and relevant training and administrative systems to support this.
- **The recovery community achieves its potential:** this is a challenging aspect to achieve. Albert Street Hub provides an interesting example of implementing gardening activities that addresses stigma in the wider community and encourages relationship building between service users and other members of the community.
- **A trauma-informed approach is developed:** use of principles that resemble the lead professional approach have improved staff knowledge about service users' stories and traumas in all three hubs. This has had a positive impact on how they can better communicate their emotions to members of staff and enables the latter to tailor services to individuals' needs. Informal therapeutic activities are important spaces for addressing trauma-related feelings and for getting support from peers and members of staff. Expanding this further requires that all partners are engaged in this approach.
- **An intelligence-led approach future-proofs delivery:** community hubs were developed as a result of the 2013-14 review by the Dundee Alcohol & Drugs Partnership. Since then,

development support and monitoring of the community hubs has taken place through the Protecting People Team reporting to the ADP and to the Integration Joint board (IJB).   In addition, the Dundee Drugs Commission has also taken the role to digest information from key research, reports, and policies and provide recommendations to services. These initiatives have provided a reasonable level of intelligence information to the development of the community hub model. However, it is necessary to create dedicated efforts to turn intelligence information into actionable goals as well as implementing other strategies to consolidate the community hubs model.

Recommendations for improvement

This review concludes that the current stage of development of the Dundee community hubs model is already effective in producing positive impacts on individuals' recovery process. It offers an important platform for improvement towards a full implementation of a recovery-oriented system of care.

This requires that strategic issues are addressed:

- **sustainable funding models to ensure continuity of provision;**
- **development and support for an overall strategy for the community hubs and their approach;**
- **more effective working with NHS mental health services and with the Integrated Substance Misuse Service.**

Specific recommendations are as follows:

- **Full implementation of a person-centred approach:** elements of this approach are already present in the community hubs. The following recommendations are made to consolidate this approach and achieve its full potential:
    o Implementation of the lead-professional approach;
    o Improve integration with other services and expand the variety of partner services offered across all community hubs, particularly with mental health services and specialist substance misuse services;
    o Expand capacity of informal therapeutic activities;
    o Expand/implement harm reduction strategies to reduce harm and increase possibilities to engage with hard to reach groups across all community hubs;
    o Provide relevant further training and development opportunities to staff members to work under the person-centred approach.

- **Implementation of an overarching strategy for the community hubs:** to address issues related to the sustainability of the community hubs and consistency in implementing the approach, while recognising the value of flexibility in the approaches adopted by the different centres, it is recommended that an overarching strategy is designed and implemented using the following actions:
    o Implementation of an overall steering committee to design, manage, and monitor the community hubs' strategies, as well as feeding back intelligence information and providing training for staff;
    o Create an overall guideline for the community hub model, with a detailed definition of the community hubs' concepts, methodologies, and policies;
    o Implementation of a unified system of impact assessment;
    o Create a service user participation programme to involve service users in the design of services across all community hubs;
    o Ensure that all services that agree to participate in the community hubs commit to this both in terms of service delivery and in terms of subscribing to the community hub philosophy and approach. This may require careful negotiation between different regulatory or professional requirements.

- **Strengthening the focus on peer mentoring:** considering the positive impacts of the peer mentoring support in individuals' recovery process, full implementation of the approach across all community hubs and across a wide range of their activities is recommended:
    o Expansion of the current approach, increasing capacity of peer mentoring and peer involvement approaches;
    o Mentoring the mentors: ideally, a dedicated member of staff to manage and mentor volunteers across the three community hubs, or in each community hub (if not already present);
    o Volunteering as part of the recovery process: to formally include volunteering as a stage of the overall recovery strategy, making it an official part of the overall community hub programme across Dundee.

- **Strengthening the focus on a community-led approach:** considering the importance of the hubs' flexible and informal environment, and the positive impacts of using a relationship-based approach to offer tailored support, this review recommends that a strong focus on a community-led approach is further enhanced across the three hubs as follows:
    o Implement or increase the capacity and availability of suitable spaces for informal interactions such as cafés or other spaces that service users can freely access and where they can interact with each other;
    o Expand the variety and capacity of informal therapeutic activities available;
    o Prioritize the community-led model. This is mostly applied to Albert Street Hub where participants have indicated that there is a contrast between the community hub environment and the pharmacy environment, creating frictions in relationships and restricting a more community-led environment within the community hub. Consideration could be given to how to manage this more effectively.

- **Strengthening the partnership with mental health services and specialist substance misuse services:** it is recommended to improve service users' access to specialist substance misuse and mental health services, either within the community hub or through a more integrated partnership with other services. Equally important is to create stronger links with the Integrated Substance Misuse Service which forms an essential component of almost everyone's path to recovery. To contribute to this integration, this review recommends the following actions as a starting point:
    o Strengthen the partnership working of the community hubs and the Integrated Substance Misuse Services to enable better integration of services on the ground;
    o (Ideally) Deliver NHS mental health services within community hubs in the same model of partner services – already in use in all community hubs, including with other parts of NHS provision that are already in place;
    o (Alternatively) Establish a partnership with local services providing mental health support with the intention to integrate services, focusing on having a clear plan for free flux between services, follow up strategies, and monitoring strategies.

As well as providing the above overall recommendations, this review also provides **an assessment of strengths and challenges faced by each of the community hubs**. Each community hub has examples of good practice which can usefully be expanded to other community hubs (see section 5.1 of full report).

2. Introduction

During 2013-14 the Dundee City Alcohol and Drugs Partnership (ADP) held a review on substance misuse issues in Dundee City. Acknowledging the high levels of substance misuse and its impacts on other areas of development, the ADP aimed to refocus the overall strategy on substance misuse from a focus on treatment towards a focus on recovery and prevention. One of the actions that followed from the change in strategy was a Rapid Improvement Event that aimed to create a plan for the implementation of a recovery-focused substance misuse system, consisting of several specialist services delivered through multi-agency community-based hubs. In 2015, the Cairn Centre and Albert Street hubs were created. That was followed by Lochee Community Hub which was established in 2016 (Dundee City Alcohol and Drugs Partnership, 2018). The three community hubs are operating in three different communities and offer a variety of services for the wider community, including for people facing substance misuse issues. The purpose of this report is to provide a review of the services offered by each one of the three community hubs.

This review aims to better understand both service users' and service providers perspectives on how each of the community hubs is working in order to develop an evidence-base which can inform the future development and sustainability of the community hubs. A qualitative approach was used to interview service users and service providers, and a thematic approach used to organise and analyse the data (as described below in the next section). To inform the analysis categories were extracted from relevant policy and academic documents and used to frame the discussion. Some of the key categories are highlighted below.

In the process of creating the community hubs six principles were established to guide their practice:

1) providing all the care and support individuals needed from one place;

2) Improving joint working and information sharing;

3) facilitating the lead professional approach;

4) responding to and addressing issues relating to stigma;

5) maintaining engagement with individuals;

6) following individuals through their recovery process (Dundee City Alcohol and Drugs Partnership, 2018).

These principles informed the key topics that this review has used as a reference for the data analysis. These include access to support for individuals in need, integration between services, the lead professional approach, dealing with stigma, engaging individuals in long term recovery, and following individuals through their recovery process. Drawing these categories out from the initial principles of the community hub has supported an analysis of the data that is in line with the hubs' initial intention, facilitating the assessment of the current situation. However, it is also understood that the review should be in line with other relevant policy and research.

In 2018 the Scottish Government published *Rights, Respect & Recovery: Alcohol & Drugs Treatment Strategy.* The strategy presented a detailed guideline for designing and implementing interventions for prevention, early intervention, recovery, and for working with children, young people and families. Among these, the strategy provides an outline for the development of Recovery Oriented Systems of Care (ROSC) with the aim to provide individuals with access to effective, integrated person-centred

support to achieve recovery. The principle of the person-centred approach is to provide holistic and tailored support to individuals with complex needs - such as substance misuse – and to provide access to services according to the specific needs of each individual. This implies that services should be made available through a single agency that would provide support and facilitate individual's navigation through services (Ceannt, et al., 2016), having the individual as a priority rather than the process itself. The person-centred approach has shown positive results in health care settings (Smith et al., 2010; Slater et al., 2015) and in social care settings, especially in services dealing with complex needs (Johnson and Pleace, 2016).

Acknowledging the importance of the person-centred approach to deliver effective support to people facing substance misuse, this review incorporates elements presented in the national strategy to inform the analysis of the data. The plan sets eight key points for Recovery Oriented Systems of Care that are relevant to this review: 1) People access treatment and support – particularly those at most risk; 2) People engage in effective high-quality treatment and recovery services; 3) People with lived and living experience are involved in service design, development and delivery; 4) People access interventions to reduce harm; 5) A person-centred approach is developed; 6) The recovery community achieves its potential; 7) A trauma-informed approach is developed; 8) An intelligence-led approach future-proofs delivery. From this eight-point plan this review has identified five main themes that will help to frame the analysis of the community hubs in Dundee: a) conditions for the development of a person-centred approach and the lead professional approach; b) accessibility (to the community hubs and to complementary services); c) conditions provided for individuals' engagement with the recovery process; d) conditions for individuals' engagement with harm reduction initiatives; e) accessibility to informal therapeutic activities to encourage recovery.

Complementing this, two further themes – relationships and stigma - are incorporated. Relationships in support services are seen as an effective tool for transformation in a variety of support settings (Bromer & Bibbs, 2011; Ingram & Smith, 2018). It is also argued that relationship-based approaches can be combined with person-centred approaches increasing effectiveness by improving long term engagement with the recovery process (Murphy et al., 2013). Furthermore, relationship-based approaches can contribute to addressing major barriers faced by individuals facing substance misuse issues, such as stigma. Stigma towards substance misuse may prevent service user engagement with the recovery process by influencing how individuals see themselves ie self-stigma, which is associated with low self-esteem and self-deprecation (Luoma et al., 2013); and public stigma - how they are seen by others (Corrigan et al. 2011). Luoma (2011) points out that stereotypes and judgements among health practitioners towards substance misuse patients are extremely prevalent and negative, directly impacting on individuals' engagement with treatment. Understanding the relationship between stigma, accessibility, engagement, and relationships, emerged as an essential aspect in understanding how individuals see the service and what makes them engage (or not) with recovery services offered by the community hubs.

To present the discussion and the results of this review, this report is presented in three main sections: Section 3 presents the methodology adopted, outlining the details about the interviews, data treatment, data analysis and ethics; Section 4 presents the views of service users and service providers, providing an overview of how participants see the role of the community hubs and their main benefits, finally, Section 5 presents strengths and challenges faced by the community hubs, recommendations for improvements and final conclusions.

3. Methodology

As introduced in the previous section, this research aims to better understand both service users, and service providers' perspectives on how each of the community hubs is working in order to develop an evidence-base which can inform the future development and sustainability of the community hubs. With a focus on peoples' perspectives, this review adopts a qualitative approach to make an in-depth discussion of participants' discourses. In this way, more than capturing participants opinions, the review investigated meanings and representations of participants' about relevant themes, such as: definition of the community hubs, reasons for using the community hubs, the value of the community hubs, forms of engagement with the community hubs, and benefits gained from community hubs. Below are details of who participated in this research and how the data were collected and analysed.

3.1 Participants

A total of 47 participants were interviewed, distributed as below.

- 17 service providers, being: 2 from the strategic level, 4 service managers/coordinators, 6 partner services practitioners, 4 community hubs' practitioners.
- 30 service users, being 10 from each of the three community hubs: Cairn Centre Hub, Albert Street Hub, and Lochee Community Hub.

For the recruitment of service users, the researchers attended the community hubs and engaged with individuals before and after activities, in the social areas of the community hubs. Members of staff also contributed to making service users aware of the presence of the researcher in advance. Interested service users were invited to take part in an individual, or group interview in a private room. Group interviews were always conducted with pre-existing groups and at the suggestion of the service users.

For the recruitment of service providers, a list of potential participants was built with the support of key informants, and participants were contacted individually to schedule the interview at their convenience. Participants were also asked to identify other potential key informants to expand the initial list.

3.2 Semi-structured Interviews

To gather the data, a semi-structured approach to interviewing was taken. In this approach, the interview is guided by pre-determined but open-ended questions with the intention of developing an exploratory conversation around themes the researcher identified is important, while being flexible enough to respond to issues brought up by the respondent. Each interview was audio-recorded and later transcribed and analysed.

3.3 Data analysis

The research adopted a thematic approach to analysis utilising the software Nvivo. All transcriptions of interviews were loaded in the software and then four steps were taken. First, the research team familiarised themselves with the data, reading through each interview. Secondly, the research team identified characteristics of the data, highlighting descriptive aspects. Thirdly, the research team identified patterns of themes across all interviews using coding tools in the software. Lastly, the research team revised and defined the themes and created a rationale for writing the analysis based on a framework of categories – as presented in section 2. All recorded interviews have been subsequently deleted.

3.4 Ethics

This research follows the ethics procedures established by the University of Dundee through the School of Social Sciences Research Ethics Committee. A detailed description of the research methodology and ethical considerations was submitted to the committee prior to the start of the data collection for a full review. After a careful review and requests for amendments, the research was granted ethical approval under the application numbers UoD-SoSS-GEO-STAFF-2018-46 and UoD-SoSS-GEO-STAFF-2018-47, see appendix 1 and 2 for letters of approval. More information on the ethical approval procedure can be found on https://www.dundee.ac.uk/research/governance-policy/ethicsprocedures/ethics/.

- **Informed consent**

Prior to each interview, participants received a participant information sheet with detailed information on the research. This included information about the research team and how to contact them, who the funders are, purpose of the research, explanation that the participation is optional and voluntary, risks involved participating, confidentiality, how the data will be handled, data protection, and how to make a complaint – a copy of the participant information sheet can be found in appendix 3 and 4. As well as handing the information sheet the researcher explained each of the points making sure the participant had understood, also allowing them to ask questions and discuss any issues they had. After this, if the participant had opted for taking part in the research, an informed consent form was filled and signed by both parties.

- **Anonymisation**

All people's names within this report have been replaced by pseudonyms. Furthermore, where evidence is being presented from across all three community hubs in section 4, no names of hubs or services are used in ways which may inadvertently identify individual participants. Where appropriate, the types of service organisation relevant to service providers are indicataed (e.g. sexual health service, or housing support organisation). This is to make sure all participants remain anonymous, as specified in the ethical approval for this research and in the participant information and consent forms mentioned above. In section 5, community hubs are named individually to help service providers identify the specific recommendations for each of the community hubs. This was a request made by the research's Steering Group that was composed of members of staff from each community hub, members of staff from Dundee City Council and the research team. To make sure individuals could not be identified, no pseudonyms or extracts from participants' transcriptions are used in section 5.

4. Dundee's Communities Hubs: Analysis

This section presents the evidence from participant interviews that demonstrate how users and service providers understand the role of the community hubs within their communities. The section is structured into four main themes that emerged from the interviews:

- Section 4.1 The essence of the community hubs providing an understanding of their role within the community;
- Section 4.2 The support approach utilised in the community hubs, guided by discussion based on a person-centred approach;
- Section 4.3 The importance of having the professionals in the community hub being able to take the lead when necessary;
- Section 4.4 The therapeutic aspects of community hubs and the impacts this has on service users' engagement with the recovery process.

Each of these sections ends with a box highlighting the key implications of the analysis for those who provide services or are responsible for the overall design and approach were taken by the community hubs.

4.1 The essence of the community hubs

Participants tend to define the community hub as a local, community-centred service. Community hubs are the place 'where you go' irrespective of the issues at hand. They are seen as "one-stop-shops" providing advices on a range of issues and a "gateway to other support"; they provide a point of reference for individuals from the community to access a variety of other services with "everything under one roof". Community hubs are places where you can 'query basically anything' and get advice on 'everything' (Table 1).

Table 1: Defining the role of community hubs: participant perspectives

Community based service

So, the main objective of the Hub is to provide services to the local community. So having somewhere to go in the local area instead of having to go far out to like the city centre or other places in the town (Karen, Service provider, Community Hub)

The hub's a community based, a community-based support team (Pauline, Service User)

Access to a variety of services/One-stop-Shop

This is where you can go to get a variety of needs met. Say if somebody needed a Naloxone kit, that's where you go. You need some advice with alcohol? This is where you go (Tim, Service Provider)

(…) it's like a one-stop shop (…). Like they have like Shelter and people from the welfare department from the council coming in to deal with problems (Ernie, Service User)

> *Making sure that they do not need to go to 3 - 4 different places to get all these different supports (Sally, Service provider, Community Hub)*
>
> *It's a multi-agency drop-in on a Monday so that they can get everything under one roof, if you know what I mean (Parker, Service User)*
>
> **Can speak about anything**
>
> *Yyou can come in to and speak to somebody just regarding anything, anything (Pauline, Service User)*
>
> *(…) it's generally a service to which [service] users can come in and query basically anything that they're worried about whether it be council, what they're using, what they're trying to stop using, housing. Basically, they cover everything, everything. (Evelyn, Service user)*

One service user idenfitied connecting to the right people and support was the most useful thing that happened in the community hub:

> *connecting with other people and people connecting and getting the help that they're needing and that they're looking for (Parker, service user)*

Even in situations where the individual needs a service that the community hub does not immediately have available, service users note the efforts staff went to, to contact others and facilitate individual's access to the relevant service:

> *Anything you could think of they would cover. Or they would find a way of getting the information for you, because if they don't know then they'll go on their phones and they'll Google it and give you the best advice that they can (Evelyn, service User).*

It is interesting to observe that the term 'community based' is not only (implicitly) associated with the physical presence of the community hub within the community, but more importantly, the community hub is established through the relationship with the local community:

> *So a big part of the Hub is building the relationships, they now know where to come if they need something… But it's often just spending that half an hour, hour just chatting maybe to somebody that's not got somebody else to speak to. (Sally, Service provider, Community Hub)*
>
> *you'd be welcomed with open arms at first, you'd be offered a cuppie. (Evie, service user).*

Building relationships was also seen as an important role that the community hubs offer. Engaging with service users in regular 'weekly or every day' conversations around common interests to build rapport builds trust. It provides space for dealing with more difficult conversations, but also "*to have a friendly, welcoming, accessible place that can be the gateway to other support if you like." (Clare, Service Provider, Community Hub)* (Table 2).

Service providers perceive the combination of relationship building, being able to provide advice, and having multiple services under one roof as an effective way of delivering the right service in a timely fashion:

> *To give people almost a one-stop-shop … they shouldn't then have to go on waiting lists to have the support elsewhere. So to quickly be able to establish information from other agencies… We've got a dentist van outside today, we have an optician coming, we have benefits advice people coming in, we have housing advice coming in, Shelter, … so a variety of people accessing and people would come in and be referred to the right person at the right time. (Clare, Service Provider, Community Hub)*

A consequence of having multiple types of support concentrated in one single place is also perceived to contribute to the efficiency of the support. Ernie, a service user, states 'things are actually dealt with':

> *[other services] are more of a hub for pointing people in other directions. (…) things are actually dealt with in here rather than saying like somebody comes in with a problem, you have to go there. Which is not what you want if you, if you're sort of living a chaotic lifestyle anyway.*

It was considered important that people have a single place or person in their community where they can find information and gain access to a variety of services. This is deemed particularly relevant for those facing "chaotic lifestyles" since having a single person to mediate access to information or services, and provide encouragement is key to keeping individuals engaged with treatment.

Participants also like the informal 'drop-in' format that the community hubs work with. Being able to access the support at any time they like again not only supports those with chaotic lifestyles, but the informal nature also reinforces the importance of building relationships, given that engagement with staff can happen spontaneously while "having some food" and "spending their time" in a place where there will always be a person available to "give some advice". As summarised by one service user:

> *[it is] like a drop-in you can have some food, you can spend your time and there always is a person here, they give some advice to you if there is something that you need. They are experienced in this world so they can give some advice, even socially, sometimes financial, they give advice (Peyton, Service User)*

14

From service users' perspectives, the community hub is a place they can engage with in a way that suits them, giving them more control over the way this engagement happens, in most cases, through relationship building. As this quote demonstrates, support is available to anyone, and not conditional on seeking specific advice:

> So it's a drop-in facility for service users to come here and get something to eat and drink and support, should they want any (Parker, Service User)

Interviews with service users and providers show how building relationships is central to the work within the community hub. For them, "getting the help" and "supporting people" is directly related to developing relationships. More importantly, as highlighted in Table 3, the relationship needs to be built on common ground within service users' own interests, to reduce stigma and enable a sense of acceptance, irrespective of circumstances. The relationship-building process is not only important as a form of engagement between service providers and service users but also in producing positive impacts in service users' wellbeing. For example, their perception of being accepted in the space without discrimination illustrates this well:

Table 3: Acceptance, stigma and discrimination

Overcoming stigma

So if we get a GP appointment I think often people who need support feel quite stigmatized or judged and, so we are, somebody will try and go along with the individuals to support them. (Alice, Service provider, Community Hub)

We're not here to judge

they know that they can come and speak to us without judgment. (Alice, Service provider, Community Hub)

I'm not here to judge you, I'm not here sit and say to you "what are you, a junkie, you're an alcie", I'm not going to do that. My personal opinion stays at the door (Jonny, Service provider, housing support organisation)

You come in, maybe sit, have a couple of cups of coffee, you're not judged, you're just, if you play by their rules they'll look after you and that… They're all friendly people. (Rik, Service user)

Treating everyone equally

Yeah very welcome. Very peaceful too. Very comfortable and nobody looks down on you (Peyton, Service user)

I think it's just that kind of respect, and the fact that you know that it doesn't matter what problems you come here with, someone will be able to help you and resolve that (Evelyn, Service user)

So you build up a rapport with them. (…) I think they feel that they are equals… or at least that's what I would always try to do. I would say "Look, I am no better than you, no worse than you" (Jonny, Service provider, housing support organisation).

The extracts in Table 3 make clear how the establishment of a relationship between the community hub, through its staff members, can influence service users' engagement. One of the major barriers to engaging with people in substance misuse situations is the fact that people facing such issues are likely to be facing discrimination from wider society and public services (McCann & Lubman, 2018; Talley & Littlefield, 2014; Van Boekel, et al., 2013). This is evidenced where alcohol service users can become 'highly anxious' and wanting to distance themselves from being associated with people using drug services. Amanda illustrates this:

> *Especially if someone has got a lot of anxiety they may not feel able to sit with this line of people [in the hub]. And they know that they are waiting on methadone. Even although it's a different substance they're still very paranoid and usually highly anxious… Some of the comments we've had are "I hope you wouldn't think I'm using drugs". (Amanda, Service provider)*

Stigma can also negatively affect or even prevent individuals' engagement with treatment (Luoma, 2011), as demonstrated by how stigma may affect the extent to which individuals can fully engage with health services without additional support. This is reinforced by service users' experience which demonstrates how a friendly environment is important for sharing feelings, and creating a place of safety:

> *you meet people, and making new friends, … it's just, I could express my feelings to [staff] and that eh, cause if I'm feeling ill or I'm feeling depressed or anything else is going on, I can tell [staff] anything that's on my mind. (Ben, Service user)*

> *Well, it's just somewhere where you can be safe. … There's support workers and that in there that you can talk to if there's anything bothering you, for any help you need, know what I mean. (Riley, Service user)*

Whilst it is very positive that service users have a place where they can feel they are treated fairly, it also indicates that this is not very common more widely in society and that in other places service users might feel differently and feel that elsewhere there is still some requirement to 'play by *their* rules'. Nonetheless, the sense of safety expressed by Riley can be considered as a clear indicator that barriers related to stigma and prejudice are being lessened in the community hub. Community hubs are seen as a space where individuals can reduce the vigilance and defensiveness (against stigma) that they might sustain in their daily lives, creating a more favourable condition for accepting support.

Developing in-depth relationships is an important part of the community hubs' work, not only through the practical support offered, but also for overcoming stigma and creating an environment, or atmosphere, where service users feel 'very welcome, very peaceful' or much more 'comfortable' because they are treated without judgment or prejudice. As demonstrated in Table 4, where relationships are perceived as genuine, "*it's no act*", this helps service users to feel part of 'one big extended family' with all the structure and comforts that can bring in supporting their recovery process:

Table 4: Creating the right atmosphere

Genuine relationships

I like to speak to [staff] and that because they're, you know they're nice people. It's no act, it's no act because you know that they'll take nae bull, and I like that. There's rules and that's it. Simple. (Rik, Service user)

Warm and friendly place

Yeah so actually it feels like a really friendly place. (Sarah, Service user)

You can sit, and if you need that … If you need a cuddle they'll give you a cuddle, ken what I mean, it's just that warm nice place (Evie, Service user)

One big extended family

like one big family. Something like that, one big family, you know. One big tree, even though the branches might go in all different ways, bearing different fruit, at some level it is almost like one big family. (Peyton, Service user)

I call it like an extended family because that's the way they treat us, with respect, and obviously we treat them with respect. So I think it's crucial that they're here because it's just reassuring …. Even if you've not got any concerns that day, anything, anything at all, you can have a conversation with them about (Evelyn, Service user)

Providing encouragement

They're always really nice. They always speak and ask how you are and that, things like that, yeah…. Erm, they're always egging me on to do stuff, because they know I don't have anything to do, like the hillwalking and stuff. So them two [staff], I like them (Kelly, Service user)

Terms including 'warm', 'friendly' and 'family' used to express the relationship of service users with staff members in the community hub expose how far and deep the relational approach can reach. The possibility of 'having a conversation', a 'chat', or being able to 'express feelings' were recurring themes among most service users who took part in this research. The possibility of freely expressing themselves appeared as a strong impact of the community hubs approach to engagement opening possibilities for support to be offered and accepted. In two examples this extends beyond service related support to encouragement, "egging me on" to engage in new activities, or as the example below shows to providing the kind of encouragement that can be life saving:

> *Well [staff] and her team, basically, have helped me for the past three years to get on a methadone programme. (…) I was on Suboxone for a year, tried that, didn't work. If it wasn't for them saying to me 'Pauline please give it a go, give it a go', then I would have walked away from that a long time ago. If it wasn't for them, ken, saying to me 'please give it a go, don't walk away from it, just try your hardest, you've done so well, just set your own motivation'. Or I could come in and be just dead down, and [staff] will notice it because she kens us from coming in. It's been over a year I've been coming in here now, so she kens when I am myself and she kens when I'm not myself. (Pauline, Service user)*

These examples again highlight the benefit of well-established relationships. Through getting to know service users well, service providers also get to know what service users need. This helps with

motivation and encouragement at the right time to engage in activities that make sense to service users and may benefit treatment and recovery processes.

Box 4.1: Implications for service providers

The essence of the community hubs as discussed here by service users also stood out in interviews with service providers and has a clear implication for service providers (thinking about) working with the community hubs. **In order to maximise the potential of the community hubs, staff from participating services need to internalise the community hub essence. They must be welcoming and approachable, flexible, and non-judgemental**. This will mean that some people or organisations need to let go of a 'structured, appointment-based' way of thinking and working as this is not appropriate for the chaotic lifestyles many service users live, and need to prioritize how they build and maintain rapport first.

4.2 Person-centred approach

The importance of knowing a service user's history and being able to accurately assess and tailor services to their needs stood out in the data. This represents key aspects of the community hubs' work that can contribute to the implementation of an effective relational support approach. In this section, the person-centred approach is utilized to frame participants' views.

As discussed in section 2, the principle of the person-centred approach is to provide holistic and tailored support to individuals with complex needs such as substance misuse. The benefits of the model are widely discussed in research and policy and applied across different disciplines (Mccormack et al., 2015). More recently the Scottish Government defined the person-centred approach as one component of its eight-point plan for treatment and recovery for individuals facing substance misuse issues (see The Scottish Government, 2018). This eight-point plan will be explicitly related to our research findings in section 5.2. This research identifies four characteristics of the community hubs' approach that are synchronized with the person-centred approached: community hubs as a place of reference; accessibility; bridging the gap to other services; and a lead professional approach.

4.2.1   Community hubs as a place of reference

One of the most important aspects of the person-centred approach that appeared in participants' interviews is how they see the community hubs as a place of reference in their lives. As discussed in Section 4.1, participants describe the community hubs as a 'go-to place' for getting information about any service they might need, for developing relationships, and for feeling safe and comfortable. Although service users utilize different terms to describe the community hubs, in essence a 'one-stop-shop', 'multi-agency drop-in', and a place where service users can find "everything under one roof", implies a person-centred approach and is central to how they see the community hubs functioning.

As well as the relational aspects, other - more practical - aspects of the person-centred approach were identified in this research as important characteristics of the community hubs' work. Jonny, service provider at a housing support service working in one of the community hubs, describes a perspective common among service providers:

> it was always very much around, it was person-centred. You'd never ever make somebody feel that they were wasting your time or, even if you couldn't help a person, even if what they were asking you was not within the scope of it you wouldn't just fob them off … We were never rigid in that but kind of developed a bit of flexibility in terms of what we could be. It wasn't a counselling service, it's not a support service, but it was a place where people could come and you know, you could direct them to other services

Jonny makes it clear that, although the community hub cannot deliver on all services, the service user remains at the centre and everything is tailored around their needs. Vera (another service provider) demonstrates how this works in practice in the hubs through sharing the 'example I always give' to demonstrate how a single service provided to one service user worked as a catalyst to engage in a recovery process:

> A girl would come in and she would come through the needle exchange and from that she was able to access needles…. Now in the needle exchange, … our needle exchange staff did a dry blood spot test, and from that, she met a nurse and the nurse did her bloods. Now then she started just coming in directly to see the nurse who started her on Hep-C treatment. Meanwhile she was coming into the cafe, so she linked into the recovery cafe and we had another worker there who was Housing. And she got housing advice. Her partner was in jail at the time … but when he came back … into the Hubs. However, she had started engaging, again probably through the recovery cafe in a women's group and it became very quickly apparent that he had quite a negative impact on her life. So she was able to access this and get legal advice and support (…).

This, alongside other evidence in this report, demonstrate how the community hubs are modelled on a person-centred approach: the focal point is the person rather than on the flux of the service. Service users often present with one issue, but addressing this becomes an important step for individuals to engage with further service provision and begin approaches towards recovery. The examples provided demonstrate how crucial the integration between services is (together with the right atmosphere) to encourage the engagement of the service users in other forms of supporting them securing the continuation of treatment.

4.2.2 Accessibility

As well as the one-stop-shop and the focus on delivering tailored support to service users, other complementary elements of the person-centred approach were present in participants' interviews. Accessibility of the community hubs was identified as one of the positive aspects. Accessibility covered different concepts including the geographical location of the community hubs, availability of staff members and opening times (Table 5). Many of these aspects overlap. Tim (Bright Future) explained, the drivers behind a locally based community hub model emerged in response to feedback from individuals about the 'need to travel miles all the time to access services' and that they 'need things in our localities'. In part this may be linked to cultural aspects specific to Dundee which can be 'quite territorial', where 'people never go into town' and there is a need for 'services to be close by'.

Moreover, service providers repeatedly stressed that service users easily get distracted when travelling from point A to point B. Therefore, the community hub model which concentrates services locally is preferable over a dispersed provision of services because the latter makes it more likely that service users will never actually reach the service they set out to visit. Service users also wanted to avoid 'constantly repeating our story', and wanted 'to go to one place' where 'there are different workers they can share the story and kind of work together'.

Table 5: Accessibility

Having services close by…

(…) and I definitely think Dundee, like a lot of cities it's quite territorial. So for example, if you grew up in [a particular neighbourhood], there's a real pride up in different parts of Dundee and if you can access in services that are close by that will work for a lot of people. (…) and I suppose building that relationship with those services and the building and space is a real key to success (Tim, Service provider, recovery support organisation).

Having something locally means people are more likely to engage. … People never go into town, they'll never ever go into the city centre. Most people haven't been there on their own for years (Evance, Service provider, Community Hub)

…and in one place

So I would say that's definitely the key strength this place has, is … that they can come to one place and access it rather than having to go to so many places around city (Evance, Service provider, Community Hub)

Opening hours

And we were looking at what services were out there, and for the city itself it was really 9 - 5 Monday to Friday but people are not all Monday to Friday 9 to 5. People's lives are 7 days per week and how can you support someone in the community if you are not opened or you are hard to reach? So bringing it into the community and creating these Hubs made it easier and accessible for individuals to come in and get that support (Clare , Service provider, Community Hub).

These observations are supported by comments from service users who agreed that 'local communities' were *"a place upon itself. It's like a wee village within itself"* (Stewart), or *"It's like a wee Irish, ken what I mean, town in itself"* (Hannah) and therefore different to the City Centre. If services were not provided locally, then *"let's be honest, we're not going to travel into town"* (Hannah), thus providing an excuse not to access services at all, *"If it was in town then it's easier to put it off"* (Kim), meaning as Hanna speculates we *"would probably all be using drugs"*. For some this was not just about the physical distance to be travelled, but was linked to symbolic issues of social anxiety and wellbeing through 'keeping minds occupied':

> *ken what, I'm not a person for going out on my own really, you know, so. And I'm not in the town especially, with big crowds and things as well. I'm not too sure of myself eh. (Rab, Service user)*

> *No, because before the hub … before that we used to just like go stand outside the chemist and hang about and do nothing really, ken. But now the hubs are on we've got something to do with ourselves, keep our minds occupied (Ben, Service user)*

In addition to facilitating access, community hubs are also making services accessible to people where previously *"there wasn't any help like this"* or who *"wouldn't know where else to go"*. This suggests that the community hubs are filling a gap left by the previous lack of localised service provision, and once again, for some this is a matter of life and death (Table 6).

Table 6: Filling a gap in provision

Where else would we go?

… his brother was overdosing so the guy brought him in the Hub and was panicking and said "I don't know what to do here". And luckily [Staff] was here … so she basically administered the Naloxone. And the guy said "Actually if this wasn't here I wouldn't have known where to go. I just thought immediately 'Oh, go to the hub', otherwise I don't know what we'd have done if you weren't here". (Evance, Service provider, Community Hub)

Yeah definitely the hub is like the heart and soul of [this neighbourhood], if it wasn't here where would people go? (Stewart, service user)

There wasn't any help like this before

…, because there wasn't any help like this, there wasn't , there was absolutely no help at all. You just didn't get literally out the housing schemes at all, know what I mean, so I think it's good for that. Definitely. (Riley, Service user)

Don't know what I would do without this

(…) I drank and took drugs for thirty-five years so I never really knew anything else. So I don't know what I would have done. (Riley, Service user).

I don't know what I'd do without this place. I'd go out my mind, yeah. (Sarah, service user)

It's scary for us not thinking we've got anywhere to go every day or any groups or things to interact with or people we enjoy . (…) Well if this [hub] wasn't here I would have literally nothing to do with my life everyday when I woke up. It sounds pathetic, but I wouldn't have anywhere to turn to, do you know what I mean. So I need it here just to get away for a wee while. (Hannah, service user)

It's perfect because sometimes we come over in the morning and sometimes we come over in the afternoon and so, (…) Yeah, because if there's naebody there in the afternoon you're like 'fuck what am I going to do now? where am I going to go now?' The nearest place is [another community hub], and thats way into town, ken. (Matt, service user)

A matter of life and death

Well this place has saved someone's life. Somebody was brought in dead. (…) Someone was brought in and they were dead (…) but [staff], she brought him back to life. So that one life saved, you couldn't put a price on that. (Rory, service user)

Hanging out and not doing much. (…)It's probably saved my life probably, yeah. (Ben, service user)

One of the key barriers to service users' accessibility was the fact that most of the other services were in the city centre. This was compounded by limited opening hours which did not fit service users needs and the sometimes judgemental attitude reported by service users as being displayed by service providers in other facilities. The fact that community hubs are working locally is seen as a key strength of the service. From the perspective of service providers the creation of the community hubs made it easier for service users to access the support where and when they needed. This is supported by service users' comments, which clearly emphasise that they would be much less likely to engage with any service that was not provided locally, and that without the community hubs many service users simply would not know where else to go.

Group interaction and other complementary services the community hubs offer are also deeply influencing service users' life experiences through their presence. The extracts above indicate that the community hubs meet a service user-experienced need to provide services locally. It is also important to highlight that the value of such services goes beyond their physical presence. The evidence emphasises the importance of the significance, engagement, and quality of support that community hubs have managed to achieve within their communities. It also comprises other symbolic aspects about how service users feel and engage with the service, such as stigma (Luoma, 2011). It connects to how people access services and links to how participants understand and describe the community hubs, as warm, welcoming places, where people are not judged, and see themselves as part of an extended family (Section 4.1). This can be considered as one significant outcome of the relational approach that community hubs have adopted. This is an important achievement and key to the development of recovery support based on a person-centred approach. In providing meaningful access that is genuinely valued by service users, community hubs are in a good place to then facilitate access to a range of services.

4.2.3 Bridging the gap to other services

One key part of implementing a person-centred approach is supporting and facilitating service users' access to a variety of services. As discussed in section 4.1, participants generally understand the community hub as a place where they can get help about "anything". This is part of the community hubs' identity and it is how service users portray the community hubs. For example Rik, who originally only went in to access the café, soon became aware of a range of other services available:

> *I just came for [the] cafe. And then I found out a bit more about it, that they had other services like [a housing organisation] come in to help people who've got homeless problems and they have a nurse in who deals with any health problems that the service users might need, and they also do sexual health testing services as well. And they have a dentist, … comes every [day] for people who have got dental health problems who haven't registered with a dentist.*

This is supported by the range of other support services that individuals have been helped to access including food parcels, crisis loans to cover gas and electricity, welfare benefits, child care, housing, family relationships, health and social care among others. Sally's quote below is an example typical of the range of services providers can offer in a single case:

> *(…) okay, so you need a food parcel, have you got money for electricity and gas?" "No.", "Well okay, maybe try for a crisis grant with council, or we'll phone the electricity company and put in for that". … "Well I've been sanctioned" "Right, we'll try and phone the benefit system in and try and sort out your benefits". You know, so it's then not just seeing it as the one issue. (…) Like*

somebody comes say Connect, with regards to benefits assistance, and they will say "He's looking for help regarding child care". And she'll [Connect employee] now know, because she's worked here for a year and a half, … from Working with Families. So she'll then say "Oh, Sally, when's [Staff] in next?" And then I'll be able to help, all that kind of stuff." (Sally, Service provider, Community Hub)

This example not only illustrates the variety of services that service users can access through the community hubs, but is a clear illustration of how service provision is tailored to meet individual's needs. Emotional support and relationship building are also intrinsic to the process of assessing service users' needs and tailoring services, as described by Karen (Service provider, Community Hub).

you build up trust with someone and then the next day they are coming in with everything and they just go "Whaaaaaa" to you, just saying it all to you and then it's like "Well, take a step back, calm down, we'll try and sort this, what's going on?". It's generally just talk to them and try and talk it through and what they're going through. And once they've calmed down and once you've talked it through with them … you start saying "Well there's this service, come in and speak with them. If you want I can come along and speak to them with you in case you don't want to repeat it all" and they'll be like "That'll be good.

Working in partnership to bridge the gap between services has also increased the reach of other service provision, as Ashley (Service provider, welafer advice organisation) explains with regards to increasing benefit take up:

Well certainly, the statistics have went up since we have been in [the community hubs]. It's not just, I mean I cover this area but we cover the whole of Dundee. But I would say probably the benefit gains, and that will be backed up by management and Dundee City Council, for this area, it's went up. So [improving things for] people that were missing out on benefits or not on the correct benefits certainly went up.

Liaising with other services to ensure service users' engagement with support was something that participants often reflected on as an essential part of the community hubs' work, particularly in relation to how much service providers actively mediate access to other services, ensuring the process is followed through and 'things are actually dealt with'. Individuals highlight, and appreciate, how the community hub staff are 'really really helpful' and 'guide them' to other services:

Like say if you're struggling for, say a phone call to the job centre, DPC, a food parcel, they'll get that dropped off for you, do you know what I mean. They'll try their best and they'll try their best to get you there if you need to be there, do you know what I mean. So they're really really helpful in every way, do you know what I mean. (Service user, Evie)

Yeah well they guide, they guide you to get in touch with them [other services], or phone them or see them or whatever, which is a good thing, which, and erm, it's good that they're all pushing together trying to eradicate this Hepatitis C, trying to get this wee treatment… (Service user, Rik)

These examples provide an insight into how the community hubs' strategy to mediate access to tailored services is described, and appreciated, by service users and how this is impacting in their lives. To understand this further, aspects of the community hubs' work that are aligned with the lead professional approach are discussed in the next section.

Box 4.2: Taking the person-centred approach forward

Local provision of services in their communities is instrumental in reaching individulas who would otherwise not be on the radar, which would expose them to greater risk. However, while the community hubs aim to support service users as much as possible, there are limitations. Interviews with service providers suggested that two key services are either not currently being provided through the community hubs or are provide on a limited basis . These include dedicated formal mental health services which are viewed as not being provided, and interventions provided by the Integrated Substance Misuse Service (ISMS) which are provided to a limited extent through the community hubs. Both these services are absolutely critical to any recovery process, so the ability of the community hubs to achieve their maximum potential will improve when there is an improved delivery from the community hubs.

4.3 Lead Professional Approach

The lead professional approach is not officially implemented throughout the three community hubs, however, similar approaches to engaging with service users' could be identified during this research. Participants highlight two key important benefits of the lead professional approach (or related approaches). First Hannah, a service provider with Ba social support organisation, raises the fact that for service users who had experienced trauma it can be problematic to their mental health when they are having to explain their circumstances several times, e.g. each time they engage with a new service. The holistic approach taken by the community hubs can prevent the need for retelling such stories (see also Section 4.2):

Especially substance misuse recovery is telling your story several times, it's difficult. You know, you engage with one service and they've been through … when they were younger and where they are at now and how things are. And then they're maybe engaged with another service and they are doing the same thing. And I think that for some people is really hard ... I do think that having the Hubs available does reduce people having to retell their story because they are community hubs… (Hannah, Service Provider)

Ben, a service user confirms this idea by describing the relationship he developed highlighting the importance of having staff who are aware of his life story and condition, and tho are therefore able to fully support him through mental health problems resulting in a hospital visit:

Well it's just, I could express my feelings to [Staff] and that eh, 'cause if I'm feeling ill or I'm feeling depressed or anything else is going on, I can tell [staff] anything that's on my mind.

(…) I've been really suicidal and that in the past and I've went up. I've went to [staff] and she's helped us. I went to hospital once. I just remember speaking to [member of staff] and the staff in the hub, and I ended up in hospital for about a week. So if it wasn't for that I'd be, I don't know what would have happened (…)

In this case the mediation made by the staff member is similar to a lead professional approach with regards to facilitating Ben's access to the hospital using the authority of a support professional to negotiate the process as well as to share relevant information about his condition, minimizing the need for Ben to retell his story in a moment of high vulnerability. Similarly, Jack, another service user, expresses respect for a member of staff *"Not just because she was my keyworker, but she's the best. She makes shit happen, simple as that"*. He refers to his keyworker's capacity to solve problems through contacting other services where *"they all know her"* and things happen: *"So she will get an*

appointment for the client [clicks fingers] like that". Implicitly, Jack is also exposing that having authority to fully support individuals and make things happen gives the staff member legitimacy and respect. Jenny (Service provider, Community Hub) complements this, demonstrating how the importance of the formal authority of a lead professional can be beneficial in making the integration between services happen in a more effective way:

> *So for example, if I was Lead Professional for yourself and you needed help with housing or you had issues with your housing I would be able to call a meeting and get the Housing around the table and maybe other people that could support and I say "This is what we need to happen, how can we make this happen?*

Another benefit to the lead professional approach identified by Vera (Service Provider, Community Hub) is the possibility that service users would begin to develop their own networks of support and gain independence:

> *This model [the community hub model], what it's doing is it is not reliant on this person [a key worker] making all the referrals. … [the service user] can actually go through and from that they actually build their own network of support. So they don't have to go back to one person and be reliant. They are building up their social networks, they are building up their support networks as they go around it.*

Finally, it should be noted that attempts to implement the lead professional approach were made in the past and are still on-going. Despite acknowledging the effectiveness of the approach, the implementation did not yet happened across Dundee. Barriers identified include 'systems, paper work, sharing information and communication' (Jenny, Service provider, Community Hub); problems 'getting everybody around the table' (Alice, Service provider, Community Hub); and the lack of 'staffing resources' and key worker availability (Kyle, Service provider, Community). This range of perceived barriers to implementation suggest this would be an area for further investigation.

Box 4.3: Ensuring professionals can lead
Service providers widely acknowledged the importance of 'knowing the service users'. At the same time, the fact that the people working in the community hubs varies depending on the (time of) day means that access to information about service users is sometimes a challenge. Community hubs therefore need to **develop or strengthen existing information systems** to ensure that whichever professional is present at that time can actually take the lead in providing professional support.

4.4 Towards recovery

One of the key ideas that came forward in participants' interviews is the therapeutic space that community hubs are able to offer through the relationships formed (see Section 4.2) and through offering activities that positively affect the mental health conditions of service users. This idea was consistently expressed by participants, particularly when describing the benefits of engaging with the community hubs' variety of activities, to build confidence, develop different skills, change self-perception and allow service users to recover at their own pace.

Karen (Service provider, Community Hub) refers to an art project in the city that service users engaged in as a means of 'boosting confidence'. This was closely linked to identity and changing perceptions:

and it's like "You say you don't have any talent but you're actually pretty good at art". And it's like trying to build that up and letting them know that "You can do something and you are not just a drug user and you're not just an alcohol user, you're a member of the community as well."

A key aspect is the flexibility whereby community hubs are a space to 'speak about drugs and alcohol' but which also encourages people to focus on other activities:

get involved in some fitness stuff or whatever you're interested in. (…) So yeah, it's really, there's no two days the same, yeah, there's a real mixture of different recovery, or people in different stages of their recovery. (Alice, service provider, Community Hub)

Again this was underpinned by the relationships that are built over time, and recognition that recovery is a journey:

I can think of a few folk who when they first came in here they were definitely in a worse place and they came just out of sheer curiosity. But over time they just came to know us and they've got to know people in here …. And you can see a tangible change in how they are feeling. … They might regress and things which is quite normal in terms of people's recovery journeys and things, people will stumble along the way. But there's definitely a lot of cases … it has helped them just to turn things around (Evance, Service provider, Community Hub)

The strategy of creating a space with multiple forms of support has a clear impact on participants' recovery process and was consistently expressed by service users in positive terms. It is interesting to observe that for each service user the form of engagement or activity is different, and the therapeutic element is personal. For example, individuals describe how different therapeutic aspects of practical activities – arts, hiking, gardening – can have deep impacts on their wellbeing and mental health (Table 7).

Table 7: Therapeutic properties of community hub activities

Therapy through arts

I think it's therapeutic colouring in (Sarah)
art groups are therapeutic (Hanna)

Getting away from the city

it was good exercise – anything to get out of this city (Liam)

Building positive memories

I've got loads of good photos of us all and I remember laughing and decking it on the way back down the munroes. They might have photos up of us all, if you take a look on the website. It's all of us going 'come on' on mountains and everything, it's brilliant. Brilliant (Hannah)

Sense of achievement

You feel like you've achieved something. Especially when you're seeing your plants grow, and just watching your tomatoes or your potato plants grow, there's a little bit of pride there because I've never done anything like that before (Evelyn)

Boosting mental health

> *I've just actually got a plot on the allotment gardens [through the community hub], so I've been doing that and that's been keeping me sort of, well it's good for your mental health. Really good (Evelyn)*
>
> *they're thinking of doing a women's group as well. So that will be good as well, do you know what I mean, for people who haven't got much self-confidence. Something I don't lack but [laughs] (Evie)*

Complementing this, service users also reveal that other less formal ways of engaging with the community hub – such as sitting for a coffee, chatting, reading a paper – can be equally therapeutic in an informal sense and can help individuals to deal with moments of crisis, either through personal experience or by seeing the impact on other service users:

> *I was having a really bad day feeling like I might jump off a bridge or something, and he'll take you to one side for some advice, [Staff] comes through and in half an hour you're feeling calm because he's calmed you down, and said something. (…) I find that it's more of a relaxing time, in the hub, you can sit back, read your paper, just sit here in the hub, and just go when you're ready, ken, which is good. (Rik, Service user)*

> *(…) Yeah keeping us busy, keeping us occupied in my mind, and places. When I'm not, when I'm not out in the area my mind just keeps on going over and over and I get depressed and suicidal and everything like that. But when I go to the groups it makes us happier, ken. I just feel better about other stuff. (Ben, Service user)*

> *Yeah, when they come in here it keeps them from doing the bad stuff which they wanted to do. So by coming here they get a chance to reflect, to go somewhere peaceful to reflect whether those actions were what they want to do. (Payton, Service user)*

> *On any of the times I've visited. I mean, they might come in a bit, erm, feeling the worse for wear but they seem to sort of calm down once they get a cup of tea (…). The staff are really good at sort of, dealing with any problems they might have, so. (Ernie, Service user)*

Although the (informal) therapeutic aspects of the community hubs are directly related with the type of activity offered, participants consistently referred to the community hubs offering an opportunity for individuals to break away from chaotic life styles, temptations, and other negative triggers that might be a barrier to the recovery process:

> *it's still a safe place I mean and I think that's probably the most important thing about it. Because there's always, if you go back to where you are there's more temptations everywhere, you know what I mean. If you're sitting in here at least you're killed what, four hours or a couple of hours something like that. (Peyton, Service user)*

> *This is what we've been needing is somewhere like here. It gets you off the street as well, ken, it saves you from having to walk about and that, ken. Because you can't stay in your house all day, but you come in here, you come in here and be able to chat with people and feel like you're coming in to actually sort yourself out, ken (Callum, Service user)*

> *This place [Dundee] is slowly squeezing my neck, and it just, agh, I dinnae like it. Like I've got maybe more, how do I explain it - I've probably got myself in more trouble than most of the people that come here because I was in with, like, the bad people. Like with, as much*

heroin as I wanted to smoke for, or as much as I wanted to take of whatever, crack cocaine.(Liam, Service user)

These aspects highlight how community hubs are seen as a safe space (see also Section 4.3) that service users can access as a strategy to stay away from things that might trigger substance misuse. Service users consider this to be an important value of the community hub which adds strength to the argument that accessible community hubs can contribute to a reduction of drug use by reducing exposure. This could potentially reduce the rate of relapse, which can be a significant contribution to the effectiveness of the recovery process, as summed up by Jack:

So the best way that it could happen for me, [staff] sat over there, started up a gardening project with people from the area (…). So, this is probably three years ago, I couldn't tell you nothing about gardening, I couldn't tell you nothing about nothing to be honest with you. So right I says, ok we'll give it a go and see how it goes. So unknown to me, pal, to be honest with you, it projected my recovery as well as a whole project and working here has. (Jack, Service user)

Whilst building relationships is a key part of the community hubs' work, enabling them to act as a facilitator, and encourage people to access other relevant services, ultimately the community hubs are perceived as a way of trying to make *"life as easy as possible to make recovery more achieveable"* (Evance, Service Provider, Community Hub).

The idea of developing activities that help individuals to switch off from the negativity of traumas and substance misuse has already been shown effective in alleviating suffering and building individuals' resilience in a number of settings (Adedoyin, et al., 2014). As highlighted in the extracts above, it is not necessary – and potentially even harmful – to overly focus on activities that specifically discuss substance misuse or related themes. It is however important to have a variety of activities that focus on developing individuals' conditions to deal with the hardships of the recovery process which can be a non-linear and unstable process that requires a high level of resilience from service users. The possibility of offering forms of support that adopt alternative formats – such as arts classes, drop-in cafes, outings, gardening – is one of the most important benefits of the community hub model. It highlights how the relational and informal characteristic of the community hubs and variety of activities available might create conditions for more organic forms of engagement to take place. It also opens up the possibility for specialist services to build upon an existing positive relationship (as discussed in Section 4.2) to deliver tailored services in a more effective way.

Box 4.4: Sustaining the route towards recovery

As described, the community hubs provide a safe space where people access a variety of services tailored towards different stages within the recovery process. Service providers however emphasised that starting with, or persevering with, the recovery process is demanding, takes a long time, and requires confidence from the service user that they will be able to continue accessing support. **The current situation whereby community hubs are unsure of their longer-term existence is therefore a major obstacle to recovery.** This uncertainty makes it more difficult to develop new activities and to convince new organisations to start offering their services for the community hub. Service users are aware of these situations and without the security that the people they trust will be there to support them along their route to recovery they are less likely to take the first step. **Ensuring long-term financial support for the community hubs is therefore a top-priority to ensure service users move towards recovery**.

5. Strengths, challenges, recommendations and conclusion

This report has presented an analysis of the main components of the community hub model based on the perspectives of participants (service users and service providers). This report focused on participants' voices using their words as evidence to discuss: the 'essence' of the community hubs, their impact on service user wellbeing, the importance of lead professionals, and the community hubs' contribution to people's recovery process. This final section discusses critical points raised by participants and presents recommendations for improvements. It will start by presenting specific points for each of the community hubs separately, before moving on to discuss general aspects applicable for all community hubs.

5.1 About each community hub: sharing strengths and improving service delivery

In this section, each community hub will be referred to by its real name rather than by a pseudonym. This has been agreed with staff members responsible for each community hub who are part of the research steering group. For this reason, in order to preserve participants anonymity, this section will not present direct quotes, instead, views will be described in the text without providing further details of individuals.

As previously argued, the intention of this review is not to discuss performance and results. It is to analyse key aspects of the community hubs' work and identify strategic points that can be disseminated or improved. Because each community hub has variations in how the community hub model is implemented (mostly due to the way in which the community hubs are organised), each community hub faces different challenges and, in many cases, a recommendation for one community hub might be based on another community hub's strengths. In this way, each community hub is discussed separately by presenting strengths that are relevant to other community hubs along with the challenges faced by each of them.

5.1.1 Cairn Centre Hub

The overall strengths of the Cairn Centre Hub identified in this research were related to two key strategies: 1) The focus on an informal and flexible approach to engaging service users and tailoring support; 2) The use of harm-reduction approach as the first step to engaging service users in the recovery process. Informing these two strategies, four specific strengths were identified:

Strengths:

a) Cairn Centre Café: Participants described the café as a way to provide service users with some level of control over their engagement with the community hub, giving them the opportunity to regulate the pace and intensity of their recovery process. Through attending the café, participants can take their time to make sense of the community hub, learn about activities on offer, get to know staff, build relationships, and choose the level of social interaction they might have with other people. These characteristics of the café were often associated with the sense of safety that service users described, being one of the most important elements of service users' long-term engagement with the community hub.

b) Needle exchange and HIV and Hepatitis testing were two of the services offered by the community hub that service users identified as central to starting the recovery process. It became clear that through engaging with these harm-reduction options, service users made their way into other types of support and activities and eventually engaged in longer-term recovery treatment. This also underpinned participants' views on how they did not feel judged by staff members in the community hub, impacting on how they felt able to freely talk about their addictions and learn about how to look after themselves until they were ready to withdraw from using substances.

c) The use and impact of an individual development assessment tool – Outcomes Star – was also identified as one potential strength to be shared with other community hubs. This research did not assess the performance of the tool. However, it is important to point one that impact assessment tools are essential to the development of wider strategies for the service and can contribute to the sustainability of the community hub model.

d) The community hub has focused on recruiting volunteers among service users to provide peer support services as part of a wider strategy for peer involvement (Hainey and Duncan, 2016). This appeared in participants' discourse as an important element that encourages individuals' engagement with treatment, also contributing to the volunteers' own further recovery. This functions both through making recovery visible, in the form of volunteers, and making people accessing the services feel that the team genuinely understand what they are going through. Volunteers reported feeling immense satisfaction in the ability to turn their experiences to good, by supporting others.

Key challenges faced by the community hub:

a) Communication between services, within and outwith the community hub, was identified as one key barrier for a better implementation of a multi-agency model – essential for the person-centred approach. Suggestions made during interviews included IT systems for the integration of information that would facilitate the flux of service users between services, enabling them to access important services. This would also create good conditions for the implementation of the lead professional approach.

b) Lack of an integrated statutory provision of mental health treatment, either integrated with community hub's service within its premises or elsewhere, was seen as an important challenge restricting the provision of a more effective service. As argued in Section 4, service users have access to therapeutic activities through the community hub's activities but, in many cases, a specialist mental health treatment integrated with the community hub's work is essential to achieve recovery.

These specific challenges raised by participants in relation to Cairn Centre Hub are directly related to challenges faced in the wider strategic level and might affect other community hubs (to be discussed in section 5.2). They can also contribute to strengths and specific challenges faced by the other community hubs.

5.1.2 Lochee Community Hub

One of the core strengths of the Lochee Community Hub is about its overall approach to work. Among the three community hubs, this is the one with the clearest community-based approach, presenting a good integration with the community and with partner services. Sustaining this, are two core strategies identified by this research: 1) The development of a strong presence in the community through its accessibility in both the physical realm (open plan social area and multiple rooms), good decoration and suitable furniture) and the symbolic realm (how much service users value the service, service users' participation in decision making, and appreciation of relational approach). 2) Offering good conditions, attracting and hosting key partner services to support service users and the wider community.

Strengths:

a) Implementation of service user's participation groups to define key activities of the community hub. This appeared in service users and providers' discourse as an important tool to tailor the activities and support offered by the community hub. The result, according to service users' discourse, is the creation of meaningful informal therapeutic activities. This is also another essential aspect for effective implementation of the person-centred approach.

b) Implementation of a variety of group activities that contributes to the development of a collective identity. In service users' discourse, it was possible to identify a strong sense of collective identity. This was often associated with activities they attend in groups i.e. recovery groups, art activities, hiking groups, with participants consistently referring to shared memories to recall their experiences during the interviews.

c) Establishment of the community hub as a key reference point in the community for people who need help. Service users consistently referred to the community hub as the key place in the community where they could get help for a variety of needs. It was also indicated that the community hub was the first place they would think of in crisis situations regardless of the nature of the crisis.

d) For some service users, the safety offered in the community hub was considered an important condition for their engagement. The community hub's location, on the main street of the neighbourhood, meant that people seeking to supply drugs and other street related triggers were not physically far from the community hub; however, service users praised the fact that inside the community hub they could feel safe and removed from such negative influences.

Key challenges faced by the community hub:

a) During the period of this research, the community hub faced difficulties in securing its sustainability due to uncertainty about funding. This also appeared as a general issue for all community hubs, however, the Lochee Community Hub appeared to be in a more complicated position, with an imminent threat to staff continuation. This was also reflected in service users' discourse with a few mentioning funding as one of the main challenges for the community hub. As mentioned in Box 4.4, this has a direct negative impact on service delivery and people's engagement with recovery.

b) Expand the reach of the service within the Lochee community. Despite having integration with the community as a key strength of the community hub, the built environment in Lochee

creates challenges. For example, one hard to reach area mentioned by participants was the multistore-buildings in the area that holds a high concentration of people but may not engage directly with the community hub.

c) Lack of resources to provide mental health support. Despite offering activities that are considered therapeutic by service users, the provision of statutory mental health support is seen as essential. As previously mentioned, this is an essential resource for individuals' recovery processes.

The key challenges described above are directly related to the community hub's strategic management which is further discussed in section 5.2. With regards to strengths, the Lochee Community Hub offers an interesting experience in creating strategies to engage with a community that could inspire the other two community hubs. It is necessary to acknowledge the specific characteristics of the neighbourhood – cultural and infrastructural – yet there is a potential that the approach used in this community hub could be tailored to other localities. It is necessary to further investigate and discuss this possibility, however the need to further develop an overall community-based model for all community hubs is suggested by the data and deserves attention. This will be further discussed in section 5.2.

5.1.3 Albert Street Hub

One of the core strengths of the Albert Street Hub is its location within the community pharmacy and hence integration with the methadone dispensary service. This is due to it specific location in the same building as the pharmacy responsible for dispensing methadone in the neighbourhood. This has provided the community hub with the possibility to reach a large number of individuals facing substance misuse issues due to the fact that many of them make use of the dispensary frequently. However this can also present some challenges to the community hub (discussed below). Two important strategies adopted in this community hub can contribute to an overall strategy for all community hubs. 1) The focus on peer support services. 2) The development of community activities in interface with other local organisations.

Strengths:

a) The community hub has developed a relationship with a local community allotment where gardening activities are offered to service users. As well as providing a highly therapeutic activity to service users, the activities in the community garden have also contributed to individuals' integration with other members of the community. Participants have further argued that these relationships have helped to reduce stigma of other community members towards the community hub's service users.

b) Service users have expressed great respect to community hub staff especially in relation to their style of managing cases and facilitating their access to other services. The community hub works with the key worker principle, similar to the lead professional approach. The knowledge in details of service users' stories was pointed out by service users as a key benefit of the community hub's work.

c) The community hub achieves a good reach with a high attendance of service users that come in daily. This is one of the benefits of sharing its premises with the pharmacy, where service users need to come in regularly to collect their prescriptions.

Key challenges faced by the community hub:

a) Participants consistently pointed to the physical structure of the community hub as a key limitation of the community hub. It was indicated that there is a lack of spaces for one-to-one support services and a lack of common areas where service users can freely access. According to service users' discourse this also adversely affects their relationship with pharmacy's members of staff.

b) The contrast between the pharmacy rules and the flexibility needed to provide free access and social interaction spaces – important characteristics of the community hub model – is also a challenge for the implementation of a community-based hub model. Participants expressed that the noise caused by group conversations, on many occasions, can disrupt pharmacy's environment causing inconvenience to other costumers.

c) Despite the development of activities within the community, full implementation of a community-based model is restricted by the above conditions.

5.2 Overall recommendations for improvement

Based on the perspectives of service users and service providers, this review acknowledges the importance of the community hub model in contributing to implementing an effective recovery-oriented system of care for individuals facing substance misuse. Whilst participants' perspectives have identified important positive impacts on service users, further improvements are essential to increase the effectiveness of the model and, more importantly, to consolidate the Dundee community hubs model with regards to its concept and methodology. Recommendations are presented below which this review understands as strategic for the long term sustainability of the model.

a) Full implementation of a person-centred approach

As presented in section 4.2, some essential aspects of the person-centred approach are already present in community hubs' work. From recruitment and engagement through to providing access to other services and trauma-informed therapeutic activities, the three community hubs together offer good conditions for a full implementation of the person-centred approach. More importantly the approach could increase the effectiveness of service users' engagement with long-term recovery and improve the community hubs' integration with other services. To enable a full implementation of the approach the following actions are suggested:

- Implementation of the lead-professional approach
- Improve integration with other services and expand the variety of partner services offered across all community hubs, particularly with mental health services and specialist substance misuse services
- Expand capacity of informal therapeutic activities
- Expand/implement harm reduction strategies to reduce harm and increase possibilities to engage with hard to reach groups across all community hubs.
- Provide relevant further training and development opportunities to staff members to work under the person-centred approach.

b) Implementation of an overarching strategy of the community hubs

As argued in section 5.1, there are important differences between each community hub's approach. While the flexibility to tailor the approach to local communities is important, it is essential that the principles and strategies of the community hub model are defined and implemented so that there is a shared identity and coherence between services. This is also essential to make possible the implementation of a unified monitoring system that could provide information to inform community hubs' strategic development and sustainability in the longer term. Moreover, having an overall strategy would open the possibility for an expansion of the community hub approach through the implementation of other community hubs around the city. To enable this, this review suggests the following actions:

- Implementation of an overall steering committee to design, manage, and monitor the community hubs' strategies, as well as feeding back intelligence information and provide training for staff members.
- Create an overall guideline of the community hub model, with a detailed definition of the community hubs' concepts, methodologies, and policies.
- Implementation of a unified system of impact assessment
- Create a service user participation programme to involve service users in the design of services.
- Ensure that all services that agree to participate in the community hubs commit to this both in terms of service delivery and in terms up subscribing to the community hub philosophy and approach. This may well require carefull negotiation between different regulatory or professional requirements.

c) Strengthening the focus on peer mentoring

The Cairn Centre Hub is further developed in this aspect and this could further serve as a reference for improvements on this across the community hubs in Dundee.

Peer mentoring clearly offers a number of benefits to the recovery process of service users (Section 4.4) not only for individuals receiving the support but also for individuals providing it. However, it was possible to identify differences between community hubs in terms of stage of implementation, priority given, and approach used. Acknowledging that a full implementation of the approach could increase the effectiveness the community hubs' work, the following actions are suggested:

- Expansion of the current approach, increasing capacity of the peer mentoring program.
- Mentoring the mentors: ideally a dedicated member of staff to manage and mentor volunteers across the three community hubs, or in each community hub.
- Volunteering as part of the recovery process: to formally include volunteering as a stage of the overall recovery strategy, making it an official part of the community hub programme. This is also related to implementing an overarching strategy of the community hubs (recommendation 'b').

d) Strengthening the focus on community-led approach

The Lochee Community Hub mainly, but also the Cairn Centre Hub has some good practice in this aspect and could serve as a reference for improvements on this across Dundee's community hubs.

The flexibility offered in the engagement process provides service users with the opportunity to have some level of control over their treatment, especially in terms of intensity, and mode of interactions (Sections 4.2, 4.2.3). This has shown to be key in keeping service users engaged in long term treatment, contributing to the effectiveness of the service. This is an essential aspect of the community-led approach and, according to service users, it is a key characteristic that makes community hubs a therapeutic space, stimulating the development of relationships. In this way this review suggests further development of this approach, and the adoption of the community-led approach as part of its overall strategy. To inform its implementation, this review suggests the following actions as a starting point:

- Implement or increase the capacity and availability of suitable spaces for informal interactions. E.g. cafés or other spaces that service users can freely access and where they can interact with each other. This should be a focus on developing relationships.
- Expand the variety and capacity of informal therapeutic activities which are an important part of the recovery process (Section 4.4).
- Prioritize the community-led model. This is mostly applied to Albert Street Hub where participants have indicated that there is a contrast between the community hub environment and the pharmacy environment, creating frictions in relationships and restricting a more community-led environment within the community hub (Section 5.1.3). Consideration could be given to how to manage this more effectively.

e) Strengthening the partnership with statutory services

Participants have argued that there is a limited provision of statuory specialist substance misuse services within the community hubs and a limited integration with statutory mental health services. At the same time, participants consistently acknowledged that mental health support and other specialist services are essential for individual's recovery process. Despite successful efforts in providing informal therapeutic activities that might serve to address part of the demand for mental health support (Section 4.4), it is recommended to improve service users' access to specialist substance misuse and mental health services, either within the community hub or through a more integrated partnership with other services. Equally important is to create stronger links with the Integrated Substance Misuse Service which forms an essential component of almost everyone's path to recovery. To contribute to this integration, this review recommends the following actions as a starting point:

- Strengthen the partnership working of the community hubs and the Integrated Substance Misuse Services to enable better integration of services on the ground.
- (Ideally) Deliver mental health services within community hubs in the same model of partner services – already in use in all community hubs, including with other parts of NHS provision that are already in place.

- (Alternatively) Establish a partnership with local services providing mental health support with the intention to integrate services, focusing on having a clear plan for free flux between services, follow up strategies, and monitoring strategies.

This review considers the above recommendations as central to improving providing services through the community hubs in order to address the substance misuse issues Dundee faces. Moreover, the recommendations are based on the view that Dundee's community hubs model has the potential to be consolidated as an important model of intervention, to be eventually replicated in other areas of the city. This is based on the fact the community hubs share a similar foundation that can enable the implementation of complementary approaches – such as the ones suggested above. Additionally, Dundee's community hub model is also aligned with wider policies – particularly to address the national strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths.

To provide additional references to improving Dundee's community hubs model, the section below discusses where Dundee's model stands in relation to guidelines provided in the national strategy and how the recommendations above might contribute to a full alignment with the national policy (as outlined previously in section 2).

5.3 Delivering a Recovery Oriented Systems of Care

As introduced in section 2, in 2018 the Scottish Government released the national strategy *Rights, Respect & Recovery* to improve health by preventing and reducing alcohol and drug use, harm, and related deaths (The Scottish Government, 2018). The document provides guidance for different levels of intervention, from prevention and early intervention to providing treatment and support to individuals, families and communities. Although the Dundee's community hub model was developed prior to the national strategy, a number of principles applied in the model are in line with it, particularly in relation to providing recovery services. In order to facilitate the use of the national strategy as a reference for further improvement, this section presents some key points of the national strategy that are relevant to Dundee's community hub model. These points particularly focus on the implementation of a Recovery Oriented System of Care. Listed below, the eight-point plan for treatment and recovery as envisaged in the national strategy, followed by our assessment of how Dundee's community hub model contributes, or can contribute, towards implementing a Recovery Oriented System of Care within this framework.

- People access treatment and support – particularly those at most risk

One of the important strengths of the community hubs is to provide service users with access to services by both offering them wirthin community hub premises through partnerships or through facilitating individuals engagement with external services (Sections 4.1, 4.2.1, 4.2.2). Moreover, it was identified that the community hubs are effective in addressing symbolic barriers to recovery by offering a sense of safety free from prejudice or stigma, and providing locally accessible spaces which are relevant to the lives of the service users.

- People engage in effective high-quality treatment and recovery services

The community hubs have focused on developing long term engagement with service users through relational approaches (Sections 4.1, 4.2, 4.2.2, 4.3). According to service users this has been effective in producing positive impacts in their recovery process, however, the range of services offered (within the community hub or through external partnerships) and the integration between services can be improved (see recommendations in section 5.2 items 'a' and 'e').

- People with lived and living experience are involved in service design, development and delivery

Community hubs have a range of approaches to encourage different forms of service users' participation in the design and delivery of their services, including volunteering and peer involvement. This review suggests the further enhancement of this strategy across activities in all three community hubs (Section 5.2, recommendations 'b' and 'c').

- People access interventions to reduce harm

Although all three community hubs have harm reduction initiatives (Section 4.2), the Cairn Centre Hub effectively utilizes a harm reduction approach as an effective strategy for engaging with service users as well as to reduce harm. An expansion of this approach across all three community hubs is suggested (Section 5.2, recommendation 'a').

- A person-centred approach is developed

The community hubs have a focus on delivering tailored services with a priority on individuals' needs (Section 4.1, 4.3, 4.4). A number of essential principles of the approach are already in place across the three community hubs, however this review suggests a full implementation of the approach and relevant training and administrative systems to support this (Section 5.2, recommendation 'a').

- The recovery community achieves its potential

This is the most challenging point to be achieved at the present time. It is understood the 'Community Hub' initiative is in the process of redefining its approach to establish it as a model to achieve effective recovery. However, the Albert Street Hub provides an interesting example of implementing gardening activities (section 4.4) that has contributed to address stigma in the wider community and encourages relationship building between service users and other members of the community. Although not directly related to this point, recommendation 'd' in section 5.2 can contribute to creating conditions for the development of a recovery community.

- A trauma-informed approach is developed

The use of principles that resemble the lead professional approach have improved staff knowledge about service users' stories and traumas (Sections 4.1, 4.3). According to service users, this has had a positive impact on how they can better communicate their emotions to members of staff. This enables the latter to tailor services to individuals' needs. Complementing this, the informal therapeutic activities offered by the community hubs (section 4.4) are, according to service users, an important

space for addressing trauma-related feelings and for getting support from both peers and members of staff (Section 5.3, recommendations 'd' and 'e'). Expanding this further requires that all partners are engaged in this approach.

- An intelligence-led approach future-proofs delivery

The community hubs were developed as a result of the 2013-14 review by the Dundee Alcohol & Drugs Partnership. Since then, development support and monitoring of the community hubs has taken place through the Protecting People Team reporting to the ADP and to the Integration Jojnt board (IJB).   In addition, the Dundee Drugs Commission has also taken the role to digest information from key research, reports, and policies and provide recommendations to services. These initiatives have provided a reasonable level of intelligence information to the development of the community hub model. However, this review argues that it is necessary to create dedicated efforts to turn intelligence information into actionable goals as well as implementing other strategies to consolidate the community hubs model (Section 5.2, recommendation 'b').

5.4 Conclusion

This evaluation concludes that the community hub model for delivering community-based substance misuse treatment implemented in Dundee is already contributing effectively to service users' recovery, producing positive impacts on individuals and communities. Therefore, it is suggested that strategic actions are put in place to further improve, expand on and ensure the sustainability of the model.

The recommendations included:

- Full implementation of a person-centred approach
- Implementation of an overarching strategy of the community hubs
- Strengthening the focus on peer mentoring
- Strengthening the focus on community-led approach
- Strengthening the partnership with mental health and specialist substance misuse services

Further details on each recommendationcan be found in section 5.2.

Based on evidence collected from service users and service providers, the community hubs are found to directly contribute to individuals' recovery in several ways. Evidence highlights that the community hub model is effectively providing conditions for individuals to engage with long-term treatment by providing community-based spaces that offer tailored options for individuals facing substance misuse challenges (Section 4). There is also evidence to show that the model adopted is going on the right track to deliver an effective system of care oriented towards recovery. This is seen as a platform for further improvement that already offers essential elements such as the relational approach, person-centred approach, lead professional approach, as well as therapeutic activities and a recovery-oriented approach.

To conclude, this review believes that, with further improvement Dundee's community hub model has the potential to consolidate its impact and thereby contribut to the local and national strategies to address substance misuse challenges. However, this also requires a number of key strategic issues to

be addressed: sustainable funding models to ensure continuity of provision; effectively working with statutory mental health provision; and improving access to ISMS provisions.

6. References

Adedoyin, C., Burns, N., Jackson, H. M., & Franklin, S. (2014). *Revisiting Holistic Interventions in Substance Abuse Treatment. Journal of Human Behavior in the Social Environment*, *24*(5), 538–546.

Bromer, J., & Bibbs, T. (2011). *Improving Support Services For Family Child Care Through Relationship-Based Training*. Zero To Three, (May), 30–37.

Ceannt, R., Macdonald, S. H.-F., Fenton, J., & Larkan, F. (2016). *Circles Within Circles: Dublin's Frontline Homeless Sector Workers Discuss the Intersectional Issues of Homelessness, Mental Illness and Addiction*. European Journal of Homelessness, 10(2), 61–86.

Corrigan, P. W., Roe, D. & Tsang, H. W. (2011). *Challenging the stigma of mental illness: lessons for therapists and advocates*. West Sussex, UK: John Wiley & Sons

Dundee City Alcohol and Drugs Partnership (2018). *Dundee City Alcohol and Drugs Partnership Report to the Dundee Independent Drugs Commission*. Dundee.

Galletta, A. (2013). *Semi-Structured Interview and Beyond* (1st ed.). New York: New York University Press.

Hainey, I. & Duncan, B. (2016) *Dundee Alcohol and Drug Partnership Peer Involvement Project: March 2015-August 2016 Final Report*. Dundee: CAIR Scotland.

Ingram, R., & Smith, M. (2018). *Relationship-based practice: emergent themes in social work literature*. Insights, (February), 16.

Johnson, G., & Pleace, N. (2016). *How Do We Measure Success in Homelessness Services? : Critically Assessing the Rise of the Homelessness Outcomes Star*. European Journal of Homelessness. European Journal of Homelessness, 10(1), 31–51.

Luoma, J. B. (2011). *Substance Use Stigma as a Barrier to Treatment and Recovery*. In B. A. Johnson (Ed.), Addiction Medicine: Science and Practice (pp. 1195–1215).

Luoma, J. B., Nobles, R. H., Drake, C. E., Hayes, S. C., O'Hair, A., Fletcher, L., & Kohlenberg, B. S. (2013). *Self-stigma in substance abuse: Development of a new measure*. Journal of Psychopathology and Behavioral Assessment, 35(2), 223–234.

McCann, T. V., & Lubman, D. I. (2018). *Stigma experience of families supporting an adult member with substance misuse*. International Journal of Mental Health Nursing, 27(2), 693–701.

Mccormack, B., Borg, M., Dewing, J., & Jacobs, G. (2015). *Person-centredness - the "state" of the art*. *5*, 1–15.

Murphy, D., Duggan, M., & Joseph, S. (2013). *Relationship-based social work and its compatibility with the person-centred approach: Principled versus instrumental perspectives.* British Journal of Social Work, 43(4), 703–719.

Slater, P., McCance, T. and McCormack, B. (2015) *Exploring person-centred practice within acute hospital settings*. International Practice Development Journal. In press

Smith, S., Dewar, B., Pullin, S. and Tocher, R. (2010) *Relationship centred outcomes focused on compassionate care for older people within inpatient care settings*. International Journal of Older People Nursing. Vol. 5. No. 2. pp 128-136.

Talley, A. E., & Littlefield, A. K. (2014). *Pathways Between Concealable Stigmatized Identities and Substance Misuse*. Social and Personality Psychology Compass, 8(10), 569–582.

The Scottish Government. (2018). *Rights , Respect and Recovery Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths*. Retrieved from https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2018/11/rights-respect-recovery/documents/00543437-pdf/00543437-pdf/govscot%3Adocument/00543437.pdf

Van Boekel, L. C., Brouwers, E. P. M., Van Weeghel, J., & Garretsen, H. F. L. (2013). *Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: Systematic review. Drug and Alcohol Dependence*, *131*(1–3), 23–35.

7. Appendix

Appendix 1 – Letter of approval from School Research Ethics Committee – for service Providers

---

University of Dundee — Schools of Social Sciences and Humanities
School Research Ethics Committee

3 June 2019

Roeland Hemsteede
Geography/ES
School of Social Sciences
University of Dundee
Nethergate
DD1 4HN

Dear Roeland

Application No: UoD-SoSS-GEO-STAFF-2018-46

Title: Dundee Hubs Evaluation

I can confirm your application for research ethics approval has undergone review by the School Research Ethics Committee, and they have provided their approval, with no ethical concerns with the proposed research.

I am pleased to confirm that the above application has now been approved.

Yours sincerely

PAULA FRANCIS
Research Admin Lead
School of Social Sciences

cc Dr Jon Mendel

University of Dundee Schools of Social Sciences and Humanities
School Research Ethics Committee

03 July 2019

Mrs Laura Jones
School of Social Sciences
University of Dundee
Nethergate
DD1 4HN

Dear Laura,

Application No: UoD-SoSS-GEO-STAFF-2018-47

Title: Dundee Community Hubs Project

Your application has been reviewed by the School Research Ethics Committee, and there are no ethical concerns with the proposed research. I am pleased to confirm that the above application has now been approved.

Yours sincerely

PAULA FRANCIS
Research Admin Lead
School of Social Sciences

Appendix 3 Participant information sheet for service providers

University
of Dundee

Participant Information Sheet for service providers and commissioners

Dundee Community Hubs Evaluation

University of Dundee School Research Ethics Committee Application/Approval Number: UoD-SoSS-GEO-STAFF-2018-46

Invitation to participate in this research
You are invited to take part in a research project. Before you decide whether or not you would like to participate it is important that you read the information provided below. This will help you to understand why and how the research is being carried out and what participation will involve. Please let the researcher who gave you this information know if anything is unclear or you have any questions.

Who is conducting the research?
Project leader: Daniel Jupp Kina (d.juppkina@dundee.ac.uk).
Researchers: Roeland Hemsteede (r.s.v.hemsteede@dundee.ac.uk) and Laura Jones (l.k.jones@dundee.ac.uk).
Academic Supervision: Dr. Beverley Searle (b.a.searle@dundee.ac.uk) and Dr. Fiona Smith (f.m.smith@dundee.ac.uk)

Who is funding the research?
This research is funded by Dundee City Council

What is the purpose of the research?
This research has been commissioned by Dundee City Council. The aim of this research is to evaluate the delivery of Dundee's substance misuse plan and to better understand the perspectives on the functioning of the hubs from the user's, provider's, and commissioner's point of view. This evaluation should provide input to inform future development of the Hubs.

Why have I been invited to take part?
You have been invited to take part because of your role as a provider/commissioner of these services.

Do I have to take part?
No. Participation is voluntary and confidential, and you may withdraw from the study at any time during or after the interview without explanation and without penalty. Since data is stored and processed anonymously it might not be fully possible to separate your input from that of others once analysis and reporting has begun in case you decide to withdraw your participation at a later stage.

What will happen if I take part?
If you decide to participate you will be interviewed by the researcher. This will take no more than one (1) hour of your time. You will also be asked to sign a consent form indicating your understanding of how the collected data may be used.

Are there any risks in taking part?
There are no significant risks to be expected by taking part in this research. Your data will be treated confidentially and anonymously.

University of Dundee

What are the possible benefits of taking part?

By participating in this research, you have the opportunity to help shape the future of the Community Hubs and their role in the provision of services to substance users, their social environment, and the Dundee substance misuse plan in general.

Will my taking part in this project be kept confidential?

Yes, your participation will be kept confidential. Beyond the research team no-one will have access to any of your personal details or data. The anonymised data will be stored securely and only used in compliance with what you agree to on the consent form.

What will happen to the information I provide?

Electronic copies will be stored securely at the University of Dundee until transcribed. Subsequently, transcripts will be anonymised, and audio recordings will be deleted. Publications emanating from this research will be publicly available but will not contain any personally identifiable data beyond what you have agreed to on the consent form. The research team can use the anonymised data for future research and the writing of academic publications.

Data Protection

The personal data that will be collected and processed in this study are the consent form, the interview's audio recording, and its transcription (if applicable).

The University asserts that it is lawful for it to process your personal data in this project as the processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller. Data will be stored up to 5 years and will *not* be made available to people beyond the research team.

The University of Dundee is the data controller for the personal data processed in this project Dundee City Council as the commissioner of this research will *not* have access to personally identifiable data.

The University respects your rights and preferences in relation to your data and if you wish to update, access, erase, or limit the use of your information, please let us know by emailing the researcher or project leader. Please note that some of your rights may be limited where personal data is processed for research, but we are happy to discuss that with you. If you wish to complain about the use of your information please contact the University's Data Protection Officer in the first instance (email: dataprotection@dundee.ac.uk). You may also wish to contact the Information Commissioner's Office (https://ico.org.uk/). You can find more information about the ways that personal data is used at the University at: https://www.dundee.ac.uk/information-governance/dataprotection/.

Is there someone else I can complain to?

In case of questions, comments, or concerns that you wish to take up with the research team directly please contact Roeland Hemsteede (077 3043 8894, r.s.v.hemsteede@dundee.ac.uk) or the project leader Daniel Jupp Kina (d.juppkina@dundee.ac.uk).

If you wish to contact someone about the way the research has been conducted outside the directly involved researchers please contact the Convener of the University Research Ethics Committee (https://www.dundee.ac.uk/research/governance-policy/ethicsprocedures/ethics/contacts/).

Appendix 4 Participant information sheet for service users

Participant Information Sheet for Service Users

Dundee Hubs Evaluation

University of Dundee School Research Ethics Committee Approval: UoD-SoSS-GEO-STAFF-2018-47

You are invited to take part in a research project. Before you decide whether or not you would like to participate it is important that you read the information provided below. This will help you to understand why and how the research is being carried out and what participation will involve. Please let the researcher who gave you this information know if anything is unclear or you have any questions.

Who is conducting the research?

Researchers in the School of Social Sciences at the University of Dundee are conducting the research. Laura Jones (l.k.jones@dundee.ac.uk) is the researcher for this part of the project, and the lead researcher is Daniel Jupp Kina (d.juppkina@dundee.ac.uk). Roeland Hemsteede will be interviewing staff at the hubs. The research is being supervised by Beverley Searle and Fiona Smith.

Who is funding the research?

This research is funded by Dundee City Council.

What is the purpose of the research?

This study aims to look at how the people using the community hubs feel about the services offered. We want to know what is working, and what could be better.

Why have I been invited to take part?

You have been contacted because you use, or have used some of the hub services in the past.

Do I have to take part?

No. You can choose to take part or choose not to take part. If you choose to take part you can stop the study at any time. You do not have to give a reason for not taking part or for stopping. Whether you take part or not will not change the support you receive at the hub or your access to services.

What will happen if I take part?

The study will involve a conversation with a researcher, either on your own or in a group. It will take place at one of the hubs. You will be asked about your experience of the hub, what you like, and what you think could work better. This conversation will be audio recorded.

Are there any risks in taking part?

Although you will not be asked about them directly, there is a risk of difficult or sensitive topics being discussed. You can refuse to answer any questions which you feel uncomfortable with and you can stop at any time without explanation.

What are the possible benefits of taking part?

The findings will be used to inform future decisions about policy and service provision at the hubs.

Will my taking part in this project be kept confidential?

Yes. The hub staff may know that you have taken part, but they won't know what you have said. In a group interview, the other members of the group will know what you said. Everyone in the group is asked to agree to respect each other's views, and not share anything outside of the group. However, you are asked to carefully consider what you share, and only talk about what you are comfortable with the group knowing. You are asked not to tell anyone who else was in your interview, or anything you have heard.

This project specifically aims to understand your experiences of using the hubs, and we ask you not to disclose any illegal activity. If you tell us about any harm or risk of harm to a child or vulnerable person we will need to tell the hub staff and they will follow their reporting procedure. We will tell you if this happens.

What will happen to the information I provide?

Following the interview, the researcher will transcribe and remove any names or places you have mentioned. You will be given a pseudonym so nobody will know what you said. The transcript will be encrypted, password protected and stored on Box, a secure online system, at the University of Dundee. Only the immediate research team will be able to read the transcripts. Any paper documents containing your personal details (i.e. signed consent forms) will be kept in a locked drawer at the University of Dundee, and securely destroyed after the completion of the project.

The findings will be used for a report, workshop and other research outputs. You will not be identifiable in any of these outputs. Some direct quotes may be used but nobody will know it was you that said it.

Data Protection

The personal data that will be collected and processed in this study are the signed consent form, transcribed interview and audio recording.

The University asserts that it is lawful for it to process your personal data in this project as the processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller. The University of Dundee is the data controller for the personal data processed in this project

The University respects your rights and preferences in relation to your data and if you wish to update, access, erase, or limit the use of your information, please let us know by emailing Daniel Jupp Kina (d.juppkina@dundee.ac.uk). Please note that some of your rights may be limited where personal data is processed for research, but we are happy to discuss that with you. If you wish to complain about the use of your information please contact the University's Data Protection Officer in the first instance (email: dataprotection@dundee.ac.uk). You may also wish to contact the Information Commissioner's Office (https://ico.org.uk/).

You can find more information about the ways that personal data is used at the University at: https://www.dundee.ac.uk/information-governance/dataprotection/.

Is there someone else I can complain to?

If you wish to complain about the way the research has been conducted please contact the Convener of the University Research Ethics Committee (https://www.dundee.ac.uk/research/ethics/contacts/).