Community Hubs Evaluation Report

Cornwall Voluntary Sector Forum

Volunteer Cornwall

Cornwall and the Isles of Scilly Integrated Care Board

May 2023 [v4 FINAL]







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Executive summary

The project

The **Cornwall community hubs** aim to provide care and support through a place-based model with a network of over 40 diverse 'hubs': voluntary sector operated spaces that act as a central point of support for communities. Helpforce is providing support as an evaluation partner.

Key findings

- The most common reason for using the hubs was for **emotional health &** wellbeing support (77%), and physical health (37%).
- The support that hubs offer is diverse and comprehensive. 78% of hub members reported that support was tailored to their needs, and 84% reported that there was no service they expected that wasn't available.
- There were high levels of satisfaction: **99% of members had their expectations met or exceeded** and 92% were satisfied with hub support.
- If the hubs did not exist, **50% of hub members** said they would have approached a **healthcare provider for support.**

Conclusions & recommendations

Evaluation approach

This rapid evaluation was codesigned with hub leaders and voluntary sector partners. Given the diversity of the hubs, the evaluation focussed on common outcomes around how the hubs support their members. Data was collected through surveys between November 2022 and March 2023, with 11 hubs providing insight data about how their hub services were being run, and 6 of these hubs collecting 463 surveys from hub members regarding the impact on their wellbeing.

In terms of impact on hub members, our evidence indicates:

- Increased **emotional wellbeing** with improved scores across four measures including life satisfaction, happiness and anxiety.
- Hub support improved self-esteem (85%) and mood (93%) and helped hub members to feel less isolated (88%). It helped people to move forward (84%) and feel more informed about their options (78%).
- Improvements were seen across three **social wellbeing** measures, e.g. I am content with my relationships increased from 57% to 78%.
- Member's **confidence in managing their own health** increased from 59% to 76%.



said they would otherwise have approached a healthcare provider for support

Cornwall's network of hubs are a vitally important community asset, providing **essential place-based support that can respond to health and social care strategies to keep people well, connected and supported**. The results in this evaluation report show the benefits the hubs have on people and their wellbeing, and how well they connect them to other community services. Hub members view the hubs as a valuable part of their community and the sense of belonging and connectedness generated by the hubs appears to be a key factor in this. Our recommendation is to consider how the network continues to grow and provide stability for these hubs: reviewing funding options, developing a common service delivery model, greater use of volunteers, and assisting the development of further connections with health and care services. This can help enable the hubs to offer a greater reach into the community in a more sustainable way.

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Context: Cornwall Voluntary Sector

The voluntary, community and social enterprise (VCSE) sector exists to provide services and facilities in the local area to meet a wide range of issues, ranging from critical social need for individuals and communities to activities to enrich cultural life, improve the living environment and contribute to social wellbeing.

In areas from health, education and food provision to community cohesion, loneliness and housing, the services charities provide help to support and in places enhance the public sector. Without the work of the VCSE, the public sector would face increased strain in delivering support to those who need it most.

In Cornwall, there are more than 4,500 VCSE organisations supporting people in communities and supporting the health and care system. In 2020, the sector experienced increased demand due to the impact of COVID-19. Many of these organisations were working on the front line in the fight against coronavirus, complementing the work of the NHS and social care providers, directly contributing by tackling the impacts of the pandemic on the most vulnerable.

The formal establishment of the Integrated Care System (ICS) in Cornwall and the Isles of Scilly promised a new way of working that brings together NHS organisations, local authorities, VCSE organisations and local partners to achieve its aims.

VCSE organisations play a critical role within local health and care systems both as service providers and as vehicles for community engagement and voice. They are therefore important strategic partners for ICSs in terms of delivering improvements in health and wellbeing and reducing inequalities – which often involves working more closely with communities.

Context: Community Hubs

Cornwall community hubs are places and spaces that act as a central point of voluntary, community and social enterprise (VCSE) contact and support for their communities. Hubs can be based in a building or consist of virtual connected networks working together to increase community capacity and resilience. They are connectors of people, communities, local groups and voluntary sector organisations and activities. They are a place where social capital is enhanced, local bonds are strengthened, new ideas are formed, and initiatives are launched.

A community hub understands, values, and supports the strengths, capacities and skills held within communities. Community hubs enable diverse and inclusive representation and an understanding of the context of individuals and communities. They are a place where people can find friendship, acquire new skills and share their expertise, and get help and advice on aspects such as food, employment, housing, finances, health, and wellbeing. The hub model can represent various demographic groups, ensuring voices from all groups of people are heard so that locally relevant services enable the potential for vibrant and healthy lifestyles and communities.

Community hubs are, in the main, a network of existing charitable organisations – operated by paid staff, many with support from volunteers. The bringing together of community hubs as a network has resulted in multiple benefits, including shared knowledge, peer support, and increased capacity to provide support. Further, acting as a network increased the ability to demonstrate, at scale, the impact hub services can have across the county.

The Community Hub model aims to support delivery of some of the health and care system's key priorities:

- Reducing health inequalities;
- Preventing hospital admissions;
- Enabling prompt discharge;
- Delivering anticipatory care assessments and implementing personalised support interventions so people can stay at home in their communities; and
- Improving physical and mental health and wellbeing.

¹ Insights data provides evidence related to what is working well or not so well, to help identify what improvements / learnings could be made to this service. Impact data measures the difference the service is making to beneficiaries, against identified outcomes. More information can be found in <u>Appendix C</u>.

Hubs involved in the evaluation:

Providing insight and impact data:¹

- Falmouth
- <u>Newquay</u>

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- Liskeard
- Penzance
- Redruth
 - St. Austell

Providing insight data only:

- Hayle
- Helston
- Lanivet
- Perranporth
- Rural East

For more information about each of the hubs and their services, please see <u>appendix B</u>.

Context: Hub activity



- During the period of the evaluation, Volunteer Cornwall and Cornwall and the Isles of Scilly Integrated Care Board collected data from the 11 evaluation hubs as to how many people they had supported.
- Across the 11 hubs that participated in the evaluation, almost over 11,000 hub member interactions were undertaken between November 2022 and March 2023.²
- With hubs varying in size and services offered, numbers of interactions completed by each hub ranged from 67 to 2,607.
- 49% of all interactions were with adult members.



² Please note, there are over 40 hubs who provided activity data through the winter period and, in total, recorded 41,007 member interactions. This activity data shown on this slide relates to the 11 hubs that participated in the evaluation only. Helpforce has not been able to validate this data.

Evaluation approach: Outcomes

Using its established <u>Insight & Impact</u> evaluation service, Helpforce follows a consistent methodology to determine the impact of services on health and wellbeing outcomes. Target outcomes and key insights are identified across a range of beneficiaries representing the people and organisations involved, and then the necessary data is collected to prove and evidence the outcomes and provide insights.

The evaluation of Cornwall Community hubs network has been completed between November 2022 and March 2023, in partnership with Cornwall Voluntary Sector Forum, Volunteer Cornwall and Cornwall and the Isles of Scilly Integrated Care Board. The evaluation has been split into two phases.

- Phase one: as reported in this document, we analysed high level hub member outcomes and aimed to gather insights into how hubs operated and delivered their service. This phase involved working with **11 hubs to gather insights around service delivery**, with **six of these generating additional evidence of impact**.
- Phase two: focus of and need for a phase two evaluation will be determined following discussions with the ICS and partner organisations, and in consideration of learning from the phase one evaluation.

Please note, throughout the report, individuals who received support from a hub are referred to as 'hub members'.



Evaluation approach: Methodology

The evaluation consisted of four different collection methods:

- 1. Existing hub member surveys: Individuals who were already receiving support at the time the evaluation commenced were asked to complete a survey, asking questions regarding their hub support experience and outcomes achieved.
- 2. New hub member surveys: Individuals who sought support from the hubs after the evaluation commenced were asked to complete a survey upon starting their support journey (referred to as the 'pre-survey') and again when their support journey came to an end (referred to as the 'post-survey'). These surveys asked questions regarding their hub support experience, alongside pre and post comparisons of health and wellbeing measures related to the specified outcomes.
- **3.** Hub member interviews: across multiple hubs, hub members were asked for more in-depth information about their support journey and experience.
- 4. Hub insight logs: Hubs who participated in the evaluation were asked to complete an insight log at multiple stages throughout the evaluation, capturing learning from service delivery, challenges experienced and solutions.

Throughout the report data findings are linked back to the data collection method using icons at the top right-hand side of the page. Evidence strength is also rated used icons. These icons are as follows...





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Insight: Shared learning from service delivery



All 11 participating hubs were asked to reflect on any learning from service delivery during the evaluation period. Some of this learning related to reaching and supporting individuals within the community.

- The hubs recognised that **advertising the support which they offer** has been valuable in increasing numbers of hub members. Hubs have adopted different marketing routes, but these having included the use of social media and creating targeted posters. For instance, the Rural East hub placed posters near schools to advertise half-term activities.
- Due to the rural settings of many of the hubs and services, there was recognition that some individuals may not be able to easily access support.
 Hubs have responded to this by offering transport services or implementing new staff roles that can provide support to individuals within their own homes. For example, Falmouth has recently employed two community health and wellbeing workers who will provide outreach work within the local area.
- Several hubs reported that individuals may not feel comfortable asking for help and need time to open up and discuss their challenges. As a result, Penzance has increased the number of sit-and-talk sessions they offer, where hub members have time set aside to speak about their worries in a comfortable environment. Falmouth hub recognised their peer support workers are important in building a relationship with hub members and helping them to overcome any anxieties.
- Hubs reflected upon the importance of **speaking with hub members to better understand the needs and wants of the local community**. For instance, Rural East discussed collaborating with those who attend the hub regularly to obtain feedback on what services they would like to see provided. Newquay discussed *"constantly reviewing our services, listening to the needs and requirements of the people that come through our door"*.

Insight: Shared learning from service delivery



Additionally, Hubs reflected upon the importance of collaborative working.

- Internal collaboration with organisations and colleagues within their individual hub networks has proved successful in offering individuals holistic support. For instance, Newquay discussed organising regular catch-ups as a hub area to share information, discuss ways of working, and review shared referrals. Perranporth also reflected on putting in time and effort to build relationships within the wider team, resulting in individuals working together to improve the wellbeing of their hub members.
- Working in partnership with other local support and care organisations appears to have been pivotal in successfully delivering support to the local community. This collaboration has resulted in multiple benefits:
 - Where the hub team may not have all the information they need in order to support an individual, they have been able to turn to partner organisations to gain knowledge and insights. For example, Liskeard provided an example of a hub member who was homeless and in need of support, however, the team had limited experience of supporting individuals in these circumstances. To support this member, the team contacted a local homelessness organisation to gain more knowledge and in turn were able to ensure the individual received the appropriate support they made a referral to a local charity, Harbour Housing, who later assessed and placed the individual. The hub has now created a policy and referral pathway for future staff members who support individuals experiencing homelessness.
 - Working in partnership with charities has allowed hubs to provide support in response to the changing needs of their members. For example, the Falmouth hub noted an increased in calls related to benefits and debt advice. As a result, they delivered an information and support event, in partnership with Volunteer Cornwall, St Petrocs, Christians Against Poverty and Citizens Advice, to provide housing, debt and benefits advice to members.
 - Hosting staff from local services at the hub allows members to reach multiple support services through a central place. For instance, many of the hubs have social prescribers either based at or regularly visiting their services. These individuals are on hand if members wish to ask them questions, or they may speak with individuals visiting the hubs to inform them of the support they are able to provide.
 - Overarchingly, however, having an established network of local contacts that provide varied support ensures that the hub can undertake appropriate **signposting or** referrals for their hub members where their needs extend beyond the services offered within the hub.

Insight: Shared learning from service delivery



Other learning related to general service delivery and meeting demand.

- As a result of working with partner organisations, many of the hubs receive referrals into their organisation. However, some hubs have recognised that it can be **frustrating for hub members to have to repeat information** already provided from their referral. As a result, hubs have been putting processes in place, such as tailoring registration forms or allocating cases to a singular member of staff, to avoid duplication for their members.
- Many of the hubs offer volunteering opportunities, and volunteers appeared to be a key part of maintaining delivery of their services. However, some hubs reported challenges in managing volunteers' commitment and engagement, and as a result have placed a greater emphasis on organising volunteers. Many hubs have reported that they have been creating rotas and using WhatsApp groups to monitor the attendance of volunteers, to ensure that there is enough support on the busiest days.
- Many of the hubs noted an increase in demand for their services in recent months. For some hubs, this has led to the extension of services beyond the working week. Redruth, for example, recognised "a crisis does not normally happen 9 to 5, 5 days a week". As a result, the service is now provided 8am to 8pm, 7 days a week, which the hub explains has helped them to address isolation, crisis and health and wellbeing concerns experienced by their members. For other hubs, this has led to the recruitment of new staff members. For instance, Newquay has recently placed an advert for an additional cook and is now considering recruiting to an additional admin role to cover increased demand for their services.
- With increased demand often comes **concerns for managing this demand financially**. Indeed, hubs discussed concerns about the rising costs associated with running of the hubs. For instance, Helston reported facing challenges due to increasing costs of utilities, food, employment and insurance. Others discussed concerns about fixed-term funding coming to an end which may put some of their services in jeopardy. For example, Redruth discussed staff members leaving their roles, which they believe *"is due to how programmes are funded and the fear of losing jobs at the end of programmes with no sustainable core funding"*. Many of the hubs discussed exploring and applying for additional funding to provide continuity of services, however, there appeared some concern for financial security moving forwards.

Insight: Support received by hub members





New and existing hub members post-survey n=362. New hub members postsurvey n=85. Existing hub members post-survey n=277. Statistical significance testing performed at 95% confidence level.

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- By far the most common type of support received by hub members was related to their **emotional health and wellbeing (77%),** with all other support types taken up by less than 40% of hub members.
- It appears that some hub members received a range of support, with **52% stating that they** were provided with more than one type of support.
- Some hub members identified other types of support they received through the hubs, outside of the categories asked about. The most common of these were having social interaction with others, receiving parenting support and being able to do activities such as crafts. Access to food and warmth, support with housing and crisis support were also mentioned, but less frequently.
- We saw some **differences between new and existing hub members**. New hub members were significantly more likely to have received employment / education support and significantly less likely to have received support to manage their emotional and physical health.
- There was alignment with the types of support new hub members were hoping to access at the start of their journey. They identified that they wanted support with (in order of number of mentions):
 - Social health
 - Education / training / careers
 - Mental health
 - Finances

- Activities and groups
- Family / carer support
- Physical health
- Food poverty / meals
- Housing



Insight: Additional support requests



- The majority of hub members (84%) did not feel that any support they had hoped for was unavailable. No notable differences were seen in responses between new and existing hub members.
- A small number (5%) of hub members who reported that some support was unavailable mentioned missing or needing more support with their mental health, finances, physical health (including smoking cessation) and home life, and having more integrated care and support. One member also mentioned difficulties with transportation to attend events.
- Given that a number of the areas of missing support were identified by other members as things that they have received support with, it is unclear whether this is due to the differing types of support on offer in different hubs or due to these hub members having more specific needs in the identified areas.
- A relatively sizeable proportion (11%) of hub members said that they didn't know whether any support they hoped for was unavailable.
- While they didn't necessarily say support was unavailable, some members gave suggestions for improvements, including having groups for single dads, workshops for children, more creative activities, and coverage on more days of the week.



I was hoping to get more support with finances that was available for me at the time

Existing hub member

I would of liked some sort of counselling, maybe like mindfulness especially as I find it lonely being a cancer survivor

New hub member

New and existing hub members post-survey n=362.

Impact: Hub member outcomes







- New hub members were asked about different wellbeing and outcome measures in both the pre- and post-survey. While the two datasets are not directly comparable (please see the 'Data limitations' page for more information), they can be used as an indication of changes which may have occurred during hub attendance.
- Hub members were asked to rate their satisfaction with their emotional wellbeing out of 10, and there was an increase in 0.8 points in average scores between the pre- and post-surveys. There are indications that this is a significant increase in satisfaction.
- Additionally, across all ONS4 wellbeing measures, the results were more positive in the post-survey than in the pre-survey.³
- Increases were seen in average scores for life satisfaction, feelings that the things done in life are worthwhile and happiness. Again, there are indications that these are significant increases for life satisfaction and happiness.
- While the difference was to a smaller degree than for other measures, a reduction in reported anxiety was seen between the pre- and post-survey.
- Hub members' scores for the ONS4 wellbeing measures are less positive than the latest averages for Cornwall, however the post-survey results show a move closer to them.⁴

New hub members pre- vs post-survey: satisfaction with emotional wellbeing n=100 vs 85; life satisfaction n=100 vs 85; worthwhile n=101 vs 85; happiness n=101 vs 85; anxiety n=86 vs 69. Statistical significance testing performed at 95% confidence level. Results of statistical significance testing are only indicative – please see "Data limitations" page for reasoning.

³ ONS4 is a set of personal wellbeing measures developed by the Office for National Statistics, which allow respondents to give their views of their own personal wellbeing – further information can be found on the <u>ONS website</u>. ⁴ Personal wellbeing estimates for Cornwall April 2021 to March 2022 from <u>ONS Annual Population Survey</u>: satisfaction = 7.58; worthwhile = 7.77; happiness = 7.47; anxiety = 3.14.







New hub members pre-survey n=101. New hub members post-survey n=85. Statistical significance testing performed at 95% confidence level. Results of statistical significance testing are only indicative – please see '<u>Data limitations</u>' slide for reasoning.

- New hub members were also asked about measures relating to their social wellbeing and their health / support.
- The proportion of hub members agreeing or strongly agreeing that they are **content with their relationships and that they have enough people they can ask for support** was higher in the post-survey than in the pre-survey.
- No notable differences were seen in agreement that relationships are as satisfying as hub members would want them to be.
- When it comes to their health and the support they have, again hub members were more likely to agree in the post-survey that they **feel confident managing their health independently** and seeking support from organisations in their community.
- The largest difference was seen in **hub members knowing which organisations they can access for support in their community**, with agreement 26 percentage points higher in the post-survey than the pre-survey.
- These findings suggest that during their time accessing the hubs, hub members have built supportive networks and confidence in managing their health and seeking support.
 Knowledge of the support systems that are available has also grown, whether that is the hubs themselves or other organisations.







- In the post-survey, both new and existing hub members were asked to reflect on to what extent they agreed with different statements about their experience of hub support.
- The highest levels of agreement were seen for the three measures related to emotional wellbeing. At least 85% agreed with each one and three quarters of hub members agreed with all three. Highest levels of agreement were seen with **the hub cheering hub members up or improving their mood, at 93%.**
- Given that the most common type of support to have been received by hub members was help with managing their emotional health and wellbeing, it is encouraging to see positive perceptions related to emotional wellbeing outcomes.
- Agreement with the hub **improving self-esteem** was significantly higher for new hub members than existing (93% vs 83%).
- Related to the 88% who felt less lonely / isolated, there was a feeling in hub members' comments that the hubs foster a sense of community, connectedness and belonging.

New and existing hub members post-survey n=362. Statistical significance testing performed at 95% confidence level.

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- Looking beyond emotional wellbeing, **84% agreed that the hub had helped them to move forwards**, while **78% each agreed that the support was tailored to them and helped them to feel more informed about their options**. While agreement with these statements is slightly lower than for the wellbeing statements, this appeared to be due to more hub members responding neutrally to the questions rather than negatively.
- Existing hub members were more likely to say that the support was tailored to them (80% vs 74%), while new hub members were significantly more likely to agree that they felt more informed about their options (86% vs 75%).
- The measure achieving the lowest levels of agreement was around the hub enabling hub members to do tasks they would not have been able to do alone. 17% responded neutrally and 13% disagreed with this statement. Given the positive perceptions of support received (to be covered shortly), it is possible that not all hub members were expecting this outcome or do not see it as within the remit of the hubs.





Hub members described a wide variety of tangible benefits they had seen from their hub support...



Impact: Support experience





Hub member satisfaction with the support they received New and existing hub members combined post-survey feedback



- Hub members' perceptions of the support received appear to be **overwhelmingly positive**.
- **99% of hub members felt that their expectations had been met or exceeded**, with responses weighted more towards expectations having been exceeded.
- Only two hub members felt that the support fell below their expectations. One reported that
 there was not as much variety as they had expected, and the other had a negative experience
 when they felt that they weren't offered enough support when their car broke down and they
 were unable to attend the centre.
- The overall meeting and exceeding of expectations is reflected in high levels of reported satisfaction with the support received, with 92% satisfied or very satisfied. Again, this is weighted more towards hub members being very satisfied, with two thirds rating it this way.
- Of the 18 hub members who said that they were unsatisfied or very unsatisfied with the support they received, only three provided details to support this.
 - Two were those referenced above who felt the support was below their expectations, while another reported that they would like more one-to-one support with their mental health but the group setting is too busy for this.
 - It is unclear whether some hub members selected that they were satisfied or very unsatisfied in error as their answers to other questions contradicted this, for example saying that the support had exceeded their expectations or providing only positive feedback in open text responses.

New and existing hub members post-survey n=362.

Impact: Support experience



A range of reasons were given for the positive support experiences that attendees had...



Impact: Support systems if hubs were unavailable 🔲 🍚 🕒

- On average, hub members identified two different sources of support they would have approached if the hubs were not available, the most common being their friends and/or family at 57%.
- Half of hub members reported that they would have sought support from at least one healthcare provider, the most frequently mentioned being their GP.⁵ This suggests that the presence of the hubs may have diverted hub members away from seeking NHS support for issues which can be managed elsewhere.
- Amongst those who stated that they would have approached an 'other' source of support, it was most commonly mentioned that they wouldn't have reached out or contacted anyone else.
- Other sources of support mentioned included:
 - Public services such as social prescribers, housing officers / support, education centres, jobs centres / work coaches and Citizen's Advice Bureau;
 - Community groups such as church / religious support, Women's Institute, parenting groups and community fridge.
 - Personal contacts such as host family, work colleagues and neighbours.

Hub member feedback on who they would have approached for support if they were unable to get it from the hub New and existing hub members combined post-survey feedback





Building healthy interactions & skills that I can carry through into so many different areas of life and self-care to keep on top of my health without the need for NHS care or emergency mental health teams

Existing hub member

New and existing hub members post-survey n=362.

⁵ 'Healthcare provider' includes any of GP, mental health services, 111, NHS community teams, local hospital and 999.

Impact: If hubs were unavailable



There appeared to be a feeling, particularly amongst existing hub members, that they didn't know what they and/or the community would have done without the hubs...



Impact: Reducing the need for medical intervention

Julie's story illustrates how providing community support can reduce the need for hub members to access local NHS services.



NB: This case study is based on an interview with a hub member and has subsequently been anonymised. The image is used for illustrative purposes only. Julie and her family were new to the area. Her mother, who lives with her, has a history of mental health difficulties and had found the move unsettling, prompting them to seek help from their GP. They found out about the hub via a social prescriber and were encouraged to attend after Julie saw some posts on social media. They attended a craft group together and "that was the first thing that started us to feel like we were in the right place...and to start to actually make connections, to set up some roots here".

Julie's mother **now spends whole days at the hub in different groups** such as choir, exercise classes and 'Make and Eat' groups. Julie is **appreciative of the steps that staff take to ensure groups are accessible for all**: *"the person who leads that group has a good awareness of mental health and wellbeing and really chooses activities that support that, but also provides...that listening ear and encouragement that really supports that as well".*

Julie feels that the hub has made a **tangible difference** to her mother's mental wellbeing and has **reduced the need for involvement from their GP**. Her mother had been referred for mental health input following their initial contact with the GP, but they were eventually able to turn down this referral due to marked improvements in her mother's wellbeing. Julie puts this down to attending the hub and having increased social connections. In turn, it has had a **positive impact on Julie and the rest of the family**: "It's hugely helped my mental wellbeing as well because I'm effectively a registered carer for my mum. So if she's not in a good place, then it has a huge impact on me personally and my husband... So **to have her so happy has been brilliant**".



Impact: Wrap-around support

Eric's story shows how the hub can support individuals in multiple areas of their life to provide wrap-around support. It also highlights that the hubs reducing the need to engage with healthcare providers is not necessarily the right thing for every member: for some it is about supporting them to access the right level of care at the right time.



NB: This case study is based on an interview with a hub member and has subsequently been anonymised. The image is used for illustrative purposes only. Eric has had mental health difficulties for a number of years and was previously homeless. Since engaging with one of the community hubs, Eric has received wide-ranging support. He has received help to ensure that he is on the correct housing benefits and getting the right level of medical intervention. Previously he had only seen the mental health team once every six months but is now engaging with them once a month, something he views positively and attributes to support from the hub. He attends courses such as cookery and horticulture, has taken on two volunteering roles and attends social events such as craft groups and quizzes.

Eric feels that the hub has had a **significant impact** on a number of aspects of his life and he is **not aware of where he could have sought similar support**: *"I don't know where I'd be without them… They go the extra mile as well… I'm just scared, if they ever close down I don't know what would happen, not besides me but to a lot of people".*

Impact: Providing an accessible and inclusive environment

Claire's story illustrates how essential the accessibility of the hubs is to ensure those with additional needs can engage with support and groups. It also further supports other hub members' views that the hubs provide an accepting and welcoming environment.



NB: This case study is based on an interview with a hub member and has subsequently been anonymised. The image is used for illustrative purposes only. Claire had a neurological complication a few years ago which has **reduced her mobility and how independent she can be** in her own home. She started attending the hub after speaking to a social prescriber. The group she attends is **the only one she has been able to find** in her local area that starts late enough in the day for her to attend after her morning carer visit.

Claire feels that attending the hub has been very positive because it has **given her back some** independence. It is the only time she goes out of the house on her own and *"it's got a level access and accessible loos so I'm quite independent once I'm in there."* She feels that it is an **accepting environment** and *"it's given me a lot more confidence and…I feel like I fit in there and nobody's staring at me"*. She reported that the **group leaders are supportive** and take suggestions from hub members of activities they want to do, including sometimes having member-led activities: *"they encourage people to share their skills"*.

Claire currently attends the hub once a week. She is aware of a similar group which takes place at the hub on another day, but unfortunately she is **unable to attend due to the cost of taxis** to and from the hub.



Conclusions

- This evaluation has provided a wealth of insight into the hubs and emerging findings of the positive impact they are having. It is clear that Cornwall's network of hubs are a vitally important community asset, providing essential place-based support that can respond to health and social care strategies to keep people well, connected and supported. Each of the hubs is unique in the services they offer, yet they are all **aligned in their** goal of supporting local people. There are some common themes in ways of working hubs have found valuable, including partnering with other organisations and advertising the support available.
- Hub members report overwhelmingly positive experiences of the hubs: 99% had their expectations met or exceeded and 92% were satisfied or very satisfied. They appear to view the hubs as a valuable part of their community and the sense of belonging and connectedness generated by the hubs appears to be a key factor in this. A range of additional reasons were also given, including reports of friendly and supportive staff, feeling welcomed and accepted, being able to learn new skills and having access to a good variety of activities.
- Hub members most commonly receive support for their emotional wellbeing. It is therefore very positive to see large proportions of hub members we surveyed agreeing that the hub has helped to improve their self-esteem and mood and helped them to feel less lonely.
- There are indications that, during their time attending the hubs, new hub members improved their personal wellbeing, built relationships and increased their knowledge of support they can access.
- A number of hub members commented that they don't know what they would have done without hub support or that they would have had
 nowhere else to go. However, 50% of hub members reported that without hub support, they would have attended at least one healthcare
 provider, suggesting that the hubs have helped to divert additional pressure away from already over-stretched NHS services.
- Whilst in the minority, a small number of hub members reported that some support was unavailable. These individuals mentioned missing or needing more support with their mental health, finances, physical health (including smoking cessation) home life and transport. Further, some members did give some suggestions for improvements, including having groups for single dads, workshops for children, more creative activities, coverage on more days of the week, and having more integrated care and support.

Recommendations

- It is clear that hub services are highly appreciated by the local community, however there were concerns raised regarding the ongoing stability of the services, with fixed-term funding struggling to be balanced against rising costs and demand. We recommend that the ICS and VCSE partners identify a funding model that can support the hubs, enabling them to develop their service model and build greater sustainability.
- The hubs vary greatly in how they operate, the services they offer, and how they connect with other local services. Much of this diversity is a positive feature and reflects the bespoke nature of the hubs in response to local need. However, there is also an opportunity for the network to increase the sharing of learning which could improve practice and help the hubs operate more efficiently and extend the reach of their services. Developing a **common hub service delivery model** would assist all hubs in improving their offering and benefiting from the experience of other hubs across Cornwall. A common model could help the hubs in terms of expanding their service scope, extending the reach further into their community, financial sustainability, and greater use of volunteers.
- Further evaluation could provide a deeper understanding of the impact of the hubs in a number of areas, and one area could be the role of the hubs in keeping people well. This phase one evaluation indicates that the fantastic support the hubs are providing has a positive impact on individuals' emotional and physical wellbeing. Should further evaluation work be considered, this evaluation question would help us to examine how well hubs provide preventative and reablement activities that in turn get and keep people well.

Acknowledgements

We would like to thank our main project partners for their support in undertaking this evaluation.







We also like to pass on our thanks to the **participating hubs, services, and members** for providing their insights and feedback.

Without them, this evaluation would not have been possible.



Appendix A: Data limitations

- Feedback from hub members was gathered across the hub, rather than specific elements of the services that were received. Further, individuals were not asked to reflect upon the support provided by staff members or volunteers individually. This evaluation, therefore, considers the insights from and value of services as whole, and the impact of individual services, staff or volunteers cannot be determined.
- Numbers of insight logs submitted by the hubs varied, and hubs appeared to have used the logs in different ways some provided a detailed week-by-week breakdown, whilst others provided a high-level reflection on delivery across months. This has led to difficulty in obtaining consistent information for analysis from the hubs.
- Hubs reported difficulties knowing which survey hub members should complete and how to follow up with those who completed a new member pre-survey, therefore some said that they tended to ask people to complete the existing member survey by default.
- Hub members opted-in to complete surveys and in-depth interviews, however it is unclear how hub members were made aware of them by hub staff and to what extent respondents were randomly sampled or were selected by hub staff. There were also some concerns around the vulnerabilities of hub members, for example, those who may have health conditions that would make it difficult to participate. As a result, we cannot conclude that survey responses are representative of the opinions all hub members.
- The results from the new member pre- and post-surveys are not directly comparable. To maintain confidentiality, respondents were not asked to provide identifying information, however this means that it is unknown whether the respondents completing the post-survey had all completed a pre-survey. There was also a smaller number of respondents who completed the post-survey, so it is known that not everyone who completed a pre-survey also completed a post-survey.
 - For statistical significance testing on differences between pre- and post-survey responses, it was not possible to complete dependent samples testing due to these discrepancies. Therefore, independent samples testing was performed, however it cannot be claimed that the samples are independent. Hence the results from any statistical significance testing between these samples can only be used indicatively.

Appendix A: Data limitations

- There was variability in the number of surveys submitted by each hub, therefore the views of hub members from some hubs may be more strongly represented in the survey data than others. One hub, Newquay, did not submit any new member surveys. Due to differences in sample sizes, survey data has not been used to compare hubs, but rather has been analysed as a whole for all hubs.
- Six hubs participated in the impact evaluation, and an additional five hubs participated in the insight findings, however, there are over 40 diverse hubs within Cornwall. Whilst these findings may provide an indication of the types of support and services offered for individuals from these services, they are not conclusively representative of all hubs within the network.
- Numbers of hub member interactions were not validated by Helpforce and may not be an exact representation of the numbers of people supported by the 11 participating hubs. These figures should therefore be considered as indicative of numbers of member interactions, rather than a confirmed figure.

It is important to consider the findings of this evaluation in the context of these limitations. Understanding the limitations has provided rich learning which will be taken into consideration in the design of any future evaluations of the hubs.

The information in appendix B was mainly provided directly by the hubs via insight logs. For some hubs, it has also been supplements by additional information provided by Volunteer Cornwall and/or from hub websites and social media pages.

Falmouth

The Falmouth hub consists of two services: Dracaena Centre and Age UK – Falmouth (part of three Age UK Cornwall & The Isles of Scilly Active Living Hubs).

Falmouth aims to support social inclusion in the local community by linking people together and providing a safe place. This hub also promotes independence, choice and equality through signposting and providing information. This hub offers a range of support to members of all ages.

Services offered include:

- Support to families, who are struggling with parenting and school attendance.
- Social and fitness groups, including school sports clubs, holiday clubs, and youth groups and social support groups for individuals aged 50 and above.
- Legal advice.
- Financial support and benefit applications, including for personal independence payments and universal credit.
- Employment and education, supporting individuals to find engaging employment, retraining, employability skills, and confidence building.

• Volunteering opportunities.

Newquay

The Newquay hub consists of three services: Newquay Orchard, Age UK – Newquay, and Store House.

Newquay aims to eliminate social deprivation, create sustainable selfsufficient communities, re-image poorly designed urban spaces into community assets, and influence strategic change in urban planning practices.

Services offered include:

- Targeted programmes of support that help people to recover from mental and physical health conditions and support them back into work or training, including nature-based therapy.
- Support for individuals with dementia, including the Memory Café.
- Additional social and wellbeing groups, including, balance & stability, walking, gardening and landscape maintenance, 'knit & natter' and carers groups.
- Support with daily living and wellbeing, including assisted showers, hairdresser and footcare.
- Community fridge and meals-on-wheels.
- Volunteering in horticulture.
- Office space for local partners to work from or deliver training.

Liskeard

The Liskeard hub consists of two services: Liskerrett Community Centre and Lighthouse Community Centre.

Liskeard provides support aimed at improving social, physical and mental wellbeing. This hub focuses on bridging the gap between community support and statutory services. They aim to help reduce the strain on the NHS by preventing hospital admissions, enabling prompt discharge and tackling health inequalities.

Services offered include:

- Financial support and advice for individuals on low incomes and those struggling with increasing energy bills.
- Food and nutrition services, including a food club and food parcels.
- Warmth hub serving free soup, roll and hot drink, engaging with clients in order to establish the support they require.
- Mental health support, including wellbeing groups and a peer support work programme.
- Supporting individuals experiencing homelessness, securing emergency placements.
- Providing workshops with or signposting to local specialist support organisations, including Community Energy Plus and Citizens Advice.

Penzance

The Penzance hub consists of two services: Whole again communities and Pengarth Day Centre.

Penzance offers wellbeing and daily living support, aiming to provide preventative measures that will have a positive impact on hospital and emergency services resources and residential care. These services are also designed to provide respite for families and carers.

Some of the services they offer are:

- Assistance with daily living, including bathing, hairdressing, and chiropody.
- Food and nutrition services, providing freshly cooked meals, meals-onwheels, and support for healthy eating and affordable cooking.
- Wellbeing classes, including exercise groups and cognitive therapy.
- Skills groups, including woodwork workshops, creative writing and cookery classes.
- Support with housing issues and home accessibility equipment.
- A community warm space.
- Transport to and from centre, including wheelchair-accessible vehicles.
- Volunteering opportunities.

St Austell and Redruth

St Austell and Redruth have reported together to share information about their hubs. These hubs consists of two services: Cornwall Neighbourhoods for Change (which oversees both localities) and Age UK – St Austell.

Both hubs aim to provide progression routes for people within the community through coaching interventions, supporting individuals to access work and training which enable them to grow and thrive.

Services offered include:

- Information, advice and guidance.
- Winter Warm hubs.
- Multiple work and training support pathways, including a self-employment programme.
- Crisis support related to housing, benefits, mental health and financial need.
- Mental wellbeing support through counselling and peer support and suicide prevention work for young people.
- Volunteering opportunities.
- Onsite social prescribers from across local areas.

Hayle

Hayle hub consists of one service: Hayle Day Centre.

Hayle promotes physical and mental wellbeing through reablement and signposting to local support services. Hayle also works closely with local GPs to reduce the need for people to access their services when safe and practicable.

Services offered include:

- Social activities such as creative writing to reduce social isolation.
- A warm space for people over the age of 50.
- Accessible transport is also provided to link individuals to their community.
- Signposting as appropriate to Adult Social Care, Age UK, and local health and wellbeing services including chiropodists, walking groups and further education providers.
- Free blankets, scarves, hot meals and warm drinks are offered.
- Access to other activities, including games, books, magazines, radio and a tablet. Free wi-Fi is available so that people can access online services.

Helston

The Helston hub consists of one service: Mustard seed.

Helston's aim is to help the most vulnerable within their local community and to prevent food poverty through education and support.

Services offered include:

- Food and nutrition services, including a food bank.
- Signposting and assistance in accessing over 120 organisations including Citizens Advice, Community Energy Plus, and Christians Against Poverty, as well as support groups for mental health and general wellbeing.
- Providing support to access medical information through NHS 111, local pharmacies and doctor's surgeries support.
- Assisting in life skill training for adults with learning disabilities.
- Assistance with obtaining emergency financial support, including energy and travel costs.
- Warmth hub and pop-up cafe, aiming to reduce loneliness and build friendships.

Lanivet

The Lanivet hub aims to provide a safe, warm, community environment that offers support with mental, physical and financial needs.

Services offered include:

- Provide NHS support activities, including hospital transport, prescription deliveries, a vaccination centre and support for patients post discharge.
- Full programme of activities, including tailored activities for people with dementia, down syndrome, bipolar, heart, and lung conditions. Activities include a film society, memory café, scouts, under 5's activities.
- Signposting for further information, advice and guidance, including to local Social Prescribers and debt counselling agencies.
- Physical health and exercise activities, including yoga, aerobics, netball, football, table tennis and short mat bowls.
- A warm space with affordable warm meals.
- An emergency grant facility, to support individuals struggling with utility costs.

Perranporth

The Perranporth community hub provides information, advice and guidance alongside supporting individuals' health and wellbeing.

Services offered include:

- A community fridge and cafe.
- Working alongside other services, including Christians Against Poverty to support individuals with budgeting and debt and Community Energy Plus to support energy related issues.
- Employment and employability support, including workshops to help build confidence in the working environment and support with interview skills.
- Physical health and exercise activities, including chair yoga, walking groups, and sleep workshops.
- Volunteering opportunities
- Links to social prescribers from across local areas.

Rural East

The Rural East hub consists of two services: Deviock Activities Group and Menheniot Old School Trust.

These services aim to provide a warm space for people in the local community to meet, access support and reduce isolation.

Services offered include:

- Warmth hubs, supplying blankets and water bottles.
- Food and nutrition services, including free hot drinks, healthy meals, food parcels, as well as links to local food banks.
- Pay as you can for groups to enable those on lower incomes to access them, including Craft Group, Table Tennis, Parents and Toddler Group, Coffee Morning.
- Monthly Wellbeing Hub with Social Prescriber attending to provide support and information.
- Weekly coffee group where people find friendship and support.

Appendix C: About the Helpforce Insight and Impact Service

What is it?

- <u>The I&I Service</u> is an online tool to help you easily and effectively evaluate your voluntary project or initiative.
- It guides you on a simple 4-step process, from designing outcomes for your beneficiaries through to what data we will need to collect - how, when, and from whom.
- Resulting in an evaluation report that our team produces for you, showing evidence of impact made against the outcomes and insights around how the project is working.

29 Live I&I projects	49 Organisations being supported	43 Projects collecting data
7461 Surveys completed	123 Evidenced outcomes	21 Completed projects



How the service is making a difference

We have worked with many NHS and VCS organisations over the last 3 years to collect data on over 100 high-impact voluntary projects. We have produced <u>evidenced findings</u> against a broad range health and care outcome measures, that have helped to scale up volunteering services and unlock additional funding for our partners.

A guide to some key terms we use



Insights provide an understanding of a situation or problem. They help us to share valuable information around what is working well, and what is not working so well, so that we can advise on potential service improvements and developments.



Impact relates to evidence of lasting and sustainable changes. Impact data helps us to understand the value and difference being made as a result of the project – and the intervention or service it is aiming to establish.

Evidence strength is reviewed against the following criteria to determine if it is compelling, promising, or limited:

- Is the sample size / response rate reliable and robust?
- Is the data direct or a proxy measure?
- Is there a causal link between the evidence and the outcome?
- Is there a control group or comparative data set?
- How was the evidence gathered directly from participants, or via a third party?
- Was the survey question well designed, or has there been signs of misunderstanding by recipients?

Thank you

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