New Directions: Evaluation of the first year of implementation in a regional intellectual disability service.

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List of Abbreviations and Acronyms

ETB: Education and Training Board
HIQA: Health Information and Quality Authority
HSE: Health Services Executive
NDA: National Disability Authority
NIDD: National Intellectual Disability Database

Executive Summary

Background
An intellectual disability service provider in the West of Ireland established three new service locations in 2016 and implemented New Directions as a model of day service. The first cohort of participants comprised eleven service users who were either school leavers or graduates of a 3-year training programme. This report presents a retrospective review of the first year of implementation of New Directions as the model of day service provision in Ireland. The evaluation explored the perspectives of the service users, their families and staff members, who attended three service locations; 2 city based services and one rural community based service, located within a village, between September 2016 and June 2017. The report documents the range of activities in which the service users engaged, the extent to which these activities changed during the year and considers the extent of community integration achieved by service users within their communities.

Methods
A mixed methods approach was utilised using service users’ records as well as interviews to explore the subjective experience of the key stakeholders. The quantitative data provides a record of the number and variety of activities engaged in by each service user, the extent to which activities were discontinued and new ones initiated and a rating, by staff, of the extent to which the service user engaged with the activity.

The qualitative component of the evaluation captures the experiences of the service users, their family members and the staff following participation in the first year of a New Directions model of day service. Four service users, eleven parents and six staff members were interviewed, and the interviews explored the participants’ experience of New Directions and the factors that influenced the success or lack of success of the initiative.

Findings
Overall, it was found that the implementation of New Directions was a positive experience for service users, parents and staff. The positive outcomes of New Directions are reflected in the delivery of an individualised model of day service which was flexible and adapted to peoples’ individual needs. The implementation of New Directions began following a transition period. A person-centred approach was used to select activities (e.g. computer skills, Maths, Health and Fitness, Performing Arts) at the outset of the programme in September 2016. These were reviewed in January 2017 and most service users dropped some activities and adopted others. The number of activities chosen ranged from 12 to 17 in the first

period and between 13 and 21 in the second period. In First Period, September 2016 to January 2017, just over 48% of all activities took place outside the service locations. However, the number of activities undertaken outside the service locations varied greatly across the service users with a range from 21% to 67%. In Second Period, February 2017 to July 2017, there was a slight increase in the number of activities taking place outside of the service locations to 57% with a range of between 20% and 84%. This change was not statistically significant but demonstrated that despite changes in activities (e.g. dropped or adopted) the proportion of activities taking place outside of the service locations remained constant across the year.

Secondly, it was found that there was a statistically significant increase in service users’ engagement in activities at Second Period. The activities selected by service users were mapped to the 12 Personal Supports outlined by New Directions. Descriptive statistics found an increase in the number of the activities which mapped to the 12 supports at Second Period when compared to First Period, except for the support of influencing policy and practice which remained at the same level.

The service users engaged in many more activities than those documented on their activity sheets (e.g. the majority of activities were aligned to the 12 supports of New Directions, but service users also engaged in other activities). Excluding the holiday months of December and April, the mean number of activities undertaken by the service users, per month, ranged from 37 to 52. Daily activities were documented by support staff alongside a staff assessment of the extent to which the service user engaged in the day’s activities using a rating of low, medium or high. In both time periods most ratings were of a medium level of engagement; however, the number of low ratings dropped during the second period and the number of high ratings rose.

The qualitative data showed a very positive response to the New Directions programme. Service users were happy with their day service and the range of activities with which they were involved. Parents very much valued the individualised service and the flexible person-centred approach. They believed that this approach maximised service users’ quality of life and potential. Staff enjoyed working within the New Directions approach and considered that it benefitted the service users greatly. Parents and staff considered the village-based service location to be ideally located to fulfil the objectives of New Directions and its position in the centre of a vibrant village maximised opportunities for social encounters, community presence, community participation, and community integration. The city-based service location changed its location from two houses situated in housing estates to a large unit in a business park close to the city-centre.

Some concerns were expressed by parents and staff. Firstly, service users had been supported to attend community activities in the evenings at the start of the initiative
but resource limitations led to the withdrawal of this aspect of the service. Secondly, parents perceived that transport arrangements were curtailing the amount of time that the service users were spending on activities and some service users were spending several hours per day travelling to and from the service. Both parents and staff believed that the service received by the service users in the first year of implementation represented a high-quality service that was well aligned to the New Directions model. However, many were apprehensive that as the number of service users availing of New Directions increases year on year, that a comparable increase in funding is not guaranteed as part of annualised budgets. Therefore, the funding required to resource this approach to day service would not be provided in the future and that the quality of the service will not be maintained.

Parents and staff had mixed views about which setting was preferable as a service location. The houses had the advantages of a quiet location while also providing access to garden space and homely amenities such as a kitchen and shower room for the development of independent living skills. These facilities have been replicated in the larger city based service location which offers more space and proximity to community resources.

Staff and parents reported that the service users were thriving and progressing in their day service and the service users themselves reported high levels of satisfaction. However, parents and staff expressed concerns that the quality and vision of New Directions, which they experienced in the first year of implementation, will be eroded through inadequate funding.

Staff identified preparatory work and staff training as two cornerstones in the success of their implementation of New Directions. Firstly, to enable a service user to access mainstream services can involve preparatory work with both service users and community members. Both are time and resource intensive but fundamentally make the difference between success or failure for the service user. In addition, staff noted that time was necessary to undertake planning and reflection in order to be responsive to each service users’ needs and to adapt their activities accordingly. Staff reported that current funding and staffing structures do not allocate the time required for such work.

Staff also reported that traditionally they have very little experience of, or training in, making and maintaining community linkages for those they support and therefore require training and support in developing these skills. Staff identified these as areas of training needs. In addition, staff identified a number of skills (e.g. developing opportunities for service users in the community, preparation and flexibility, etc.) which they drew upon during the first year of implementation. Depending on the individual skills set of the staff member, they may require training in these areas. However, it may be beneficial for the HSE to develop a list of appropriate training in

In order to ensure that staff all receive similar preparatory training, thus ensuring service user receive a comparable service.

Discussion
The data showed a highly individualised day service that was flexible to the needs of the service users and which supported them to access community resources to the extent that they wanted or were able to do so. The quantitative data found that service users engaged in a wide variety of activities many of which were community based. The study found an increase in the number of activities engaged in from First Period to Second Period. An increase was noted in the rating of service user engagement in activities. The findings also indicated that New Directions offers service users flexibility to adapt to their preferences by enabling them to drop and adopt activities.

Parents and service users reported that they were satisfied with New Directions as a model of service. Service users indicated that they enjoyed their activities and valued the opportunity to sample activities and pursue their preferred activities long term. Parents reported that service users were happy with New Directions and that New Directions supported them to engage in the activities that were of interest and important to them. Staff identified that the individualised nature of New Directions was seen to offer service users the supports necessary to support their unique needs.

Recommendations
1. As New Directions services are opened and developed, it would be helpful if long term funding commitments could be made to ensure that a quality service can be planned and maintained into the future. Annualised funding presents significant challenges for service planning and can result in uncertainty and stress for families and staff. Staff note that year on year there is an increase in the number of service users availing of New Directions but annualised budgets are not proportional to the increases in numbers. The sustainability of funding is essential for coherent and progressive service planning.
2. Protected time should be built into the model for person-centred planning; for example, time to build community partnerships and prepare external settings.
3. It is important for transition planning to be an integral part of the process when service users move to a New Directions day service. Such planning should include matching service users to a setting most appropriate to their needs.
4. A guidance document indicating appropriate areas for staff training could be developed by the HSE to ensure that staff all receive similar preparatory training, thus ensuring service users receive a comparable service. Some possible areas of suitable training may include:
   a. Communication skills
   b. Community mapping and developing community linkages
   c. Maintaining relationships with community based services developing and maintaining relationships with members of the general public
   d. Supporting service users to access community facilities on an individual basis

5. A range of issues should be considered when developing new service locations including:
   a. the accessibility of service locations to avoid long bus journeys; or individualised transport options. As set out in the HSE New Directions Guidance Document: Defining New Service Locations service locations should be “local” to where the service user lives. Thus serving the service users who live in the locale rather than a larger geographical area
   b. availability of after-hours recreational activities for those who require it
   c. achieving a balance between an environment that is comfortable and conducive to supporting personal care/life skills but which also enables good connectivity and community integration

6. Different recruitment and Human Resources practices may be more appropriate to the New Directions model of day service to enable service users to be supported in the community by individuals who are of the same gender and a similar age to themselves. For example a service users’ panel could be involved in the recruitment process for new staff. In addition, staff who have good community links and strong communication skills should be a priority to ensure the success of New Directions.

7. New Directions-specific documentation should be developed by service providers to capture a more objective representation of participation in activities.

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I want to finish my life saying: “I nailed it” (Darren)

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Introduction
This report presents the evaluation of the first year of implementation of the New Directions model of day service within a service for people with intellectual disabilities in the West of Ireland. The report provides a context for the evaluation before outlining the aims and objectives of the study. A review of the relevant literature is provided followed by a detailed explication of the methodology used in the evaluation. The quantitative data is presented before the qualitative findings from interviews with parents, service users and staff. The discussion of the findings is followed by a number of recommendations.

Context of this evaluation
Over 18,000 people with a disability (including those with physical, sensory, intellectual disability and autism) access day services in Ireland (HSE, 2018). They comprise a heterogeneous body of people, spanning the adult age spectrum. Individuals with intellectual disabilities present with different abilities, personal circumstances and interests and they live in a variety of different types of communities across the country (HSE, 2016). The National Intellectual Disability Database (NIDD) indicates that the majority of adults with an intellectual disability attend a day service and a further 6,395 individuals aged between 10 and 19 years of age may require adult services within the next eight years. This is a rise in the figures reported in 2012, which informed that 1,449 individuals who were due to transfer from special schools to adult services would require adult day services between 2010-2014 (Department of Health, 2012). This rise is reflective of population growth.

In 2017, it was recorded that 99.7% of those registered on the NIDD availed of at least one day programme, a significant increase since the NIDD data were first reported in 1996 (Hourigan et al., 2018). This increased use of day services is in contrast to the trend in other countries including England, Scotland and Wales where the provision of day centre services is being curtailed (Needham, 2014). Day services are, in the main, provided by voluntary organisations and, consistent with other disability services, are funded by the State with little formal oversight or regulation (NESC, 2012). The funding provided for services within the disability sector “is not specifically calibrated either to the levels of need of service users or to achievement of quality standards” (p.20).

In 2007, the Health Service Executive (HSE) commissioned the National Review of HSE Funded Adult Day Services which was published in 2012 (HSE, 2012). The review identified that 81 organisations were providing day services in 817 locations across Ireland. Of these 530 were providing services to adults with an intellectual disability. The review identified that the majority of services were provided by voluntary organisations, with a minority of day services provided by the Health Services Executive, and a small number of private providers.

In the absence of a nationally agreed definition of day service activities and without a coherent national guidance framework, the review developed programme descriptors to describe aspects of the existing service. The development of the descriptors distinguished 13 types of services ranging from centre-based to community-based. Although services users and their families provided positive accounts of day services, others characterised the activities as limited, repetitive and of little use or value. These shortcomings were echoed by staff who also expressed frustration at the lack of choice available to service users. In addition, they identified the dominance of a “care ethos” which promotes dependency and limits opportunities for meaningful and interesting activities to promote independence and strengthen capacity amongst the individuals they support.

From an organisational perspective service providers expressed dissatisfaction with the prevailing funding system. Service providers called for the provision of appropriate funding delivered through a resource allocation model, which would allow for adequate staffing levels to provide for existing service users, and those who currently have no service or a very limited service.

The findings of the National Review of Adult Day Services informed the development of a proposal and an Implementation Plan 2012-2016 identifying New Directions as the new approach to adult day services delivery in Ireland. New Directions: Personal Support Services for Adults with Disabilities, is a user-led approach and envisages a “blurring” of the boundaries between “special” and “mainstream” services. This approach represents a

Radical shift from group programmes provided in mainly segregated settings. In the new approach, each person will be offered a flexible and individualised set of supports so that they can live a life of their choosing in accordance with their own wishes, aspirations and needs. (HSE, 2012, p70).

Under the New Directions model, day services will be delivered in buildings in integrated community settings. These buildings, which the HSE nominated “Service Location”, are to be situated within the community so as to facilitate people with disabilities to be supported to access local services (HSE, 2016).

New Directions is based on the core values of person-centredness, community inclusion, active citizenship and high-quality service provision. A core feature of the approach is that each adult has access to flexible and outcome-driven supports to enable them to:
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- make choices and plans to support personal goals;
- have influence over the decisions that affect his or her own life;
- achieve personal goals and aspirations; and
- be an active, independent member of his or her own community and society.

The person-centred and community inclusive approach is facilitated by the availability of 12 personal supports to all service users. These provisions include support for the following:

1. Making choices and plans
2. Making transitions and progression
3. Inclusion in one’s local community
4. Accessing education and formal learning
5. Maximising independence
6. Personal and social development
7. Health and wellbeing
8. Accessing bridging programmes to vocational training
9. Accessing vocational training and work opportunities
10. Personal expression and creativity
11. Having meaningful social roles
12. Influencing service policy and practice.

In March 2015, the HSE launched a Benchmarking Tool to enable service providers to conduct a self-assessment process to benchmark their existing services against the New Directions model of provision (HSE, 2015). Seventy-three voluntary organisations and fifty-five HSE service locations undertook the benchmarking process. The subsequent New Directions Benchmarking Report (2016) concluded that although a number of service providers had made significant efforts to align their service to the core values of New Directions, most people with disabilities were not receiving a service based on this model (HSE, 2016).

Interim Standards for New Directions were approved by the HSE (November 2015). A self-evaluation tool for the interim Standards was piloted in 2017 and a national rollout of the interim Standards commenced in April 2018. This a continuous quality improvement process (EASI – Evaluation, Action, Service Improvement) which includes engagement with service users, staff and management for each service location.

Significant effort is being made on the part of service providers to re-configure and align services with the core values of New Directions. There are ‘pockets’ of really good initiatives demonstrated throughout the Country which are focused and seem to be achieved within existing funding mechanisms with other examples supported by Genio funding. However, they seem to be few in number when compared with the numbers of people with disabilities in receipt of day services in

Ireland today. These efforts need to be recognised, acknowledged and promoted as the way forward in supporting people who use services to lead independent lives. (HSE, 2016, p67)

The Benchmarking Report noted that the strategic implementation of New Directions required cultural leadership to drive a person-centred approach at all levels of service provision.

In September 2016 an intellectual disability service provider in the West of Ireland implemented the New Directions model of day service for the first time. The aim of the current research was to undertake a retrospective review of the first year of implementation of New Directions in specific service locations (city and village based).

Literature Review
The SCOPUS database was searched using key search terms and combinations (see Appendix 1 for search terms). The references and citations of relevant literature were reviewed and sourced where germane. The literature will be presented under the headings of day services/day centres, person-centredness and person-centred planning, community integration, social inclusion and social participation, barriers to social inclusion, and quality. In addition, an outline of the findings of the HSE New Directions Benchmarking Report (2016) in relation to Quality – an underpinning value of New Directions – will be presented.

Day services/day centres
Since 1960, there has been a move away from residential and institutional models of service in Ireland towards day care services for people with intellectual disabilities (Fleming et al., 2017). Until the 1970s, the primary emphasis of day services was on care and protection. Subsequently, European funding stimulated the development of vocational training, sheltered workshops and some smaller initiatives for supported employment (McConkey et al., 2017). McConkey, Kelly, Craig and Keogh (2017) used the records of the NIDD to follow a cohort of 3,206 young people aged between 14 to 21 years old for ten years. For the purposes of the study the authors grouped day services provided to people with an intellectual disability into the five categories of: sheltered workshops, employment, training, outreach and care centres. Care centres were defined as including

“…activation centres, day programmes, specialist day services for older persons, those with higher support needs and intensive day services. The focus is mainly on personal care activities allied with social and leisure pursuits in dedicated centres located in community or residential complexes. Transport to and from home is provided, and staff are drawn mainly from nursing backgrounds” (McConkey et al., 2017, p167).

McConkey and colleagues found that ten years after leaving school almost all the young people who were still receiving services, including those with mild intellectual disability and those who had previously attended training centres, were now attending care centres. McConkey and colleagues suggest that this highlights the pervasiveness of care centres as a model of service provision (McConkey et al., 2017).

Also using data from the National Intellectual Disability Database, Fleming, McGilloway and Barry (2017) mapped the trends in utilisation of day services in Ireland over the fifteen years 1998-2013. The authors identified 31 distinct types of day services. Of these 74% were in place in 1998 and the remaining five (26%) were new to the NIDD data collection form over the 15 year period. Fleming et al. (2017) noted the decreased use of sheltered workshops and the increased use of activation centres. However, the lack of clear definitions about what comprises ‘activation programmes’, caused the authors to suggest that any changes to services may amount to a rebranding exercise rather than an indication of a move away from centre-based activities:

By and large, day service trends in Ireland suggest little change to the menu of services that dictate the lifestyles of people with disabilities, nor do they suggest a move away from centre-based activities. ……Regardless of the labels used, group-orientated activities within centres continue, which many would argue are exploitative, closed, paternalistic and preventative of proper community integration” (Fleming et al., 2017, p389).

The data also identified changing geographical patterns in the uptake of day services across the country with an evident urban/rural divide. Fleming and colleagues (2017) suggest that the increase in use of day services in rural areas as compared to urban areas may be indicative of an absence of choice and innovation in rural areas. However, as the international evidence on urban/rural differences is inconsistent, Fleming et al., suggest that more research is needed to ascertain the experiences of rural dwellers.

A consultation process was conducted with service users, their families and staff as part of the review of day centres carried out by the HSE (HSE, 2012). Their experiences and opinions were characterised as mixed and diverse but there were many reports of service users having little to do or spending their time on useless and repetitive activities. Service users and their families wanted to have support available for the service users to engage in activities of their choice at weekends and in the evenings. In addition, they sought for the service user to be able to access activities of their own choosing within their local community. Participants’ perceptions of the buildings in which day services were located were predominantly negative and the ambition was for service users to do ordinary things in ordinary places.

These findings from an Irish context are consistent with those from other jurisdictions which have identified that day centres for people with intellectual disabilities could be sites of inflexible, unfulfilling time being served with little support for individuals to develop satisfying lives as citizens of their local communities. (Hatton, 2017, p110).

However, day centres are also perceived positively providing opportunities for attendees to spend time with peers and friends (Hatton, 2017). Similarly, Campbell (2012) found that service users and their families valued the security provided by the day centre and the friendships that they shared therein.

A recent analysis of the statistics on day services use in the United Kingdom identified a consistent decrease in the number of adults with learning disabilities using “buildings-based” day services across England, Scotland and Wales. In contrast Northern Ireland has maintained a more “traditional” day service format, despite similar policies across all four jurisdictions (Hatton, 2017). Although the available data was very limited, it also suggested that although adults with learning disabilities were spending less time in buildings-based day services, alternative day opportunities were not fully replacing this time indicating a retrenchment in service provision (Hatton, 2017).

Few evaluations of day services for adults with an intellectual disability have been published internationally (Sorensen et al., 2015). However, a number of Irish studies have been conducted. Hartnett et al. (2008) used a mixed-methods design to compare the quality of life of eight adults with a severe intellectual disability from the perspective of staff and parents. Four participants took part in a community-based day programme based in a local community resource centre from which a number of other activities were run. The other four participants took part in the existing campus-based programme for people with severe or profound intellectual disability. A parent and a staff member completed a Quality of Life questionnaire for each participant before they started on their respective programmes and again after six months. Eight staff members and seven parents took part in a qualitative interview at the end of the six-month trial period.

According to the staff and parents, the campus-based participants were happy and enjoyed their day programme. Most of their activities were based on the campus although they visited and used community shops and restaurants. The community-based programme was found to offer

the participants the chance to have a more solid presence in the community and to get to know members of the local community. (Hartnett et al., 2008, p166).

The participants used public transport and a wide range of community facilities enabling them to interact with people attending the resource centre particularly in the shared spaces, including the kitchen and the garden. Participants developed
domestic skills including preparing their lunches. In addition, they demonstrated increased decision-making skills and experienced work placements. The staff and parents also reported that the participants were happier, more satisfied and had more stamina than before their participation in the community-based day service.

A more recent Irish evaluation of a day service for people with mental illness was published in 2016 (Keenan & Molloy, 2016). EVE Holdings provides services to 1,400 people with mental health problems, learning difficulties, Asperger’s Syndrome and physical and sensory disabilities. Following the publication of New Directions: Personal Support Services for Adults with Disabilities in 2012, the organisation undertook to reconfigure its services to align with this policy. In 2014 EVE implemented the reconfigured service in three pilot sites under an initiative called HUB. The two-year pilot programme provided tailored activities focussed on engaging the participants in meaningful, life-enhancing activities in the community. An average target was set that participants would spend a minimum of 40% of their time in the community by the end of the first year and 60% by the end of the second year. The evaluation aimed to establish the effectiveness of the HUB model against four programmes goals:

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

Data for the evaluation comprised programme data, mid-point and final point survey data from staff and participants and focus group data from staff and participants. The programme was considered successful by the majority of the participants, staff and managers. It was reported to have had an immense impact on the participants’ health, well-being and goal achievement and to have also had a positive effect on staff. Equally positive findings were reported in respect of the first goal of the programme

The HUB was viewed, by the majority of respondents, as successful, exciting and rewarding. Freedom of choice and opportunities to engage in a variety of community activities were identified as key characteristics of the HUB. (Keenan & Molloy, 2016, p12)

The evaluation included initial challenges encountered within the pilot phase including staff concerns about staffing levels, timetabling and having dedicated time for planning. Among the recommendations made following the evaluation were that staff should be supported to develop their skills in developing the HUB programme and protected time should be available for resource development, timetabling activities and activities such as community mapping and community linkages.

New Directions was the focus of a Master’s thesis in the School of Social Sciences in Dublin Institute of Technology in 2014. Bryan (2014) interviewed 12 staff members, (including two volunteers and one manager), involved in implementing

New Directions in an organisation providing services to people with an intellectual disability. The student researcher was employed by the organisation in which the research took place. The study found strong support for the New Directions model of day service and a conviction that people with intellectual disabilities had a positive contribution to make to communities. However, some questioned what they perceived to be an “over-emphasis” on community for all service users and identified a concern that service users may lose the friendships and companionship that they had previously enjoyed in the centre-based service. The readiness of the community to include people with intellectual disabilities was questioned and staff felt that time and energy was required to support community organisations to include people with intellectual disability. Staff identified that their roles had changed under the New Directions model specifically the requirement to find and coordinate supports in communities and also the new emphasis on supporting people to identify their own needs and to make choices. For many staff, these roles require new skills for which training should be provided (Bryan, 2014).

Person-centredness and person-centred planning
Person-centredness is a philosophy and an approach (Gosse, Griffiths, Owen & Feldman, 2017 et al.) to uncovering how an individual wants to live their life and supporting them to make it possible (NDA, 2015). This approach has its roots in the normalization and independent living movements, largely influenced by the work of Dr. Wolf Wolfersberger. The terms ‘normal’ and ‘normalisation’ referred to the living conditions, experiences and aspirations of people who were devalued in society. However, some confusion surrounding the term led to Wolfersberger restating his principles in terms of social role valorisation (Jones et al., n/d).

The goal of social role valorisation is to enhance the image and skills of socially devalued people through their participation in valued social roles leading to their attainment of the good things that are available in their society. These good things include home and family, friendship, opportunities to participate, opportunities to: develop and exercise one’s capacities, experience dignity, respect and acceptance, opportunities for work, and a decent material standard of living (Osburn, 1998).

Across the last two decades Irish disability policy documents such as Quality and Fairness (2001) and Time to Move on from Congregated Settings (2011) have cited person-centredness as a core principle. Person-centredness is predicated on the assumption that individuals with intellectual disability can determine how they want to live their lives (Taylor and Taylor, 2013). Person-centred planning has been promoted as a means for accomplishing this principle (Rooney et al., 2005). New Directions envisions person-centredness as

“A set of beliefs, attitudes and expectations about the rights and capacity of a person with a disability to live their life in accordance with their own wishes, dreams, aspirations, needs and abilities” (HSE, 2012, p71).

Person-centredness represents a transition over recent decades from a traditional system-centred approach that characterised service delivery to people with intellectual disability (Ratti et al., 2016). Person-centred planning shifts the focus from what is available within a service to what the individual wants or needs and is described by the NDA as

“a way of helping people or the families/parents of very young people or people with high dependencies, think about what is important to them, how they want to live and what support they want” (Rooney et al., 2005, p11).

Person-centredness is conceived as the antithesis of the ‘one-size-fits’ all service provision that has historically characterised disability services. Inherent within this form of planning is the setting of goals describing activities or learning targets the person wishes to achieve (Wigham et al., 2008). In a recent Irish study, Fleming et al. (2017) noted an increase in the documented use of personal care plans on the national database in the last 15 years, which rose from 37.1% in 2004 to 78.7% in 2013. This is an indication of positive progress towards individualised and individual support for individuals with intellectual disabilities.

The move towards individualisation is reflected in the responses to the New Directions Benchmarking survey which indicated that 97% of the non-statutory services and 85% of the statutory services in Ireland used a person-centred planning process in respect of their service provision. However, the person-centred plan was described as up-to-date for less than half the number of service users (HSE, 2016).

Mansell and colleague distinguished person-centredness from other approaches:

- It aims to consider aspirations and capacities expressed by the service user or those speaking on their behalf rather than needs or deficiencies
- It attempts to include and mobilise the individual’s family and wider social network, as well as to use resources from the system of statutory services
- It emphasises providing the support required to achieve goals rather than limiting goals to what services typically can manage (Mansell & Beadle-Brown, 2004)

Sanderson (2000) described the key features of person-centred planning in a similar manner but also included that a person-centred plan should result in ongoing listening, learning and further action (Sanderson, 2000). The inclusion and mobilisation of the individual’s family and wider social network forms the development of the ‘circles of support’ that are a central part of a person-centred approach. Circles of support comprise a small group of people, often family, friends and staff, who work together to support a person to identify, plan and achieve goals that are important to him or herself including in relation to community inclusion.

“Circles bring together people to think and plan in a way that organically builds the capacity of communities to welcome people with disabilities” (Neill & Sanderson, 2012, p4).

A number of studies have considered the effectiveness of person-centred planning and reported that person-centred approaches can produce quality outcomes including greater choice, increased contact with friends and family, and more community participation (Holburn, 2002; Robertson et al., 2007). A number of reviews of the effectiveness of person-centred approaches have been conducted. Claes et al. (2010) concluded that although the studies were largely deemed empirically weak, most studies demonstrated a moderate but positive impact on the participants. Similarly, a systematic review of the effectiveness of personal care planning for people with intellectual disabilities (n= sixteen included papers) reported that the quality of the evidence in the studies was low (Ratti et al., 2016). However, the authors concluded that personal care planning had a significant positive impact on community participation, and a moderate positive impact on quality of life, participation in activities and everyday choice-making (p78).

The authors also noted that despite these positive impacts there was no significant evidence that these outcomes also resulted in greater involvement by the individuals in planning their care, driving decision-making or having greater control over their own lives.

A recent comparison study undertaken by Gosse et al. (2017) found that individualised planning resulted in larger increases, in the percentage of individuals who accomplished their outcomes, for individuals with intellectual disabilities compared to traditional planning. Gosse and colleagues conducted a randomised between-group trial of individualised planning versus traditional planning within a Canadian service agency for people with intellectual disability. At the end of the first year of the study the 24 adults assigned to the individualised planning group were found to have improved supports and outcomes as compared to the 20 individuals who remained in the traditional planning system. These 20 individuals also received individualised planning in the second year of the study and their improved supports and outcomes replicated those of the first individualised planning group. The authors concluded that the trial demonstrated that individualised planning can have a significant positive impact on outcomes for people with intellectual disability.

**Barriers to the implementation of person-centredness**

Successful implementation of person-centredness is subject to a number of barriers including those arising from organisational issues (for example, increased demands on resources) and staff issues (for example, staff attitudes towards person-centredness) (Robertson et al., 2007). Mansell and Beadle-Brown (2004) caution that the goals of personal care planning cannot be achieved if such planning becomes merely a paper

exercise. A similar caveat was given by Menchetti and Garcia (2003) who identified the potential for personal care planning to fade after the initial implementation.

In an attempt to address this, the HSE asserts that “person-centredness must permeate the culture of the service providing organisation and be reflected in governance, policy, systems and practice” (HSE, 2012, p71). The delivery of a person-centred approach requires the provision of an expanse of options, in order to cater for each individual’s interests and preferences. However, this may result in new service demands which may challenge services (Gosse et al., 2017; Kaehne & Beyer, 2014) and may result in service user goals not being met (Robertson et al., 2007).

Three of the studies included in Ratti et al.’s (2016) review identified that staff were the crucial influencing factor in the success or failure of personal care planning and that the commitment of the personal care planning facilitators was the most powerful predictor of successful outcomes. The implementation of person-centred services may require a reorienting of attitudes and values (Parley, 2001) and staff training is of key importance including training on specific tools associated with the person-centred planning process (Gosse et al., 2017).

The need for efficient and effective training on both the process and implementation of person-centred planning was an important finding in an overview of an early introduction of person-centred planning in an Irish agency for people with intellectual disabilities (Coyle & Moloney, 1999). This finding is consistent with those in a longitudinal study of barriers to the implementation of person-centred planning. Robertson et al. (2007) found that a lack of trained and committed person-centred planning facilitators and a lack of training for staff on person-centred planning were among the organisational barriers most cited by staff.

The need for training may extend beyond trained staff to family and community members who may make up the ‘circles of support’ that are fundamental to person-centredness (Coyle & Moloney, 1999). However, the difficulty in developing circles of support and otherwise involving non-staff or community members has also been identified as an additional, significant barrier to implementing personal care planning or meeting the goals within person-centred plans (Robertson et al., 2007).

Community integration, social inclusion and social participation
Definitions of community integration are sparse. However, McColl et al. (1998) conducted interviews with 116 individuals with brain injuries and developed a definition of community integration. They defined it as consisting of nine indicators – orientation, acceptance, conformity, close and diffuse relationships, living situation, independence, productivity and leisure (McColl et al., 1998).

Community integration and participation, social inclusion, community roles and social support have been identified as key indicators of quality of life for people with intellectual disabilities (Hall, 2017; Schalock et al., 2005) and are explicit goals of

disability policy and practice in many countries (Martin & Cobigo, 2011; Meininger, 2010).

Social inclusion is a fundamental right enshrined in the UN Convention on the Rights of Persons with Disabilities which asserts the right of people with disabilities to full and effective participation and inclusion in society (United Nations, 2006). Likewise, inclusion and participation are included as outcome measures in accreditation processes such as that of the Council on Quality and Leadership (Amado et al., 2013). Furthermore, there is evidence to suggest that social inclusion of people with intellectual disability may enhance quality of life, not just for the individual but also people with intellectual disabilities as a group and society as a whole (McCausland et al., 2018; Simplican et al., 2015). However, social inclusion is also “(a) unique, complex and an interpersonal process” (Merrells, Buchanan, & Waters, 2017, p1).

A lack of clarity exists surrounding the concept of social inclusion and its interchangeable use with other concepts including social interaction, social network, social capital, community participation, independent living and a sense of belonging (Simplican et al., 2015; Merrells et al., 2017; Amado et al., 2013). Bigby, Anderson and Cameron (2017) identify community participation as an ambiguous and contested concept which exists within a “terminological forest” (2018, p165). Such lack of clarity can make the design, implementation and evaluation of interventions designed to assess or increase participation or inclusion particularly difficult (Amado et al., 2013; Neely-Barnes & Elswick, 2016). Amado et al. (2013) argue that

What is labelled as participation or integration can often be seen as physical integration but not social integration or inclusion.” (p364).

Following a meta-analysis of 15 qualitative papers to explore how people with disabilities experience social inclusion, Hall (2009) identified a number of themes:

- Being accepted as an individual
- Relationships
- Involvement in activities
- Living accommodation
- Employment
- Supports.

Hall proposed that social inclusion for people with disabilities comprises three elements: involvement in activities, maintaining reciprocal relationships and a sense of belonging:

Involvement in activities included structured recreation, leisure, church, volunteer, and the use of community amenities. Developing and maintaining reciprocal relationships were important with family, friends, co-workers and acquaintances in the community. A person experienced a sense of belonging when she/he was accepted by others, seen as an individual, had positive
interactions with others, and was not excluded through marginalization, teasing, or bullying (Hall, 2009, p171).

Several theoretical frameworks have been proposed including that of Cobigo, Ouellette, Lysart and Martin (2012) who conducted a synthesis review on the social inclusion of people with intellectual disabilities before defining social inclusion as:

a series of complex interactions between environmental factors and personal characteristics that provide opportunities to

a) access public goods and services,

b) experience valued and expected social roles of one’s choosing based on his/ her age, gender and culture,

c) be recognized as a competent individual and trusted to perform social roles in the community, and

d) belonging to a social network within which one receives and contributes support. (Cobigo et al., 2012, p82).

Further difficulties arise in measuring inclusion and integration. Amado et al. (2013) note that community inclusion has been measured in a variety of ways including counting community activities, counting the number and duration of interactions with community members and social network analysis. The three most frequently used measures, according to Conroy, Fullerton and Brown (2002) are the types and frequency of community activity, choice and intensity (Conroy et al., 2002).

However, objective measurements of social inclusion offer only a limited insight as they fail to capture an individual’s desire for or experience of social inclusion. Cummins and Lau (2003) challenge the equation that community presence equals community integration which equals desirable lifestyle and argue that the number of times a person goes shopping or uses local leisure amenities has no direct relationship with community integration.

Wiesel and Bigby (2014) argue for the importance of community encounter which they locate between and beyond community presence and community participation. Based on theories from urban researchers who identify that most people in modern urban environments are strangers to each other and most interactions in urban settings are between strangers, Bigby and Wiesel propose that

Long-term relationships, beyond the close circle of family members, are inevitably experienced at their onset as encounters with strangers. Encounters are therefore an essential inroad into the vision of “community participation” and social inclusion. Encounter offers a new lens to view social inclusion for people with intellectual disability, a more nuanced language to describe interactions between people with and without intellectual disability and a means to advance social inclusion” (Bigby and Wiesel, 2011, p265).

Some encounters may be fleeting but these, the authors propose, may still be pleasurable or may offer a temporary transformation from client or service user to
customer or consumer. Likewise, what are described as “convivial encounters, such as those between people who attend a one-off community activity or who are members of a community garden project or a literacy class in a library, can be positive and important interactions for people with intellectual disability.

A convivial encounter provides people an opportunity to step outside a fixed identity; for example, a shift from a person with intellectual disability to a more transient identification as a library user or a gardener. In such encounters, people construct temporary shared identifications (for example, as gardeners in a community garden) but which do not repress differences between them. Such encounters may lead to friendship and a long-term relationship, and in this sense can be understood as a bridge between community presence and community participation. A convivial encounter is, however, a valued social interaction in itself and is an essential, but previously neglected, element of social inclusion, even when it does not lead to a long-term relationship. (Bigby & Wiesel, 2011, p265)

People with intellectual disability are vulnerable to social exclusion (McConkey & Collins, 2010). This vulnerability may be due to smaller social networks and fewer friends, which make individuals with intellectual disabilities more likely to experience social isolation and loneliness than people without intellectual disability (McCausland et al., 2018; Wilson et al., 2017; Amado et al., 2013). In particular, individuals with more severe levels of intellectual disability may have particularly restricted social networks (Wilson et al., 2017). Studies report that people with intellectual disability frequently nominated staff, family and other service users as their friends and rely on staff and family for social interaction (Merrells et al., 2017; Forrester-Jones et al., 2006; Emerson & McVilly, 2004). Involvement in meaningful social activities positively impacts on the loneliness experienced by people with intellectual disability (Wilson et al., 2017).

Studies indicate that the limited opportunities for social participation for young adults with intellectual disability is a key concern of parents and opportunities for school leavers with profound intellectual disability may be particularly limited (Gauthier-Boudreau et al., 2017). The transition from school to adult services can be characterised by uncertainty and stress for many young people with intellectual disability and their families and a period of reduced social contact (McKenzie et al., 2017; Dyke et al., 2013; Foley et al., 2012).

McConkey et al. (2017) notes the lack of supports and opportunities available to school leavers and their limited access to training courses or employment compared to their peers without a disability. However, opportunities and access may be insufficient in themselves to ensure the broadening of the social networks of young people with intellectual disabilities. Participation in community programmes designed to increase independence and forge friendships between young people with intellectual disabilities and young people in the community reported that such friendships and interactions did not extend outside the programme setting (Merrells et al., 2017).

Although the tendency for people with intellectual disability to socialise with other people with intellectual disability is often seen as evidence of a limited social network, it is also argued that the social and friendship networks of most people comprise people of a similar age and background and shared interests, therefore it is unremarkable that people with intellectual disabilities value their friendships with other people with learning disabilities (Sorensen et al., 2015; McConkey & Collins, 2010). Cummins and Lau (2003) assert

“when people are given free choice they evidence a preference for integrating with their own kind, not with the community in general” (p.147).

It is contended that relationships between people with intellectual disabilities and those without disabilities are privileged over relationships between people with intellectual disabilities (Clement & Bigby, 2009). Milner and Kelly (2009) suggest that assessing the quality of the social networks of people with intellectual disability through their community connections “devalue(s) the community of peers, family and other support relationships in which a person is embedded” (p53). Likewise, Cummins and Lau (2003) query why the general community is the target community when integration is measured when people with disabilities, like people without disability, belong to a number of different communities including extended family.

Barriers to social inclusion
Social inclusion is complex and requires more than physical presence in the community (Bigby et al., 2018; Van Asselt et al., 2015; Amado et al., 2013). It involves the development of meaningful social connections and participation in meaningful social activities (Wilson et al., 2017). Whereas progress has been made towards increasing the community presence of people with intellectual disability in the community, many authors suggest that less has been achieved in facilitating them to live full lives within communities (Cummins & Lau, 2003).

The literature identifies that there are many potential barriers to social inclusion for people with intellectual disabilities. Among these are lack of transport (Abbott & McConkey, 2006), independent travel skills (Wilson et al., 2017; Van Asselt et al., 2015), lack of money (Wilson et al., 2017), time or support (Wilson et al., 2017). In addition, the community is not always perceived as a welcoming place for people with disabilities (McKenzie et al., 2017). Meaningful participation in communities may be limited by the prejudice, negative stereotyping, aggression or indifference of the community (Van Asselt et al., 2015; Milner & Kelly, 2009). Therefore, it is suggested that addressing these barriers requires a strategic approach. Successful strategies recommended by Cole and Williams (2007) include a focus on building partnerships, sustainable relationships and local opportunities for people with intellectual disabilities to develop a sense of belonging. However they suggest that: “Community-based support for day activities is complex” (Cole et al., 2007, p. xviii).
Front-line staff may play a crucial role in facilitating social inclusion for people with intellectual disability. In particular, the skills and motivations of staff have been shown to play an influential role in the inclusion of people with intellectual disability (Amado et al., 2013; McConkey & Collins, 2010). However, it has been suggested that staff may not be convinced of the feasibility of full inclusion for individuals with high support needs (Bigby et al., 2009). Clement and Bigby found that staff whose vision of social inclusion is restricted to presence in the community rather than participation in community activities, cannot facilitate participation (Clement & Bigby, 2009).

A number of studies have identified that staff may organise segregated activities within the community creating, in effect, a distinct social space for their service users with intellectual disability (Bigby et al., 2014; Wiesel & Bigby, 2014; Craig & Bigby, 2015). An observational study by Bigby and Wiesel (2015) of brief social interactions between strangers in the community and people with intellectual disability identified that support staff could positively impact on the initiation and facilitation of the contact but could also obstruct such encounters by not allowing them to happen or cutting them short. The authors note that the support workers were required to make some critical judgements about whether, when and how to initiate or intervene and therefore education and training in this regard is of great importance. They assert: “poor staff practices, inadequate training or supervision and staff misinterpretation of policy aims are identified as reasons for the failure to move beyond community presence” (Wiesel & Bigby, 2014, p308).

McConkey and Collins (2010) explored the priority which support staff gave to social inclusion as part of their role. Two hundred and forty-five staff working in supported living accommodation, shared living and group homes or in day centres in Northern Ireland completed a questionnaire in which they prioritised 16 tasks to support social inclusion and 16 tasks related to the care of the supported individual. Staff in all three service settings identified more care tasks to which they gave high priority than social inclusion tasks. Again, across all three work settings, female staff, front-line (as opposed to leadership level) staff and staff employed on a short-term or part-time basis more frequently indicated that social inclusion tasks were not applicable to their job. Staff in day centres which offered centre-based rather than community-based activities were also more likely to rate social inclusion tasks as not applicable to their role. Staff working in supported living schemes were more inclined to prioritise social inclusion more highly than staff in other settings including day centres.

An important finding of the research was the variation of prioritisation of social inclusion tasks within the same type of service and even within particular teams working with the same client group. This, the authors argue, “is a reminder that staff may interpret their roles and priorities differently unless there is explicit direction and guidance from service leaders and managers” (McConkey & Collins, 2010, p698). McConkey and Collins further discussed the importance of relevant training as a ‘Tool-Kit’ for frontline staff to support the development of the appropriate skills and
attitudes required to enhance the community integration of those with whom they work.

In the survey responses in the **New Directions Benchmarking Report**, only seven service providers made reference to the provision of formal training for staff to support people in accessing the community (HSE, 2016). The Benchmarking report also states that:

> The introduction of clear outcome measures and advice to services on setting targets for social inclusion would greatly aide organisations in delivering social inclusion with tangible results (p65).

This report also recommended the development of:

> A clear and unambiguous statement defining the difference between 'Using facilities in the Community' and people with disabilities 'Developing relationships with people who are not involved in specialist service provision and participate in normal everyday community activities (p65).

**Quality**

The **National Economic and Social Council**, in a review of quality and standards in the disability sector noted that:

> Ambitious policy reviews and proposals from the Department of Health and the HSE have quality as a core concern (NESC, 2012, p. xiii). The entitlement of people with a disability to a high-quality service is an underpinning value of **New Directions**. The Working Group **Report on Personal Services for Adults with Disabilities** stated that the commitment to service quality and continuous quality improvement should be reflected in each organisation's policies and procedures and in their recruitment, induction, and staff training processes. However, the Health Information and Quality Authority (HIQA) states,

> a majority of people with an intellectual disability using day services do so in an unregulated environment (HIQA, 2017, p14).

HIQA does not have a remit in respect of day services. Where day services are provided in a congregated setting, HIQA has authority in respect of the designated centre but no authority to enter or inspect the day service even where these are located adjacent to the designated centre.

In a review of quality, standards and regulations in disability services **The National Economic and Social Council** state that, with some exceptions, service providers have not been accountable for the quality of services that they provide to people with disabilities. Regulatory systems have emphasised processes rather than outcomes and providers have been accused of delivering a service that does not suit the preferences of service users and does not meet their needs. However, the report envisaged enhanced service user involvement “at all levels of service design,

delivery, regulation and monitoring of outcomes and processes” (NESC, 2012, p. xix) and a regulatory system that is inclusive of personal outcomes.

The New Directions Benchmarking Report (HSE, 2016) considered the issue of ‘quality’ in terms of quality assurance accreditation and service user satisfaction. The survey indicated that although a significant number of services from the non-statutory sector engage with an accredited Quality Assurance Body, only a small number from the statutory services did so. Fifty per cent of organisations in the non-statutory sector and less than 80% in the statutory sector surveyed their service users or service users’ families to assess their level of satisfaction with the service provided.

In 2016, The National Framework for Disability Services in Ireland was set out (NDA, 2016). This framework sets out nine outcomes which were developed in consultation with people with disabilities. The framework is applicable as an outcome measure for person-centred disability services and can be mapped to the Standards for New Directions (NDA, 2016). Such a framework is distinguished from frameworks which focus on inputs to a service or measurement of activities provided by a service although it would map onto these within the overall system. Person-centred outcome measurement focuses on the impact of programmes and policies on the lives of people with disabilities. The proposed outcomes were presented under nine high level outcomes all of which incorporate a number of sub-domains and these are presented below:

1. Living in their own home in the community:
   sub-domains: ordinary housing; suitable housing (for example, adapted); choice in who lives with the person with disability; free access within the home; privacy.

2. Exercising choice and control in their everyday lives:
   sub-domains: choice; control; everyday routines, major life decisions; positive risk-taking

3. Participating in social and civic life:
   sub-domains: social life; socially connected/not lonely; community activities; civic activities; access to community (accessibility/transport/mobility); choice to attend church.

4. Meaningful personal relationships:
   sub-domains: family; friends; intimate relationships.

5. Opportunities for personal development and fulfilment of aspirations:
   sub-domains: education; training; education/training outcomes; realisation of long-term and short-term personal goals.

6. A job or other valued social roles:
   sub-domains: employment; other valued social roles; doing things for others.

7. Enjoying a good quality of life
8. Enjoying health and well-being
9. Achieving best possible health:
   sub-domains: physical health; mental health; healthy lifestyle; preventive care.

Conclusion
Over the last two decades person-centredness has been a core principle in all models of care for individuals with intellectual disability. Therefore, following the HSE National Review of HSE Funded Adult Day Services published in 2012 (HSE, 2012) it was not surprising that it remained a core feature of the next wave of service delivery. The outcome of the National Review contained in the New Directions Report details a new approach to adult day services delivery in Ireland and set out a proposal and Implementation Plan 2012-2016. New Directions utilises a person-centred approach to provide an individualised service to individuals, while also fostering community integration as a key feature of its service delivery. Subsequently in 2016, the National Framework for Disability Services in Ireland was set out as a means to evaluate the quality of service delivery to people with disabilities. This framework is applicable as an outcome measure for New Directions.

Aims
The aim of the evaluation was to undertake a retrospective review of the New Directions model of day service as offered, in its first year of implementation in specific service locations (city and village based), to service users with intellectual disabilities during their transition from school or from a training centre.

Objectives
1. 1. To explore the service user’s perspective of participating in New Directions programme
2. 2. To explore families’ perspective on New Directions programme
3. 3. To investigate staff’s perspective of developing and implementing New Directions as a new model of service
4. 4. To evaluate the progress of the service users who participated in New Directions on their documented outcomes, with particular emphasis on the level of community involvement
5. 5. To consider barriers and facilitators to wider implementation of New Directions model.

Methods
Design
The current research utilised a mixed methods approach to undertake the evaluation. Methodologies included analysis of data extracted from service users’ records as well as interviews to explore the subjective experience of the key stakeholders. The quantitative data provides a record of the number and variety of activities engaged in by each service user, the extent to which activities were discontinued and new ones initiated and a rating, by staff, of the extent to which the service user engaged with the activity. These data sheets were documents which were developed by the staff team within the organisation, and were designed to assist the staff team to monitor the new service and were not designed as the basis of an evaluation.

The qualitative component of the evaluation captures the perspectives of the service users, their family members and the staff following participation in the first year of a New Directions model of day service. The interviews explored the participants’ experience of New Directions and the factors that influenced the success or lack of success of the initiative.

This combination of quantitative and qualitative methods facilitated a detailed and informative evaluation of this inclusive model of day service. A particular emphasis of the evaluation is on the extent to which the New Directions model supported the service users to increase their level of community integration in line with their own goals and aspirations.

Context
An intellectual disability service provider in the West of Ireland implemented the New Directions model of day service for the first time in September 2016. The first cohort of participants comprised eleven service users who were either school leavers or graduates of a 3 year training programme.

Three service locations were established during the first year of implementation; two of which were houses in housing estates on the west of the city centre and one located in the centre of a large village, a number of miles from [City]. During the second year of implementation of New Directions, which coincided with the timing of the review, the two service locations located in housing estates merged and moved into a large commercial unit in [City].

A transition team was established three months prior to the start of the New Directions initiative during which time the team got acquainted with each service user and their family. The team visited the service users in their school or training centre and in their homes and identified the most appropriate mix of service users within the three service locations. The service users, their families and the transition team used a person-centred planning process to choose activities of interest and of benefit to the service users. The activities chosen at the start of their programme in

September 2016 were reviewed after five months at which time most service users made changes to their programme of activities. Each activity was mapped to the New Directions 12 supports. Service users also engaged in a wide range of activities outside those specified on their programme activity sheets and a daily record of these was completed by support staff. This record also rated the service user’s level of engagement (low, medium or high) with the activity. Staff also documented which activities the service user enjoyed or did not enjoy each month and noted any new activities introduced that month.

Four staff were initially recruited or redeployed to the New Directions initiative and a number of extra staff were subsequently recruited.

Recruitment and Participants
An early expectation was for 14 service users to join the three new service locations, however, it was decided that two service users would benefit from an extra year in their existing service. One service user began receiving New Directions but did not relocate to the service location and it was determined that this may have inhibited his awareness of a change in his model of service to New Directions. Therefore the evaluation focused on the service received by 11 service users who attended the service locations from September 2016 to June 2017. The service users were aged between 18 -21 when starting New Directions. Five service users had transferred from a Training Centre run by the service provider and six had previously attended a special school. All 11 service users and/or their parent(s) allowed access to their activity sheets and daily activity records.

Separate quantitative and qualitative information sheets were designed for the service users, family members and staff. The service user information sheets were designed in consultation with staff from the service provider and can be seen in Appendices 2 and 3. The family information sheets and consent forms can be seen in Appendix 4, 5 and 6. The service user and family participant information were distributed to the eleven service users and their families by staff in the service locations and returned via the staff in the service locations.

The information sheets informed the service users and their families of the reason for, and nature of, the evaluation. Both parties were required to give consent/assent to participate in the research. Where possible informed consent was obtained from the service user (see Appendix 2 and 3). Also parents were asked to return the consent form if they agreed that the research team could have access to the service users activity sheets for the period under evaluation (Appendix 5). This was done under the guidance of the two Ethics Committee’s. All 11 service users and their families agreed to the evaluation.

The information sheet also advised that participating service users and family members would be contacted and invited to take part in a qualitative interview. Family members, following the return of a consent form, were contacted by

telephone and invited to participate and to arrange an interview at a time and place that was convenient to them. Family members who agreed to participate signed a qualitative interview consent form prior to the start of the interview. Eleven parents took part in the interviews. The majority of interviews were undertaken with mothers of service users. However, two interviews were undertaken jointly with both parents. Family member interviews ranged from 20 minutes to 54 minutes (mean 37 minutes). Most family interviews took place in the family home (n= 9), one took place in the interviewees’ office and one in a hotel.

Service users received information sheets about the qualitative interviews (see Appendix 3). The information was read to them by support staff. Both parties (parents and service users) were required to give consent/assent to participate in the research. Four service users were interviewed; interview times ranged from 14 minutes to 24 minutes (mean 20 minutes). All service user interviews took place in the service locations.

Staff who worked within the three service locations involved in the implementation of New Directions between September 2016 to June 2017 were informed about the study. Staff were provided with information sheets (Appendix 7) and signed a consent form prior to the qualitative interview. Six staff interviews were conducted. Four of the interviewees were front-line support staff and two were managers. Staff interview times ranged from 26 minutes to 108 minutes (mean 60 minutes). Four staff interviews took place in the service locations, one took place in a hotel and one took place in the researcher’s office.

Quantitative data and data analysis
Two sets of records for each of the service users were included in the quantitative aspect of this evaluation: a service programme and daily activity records

1) A “service programme” form was developed by the New Directions team at the start of the new programme to document the person-centred goals agreed between the service user, the service user’s family and the New Directions support staff. The activities or programmes listed on the document were mapped against the 12 personal supports that are integral to the New Directions model of day services. The activities and person-centred goals were reviewed on a regular basis. The service programme forms for the time periods September 2016 to January 2017 and February 2017 to July 2017 were included in this evaluation.

2) Daily activities sheets were completed by staff to record the service user’s level of engagement with the activities on that day on a scale of low, medium or high. This document also contained a section for staff comments. Throughout the month, staff also noted which activities the service user liked and disliked, and any new activities that were introduced during the period.

Data was extracted from the service programme and activity sheets for all participants and entered into SPSS Version 24 (IBM Corporation, 2012). For each participant the total number of activities were counted. The number of activities which took place outside the service locations (community-based activities) were counted along with any activities that ceased or that were added to the individual’s New Directions programme across the 12-month period. This was done to evaluate the level of community integration.

Participant engagement with the activities was noted using an existing rating system of high, medium and low engagement. Each level of engagement were recoded to a numerical representation high = 3, medium =2 and low =1. Both descriptive statistics and paired sampled t-tests were used to calculate the participants’ engagement with New Directions during the first period (September 2016 to January 2017) and the second period (February 2017 to July 2017).

Qualitative data and data analysis
The qualitative interviews were conducted by an experienced qualitative researcher and digitally recorded. Staff and family member interviews were transcribed verbatim by a professional transcription company. The researcher who conducted the interviews transcribed the service user interviews immediately after they took place to ensure that the voice of the person was represented as accurately as possible. The interview transcripts were anonymised and were read alongside the interview recordings to further verify accuracy.

The service user interview guide was developed with the support of the speech and language department of the service provider and further support from the manager of the day service. The interview guide was used flexibly (for example, questions were restated or posed in an alternative manner to ensure the service users understood the questions), and in conjunction with the service users’ scrap books, to accommodate the communication levels of the individual service user.

The data was analysed thematically according to the guidelines of Braun and Clarke (2006). After thorough familiarisation with the data, initial codes were generated and these codes were collated into higher order themes through an iterative process. The rigour and quality of the analysis was enhanced by the maintenance of clear note-taking within the research team to aid the development and refinement of the analysis.

Ethical issues
Ethical approval for the study was granted by the National University of Ireland, Galway Research Ethics Committee and the service provider’s Research Ethics Committee.

Written, informed consent was given by both participants and parents to access the relevant quantitative records of the service user. Separate signed consent was given by all individuals who participated in qualitative interviews.

The researcher was sensitive to any signs of distress from the interviewees, particularly the service users and was prepared to terminate an interview in this eventuality. Day centre staff were available to the service users during and after the service user interviews if required. All participants were reminded that they were free to withdraw at any time. Pseudo names were used for all participants. For staff unisex pseudo names were used to protect the anonymity of the respondents. The researchers were conscientious and sensitive when reporting qualitative data to protect the privacy and confidentiality of respondents.

Electronic data was stored on a password protected computer; paper-based data was kept in a locked filing cabinet. Interview recordings were sent to the transcriber under encryption and the transcripts were returned as encrypted files.

Results
Quantitative
A person-centred planning approach was taken at the beginning of the periods September to January (First Period) and February to July (Second Period) to select a range of activities for the forthcoming months. The number of activities chosen ranged from 12 to 17 ($M=14.18$, $SD=1.40$) in the first period and between 13 and 21 ($M=16.27$, $SD=2.28$) in the second period indicating that there was a statistically significant difference ($t(10) = -5.33$, $p = .000$) in the number of activities engaged in during the Second Period. The numbers for the two periods can be seen in Figure 1 below.

One service user did not make any changes to his activity plan at the start of the second period, however the others chose to drop some activities and become involved in others. A total of 55 (range 0 – 8) activities were discontinued after the First Period and 78 activities (range 0 – 13) were adopted. The extent of the discontinuation and adoption of activities can be seen in Figure 2 below.

In the first time period, September to January, just over 48% of all activities took place outside the service locations. However, the number of activities undertaken outside the service locations varied greatly across the service users with a range from 21% to 67%. In the second time period, February to July, the amount of time spent on activities outside the service locations increased to almost 57% with a range of between 20% and 84%. However, the increase was not statistically significant ($t(10) = -2.01$, $p = 0.62$). The percentage of activities located outside the service locations in the two time periods is presented in Figure 3 below.

Figure 1: Number of Activities in the First and Second Periods

Figure 2: Number of activities dropped and adopted
A total of 115 different activities (see Appendix 11 for a sample of the activities undertaken as part of New Directions) for the 11 service users were identified on the activity sheets over the two time periods (see Appendix 12 for a sample of a daily record sheet). Each activity was mapped, by staff, against the New Directions 12 Personal Support(s) relevant to the particular activity for the particular service user (see Appendix 13). A greater number of activities mapped against each personal support in time period 2 compared to time period 1 (apart from the support of influencing policy and practice which remained the same), indicating that the new activities chosen for the second time period were more in line with the New Directions model.

The extent to which the activities map onto the 12 supports is presented in Figure 4 below. For the purpose of this evaluation the Personal Support of ‘Community Inclusion’ has been divided into the two categories of ‘Community Inclusion’ and ‘Community Participation’. Community Inclusion was defined as promoting community inclusion through presence in the community. Community Participation was defined as going beyond community presence to developing and maintaining
reciprocal relationships with family, friends, co-workers and acquaintances in the community.

**Daily Activity**
The service users engaged in a much more extensive range of activities than those documented on the activity sheets. For the purposes of this data analysis each half day spent in the day service was considered a ‘session’. The number of sessions per month varied, due to holiday periods in December and April. Excluding these months, the total number of monthly activities ranged from 391 to 573 and the mean number of activities undertaken by the service users ranged from 37 to almost 52. Figure 5 presents the total number of activities engaged in by the service users in each month and the mean number of activities per month.

These daily activities are documented by support staff alongside an assessment by the staff member of the extent to which the service user engaged with the activities in which they took part on that day. Support staff were also encouraged to note on the activity record the likes and dislikes of the service users in order to inform decisions about the preferences of the individual service user and the barriers and facilitators to their engagement with activities.
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Dev = Development; Inc = Inclusion; Ind. = Independence; Pr. = Presence; Tr. = Training, FP = First Period; SP = Second Period

Figure 4: Activities mapped against New Directions’ 12 personal supports
The staff assessment of the extent of service user engagement with daily activities is by way of a rating of low, medium or high. The rating is given per session although it is often the case that more than one activity takes place during a session; there was a small level of missing data in these records. A total of 4,090 ratings were documented over the first year of the New Directions day service.

Figure 6 below shows the staff assessment of the extent of service user engagement with daily activities over the two time periods by individual service user. In both time periods most ratings were of a medium level of engagement with activities. The high level of engagement rating was higher for 9 of the 11 service users at the Second Period. A decrease was noted at the Second Period in the percentage of low engagement with 9 of the 11 service users demonstrating a decrease.
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*FP = First Period; SP = Second Period*

Figure 6: Percentage of service user engagement at First and Second Period
Figure 7 presents the percentage breakdown of the ratings into low, medium and high on a month by month basis for the group of 11 service users across each month of the first service year. These data demonstrate that, as a group, there was a decrease in activities rated as low engagement and a large increase in activities rated as high engagement. A paired samples t-test found that there was a statistically significant increase in the ratings of high engagement, $t(10) = -3.60, p = .005$, between the First Period (FP; September – January) and the Second Period (SP; February – July).

**Figure 7: Ratings of engagement for group by month**

Overall, when the data for the group are reviewed to compare engagement during the First Period and Second Period it found that service user engagement with their activities were predominantly rated as medium. However, whereas more than 75% of ratings in the first time period was medium this dropped to almost 60% in the
second time period. The high rating rose from over 11% to almost 32% between the periods and the low ratings fell from 13.2% to 8.1%. These figures are presented in Figure 8 below.

![Percentage of Engagement](image.png)

**Figure 8:** First and Second Period engagement ratings for group.

### Qualitative

The views and opinions of the service users are presented first followed by parents’ views and experiences and subsequently those of the staff working on the **New Directions** initiative. A large number of quotes are used throughout to maximise the voice of the participants.

All service user names have been provided with pseudonyms and the parents are identified by their child's pseudonym. Gender neutral pseudonyms were used to identify staff quotes.

### Service User Interviews

During interviews one service user used an augmentative communication system, while others used scrap books with pictures of activities as visual supports.

### New Directions

Overall, service users were very positive about their experiences on the **New Directions** programme (n=4). For example,

How do you feel about it [New Directions]?
I feel good. I feel good in [New Directions] (John).

Are you happy in this Hub?
Yes, yes, I am” (Mary).

When asked about their preferences between previous services and the New Directions programme, service users generally indicated a preference for the New Directions model. Sample quotes include: “it’s better” (Louise) and “it’s great” (Darren). When asked to elaborate on this by stating what is good about it Louise replied “everything”.

Service users were all positive about recommending the service to others. In addition, some of the reported benefits associated with attending New Directions included the opportunity to form new friendships and meet new people; helping with emotional and personal experiences and trying out new things.

Some service users acknowledged staff’s role in their success. For example:
I would like to thank you [staff’s name]…for helping me. (John)

Few changes were identified by the service users, with some service users suggesting no changes were required. A limited number of potential changes or recommendations arose. These included:

I think the Government should give more money to New Directions… so that more people have a chance. (John).

In addition, one service user also spoke about spending a long time on the bus every day.

What would be the worst thing that you do?
Going on the bus for so long (Mary)
Are you on the bus for a long time?
For a long time, hours. (Mary)

Activities
From speaking to the service users and reviewing their scrap books during the interviews, the service users appeared to engage in a wide range of activities as part of the New Directions programme. Activities included: visiting the library, shopping, yoga, going for walks, listening to music, drama society, [Company name] (a local dog shelter), Toastmasters, planning and going on day trips, volunteering at arts and community events and attending classes.

Service users had a clear sense of their favourite activities and what they enjoyed. Examples of their reported favourite activities included “swimming” (John), “volunteering” (Mary) and computers (Darren).

When asked what was their worst or least preferred activity Darren indicated: “I don’t have any worst”.

The opportunity to access education and formal learning (one of the 12 supports) was positively reported on by a number of the service users. One service user studied “biology” which represented an opportunity that was not previously available to this individual. Another service user reported enjoying learning to cook, which was being completed as part of the ASDAN curriculum. Louise reported that they now cook their lunch - “Chicken Korma” on certain days.

Darren identified education and training as one of his favourite things. Examples of his achievements included:

- Last year I took up Health and Fitness and Maths…and this year I took more Fitness and Career Preparation.

Service users also displayed a sense of pride in their achievements:

- We do numbers and algebra… I’m good at those two subjects (Darren)

This individual also aspires to do further education and had specific goals in mind.

Engagement in activities was not a static or fixed experience. Service users got to try new things and end them if they did not like them. An example of this was evident when Mary spoke of her experience of taking up Tai Chi:

- It was hard. (Mary)

When Mary was asked if she would like to complete the progression class she indicated “no”.

Service users also spoke about the support they received from staff in facilitating their choices. When discussing changing activities or adding new ones to their list, Darren discussed how he would go about this:

- Well I’d think of my plan of action, go through the strategy and then ask [a staff member].

When asked about new suggestions for activities, service users indicated that staff would say “we’ll help you with that” (Mary).

Choice
Service users were actively involved in managing their activities and trying out new things. Two individuals described being very proactive about researching activities of interest and emailing for the details and information that they required. One service user identified that he loved to try new things and was always “up for the challenge”.

When asked about who or what is involved in selecting their activities, some service users clearly stated “I do” (John) or “I choose them myself” (Darren).

The level of choice offers independence and a sense of control to service users:

> It really does mean much to me because…. I can do pretty much anything. (Darren).

However, service users also acknowledged the support of staff in selecting their activities:

> Sometimes it’s best to have a bit of help with choosing. (Darren).

Service Location
Service Users reported mixed feelings about the location of the services. One service user in particular expressed the opinion that they preferred the smaller service location in the community stating that “It was very quiet there, it was nicer” (Mary) rather than the business park which was “closer to town so a bit louder”. In contrast, when asked about the new service location or the housing estate in the community, another service user indicated that the new service location is “better actually” (Darren) because “I can now go upstairs and check my activities on the internet” (Darren).

Community
A number of issues arose relating to community engagement and social inclusion.

One service user when asked if s/he thought their presence in the community was helping people to be more accepting they responded: “I do” (John). But this individual also mentioned:

> I don’t like it when people stare at me. (John).

He wanted people to:

> Accept me for who I am. (John).

When asked about attending activities in the community, some of the positive comments that emerged included:

> I like getting to know new people. (Mary).

> [Volunteering] was fun to do and you meet new people. (Mary)

When asked if it is was easy to meet people “yes it is actually” (Darren) and when asked where “Well in my drama class every week” (Darren)

Overall, the service users appeared to enjoy volunteering experiences in the community and the opportunity to engage with local groups.

Parent interviews
Beginning
Parents of some of the service users reported that they were the driving force behind the timing of the first implementation of New Directions within the service. The transition from school to adult services was characterised as a frightening time and akin to “completely and utterly falling off a cliff” (Peter’s mum), one which should be approached through long-term planning. A number of like-minded parents joined forces two years prior to the transition of their children to advocate for, what they perceived to be, adequate and appropriate day services for their service user and to avoid their children being offered default places in services which the parents considered unsuitable and even damaging. A mother from one of the groups of parents described the process in this way

….. myself and two other parents, all our children were in [name] special school, looked at the services that were available to our children two years prior to their transition. And we didn’t like what we saw out there, which was that the services were not going to be adequate for the needs of our children (Gary’s mum).

Although New Directions, as a policy document, was known to one of the parents most parents were guided by their instinct about the type of service that they wanted and, very definitely, about the type of service they did not want. Several parents spoke of their belief that many service users with intellectual disability have more complex presentations and needs than those in previous generations and that autism was a particularly challenging condition both for parents and service providers. Service provision such as training centres were described as appropriate for some service users but some parents believed that their children required the type of individualised service that New Directions offered.

And that’s what used to frighten me when I used to look at the other services. I used to think to myself he will just get lost in there... And he can’t do what we all do. He can only do what he can do. And that’s why I feel that the New Directions has been very positive for us because it has worked with him, and it’s always about can Gary facilitate this, can he be facilitated, can he cope, and will he enjoy it? (Gary’s mum)

The parents who identified that they campaigned for the New Directions model of day services were adamant about the type of service which they wanted for the service users. And these parents believe that without their advocacy and campaigning
the service users would not be receiving the service that they currently receive. Other parents did not describe that they had experienced anxiety about their service user’s day service.

The Service locations
Two New Directions service locations were the focus of this evaluation. One of the service locations is in a village and the other is located within [City]. In the first year of the programme, the service users attending the city based centre were located across two houses, on housing estates in the city suburbs, with five service users based in one house and seven in the other. During the second year of the programme the two service locations were amalgamated and moved to a large unit on a business park, within the city boundary and within walking distance from the city centre and numerous shops and leisure facilities. The other service location is situated in the centre of a large village [a number of] miles from [City]. The amalgamation of the two city service locations took place at the point at which this evaluation started. Therefore, it proved impossible to discuss service locations with the family members of the service users involved in this relocation and to exclude discussion of the current service location. However, including the perspectives on the different settings proved relevant and informative and is consequently included in this analysis.

Most parents liked the small, homely nature of the service locations when they were located on housing estates and felt that they suited the service user’s needs but many acknowledged that the opportunities for accessing community facilities were limited. However, two parents were concerned about the industrial nature of the new city centre service location and one identified what she saw as the disparity between investments in mainstream school leavers and school leavers with an intellectual disability:

… the disparity between say what my mainstream children are being offered and what my child with the disability is being offered is huge, and continues to be huge. And I cite the example all the time of[University]. … The subsidies that every single student in that university have and don’t even realised. And compare it to what Peter has. (Peter’s mum)

Although parents expressed opinions about the city service location, they had little input into it. This is in marked contrast to the village service location with which the families described a deep and proactive involvement. The parents demonstrated a sense of ownership about the service location having rejected the first premises suggested by the service provider and found, what they considered to be, a more appropriate one

So, we went and we found you know a great premises right in the heart of the village that has you know space, windows… Like the other one was, it was a unit in the basement … and there was only, you know, doors at the front and then the rest, all three sides there were no windows. So no matter what way

you would have sectioned it out, you’d have been in artificial light all the time you know. (John’s mum)

Parents have fundraised for the further development of the village service location however some frustration was expressed about the slow pace at which the money was being utilised. The families whose service user attend the smaller village-based service location envisaged its potential to become an integral part of the assets of the village. Ways of bringing the community into the service location and opening the centre to community activities were discussed. A longer-term vision for the service location, and other service locations was also described, whereby they become a focal resource for local people across a diversity of support needs

it would be great if there was going to be a support centre for people around here who might have some support needs, not necessarily people with intellectual disabilities, but maybe people with dementia or people living on their own or whatever. Then it would seem to me to make perfect sense to use the geographic spread of those New Directions service locations as being places that can double up as providing support services for other people who’ve got special needs. (Anna’s dad)

The parents of service users who attended the village service location had been given a reassurance that their service location would not cater for more than six people and they were confident that this commitment would be kept. In contrast, concern was expressed about the possibility of the city centre-based service location accommodating too many service users to function effectively under the New Directions model. Examples of other local facilities in the city that were accommodating significantly more people than they were designed for were cited and some concern was expressed that the service location may evolve into a rebranded segregated setting. However, other parents were more optimistic. Some welcomed an increase in numbers as offering more opportunities for socialising within the service location. One mother suggested that the numbers attending the service location was irrelevant as New Directions was not a centre-based service and not all service users will be in the service location at any one time.

Activities
Parents were overwhelmingly positive about the New Directions model of day service which their service user were experiencing. All parents said that the service users were happy and the three comments below are representative of the comments by parents

Peter is as happy as a sand piper in his service. He really is very happy. (Peter’s mum)

He’s much happier there now than he was in school. He’s really much happier since he transitioned to adult services. (John’s mum)

I think New Directions is great. She’s happy … she’s able to express her feelings that she loves it. (Cathy’s mum)
Parents reported differing levels of awareness about and input into the choice of activities for the service user with some much more involved than others. However, parents were largely positive about the activities and the range of activities which their service user engaged in. **New Directions** was characterised by all the parents as person-centred and this aspect of the service was highly valued. All identified that the service users were, largely, engaged in the activities that were of interest and important to them:

And it genuinely has been that as opposed to … just coming in and trying to fit around that and things maybe not being geared to what a person wants to do. (Cathy’s mum)

But at the end of the day, he does know what he likes and what he doesn’t and he should be respected for that. So when he says now within the centre, I don’t want to do that anymore, well then we don’t do that and we look for something else that he would be able to do. (Gary’s mum)

The flexibility of the service to adapt to the fluctuating ability of some of the service users was particularly appreciated by parents

Like sometimes they might bring him to go swimming and he won’t go. He might say no. And they just turn around. They might just try and get him in a different way, but you know if he doesn’t want to, he obviously just doesn’t. (Kevin’s mum)

The individualised nature of the service was frequently contrasted with the service available in more traditional service provision. A number of parents were adamant that, for their service user, the traditional service would not simply be difficult but would be damaging

I know that the other places, he would have just become a number and he’d have got lost in it. And he’d have gone off into his own wee world, which he can do very much when he’s not in a happy place. Do you know what I mean? And then his behaviour’s gonna escalate. There can be a lot of backlash from it. And instead of progressing, he would have regressed. It would have cost the state and the service providers more money by not facilitating his needs than facilitating them. Because there would have been psychologists. There would have been you know behavioural management. Now there still is a little bit of that, but not to the same extent. There would have been a lot more. He would have needed a lot more support if they had put him into those places. (Gary’s mum)

One mother identified that she would like her daughter to be more physically active during her day service but accepted that there were constraints

I know that she’d like to swim more but they can’t accommodate that …... but they have a lot of people to consider … personally I don’t want to be a pain. If it can’t be, it can’t be you know. (Louise’s mum)

Although one parent raised the cost of the activities as an issue, other parents considered that there were no significant associated financial costs to them, which was not in line with activities their other children attended.

**Nine o’clock to five o’clock services**

One parent identified that her daughter attended two activities in the evening and another that her daughter had attended an evening activity but no longer did so. Parents expressed different views about whether the day service should accommodate activities for their service users outside the traditional nine am to five pm or eight am to four pm schedule. At the time of the study the service locations operated between eight-thirty am and four pm. A number were disappointed that this option was not available and believed that such an option would respect the service user’s status as adults.

> …for a 23 year-old it’s what most of her peers are doing, whether they’re in education or whether they’re working. Most of your activities are going to be, … [and] your social interaction is what happens in the evening time you know. That’s where I’m let down. (Cathy’s mum)

One of the things that we had asked for was that you know for an adult service, it shouldn’t really be Monday you know half nine to three like school. You know because for an adult like you know I felt that at least once a month that maybe they could start at two in the afternoon and go on til ten. And then they could go to the cinema or go to a show in town at the time that their age go to it. You know you don’t have twenty-year-olds going to the early morning show you know, it’s the evening shows. (John’s mum)

However, some parents did not think that an evening or weekend service was relevant for their family as their son or daughter would not be interested in attending activities at such times. Other parents did not wish for such as service because those hours would be adjusted for in the service user’s day time attendance. The issue may arise of parents having certain expectations or requirements of a service that are not always aligned with a person centred approach.¹

> But by doing that, he might have to lose a few hours from his day service you know. … He could definitely avail of certain things, but there would be a compromise involved in it you know. (Gary’s mum)

> I don’t want a service in the evening. I want the service during the day, and that’s what suits. (Kevin’s mum)

**Transport**

Transport was the most frequently discussed source of concern about the existing service. Not all service users had transport available to their nearest service location. Transport is not provided for service users attending the village service location and local service users who do not have access to their own transport are given

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¹ Unfortunately no data on the service users’ preference for timing of services was available to the researchers.

Transport into the city service location thereby bypassing the service closest to their own community. It was speculated that places in some service locations would be difficult to fill for this reason.

The length of time that the service users spend on the buses each day was also raised as a concern by some parents, particular with afternoon travel often taking longer.

The one thing I don’t like is that she’s three hours coming home by bus … the bus driver is marvellous …. And they sing away and have fun on the journey... But I still think it’s a long time. (Louise’s mum)

The excess time spent on a bus was seen as time that a service user should be spending in the day service:

But what has happened is more transport issues really, which are impinging upon the service offered. Because say I mean she now spends about two and a half hours every day on the bus. (Cathy’s mum)

Transport arrangements were also described as having implications for the daily life of a service user’s mother

My only thing is that Kevin used to go here at 9 o’clock when he was at [first service location] and come home at 5. And now he goes at 9 and he’s home at 3. Now it’s a big difference to me….. But my problem is now that there’s things I used to do that I can’t do anymore. (Kevin’s mum)

Staff
The staff working with the service users in New Directions were unanimously described in highly positive terms by the parents.

They’re very good, they are, I mean I think they’re brilliant. (Mary’s mum)

The staff were said to be responsive and communicative with the families:

And I feel that I can ring them at any stage and say you know “why don’t you try something. (Kevin’s mum)

The willingness of the service, and one staff member in particular, to work with a new communication system with a service user was characterised by his parent as “completely life changing” (John’s mum) for both the service user and his family. This sentiment was echoed by the service user himself who also expressed his gratitude to his key worker and said that the communication system “means that I have a voice” (John).

12 supports
A small number of the parents were aware, before the interview, of the 12 personal supports that are available to all adults with disabilities under New Directions but most were not. All parents considered that some but not all of the supports were relevant to or important for their service users. All parents felt that the service users
are encouraged to make choices and to participate in making plans though the level of involvement varies.

The choices and plans would be, is Peter going to go swimming today or tomorrow. That’s the level it’s brought back to for Peter. (Peter’s mum)

... if the meeting is for Gary, Gary’s there. Now he mightn’t always give, [but] his opinion is asked of him. Now sometimes I might have to tweak a little bit, and the staff might have to tweak a bit. That’s what we’re there for. (Gary’s mum)

Although a key value of New Directions is community inclusion and active citizenship, the person-centredness of the service model was also seen as including the option not to engage in the community at points in the service user’s life when to do so would be detrimental to them

And it varies to his needs a lot of the time. ... and he has awful anxiety and panic attacks. So for three or four months there ... he physically was not able to cope going out. ... So that makes me comfortable too, ... that when he needs to pull back and have time to himself and be more protected within the service location, he gets that. (Gary’s mum)

Parents considered that increased support for health and wellbeing, for personal expression and creativity and for personal and social development were important and were integral to the service which the service users were receiving. According to their own choices, the service users were participating in exercise, involved in creative or artistic opportunities and engaging in personal development.

No parent considered that their service user was influencing service policy and practice although a few said that this was a role that they themselves took on on their children’s behalf

I don’t think it’s gonna happen in the case of Anna, just because how non-communicative she is. We basically proxy for Anna in terms of the kinds of things that we think Anna would want. (Anna’s dad)

Several parents considered that the service providers consulted with them and involved them in decisions. However other parents identified the service provider as essentially a business concerned with things that businesses are concerned with:

You know all the service providers, everybody’s got their job and employed in there. And yes you know they are looking at, well you’d like to think they’re looking at the interest of people with disability. But at the end of the day, it’s numbers and it’s figures, and it’s money. (Gary’s mum)

And that the influence of national policy was a slow process:

Policy documents are a dime a dozen. It’s really easy to produce a policy document, like aspirational things like wouldn’t it be great if we did the following? But turning that into action on the ground is a whole different ball of wax. (Anna’s dad)

Support for maximising independence and making transitions and progression was identified as important by many parents although it manifests differently for each of the service users. One parent requested a focus on money management skills and her daughter is being supported in this. Several parents spoke of the progress that their son or daughter had made towards greater independence in personal care, developing skills in tasks that parents still do for them at home. A parent argued that learning and progression would be a life-long matter for her son and his learning needs should be recognised and provided as formal education.

Whereas I would see with Peter, he’s still learning, and he will be learning all his life. And he is learning how to do things that perhaps six years ago I would never have thought he would be able to do. His learning should continue. And it should be part of a formal education process. It isn’t. (Peter’s mum)

A few of the New Directions participants accessed education and formal learning in the community giving them the opportunity to pursue subjects of interest including computers, photography and history classes.

I want to get the proper education (Darren).

Although conscious of obstacles, a parent spoke of the possibility that her daughter might access further education in NUI Galway (university). Since starting with New Directions, one service user had been supported to communicate through a communication system and his mother described how this has opened up a world of age appropriate education for him “as opposed to just the years of where he was just doing the toddler stuff going round in a circle”. His mother contrasted how things might have been if it was not for New Directions with the opportunities that she believes are now open to him in the long term.

I mean like if he was in another day service he may not have his communication method. He wouldn’t be getting to do you know, possibly he wouldn’t be getting to do like his Leaving Cert biology and you know documentaries and you know adult education, which is what he wants. (John’s mum)

Two of the service users secured jobs in the community. One service user volunteers in a charity shop for three hours every week and another who has a passion for books now has secured a job in a library. Although this service user may

only work for a short period every week, his mother described the great significance that it has for him

Now as much as he might do is fifteen minutes once a week. But he will go out that door and he’ll say to me I’m going to work in the library. And that’s like you know a five day a week to him. … He will be able to communicate and talk about that, and he will be very proud of himself … As I say it’s not about the quantity, it’s about the quality. It’s about him getting in there and feeling of some worth. And to him, that is his job, working in the library. And if it’s only ten minutes a week then you know that’s inclusion and its working because he’ll get satisfaction out of it. (Gary’s mum)

Other parents spoke of the different ways in which the service users are establishing social roles in the community that are meaningful to them. One parent described it in terms of being identified in ordinary social roles such as customer or consumer of local services and argued that the more his daughter participated in community activities, the more she forges a social identity that may override her societal role as the “disabled person “

Anna the painter you know. Anna who goes to the pottery class. Anna the dancer. You know we try and get as many of those meaningful social roles attached to her as we can. We try as much as we can to kind of push the disability into the background you know. (Anna’s dad)

The service user whose parent is quoted above is at ease in her community and another parent described her daughter as liking being in the community. Community was perceived as more problematic for some of the other service users:

She doesn’t social well. That’s my main focus on her. … When she comes home here she won’t even go out. Even in the summertime. You’d be lucky if she might go out the back and run in again. (Mary’s mum)

Service users with autism may find the community overwhelming.

If you go into a crowded restaurant and you’re able to simultaneously process everybody’s conversation, you can imagine after half an hour of that and your brain is like: too much already. (John’s mum)

It was suggested that for those who find the community overwhelming, the focus of New Directions on community-based activities can restrict the options available to them. One mother described that there were a number of activities that her son would like to experience and suggested that these be provided in the service location, possibly with a longer-term goal of joining a group in the community.

But at the moment it’s a negative by taking him out there. Because then he just thinks yoga and goes oh no I can’t deal with that. You know whereas if he starts doing it and you say oh but sure you did yoga in the service location, he might be able to you know in another while go out and try that. (Gary’s mum)
Parents’ perceptions of the importance of community inclusion to the service user with intellectual disability varied. For some parents, community integration and inclusion are extremely important and they described how New Directions was enhancing the service users’ lives in this respect. These sentiments were strongest in the parents of those attending the village-based service location where the central location of the premises was seen as key to the development of inclusion and integration.

And then the scope that that creates then for these kind of you know incidental social inclusion runs where Anna just meets the fella you know that does the latte because he’s out getting his loaf of bread, and he says hi to her you know down the aisle. Those kinds of things can happen because it’s you know that classic I suppose consequence of community. It’s a bunch of people who know each other. (Anna’s dad)

It’s great where they are now because they can walk to everywhere in the village. And they go to the [name of pub] for their lunch. They go up to [name of shop] to get the paper. You know and [name of village] is very much a village you know so people get to know them, and they know who John is. And when they come in it’s hello John, you know what I mean. So you know I think that’s important, and it’s important that you know people with disabilities are visible in the community. Because for too long you know you don’t see anybody with disabilities really. And maybe a wheelchair user, but certainly people with intellectual disabilities are very hidden away a lot of the time. And you know inclusion needs to be meaningful, doesn’t it? That they’re actually there, involved and visible. (John’s mum)

Examples of meaningful inclusion were also given by parents of service users attending the city-based service location and these were seen as important to both the service user and the community. One such example is presented in Box 1.

**Box 1: experiencing meaningful inclusion**

And I love the whole thing that New Directions, the whole point of it was to try and integrate our children within the community and within the services that were out there. You know that they wouldn’t be just “special needs” people, which is perfectly lovely you know. So he went to a community centre in Westside which was four people. There was a lot of different I suppose nationalities and immigrants that partook in this photography course. ... And it was adapted to him. So it was understood he could come and go. He might do fifteen minutes and they might get up and they might go out for a wee walk or a wee drink of juice. You know that sort of thing. And some of the things that they would be doing on the computer of course he wouldn’t. But they would facilitate it. And he did the full course. It was like a six week course once a week you know. He was terribly proud of himself. He used to say I’m going to
my photography class today, you know. Which to me I felt even though he wasn’t really doing the full thing, to him he was. And he was out there and he was engaging, and people were lovely. He met a lot of nice people that I suppose had never been in a situation. They’d never been with somebody with special needs, and vice versa. You know so it was a good way for him to engage. (Gary’s mum)

The importance of people with intellectual disability being visible in the community was emphasised by a number of parents including those who believed that the community had no real relevance to their son or daughter:

Community doesn’t mean a lot to him. He has no interest in sort of actively being involved with mainstream community. He likes looking at things but you know he wouldn’t be sort of making friends or whatever. I think visibility in the community is terribly important, purely for the general public to become familiar with people with disabilities. (Peter’s mum)

Several parents spoke of the service user being well-known and recognised and greeted by name by people in the community and that this was a mark of inclusion. However, a number of parents questioned the extent to which the community is receptive to people with intellectual disability and one mother suggested that there are limits to the community’s interest:

You’re really asking for the community as a whole to be interested in people with special needs or learning difficulties, and I think people tolerate it. I don’t know. I suppose interested is a different thing. (Cathy’s mum)

This mother, and another, also stressed the importance of fostering friendships between people with intellectual disabilities and not devaluing those friendships.

I mean like John you know he went for years on the bus to school with this other guy and you know neither of them can talk. But John will say oh Patrick was a good friend. You know because they interact on a different level, and just that being together and you know… And it’s significant to them. (John’s mum)

The future
Despite their positivity about New Directions, a number of parents expressed concern about the future. One mother believes that staffing levels are already inadequate to meet the increased numbers attending the service location and that this is impacting on the morale of the staff

…the fear you have all the time is that it will go back to just filling in the day … and that he will never be sort of challenged. … If the staff lose enthusiasm, and I can see them losing enthusiasm because it’s literally… What’s happening is they’re getting more and more people to look after, and there’s no increase in staff. (Peter’s mum)

This mother worried that “it has the capacity to become a nothing service” and another described her constant concern about the future

there’s still an awful lot of fear factors out there for me you know. … Well I worry about the future for him constantly you know. … Like you know is this New Directions going to stay? Is it going to get the funding? Is it going to progress? (Gary’s mum)

It was suggested that the timing of the transport was resulting in a reduction of service and that this boded badly for the future

….. so you feel you’re being given a bit and now it’s being gently pulled back …… I’m concerned about it now being closed at four and what that means for the future going forward. You know it’s only in its infancy, I’d like it to be, you know, not pulling back so quickly now. (Cathy’s mum)

I think that the Government should give more money to New Directions so that more people have a chance (John).

Parents argued that funding decisions are often made without reference to the long-term and that although New Directions was a more expensive model of service provision, it would prove to be more cost-effective in the long-term. A parent’s view of the cost-effectiveness of the model is presented in Box 2

Box 2: A parent’s view of the cost-effectiveness of the model

And how much easier would it be you know to have a whole bunch of Anna’s you know, stick labels on their forehead like for the level of support needs you know, and kind of corral them together. And then maybe have a small number of staff you know who can manage them. I struggle seeing how that’s not more cost effective. If you look at it just purely in terms of costs. I struggle to see how that’s not more cost effective than a fully individualised one. But there’s no doubt whatsoever that the fully individualised one is the one that’s gonna lead to the best outcomes, and it’s going to lead to the best quality of life for people like Anna. You know I think one of the challenges with it I think is if you take someone like [another service user’s name]. I think if you were to put [another service user’s name] into one of those congregated type settings I think she’d actually regress. So her chances of actually becoming independent in later life are gonna diminish as a consequence of that being overly cocooned early on. Which means that if you were to roll forward the spreadsheet for how much
she’s going to cost the state over her life, she’s actually gonna be a bigger cost in the future. (Anna’s dad)

Staff interviews

Beginning
Several staff identified that the New Directions initiative was spearheaded by an individual in the services provider organisation who was highly committed to and knowledgeable about New Directions and who provided them with information and support in the early stages. However, no staff received any New Directions-specific training and some felt that it would have been beneficial to have visited an established service location prior to setting up the new ones.

Most staff members had previously worked for the intellectual disability service provider and the prospect of working on New Directions was seen as an opportunity to experience a new way of working. Some expressed frustration that in their previous work setting, their capacity to support people to live lives of their own choosing was limited by the high service user to staff ratios and the large number of service users in the day centres.

Staff described a sense of excitement about being involved in the development of an individualised service wherein “timetables would be built around the person’s strengths and interests and for them” (Alex). To facilitate this a core transition team met with the service users and their families in the weeks leading up to the start of the service to get to know them as individuals. A staff member involved in this process described that they did not look back into the service user’s records or focus on their diagnosis but focussed instead on the future

… the focus [was] not on what is their diagnosis … you know, their needs would become apparent … It was to focus on tell me what their perfect day would look like, and what are they really good at and what do they really enjoy” (Alex).

New Directions in action
All the staff were passionate about their current way of working.

I love working in this kind of job. You know you’re never doing the same thing you know. You’re doing such a wide range of things every day. … You know it keeps it joyful like (Chris).

This enthusiasm was echoed by other staff members who spoke of being motivated by the impact they believe the service is having.

And once you have seen it and you have seen it work, and you have seen people progress on… It mightn’t be happening as quickly or as efficiently as you want, but it is happening. That would be my take on it. It’s slower, much slower, but slowly but surely you are getting the end result at the end (Carl).

This was contrasted with traditional group-based services which saw participants “going down to bowling rather than actually enjoying bowling for bowling’s sake” (Carl).

Working within New Directions was described as requiring great flexibility and patience. Providing individualised support was described at times as frustrating but also interesting and fulfilling.

I still have the same I suppose passion might be the word for it for the job I do. … You don’t do this job unless you like it. Now don’t get me wrong. There’s days where I could tear my bloody hair out and you could be so frustrated and you can think that you’re not helping at all. And then there’s days something will happen and you’ll be absolutely buzzing going home so you will. You’ll be over the moon (Evan).

Staff are expected to be alert to and proactive about identifying and developing opportunities for the service users within the community.

Because this is individualised, you as a key worker or a person supporting this person have to see those opportunities and grasp them and put those supports into place (Alex).

New Directions was described as requiring great attentiveness, preparation, reflection and flexibility. As interviews took place during the second year of implementation it was noted that the time needed for planning and reflection was identified as an early casualty when resources were inadequate and this can have a significant impact on the outcome of a goal. The success or failure of an activity in the community can hinge on a myriad of factors which may be environmental or specific to an individual service user on that occasion. Failure in this respect was said to have significant consequences for the individual and for people with intellectual disability in general.

… when we fail to prepare people or support people in the community and they go into crisis in public spaces, we are devaluing them and we are closing doors for them …. We need to be helping people to have the perception that I’m able and have a right to be here so give me a chance (Alex).

The interactions between the staff working in the service locations was described as necessarily different than those between staff working in large centre-based services as staff may spend only a small part of their day in the service locations and may only see their colleagues in passing. It was suggested that not everyone who works within the intellectual disability services is suited to work within the New Directions model and therefore staff should be specifically recruited to this service rather than assigned to it through a generic HR recruitment process.

Similarly, it was argued that issues such as age and gender could be considered when forming New Directions teams. Young male service users were said to be ‘devalued’ in their social role if, for example, they are being assisted to dress in a gym

after using the swimming pool by a middle-aged woman. Likewise, service users who go out for coffee should, it was said, be accompanied by someone within their own age group

Like one young man who we supported who, he did talks in the college here and he did different things ... in the afternoon he just wanted kind of chill time and he would come over here for a coffee or go for a walk. He didn't want to come over here with a 45 year old woman. He wanted to come over with a young man close enough his own age that he felt some kind of peer or kinship to, and you want to match that as well (Alex).

Working within New Directions was also seen as involving closer communication with parents than in traditional service models. Supporting the service users to achieve their goals was seen as a joint enterprise and not the exclusive responsibility of the day service.

I think when we're looking at person-centred supports and what the individual wants, their future goals can’t be just reliant on staff to help them fulfil that. You need the family on board as well, and any other friends or relatives that are there as natural supports as well you know. It’s very important (Morgan).

However, a staff member acknowledged that although all parents want the best for their children, the resources of some parents may be depleted by the time their child with intellectual disability reaches adulthood.

You know I really feel for parent’s point of view in terms of by the time I get to meet them they could have had twenty years of banging their head against a wall looking for a service (Chris).

Nine o’clock to five o’clock services
The service offered within New Directions now operates, largely, within traditional day service hours. In the first year of the initiative some of the service users were supported in evening activities through a reallocation of staff hours of work. Some staff were said to continue to facilitate some evening activities on a voluntary basis but cutbacks in funding levels and staffing has essentially resulted in the withdrawal of this option.

Well it was working. ... But I feel for the first year when we were getting the funding you know for staff to work outside the 9-5 hours, it was working great, and staff were willing to do it like you know. But I think since the funding has been cut back a little bit like there hasn’t been as much opportunity to do the evening activities, which I feel as a result the guys are you know, they’re not getting as much as they initially would have had (Chris).

A nine am to five pm service was seen to limit the service users’ access to community activities in an age-appropriate way.
New Directions: Evaluation of the first year of implementation in a regional intellectual disability service. July 31\textsuperscript{st} 2018.

If you like bowling, then most of your peers are maybe gonna go in the evening with a few friends bowling. They might have a pint or they might go join a bowling group. You know, they do that, they don’t go at 10 o’clock in the morning with 50 other people (Alex).

The logistics involved in the provision of transport and scheduling of staff to extend service hours was considered an insurmountable barrier in the context of the funding provided to the service.

In an ideal world it would work. Realistically it’s hard to envisage unfortunately. But it wouldn’t be from a lack of trying or anything like that (Erin).

Alternatively, it was suggested that other services within the organisation were available to support the service users to enjoy community based activities outside day service hours.

within [service provider] we would have what we call community support workers as well. Even volunteers. There’s evening groups. There’s Saturday clubs. There’s different things where they can you know where friendships can be formed outside of the day service as such. So you know there would be paid staff and volunteers working evenings, weekends with the young people as well (Morgan).

Different views were expressed about the value of an evening service for the parents of the service users. It was suggested that an evening service gave parents an opportunity to enjoy some leisure time together however, other staff felt that parents largely wanted or needed a consistent block of service hours during the day which allowed them to work or engage in other activities and responsibilities.

A lot of people it didn’t suit the family lifestyle because mum and dad might have been 9 – 5 jobs so that wouldn’t have suited if they weren’t going to come in during the day (Carl).

12 supports
Most staff identified that they were cognisant of the twelve personal supports in their work with the service users. However, it was suggested that the aim of New Directions should not be to tick each support for all the service users at all times; rather what is important is that the service users are provided with the supports that are meaningful for them. Too much attention to ticking boxes, it was argued, could detract from essence of the model.

The danger with something like this straight away is, and I’ve seen it happen is when people are looking at these things there’s almost a desire to tick off each one. … That you have to tick all the points in all the activities for everyone. And it shouldn’t be. I mean if you look at it in its entirety it’s what, you know isn’t that how you live. Isn’t that how we live? So we talk about leading an ordinary life where people are supported to make decisions. …

Personally you know my starting point is the person. Okay. And if the person’s desire is to be involved in his local community, making choices which lead to his personal expression and creativity, that’s what you do. Now you know I don’t live my life ticking off these things. Do you? (Erin).

**Choices and making plans**

Staff were adamant about the importance of choice “It’s very important that everyone is capable of making their own decisions or else they’re not gonna live a valuable life” (Chris) and this included, it was said, the right to say no or refuse to become involved in activities. The service users and their families were said to be highly involved in choosing the components of their New Directions day service.

So we meet with their families and the young people every six months to go through that. And then as different programmes and things come up that they bring up, we support them as much as we can to fulfil what they’re doing. I think that one is definitely being supported for making their choice and plans (Evan).

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I came in here one day and I said to [staff member] I’d like to make a complaint. And what did [staff member] say? He said that’s a good thing, a complaint is a good thing (Mary).

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The service users are encouraged to express their opinions and complain if they have a grievance and staff related that one service user had recently lodged a complaint.

**Support for health and wellbeing, for personal and social development and for personal expression and creativity**

Health and wellbeing were identified as top priorities within the New Directions “wherever you are that’s going to be met, top drawer” (Evan). Staff reported that much of their work revolves around aspects of healthy living and healthy choices. Some of the service users study health and fitness modules including theoretical aspects of wellbeing. Many of the service users go for a daily walk, most swim regularly and many are members of local gyms. Exercise equipment is available in both service locations.

Staff reported that because of the individualised attention the service users experience through New Directions, many of them have made considerable progress in their personal and social development to an extent that is not possible in other service models.

I feel that our guys, you know I think they’ve progressed a lot socially you know from being able to have staff available to them all the time, to be able to

speak to them and have conversations with them. That they’re not just seen as say in the old days as a number. They’re seen as an individual, which is great. You know so like you’re coming in, you have the time there because there’s small numbers to talk to everyone. But if you were in a centre there with thirty people like you’d literally be just hi, hi (Chris).

Service users are supported to engage in activities that develop their personal expression and creativity. A range of such activities are available including drama and music.

Transitions and progression
Transitions and progression were seen as an integral part of the New Directions model. Staff who were involved in the development of the new model spoke about their visits to schools to meet, observe and get to know the service users prior to their transition to the day service. This was considered a valuable exercise and important to ensure an appropriate balance of the service users between the service locations.

… sit down and say, you know in terms of where we thought people would be fitted, and to have a mixture so that… So that you wouldn’t have one house that would be seen in a particular light in terms of, even say from a staffing point of view, well I don’t wanna work there because that group has too many challenges or whatever. So we’re mixing people up. What sort of personalities would work together… (Erin).

Although considered by staff to be very important, this transitioning work did not take place in the second year of recruitment to New Directions. This was characterised as a retrograde step reverting to the practice of placing service users in a setting because there was a vacancy there rather than because it met their needs.

A number of the service users were said to have developed greater social skills and confidence.

I suppose since they started, one of the big things is I’ve seen a lot of them come out of their shell quite a lot and grow up. .. They came in as kids, a lot of them, and now they’re growing up a lot in their ways and the different ways they do it. You know the way they carry themselves. They’re a lot more realistic. They know a lot more about the world. They’re more aware of what’s going on around them so they are … We have a lady, just an example, a lady who was going to courses and she wouldn’t say hello, say goodbye to anyone in the class. The first thing she’ll do now when she'll go in is the first person she'll sit beside she'll introduce herself and say who she is and what she does. And she'll ask some questions. And then over time she'll come into the class and say hello to everyone before the class starts (Evan).

A staff member argued that people with intellectual disability are rarely given the opportunity to fail and suggested that it was essential not to protect the service users from failure because to do so is to deprive them of important learning

experiences. The policy of positively risk assessing the service users and staffing levels was identified as a key factor in supporting the progression and development of some of the service users as described in the quote below:

I think the fact that we came at it from we should be positively risk assessing, and I do feel we achieve that in the first year in that there were service users that came in on really significant restrictions. You know two-to-one staffing in the community. Not able to use any other vehicle than the specific [service provider] vehicle. Yeah two-to-one in the community, one-to-one in the community. One of those service users has come off behaviour support completely. The other service user can go out you know with group support if he chooses, one-to-one because that’s great for everyone. And he’s accessing all kinds of different environments you know (Alex).

Several staff identified that progress is incremental, that new skills take time to acquire and that sometimes progress can only be seen by looking back to the starting position. The careful process of supporting a service user to buy groceries is presented in Box 3.

### Box 3: supporting a service user to shop

Yeah we saw some massive changes in experiences I think… Like there was one service user, for example, like we went shopping on our first week or two weeks, and like he didn’t know what a shopping basket was you know, and he didn’t really know how it was appropriate to carry it. … And it’s two or three months later and… it is something very small but you can actually carry a basket now with five items in it. You know how to put it up on the thing. You know how to wait in a queue. You know what a queue is. You know that you can take your time, see to your change. It sounds like a very small task, but it’s almost a year later by the time all these pieces have been put together and you know that somebody can….. When you go the first day you assume you know ability. Okay no so now you’ve to peel it back another layer, another layer, and today we’re just going to take time and build and build on it. Yeah. But again it is having the time to do that. Because if somebody says you’re going to the shop to get two items that this should take fifteen minutes. But this can actually take an hour and a half by the time you prep, go and do it and then come back, and what we have learned today and for next week what we are going to do. (Carl)

### Accessing education and formal learning

The service users are supported and encouraged to access education and formal learning in any area in which they have an interest: “That would be high, that everyone gets to any course that they want to, that they want to be educated in, whatever chosen subject that they want to do” (Evan). A range of educational options are available; some of the service users have taken modules in the local

Education and Training Board (ETB) and others have taken Quality Qualifications of Ireland (QQI) courses in a training centre. A staff member recounted the achievement of one New Directions participant who outshone her classmates in an exam:

I went to a computer course with one of the ladies for a couple of weeks, and she was learning how to do all different bits on the computer, and there was a forty question exam like. She got forty out of forty (Evan).

ASDAN (an education charity and awarding body) modules are also available to the service users and these were described as a different and visual way of learning to a set syllabus across a range of subjects including cooking, geography, money skills, history, photography over two years. Staff members each trained in two ASDAN modules, based on service user interests, and supported the service users who chose to do those subjects.

Staff identified significant progress in many of the service users in different aspects of their lives. One made particular progress educationally:

Well my key client now would have done a lot of classes. So he did maths, level three maths. Health and fitness. Art. He’s doing career preparation now and personal effectiveness. So they’re actually really good for him because through the career preparation they’ve been kind of showing him what courses are available you know in the next coming few years like. So he’s kind of given him a few goals that he wants to try to achieve over the next few years. ... So I think he has to do two more modules now next year and then he’ll be able to move on to level four, which is brilliant. ...You know so he’s taking his time going through it like, but he’s more than capable of doing it though (Chris).

We do numbers and algebra. I’m good at those subjects, because I’m not very good at Trigonometry. I might do FETAC Level 4, I think (Darren).

Accessing bridging programmes to vocational training and accessing vocational training and work opportunities
The service users who identified a wish to gain work, work experience or vocational training are supported to do so. One service user volunteers in a charity shop, another in a library and another has work experience in a hotel. The staffing ratio of New Directions makes it possible to support a service user at a pace that optimises their experience and their progression of the task. The process of

optimising the learning of the service user through a work experience opportunity can be seen in Box 4.

A staff member identified personal supports 8 & 9 (Accessing bridging programmes to vocational training and accessing vocational training and work opportunities) to argue that the spirit of New Directions does not require that every support is provided to every individual at all times.

It’s such an amount of developmental work to do before you touch 8 and 9. And for some people that will never be what will make their life the happiest it can be. …. I don’t think your aim in providing the New Directions day service is to tick every support. I think it’s the suite of supports that you are applying meaningfully for the people accessing your service. … Like, why would I attempt to go into, we’ll say a young woman that I know who’s completely dependent for her physical care and nutritional needs, doesn’t use words to communicate, and say that I have to get her a job. …. What is that saying to the local community when I go in and demand that that lady gets that job to be able to tick box 9?” (Alex).

Box 4: Supporting a service user in work experience

Now I was with one of our guys today. He does work experience in a hotel. .. So I was supporting him throughout that, which is great. He does a good few different roles. One of the main roles he’d do now, he’ll stock all the store rooms on each floor with new duvets. So new duvets come in nearly every morning down in the basement, so we’d go around to each floor. There’s four floors in the hotel, so we’d go around first of all to the floors without anything in our hands at all and we’d just take a stock check of everything so that we’re not just bringing up random amounts of duvets. You know we make it into a proper, we make it into a proper system. You know exactly how much you’re bringing. So we’d go and we’d record that all down. That could take twenty minutes or so. And then we go down and we always make sure that we do one floor at a time. So we go down to the basement first of all down to the basement, second floor, basement, third floor you know. So like there’s a lot of... I know it would be very simple now to just throw a heap of duvets on a trolley now and carry them up and hope for the best. But like we try to really promote like you know proper independence so that our guys understand their roles properly and stuff like that. (Chris)
Maximising Independence

The service users were said to have differing levels of interest in becoming independent. Some were thought to be very content with the status quo and others had little experience of being offered opportunities to increase their independence.

Some of our service users might never have made a choice around anything they wanted to do. And that might be an experience in itself that when it’s always been done for me, or nobody’s ever asked me that before. So even to try and get that sometimes can be a piece in itself (Carl).

A staff member identified that maximising independence was at the core of their role: “We’re not there to do stuff for people. We’re there to support people in doing things for themselves” (Chris). Increased independence was said to enhance self-esteem and confidence and can be developed across a wide spectrum of scenarios including making one’s own lunch.

It could be very simple for me now to at lunchtime to go and make their lunch for them, to have it over in five minutes just so that they can sit down. But that’s, you know you’re missing the whole point completely if that’s what you’re doing. You know it’s all about supporting them so that they’re able to do it themselves, which I feel is very important. (Chris)

Another service user has been supported to use public transport independently. This achievement was progressed in small steps and with intensive support which is described in Box 5 below.

**Box 5: supporting a service user to travel independently**

One of our guys I think the family wanted him using public transport. And two years ago he’d never used it at all. Well now he takes the bus all by himself every day. .. You know coming in, which is great. Because we had the time. .. the staff had the one-to-one time to be able to sit down and go through all the steps. So, he would have started off very simple with showing him visuals of the bus. You know very simple as that. Like what buses are gonna be taking the routes. Then we would, then I supported him sitting on the bus a few times. We did the route a good few times. I’d say I must have done it about ten times with him you know just to give him, which is a lot like individualised you know to put into doing that with him. .. And then the next step, so once we had that I discussed it with the family so they were happy for him to try it by himself. So then he was on the bus and I followed behind in my car. .. You know so like I was taking it step by step. So, he was going from seeing the bus to being on the bus with staff, to being on the bus without the staff shadowing say from behind, to being able to fully independently travel by himself, which is great you know. If we were in a bigger setting we would have never had you know the opportunity to give that guy that much time you know to reach that goal. (Chris)
Inclusion in one’s local community and support for having meaningful social roles

Staff identified ways in which the service users were developing meaningful social roles through their involvement with New Directions. Service users involved in employment experiences were described as having a great sense of pride in their work.

He puts on a shirt and he puts on his pants you know, like other days he comes in and he’d only wear his tracksuit. But for work he does be dressed up for work, … you know you can tell he’s proud of himself when he does it like you know. I know that was something the family really wanted was to kind of work towards that. You know so that he’d get the understanding of, you know, to be a member of society, you know, and all the roles that people do every day. So it’s very good (Chris).

Meaningful social roles were also said to be found through a presence in the community and through activities such as going out for coffees or shopping for groceries. These activities were seen as promoting community inclusion through presence in the community.

You know like just doing everyday activities the same as anybody else would do you know. It can be as simple as going to the shop you know and getting your lunch ingredients or your shopping list. That you are the person yourself going in to get your stuff you know, rather than a staff member just going for you and getting all your stuff. That you’re just involved in every aspect of your life say in the community. It can be anything. You know just being involved even going out for a cup of coffee. You know just being seen just as a normal member of society, which is what they are like you know. It’s just so that everyone out in the community can see them as equals you know (Chris).

It was argued that presence in the community is an important precursor to participation in the community.

Once people have a presence in the community, there’s more potential to have participation in the community. Because first and foremost you have to be seen in your community. Like if you go back to moving and pushing people into town they’re gone all day, so they’re not gonna be seen in that shop there, or they’re not gonna be seen down at the coffee shop (Erin).
An individualised service was seen as respecting the personal level of engagement that was right for each service user at any particular time. Some were said to be very sociable and to thrive within the community. One service user was described as an enthusiastic participant in numerous community activities while others find community settings much more challenging. Noise, crowds and clutter were considered to be particularly stressful for the service users with autism.

New Directions was seen as offering the opportunity to support the participants with their unique needs.

... there will be a lot of them that will do things in the community, but there will be other people then who won’t. They mightn’t necessarily want to do it you know. .. They might be happier where they are. Some people thrive on routine and knowing what’s happening. Then when they go out to a busy environment where there’s loads of different things going on, it might just throw them altogether. … I haven’t met one service user who is the exact same as another, and I don’t think we even will. (Evan)

Several staff members noted that society, in general is more accepting and receptive to people with intellectual disability than previously. It was suggested that this was both a generational shift and an indication of a greater understanding of disability.

Personally, I think the kind of younger people are more welcoming because they’re brought up with it. While people say the older generations now like, some people are very nice but then there would be others who would, you know they were just so used to them growing up like being hidden away that when they’re seeing them being out in public it’s a little bit different for them (Chris).

The staff believed that the increased visibility of people with intellectual disability is key to greater inclusion and integration.

Definitely a couple of years ago it was harder. But I think over time society is definitely moving on. … Definitely in the community people are inviting people with disabilities in more. I think it’s because they’re seeing more of them around. More and more places you go now you might see a person with a disability working or doing work experience or something like that. So I think just in general society is adapting a bit more to people with disabilities. (Evan)
New Directions: Evaluation of the first year of implementation in a regional intellectual disability service. July 31\textsuperscript{st} 2018.

The individualised nature of New Directions was seen as crucial to furthering this trend. Staff recounted that when an individual with intellectual disability accesses community resources on their own with a support worker, people are more inclined to acknowledge and respond to them on a personal basis rather than identifying them by their disability “where it just looks like oh look, someone’s out with the people with special needs for the day. Isn’t that lovely?” (Evan)

But like even we go swimming and things like that, and the people in and around the pool and staff and things like that, they’re very open and very chatty to the service users, which is lovely to see like. They’re taking time to get to know their names. They ask them about their weekends. They ask them how they’re getting on. Whereas once upon a time we’d be swimming with a big group, five or six people and there was no real chat. Like it might be hello how are you. .. Now they’re saying hello, their name, they’re shaking hands, asking them about their weekend, are you having a good day, are you doing anything new. That sort of thing (Evan).

Such recognition and acknowledgement served to enhance the self-esteem and bolster the confidence of the service users. A staff member related the response of a community class to when a service user returned after missing a week of the class as an example of the power of simple interactions to increase the self-confidence of a person with intellectual disability.

… And that particular lady had missed the week before because it was a bank holiday in the service. And about three people within the class said “oh we missed you last week, where were you?” You know, and even the fact that somebody was missed when they weren’t there… You know that somebody is part of a group outside of their home life and outside of their day service life. That somebody else did actually miss the person. They’re saying “oh gosh where were you last week, were you sick?”... I think it’s very meaningful yeah to think that well I do have a purpose. I’m not just attending this. You know I’m attending it with a group of everybody else you know that doesn’t have an intellectual disability (Carl).

A similarly positive and accepting response has been forthcoming from the tutors and teachers in the community and mainstream education class taken by some of the service users.

And like the ETB there across the road is brilliant. A few of our guys go to the ETB there. They do the level three courses, the level three, level four courses, and I have to say the staff are brilliant. .. There’s no segregation in it. Like they see them as any other member of the class, which is great. .. You know they don’t ever try to single them out. Like they treat them exactly the same way as they treat everyone else (Chris).

In situations where the service user would have difficulty with, for example, the length of a class or some physical aspects of a class, the teachers were reported to
have been helpful and accommodating. An example of such accommodation is presented in Box 6 below.

**Box 6: accommodating a service user’s needs**

Like we have a service user here that did tai chi, a beginner’s tai chi course last year. And she would find it difficult to stand for long periods. And like the tai chi teacher kind of altered the class to involve her and just let her use a chair for certain moves. And she said it was the first time. She said I didn’t think you could do tai chi from a chair, but you have taught me that you can. And she said it’s about her thinking outside the box..... And she said if somebody else ever comes to her class again she will have a new experience as well. So it kind of works both ways really. .... You know we’ve seen that kind of in a few different cases. We had another service user and he really wanted to do a photography course, but the photography course we could find was two hours long. But again the teacher said, we kind of had spoken to her before class. ... And even though the class is two hours he might only be there for half an hour, forty minutes, and that we’ll just say goodbye then. And again, she was absolutely fabulous with it and absolutely no issue with that once she kind of knew beforehand what we’re about. So, people have been very accommodating, anyone that has been facilitating course (Carl).

**The Service locations**

Staff emphasised the importance of the external and internal environment of the service locations. Although the location was an important consideration, staff also identified the necessity to plan for the specific needs of the particular service users who attend the service locations particularly those with autism: “If you set up a physical environment for a person with an intellectual disability, it won’t meet the needs of a person with autism” (Alex).

The move from the two service locations based in housing estates was seen by staff as having positive and negative aspects. The two houses were thought to have been adequately staffed and the small numbers in each house allowed the staff to give the service users an individualised service. The houses provided an environment conducive to teaching life-skills such as showering and cooking as they replicated a home environment and each house had rooms that the service users could retreat to if they needed some space for themselves. However, opportunities for community involvement in those settings was said to be very limited. The new city centre service location was considered to be a better location to utilise community resources including education, social and retail opportunities although a number of staff had mixed feelings about the relocation. The starkness of the building, which was designed for commercial purposes, the fluorescent lighting and the lack of outdoor space were all cited as providing a more difficult environment for service users with
autism. The size of the building was thought to make it inevitable that the numbers attending the service location will increase and staff expressed concerns that the staffing levels would not increase accordingly.

The service location based in the village was considered to be an ideal size and perfectly located to maximise community involvement and community integration for the New Directions participants. The service users in the village service location access community activities including the Men’s Shed, arts and crafts classes, they go for coffee and shop in the nearby shops and cafes and have lunch in the local restaurants and pubs. This presence and visibility, it was suggested, was an essential component of integration.

Once people have a presence in the community, there’s more potential to have participation in the community. Because first and foremost you have to be seen in your community (Erin).

The staff proactively encourage community involvement in the village service location by making the building available to other community groups and by hosting events. One such event – a manicure morning - epitomises the staff’s vision for the service location by bringing the community in, giving something to the community and raising the profile of people with intellectual disability as individuals’ who can contribute to the lives of others. A number of service users with intellectual disability came together to offer manicure services under the title of Pretty Fingers and the village service location hosted a very successful manicure event for the local community. A description of the event and the perceived importance of the event is presented in Box 7.

**Box 7: bringing the community into the service location**

It’s an organic, you have to let it evolve. You have to let it evolve and bring people with you. … There’s a group in town of young ladies, there was one young man with them who have set up a beauty, Pretty Fingers it’s called, an enterprise in one of the day services in town. They came out here. It was perfect. They were doing nail varnish and all the hand treatments and whatever. So you sat across the table from somebody with an intellectual disability. … We ran it from 11 o’clock til 1 o’clock. And you know the first time we did it you’re thinking is anyone gonna come out like you know. There was a constant stream of people who came in you know, to the point where they were saying can you put it on once a month for us you know. I don’t think you can get a better situation than that. You’re getting the people coming in. They’re having a service done to them or done for them. They’re face-to-face to a person with an intellectual disability who is doing something for them. So rather than being the recipient, the person is giving something you know. Also somebody is coming in, they’re seeing the place, you know it’s just breaking down the barriers. (Erin)

This staff member argued that the **New Directions** model of day service had the potential to make a significant difference to the lives of the service users. However, he shared the concerns of some of the staff from the city service location that the service user numbers would increase without matched resources or staff and that **New Directions** will come to replicate the old model of day service.

It could be overpopulated. .. You could lose it. You could because it would be seen as a place with space or whatever, and you would get to a level then of almost containment rather than development and integration and all the other things that you’d want. Because you’d be back to a safety first situation. The bottom line is it takes time, it takes a lot of work (Erin).

**The future**

There was considerable concern about the future of **New Directions** among the staff and fears that the service that they were currently able to offer will be eroded.

Hopefully now it’s not gonna, it’s not gonna get any worse. But I can see as a trend you know that if there’s not enough funding it’s gonna be, slowly I can see the **New Directions** slowly fading away and just becoming another regular day centre like the rest. But hopefully you know that doesn’t happen (Chris).

Several staff identified that **New Directions** requires an individualised service and distinguished this from a one-to-one service. Although some service users require constant one-to-one support, others do not and group activities may be very appropriate where the interests of a number of service users converge particularly in centre-based activities.

You know we can say we’ve three young people here, and it’s been highlighted that money skills and support for being independent with my money is a pressing concern for all three of them. They’d be great as a group. We can work on that. That’s good. That’s a good use of time. It takes a lot of planning you know (Alex).

Staff believe the groupings should only be formed based on the mutual interests of service users or when similar skills are targeted. Staff identified that grouping or even pairing service users for activities because of lack of resources detracts from the underlying principles of **New Directions**, as illustrated by the following quote:

two young people that went to a make-up course and it was clear that one of them loved it and was excelling and the other girl was at the window looking down at the crèche setting. You couldn’t keep them going together for the sake of staff support because one person’s presence there was really taking away from the others. Like she had a chance in that group to get her meaningful social role and to be a real part of that group and identify with the other women and learn skills that she wanted to learn. And by having somebody else in the room who had no interest and wasn’t engaging it was

taking from her. They were being grouped together and they were being seen as the two girls, the two disabled girls in our class. … [and the second girl] she wasn’t getting to pursue something that would give her that shot at that role you know. And that’s what we lose when we group people (Alex).

Grouping in such a way removes the individualised and person-centredness of New Directions. Therefore, the need for regular review of client preferences and the flexibility to drop existing activities and adopt new activities is crucial to ensure the person-centredness of New Directions. In addition, time and planning is needed to arrange and co-ordinate new activities.

The benefits of an individualised service, it was argued, were so great that not resourcing it adequately was said to have significant personal and financial costs in the longer term and to constitute a breach of the rights of the service users. A staff member’s explication of this concern is presented in Box 8.

He argued that it was incumbent on the funders to resource New Directions adequately, to avoid inappropriate groupings and to ensure the intended individualised and person-centred approach is delivered or to accept that the service they are offering is not New Directions.

Don’t pretend you’re doing New Directions if you can’t deliver it. Don’t call it New Directions (Erin).

Box 8: Staff member’s view that an individualised service is a human rights issue

That’s I suppose the main difference in New Directions and the old system. Like the system is one size fits all, you’re gonna get rammed into it and it’s going to be frustrating. And it doesn’t work. It really doesn’t work, and it’s more. You know the whole thing about resources is always argued. It’s very easy to make cuts. … But if you were to look in five years’ time at the individuals who have been affected by those cuts, and the resources then it takes to try to halt that situation, not alone before you even try to bring it back, which you’re never going to get back. … Then it’s too late because the damage in my view is done you know (Erin).

Discussion
The aim of this evaluation was to undertake a retrospective review of the New Directions model of Day Service as offered to 11 service users with intellectual disabilities during their transition from school or from a training centre. Parents and staff identified that most service users had complex and often challenging needs. They also reported that the interests, ambitions and life-circumstances of each service user was very diverse.

New Directions was considered by the participants in this evaluation to be a welcome and highly effective approach to day services for these service users. There was consensus across service users, parents and staff, that participation in this programme was a very positive experience for service users. Service users reported that they preferred New Directions compared to their previous service. In addition, staff were very positive and passionate about being involved in the development and delivery of individualised services.

The service records used in this evaluation indicated that the service users engaged in a wide variety of activities. Service users were actively involved in choosing activities and were given the opportunity to change activities, by dropping or adopting activities, during the first year of the service. The data showed that most service users both dropped and added activities highlighting the individualised and flexible nature of the model. This aspect of New Directions was valued by both parents and service users as they felt that it responded to the changing needs and wishes of the service users as well as their progression in personal, social and educational development.

Service users conveyed that they enjoyed each of their activities and appreciated the opportunity to sample activities and the ability to drop activities if they did not like them. Parents gave an account of the fact that their service user was happy with New Directions and testified that they were engaged in the activities that were of interest and important to them. Parents described that increased support for health and wellbeing, personal expression and creativity, and personal and social development were important and central to the service which the service user was receiving. Staff identified that the individualised nature of New Directions provided service users with the supports necessary to foster their individual well-being.

All activities were mapped against the 12 personal supports identified in New Directions. The findings from the current study indicate that a greater number of activities aligned to the 12 supports in the second period of the first year. Across the first year of implementation it was noted that the time spent on activities based in the community (that is ‘community inclusion’) was maintained.

In addition, staff documented their assessment of the service users’ engagement with activities on a weekly basis throughout the year. The daily activity records completed by the staff recorded the staff’s assessment of the service users’ level of engagement as high, medium or low with each activity. The daily activity record was designed as an aide memoire to ensure that decisions taken about continuing or discontinuing

Activities were based on documented evidence of the success of the activity over the preceding months. It is important to note that no criteria were used in the application of these ratings and they constitute the subjective opinion of individual staff members. Analysis of levels of engagement showed that ‘high’ engagement ratings rose significantly in the second period of the year and ‘low’ ratings fell. Higher levels of engagement may reflect a number of factors including that:

(i) The service users were more confident and experienced in choosing their activities.
(ii) Any initial difficulties with the transition to a day service had abated.
(iii) Staff had developed a better knowledge of the service users as the first year of service progressed.

However, the qualitative data suggests that the increased number of high ratings is a result of the opportunity given to the service users to drop activities at the end of the first time period and to adopt other activities which they preferred.

The programme activity forms recorded the activities chosen by and for each service user. The current research found that there was an increase in the number of activities engaged in between the first period and the second period. This increase in the number of activities engaged in may be the consequence of a number of factors, including that the staff had come to know the service users better, that the staff had an increased awareness and comfort in delivering the programme and/or that the service users were growing in confidence to try different activities. When this is considered in conjunction with the figures on the number of activities dropped and adopted and the number of activities which took place outside of the service locations, it is evident that the number of community-based activities were maintained. This indicates that even when service users choose to drop an activity they were not replaced with service location-based activities. Instead an equal number of community-based activities were sought.

The qualitative data demonstrated that parents valued the flexibility of New Directions. It was clear that the emphasis was not on increasing the number of activities in the community but rather in the ability of the service to adapt to the service user’s individual needs. Some parents spoke of situations during which the service user faced challenges in their emotional and physical wellbeing. It was felt that New Directions was adaptable and flexible in response to these challenges. Furthermore, the individualised nature of the service allowed for service users to access community resources and activities to the extent that they felt able to do so.

Staff discussed that not all of the 12 personal supports of New Directions are relevant to each service user at all times. They cautioned that the task of mapping activities to the 12 personal supports should not become a tick the box exercise, but rather that service users should be provided with the supports that are meaningful to them. Attempts to ensure that all supports are implemented at all times for all
service users may lead both to an overload on service users and a failure to focus on activities that are of most benefit and interest to the individual.

The importance of service user choice and individual preferences in selecting activities was emphasised by both parents and staff. In addition, the six personal supports which featured most prominently in the qualitative interviews in parent and staff interviews were:

1) Health and wellbeing
2) Personal expression and creativity
3) Personal and social development
4) Maximising independence
5) Education and formal learning and
6) Social role and community inclusion.

Further research could usefully identify whether the same supports are identified as key supports for other cohorts of service users and therefore comprise the essence of the New Directions model.

Frequency is the most commonly used measure of community inclusion (Amado et al., 2013) with studies counting the number of community-based activities undertaken and how often they are undertaken. For the purpose of this evaluation, the community-based activities were designated, by the service manager, as either ‘community presence’ or ‘community inclusion’. The findings of the current study found an increase in the ‘community inclusion’ category during the second time period. However, the complexity of the concept of social inclusion is well documented in the literature (Simplican et al., 2015). Objective measures offer only a limited insight into how much community activity is the right amount for an individual (Conroy et al., 2002).

The National Disability Inclusion Strategy 2017 – 2021 envisions “disability-competent and welcoming communities” (Department of Justice and Equality, 2017, p34). Similarly, New Directions focuses on increased community inclusion. However, interviews with parents of service users indicated that some parents felt that community or social inclusion had no worth for their service user. Rather they reported that the service user’s presence in the community was important for the community itself. This opinion is supported by existing research which indicates that stereotypes, negativity and stigma against people with intellectual disability is reduced through contact with people with intellectual disability (Simplican, 2015).

Bigby and Wiesel’s (2014) proposal that the concept of ‘community encounters’ has particular relevance for people with intellectual disabilities are supported by the views expressed in the qualitative interviews. Community encounters encompass even fleeting interactions between strangers in the community. Such encounters may offer a sense of belonging to people with intellectual disability as well as a

foundational basis for greater interaction. A key consequence of the New Directions model is that the service users are accessing the community as individuals rather than as groups. Both parents and staff reported that has had a significant impact on the perceived receptiveness and friendliness of people with whom they interact. Additionally, they spoke of the service users becoming known within their communities through their presence and the importance of this recognition for the service users.

Individualised planning approaches for people with intellectual disability have been distinguished from other approaches in three key ways:

(i) It focuses on the wishes and strengths of the individual rather than their limitations;
(ii) It is inclusive of the individual’s family, caregivers support services and social network and
(iii) The level of support received is based on individualised goals rather than a generic provision by the service provider (Gosse, Griffiths, Owen & Feldman, 2017).

A review of studies of individualised planning found a moderate but positive impact on outcomes (Claes, van Hove, Vandevelde, van Loon & Schalock, 2010). Within the current study the service users, parents and staff expressed a very high level of satisfaction with the outcomes of the New Directions service experienced by the service users in the first year of operation of the new service. This is consistent with the findings of Keenan and Molloy (2016) who reported families’ positive perceptions of New Directions on service users. Staff described it as an extremely rewarding way of working.

Staff distinguished between an individualised and a one-to-one service and described that although all the service users receive an individualised service within New Directions, not all need a one-to-one service at all times. Staff outlined that while some centre-based activities work well as group activities, they believed that people within the community were more receptive to and inclusive of the service users when they accessed community facilities as individuals. They indicated that the individual nature of the activities meant that the service users were more likely to be perceived to be engaging in socially valued roles. Furthermore, parents and staff argued that although providing adequate staffing levels to ensure an individualised service may be more expensive in the short-term, the benefits of maximised independence, a good quality of life and a reduction in behaviour support requirements will result in a long-term financial saving to the State.

One of the day services included in this review was based in a large village and the other was based in a city. The location of the city-based service location changed during the time this review was being conducted from two houses on suburban housing estates to a large unit in a business park close to the city centre. This re-location coincided with the start of this evaluation.

Although the relocation occurred after the first year of implementation (which is the focus of this review), the perspectives of staff and parents of the relative merits of the two settings is instructive. Some parents preferred the housing estates as a location for the service. For some this was because the houses were located closer to their own homes which reduced the amount of time their service user spent on the bus each day. Some parents liked that the houses had gardens which gave their service user access to safe outdoor space. Some service users preferred the quieter environment of the houses which was an issue that was also identified by one of the service users.

Staff concurred with some of these issues as advantages and it was also suggested that the houses provided a natural setting for supporting the service users to enhance life skills such as cooking and personal care. However, the city-based service location was located closer to educational, social and retail facilities and was thought to offer greater opportunities for community presence, participation and social inclusion.

Parental and staff opinions on the location of the city based service location varied based on their own personal preferences, such as the availability of a garden space or the proximity to their own home, or the proximity to local amenities and leisure activities. The preference of parents for service locations close to their home is in line with the New Directions Guidance Document Defining New Service Locations (HSE, 2016) which states that service locations should be “local” to where the service user resides, and that it should service the “local population rather than a larger geographical area” (p. 3).

Opinions about the village-based service location were unanimously positive. This service location was considered to be ideally located to fulfil the objectives of New Directions. Its position in the centre of a vibrant village placed the day service at the centre of local amenities, maximising opportunities for all levels of community inclusion. The service users attending the village-based service location have different levels of comfort and tolerance of being in the community, however the location is considered ideal across this spectrum. One service user was highly sociable and the service location was well placed for her to access a wide range of community activities. Another service user found being among people more difficult and the location of the service provided him with opportunities to spend small amounts of time in the village and an easy retreat to the security of a base.

The staff and parents involved with the village-based service location share a vision that the service location will become an integral part of the life of the community and its location supports the development of strong community links. It may be that service locations based in smaller communities such as villages are advantaged as compared to those in larger urban settings. However more research will be required to identify whether differences between the perceived advantages of the village-based service locations over the city service locations in this evaluation are replicated in

other studies. Such evidence will establish the essential features of a service locations and facilitate the development of future service locations.

The New Directions Guidance Document Defining New Service Locations (HSE, 2016) states that “Numbers supported in a Service Location should be significantly less than the traditional centre-based model of day service”. (HSE, 2016, p3). The guidance also stipulates that up to 35-40 people may be supported from a service location although only 25 service users should be in the location at the same time with the others accessing local community services in line with their person-centred plan. The participants in this evaluation conceived these numbers as totally unfeasible in the context of an individualised service unless fully and appropriately resourced.

While experiences of New Directions were overwhelmingly positive, one area that was identified as problematic was transport. Some parents and one of the service users identified that the considerable time spent on transport was a current shortcoming of the delivery of their service. Parents believed that the duration spent on transport to and from their home and the service location was impacting on the amount of time service users spent attending their day service.

Staff who participated in this evaluation were unanimously positive about the New Directions model of service provision and highly committed to the model. Staff reported that the New Directions model required staff to use skills that are not utilised in the traditional day services. They reported that they had not received any New Directions-specific training for their new role. However, staff did identify a number of skills which they felt they drew upon over the first year of implementation or which they recognised as important skills for their role in delivering New Directions. These included:

(i) being proactive about identifying and developing opportunities for the service users within the community
(ii) having greater attentiveness, preparation, reflection, flexibility and patience
(iii) maintaining closer communication with parents and colleagues than in traditional service models
(iv) preparing the service user for the community based activities
(v) identifying when a service user needs to reduce community engagement.

The New Directions approach may necessitate the development of different communication skills on the part of staff. Firstly, staff working within New Directions do not have the constant access to colleagues in the way that staff in centre-based services have and reported that they may only see their colleagues in passing on a daily basis. Secondly, the approach is more inclusive of families than traditional models of day service and requires staff to work with families to develop and implement person-centred plans for the service users. Staff are required to be flexible and adaptable and it was suggested that the New Directions way of
working is not one that suits all social care workers. This suggests that appropriate training and the development of staff skills should be a key investment in the development of New Directions services.

New Directions was intended to adopt “a flexible and seamless approach to the provision of supports that is not constrained by traditional nine am to five pm service boundaries” (HSE, 2012, p22). At the start of the New Directions day service in [City], extra funding had enabled the service to support some service users to attend activities outside traditional service hours. However, it was not considered to be feasible to continue to facilitate such activities. For some parents, this issue was not of great relevance, but others considered that it devalued their son or daughter’s status as an adult and limited their opportunity to engage in ‘ordinary things in ordinary places’ in an age appropriate way.

The issue of service outside the traditional hours highlights an inherent tension in the provision of an individualised service wherein the desires of the service user to access community facilities may be incompatible with the needs of parents to work during the day if the deployment of staff to work in the evenings results in reduced hours for the service user during the nine am to five pm period.

The HSE recommended that “formal transition arrangements should be an integral part of any plan for moving to a new programme of activity either inside a particular service or to a community service or other specialist service” (HSE, 2012, p81). An intensive transition planning process was undertaken prior to the commencement of the first year of New Directions programme in [City] and staff believed that this was a critical factor in the successful implementation of the programme.

An important feature of this transition period was that it provided time for staff to become personally acquainted with the service users, to assess any potential risks and to work collaboratively with the service user and their family to develop a programme of activities based on their likes and dislikes. However, this funding was only made available for the first year of implementation and is not available for subsequent cohorts of service users.

The New Directions model necessitates a great deal of planning, reflection, preparatory work and staff support all of which is the backroom or hidden work of an individualised approach. Staff emphasised the importance of the preparatory work with community members and service users that is often required to support a service user in the community. The skills involved in developing and maintaining linkages with the community are key within the New Directions model, but many social care professionals will have little experience of such work and will require training and support in this area. Preparatory work can be time and resource intensive but can be the difference between success and failure for a service user.

Failure may result in members of the public being less accepting of people with intellectual disability in the future. This may represent a significant step backwards for the service user in their confidence and willingness to engage with the community and community activities. Similarly, situations may arise when a service user needs to reduce their level of community engagement due to personal factors. A service user may need to be supported by staff to engage in skills acquisition in a certain area before reengaging with the community based activity. The change in support needs to the service user requires further planning by staff to address this needs.

The importance of protected staff time dedicated to planning, developing resources and community linkages was a recommendation of Keenan and Molloy’s (2016) evaluation of a day service reconfigured to New Directions. This time is special, makes the programme possible and is central to its success, therefore a funding or staffing structure which does not adequately support such work with scheduled, dedicated time risks undermining the potential of the New Directions model.

Cobigo (2016) suggests that previous experiences may support or undermine the social opportunities or outcomes of an individual through impacts on their own self-confidence or competence and by a change of attitude towards the individual. Staff reported that the transition period and the level of staff available during the first year of implementation were necessary components of its success. Staff reported that additional funding for the transition period were not made available for the second year of implementation and the staff ratios have changed due to an increase in the number of service users attending the service locations. Therefore, concerns were expressed by staff that such resource constraints may impact on their ability to give the required time to preparatory work and that this may have impacts on the success of the service users’ experience in the community.

Limitations
The small number of participants in this study, limits the generalisability of the findings of this evaluation. However, it does represent the experiences of this cohort of service users with intellectual disability, their families and the staff involved in the implementation of a new model of day services. As such, it offers important insights into the implementation of New Directions within its first year in these service locations, and indicates the importance of future, similar research to document how the new approach to day services, in practice, aligns to the policy goals of New Directions.

The documents from which the quantitative data was extracted were designed to record information for the purposes of the service and not as a basis of an evaluation. Thus, although the quantitative data offers interesting insights into the number and variety of activities undertaken by the service users in the first year of

the implementation of New Directions these should also be viewed as indicative rather than a scientific account of the implementation of the New Directions model.

Conclusion
New Directions was proposed as the antithesis to the ‘one-size-fits-all’ provision in traditional day services and as “a radical shift from provider-led programmes to individualised, user-led supports” (HSE, 2012, p20). The current study examined the first year of implementation of New Directions. The study examined the effectiveness of this individualised model of service in supporting service users. In addition, it explored the experiences of the service user, their families and staff.

A wide range of activities were chosen and developed through a collaboration between staff, families and service users. Changes in activities occurred across the year in response to the changing needs of the service users. Staff and parents reported that the service users were thriving and progressing in their day service and the service users themselves reported satisfaction. However, parents and staff expressed concerns that the quality and vision of the New Directions programme which they experienced in the first year of implementation will be eroded if funding is not allocated for a transition period prior to service users entering New Directions and to maintain the necessary staff ratios.

Recommendations
1. As New Directions services are opened and developed, long term funding commitments should be made to ensure that a quality service can be planned and maintained into the future. Annualised funding presents significant challenges for service planning and can result in uncertainty and stress for families and staff. Staff note that year on year there is an increase in the number of service users availing of New Directions but annualised budgets are not proportional to the increases in numbers. The sustainability of funding is essential for coherent and progressive service planning.
2. Protected time should be built into the model for person-centred planning; building community partnerships and preparing external settings.
3. Transition planning should be an integral part of the process when service users move to a New Directions day service. Such planning should include matching service users to a setting most appropriate to their needs.
4. A guidance document indicating appropriate areas for staff training should be develop by the HSE as a guidance document indicating appropriate areas for training to ensure that staff all receive similar preparatory training, thus ensuring service user receive a comparable service. Some possible areas of suitable training may include:

a. Communication skills
b. Community mapping and developing community linkages
c. Maintaining relationships with community based services developing and maintaining relationships with members of the general public
d. Supporting service users to access community facilities on an individual basis

5. A range of issues should be considered when developing new service locations including:
   a. the accessibility of service locations to avoid long bus journeys; or individualised transport options. As set out in the HSE New Directions Guidance Document: Defining New Service Locations service locations should be “local” to where the service user lives. Thus serving the service user who lives in the locale rather than a larger geographical area.
   b. availability of after-hours recreational activities for those who require it
   c. achieving a balance between an environment that is comfortable and conducive to supporting personal care/life skills but which also enables good connectivity and community integration

6. Different recruitment and Human Resources practices may be more appropriate to the New Directions model of day service to enable service users to be supported in the community by individuals who are of the same gender and a similar age to themselves. For example, a service users’ panel could be involved in the recruitment process for new staff. In addition, staff who have good community link and strong communication skills should be a priority to ensure the success of New Directions.

7. New Directions-specific documentation should be developed by service providers to capture a more objective representation of participation in activities. This may include performance of the skills being targeted, to facilitate a more in-depth evaluation of its implementation.

References
Bigby, C., Clement, T., Mansell, J. & Beadle-Brown, J. (2009), 'It's pretty hard with our ones, they can't talk, the more able bodied can participate': staff attitudes about the applicability of disability policies to people with severe and profound intellectual disabilities. Journal of Intellectual Disability Research, 53, pp. 363-76.


Keenan, C. & Molloy, K. (2016), The HUB: Connecting to Community – An evaluation of the implementation of a community-focussed programme in adult day services. Dublin.: Health Service Executive.


Sorensen, P., Bailey, S. & Belderson, S. 2015. ‘I am the happiest I have been in years’: An evaluation of the Assist Trust in Norwich. Norwich: Centre for research on Children and Families.


Appendices

Appendix 1: Literature Review Search Terms

The SCOPUS database was searched using key search terms and combinations:

<table>
<thead>
<tr>
<th>Search terms</th>
<th>Results returned</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>day AND services AND adult AND intellectual AND disability</td>
<td>183</td>
<td>31/01/2018</td>
</tr>
<tr>
<td>social AND inclusion AND intellectual AND disability</td>
<td>548</td>
<td>18/04/2018</td>
</tr>
<tr>
<td>&quot;community participation&quot; AND &quot;intellectual disability&quot;</td>
<td>85</td>
<td>18/04/2018</td>
</tr>
</tbody>
</table>

Other terms search were:

- “intellectual disability”,
- “day services”,
- social inclusion”,
- “community participation”,
- “person centred*” and
- “active citizenship”

In addition references and citation searches were completed on relevant articles in order to identify other related articles.
Appendix 2: Quantitative Information Sheet for service users

New Directions: Evaluation of the first year of implementation in a regional intellectual disability service

We would like to ask you to take part in our research. We are trying to find out about New Directions and the Hub.

An image of the Hub was placed here

Each day staff write down what activities you go to and where you do them: in the Hub or in the Community

We would like your permission to look at these notes and use them in our research.

If you don't want to take part that is ok

If you do take part we will look at the notes staff take on your activities.

We hope to learn a lot and to tell managers and services about what we find.

At the end of the study we will come back and tell you what we learnt.

If you have any questions you can talk to

Helena Lydon  Caroline Heary

OR

Maureen D’Eath

Would you like to take part?
Please tick yes on the green button on the next page if you would like to take part.
Or tick no, if you don’t want to take part.

Please sign your name here:

Date
Appendix 3: Qualitative Information Sheet for service users

New Directions: Evaluation of the first year of implementation in a regional intellectual disability service

We would like to ask you to take part in our research. We are trying to find out about New Directions and the Hub.

If you want to take part we will ask you questions about what you like about the Hub, or if there is anything you would like to change about it.
To help us remember your answers we will be recording your answers. We will keep this information very safe.

If you don’t want to take part that is ok

If you do take part we will visit you at the Hub and talk to you for about 30 minutes.

We hope to learn a lot and to tell managers and services about what we find.

At the end of the study we will come back and tell you what we learnt.

If you have any questions you can talk to

Helena Lydon  Caroline Heary

OR

Maureen D’Eath

Would you like to take part?

Please tick yes on the green button if you would like to take part.

Or tick no, if you don’t want to take part.

Signed:

Date:
Appendix 4: Information Sheet for Parents

New Directions: Evaluation of the first year of implementation in a regional intellectual disability service

INVITATION
You are invited to take part in a research study and before you decide, it is important that you understand why the research is being done and what it will involve. This Information Sheet tells you about the purpose, risks and benefits of this research study. If you agree to take part, we will ask you to sign a Consent Form. If there is anything that you are not clear about, we will be happy to explain it to you. Please take as much time as you need to read this information. You should only consent to participate in this research study when you feel you understand what is being asked of you, and you have had enough time to think about your decision. Thank you for reading this.

PURPOSE OF THE STUDY
This study aims to gather information about your family member’s experiences with the New Directions programme. We are interested in learning if New Directions enabled participants to achieve their outcomes and if this resulted in more participation in the community.

TAKING PART – WHAT IT INVOLVES
If you agree to take part, a researcher will review the records of your family member’s participation in New Directions activities. We will look at the goals set in September 2017 and how many were achieved with the support of New Directions by July 2017. Also, we will look at the activities they took part in each day and whether they liked or disliked these activities. But don’t worry, your family member won’t be named. They will have a number assigned to them to ensure their privacy. When we have reviewed their records, all items will be coded and be entered into a database and all data will be stored on a password protected computer. Only the researchers will have access to the data. The data will be used to run analysis by the researchers to identify whether goals were met, how much participants liked or disliked the activities that they took part in and to what extent they were more involved in the community as a result of these activities.

We would also like to talk with family members about their experiences of, and opinions about, New Directions. We will contact you again in a few weeks to ask you if you would take part in an interview with a researcher.

DO I HAVE TO TAKE PART?
It is up to you to decide whether or not to take part. If you do decide to take part you will be given this Information Sheet to keep and be asked to sign a Consent Form. If

you decide to take part you are still free to withdraw at any time and without giving a reason. A decision to withdraw at any time, or a decision not to take part, will not affect your family member’s service in any way.

WHAT WILL HAPPEN TO ME IF I TAKE PART?
If you take part you will be allowing the researchers to review your family member’s records concerning their participation in New Directions from September 2016 to July 2017.

WHAT ARE THE POSSIBLE BENEFITS IN TAKING PART?
The research will show if people benefited from New Directions during its first year of delivery. This valuable information will assist both policy makers and services to ensure the most effective delivery of New Directions.

WHAT ARE THE POSSIBLE DISADVANTAGES AND RISKS OF TAKING PART?
There are no foreseeable risks attached to taking part in this study.

WHAT HAPPENS AT THE END OF THE STUDY?
When the study has been completed (this should be within 6-8 months), you will receive a summary of one or 2 pages of the main findings. We would also be pleased to include you on an address list to receive publications arising from the study in the future. Only general findings will be reported, without reference to identifiable individual results.

WHAT HAPPENS IF I CHANGE MY MIND DURING THE STUDY?
You are entitled to change your mind about participating in this at any time without disadvantage or penalty.

WHO DO I CONTACT FOR MORE INFORMATION OR IF I HAVE FURTHER CONCERNS?
You can contact XXXXX XXXXX (service provider) or the research supervisors Dr Helena Lydon at helena.lydon@nuigalway.ie or Dr Caroline Heary at caroline.heary@nuigalway.ie or the researcher: Maureen D’Eath at maureen.death@nuigalway.ie. If you have any concerns about this study and wish to contact someone in confidence, you may contact: The Head, School of Psychology, National University of Ireland, Galway.

Thank you for your interest in this study

Appendix 5: Consent form for Quantitative Research

CONSENT FORM

Title of Project: New Directions: Evaluation of the first year of implementation in a regional intellectual disability service

Name of Researcher: Dr. Helena Lydon and Dr. Caroline Heary

Please mark initial box

1. I confirm that I have read the information sheet for the above study and have had the opportunity to ask questions.

2. I am satisfied that I understand the information provided and have had enough time to consider the information.

3. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my legal rights being affected.

4. I agree to take part in the above study.

Name of Participant Date Signature

_________________________  _____________  __________________
Appendix 6: Consent Form for Qualitative research

CONSENT FORM

Title of Project: New Directions: Evaluation of the first year of implementation in a regional intellectual disability service

Name of Researcher: Dr. Helena Lydon and Dr. Caroline Heary

Please mark initial box

1. I confirm that I have read the information sheet for the above study and have had the opportunity to ask questions.

2. I am satisfied that I understand the information provided and have had enough time to consider the information.

3. I understand that the interview will be audio recorded and the recording will be transcribed by a professional transcriber.

4. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my legal rights being affected.

5. I agree to take part in the above study.

Name of Participant __________________ Date __________ Signature ______________

Name of Participant __________________ Date __________ Signature ______________

Appendix 7: Information Sheet for Staff

New Directions: Evaluation of the first year of implementation in a regional intellectual disability service

INVITATION
You are invited to take part in a research study and before you decide, it is important that you understand why the research is being done and what it will involve. This Information Sheet tells you about the purpose, risks and benefits of this research study. If you agree to take part, we will ask you to sign a Consent Form. If there is anything that you are not clear about, we will be happy to explain it to you. Please take as much time as you need to read this information. You should only consent to participate in this research study when you feel you understand what is being asked of you, and you have had enough time to think about your decision. Thank you for reading this.

PURPOSE OF THE STUDY
This study aims to gather information about your experiences of working as part of a staff team in the development of New Directions as a new model of service and the implementation in its first year. We are interested in learning from your experiences and are asking people to reflect on the service from September 2016 until July 2017. We will be asking people about three things: 1) your satisfaction or experience in implementing New Directions 2) the outcomes of New Directions and what you believe worked or didn’t work to support the service users, and 3) your thoughts on the Hub and things required to make a successful New Directions programme.

TAKING PART – WHAT IT INVOLVES
Taking part involves participating in an interview with a researcher. The interviews will be audio-recorded, transcribed and stored on a password protected computer. Only the researchers will have access to the data. All recordings and transcripts will be assigned a number and your name won’t be used, we do this to ensure your privacy.

The data will be analysed using thematic analysis to identify themes and patterns in responses, for example common things people liked about New Directions.

DO I HAVE TO TAKE PART?
It is up to you to decide whether or not to take part. If you do decide to take part you will be given this Information Sheet to keep and be asked to sign a Consent Form. If you decide to take part you are still free to withdraw at any time and without giving a reason. A decision to withdraw at any time, or a decision not to take part, will not affect your rights in any way.

WHAT WILL HAPPEN TO ME IF I TAKE PART?
If you agree to take part you will participate in an interview with a researcher to discuss your experiences of, and opinions of, New Directions.

HOW LONG WILL MY PART IN THE STUDY LAST?
The interview takes approximately 60 minutes to complete.

WHAT ARE THE POSSIBLE BENEFITS IN TAKING PART?
It is expected that the research will show if people benefited from New Directions during its first year of delivery. In addition, we hope it will provide valuable information that can be used by both policy makers and services to ensure the most effective delivery of New Directions.

WHAT ARE THE POSSIBLE DISADVANTAGES AND RISKS OF TAKING PART?
Although there are no foreseeable risks attached to taking part in this study, the study does include questions about your experiences. If you are unhappy about any of your experiences we will offer support to discuss these with you further. We will also be asking you about how you think New Directions can be improved however, it is important to remember that we cannot guarantee any changes to service delivery.

WHAT HAPPENS AT THE END OF THE STUDY?
When all participants have been completed the study (this should be within 6-8 months of your participation), you will receive a summary of one or 2 pages of the main findings. We would also be pleased to include you on an address list to receive publications arising from the study in the future. Only general findings will be reported, without reference to identifiable individual results.

WHAT HAPPENS IF I CHANGE MY MIND DURING THE STUDY?
You are entitled to change your mind about participating in this at any time without disadvantage or penalty.

WHO DO I CONTACT FOR MORE INFORMATION OR IF I HAVE FURTHER CONCERNS?
You can contact XXXXXXX XXXXXX (service provider) or the research supervisors Dr Helena Lydon at helena.lydon@nuigalway.ie or Dr Caroline Heary at caroline.heary@nuigalway.ie or the researcher: Maureen D’Eath at maureen.death@nuigalway.ie. If you have any concerns about this study and wish to contact someone in confidence, you may contact: The Head, School of Psychology, National University of Ireland, Galway.

Thank you for your interest in this study
Appendix 8: Interview Schedule for Staff

Getting involved

Prior knowledge about **New Directions**?

Early opinions about?

Being involved

Process of developing the programme? Challenges?

Different way of working?

In what way?

What is required of you, as a support worker?

Positives about the model?

Negatives about the model?

Barriers to working within the model?

Response of the service user to ND?

The Hub? – positives and negatives?

Training received and required?

After-hours working?

Do you think that the young people are more involved in their own community as a result of participating in **New Directions**? Tell me a bit more about that?

Thoughts about the future

What would you change, if anything? Why?

Barriers to implementation of this model? What would be required?

Choices of personal supports that should be made available in the future to all adults with disabilities

1. Support for making choices and plans.
2. Increased support for making transitions and progression.
3. Increased support for inclusion in one’s local community
4. Increased support for accessing education and formal learning.
5. Increased support for maximising independence.
6. Increased support for personal and social development.
7. Increased support for health and wellbeing.
8. Increased support for accessing bridging programmes to vocational training.
9. Increased support for accessing vocational training and work opportunities.
10. Increased support for personal expression and creativity.
11. Increased support for having meaningful social roles.
12. Increased support for influencing service policy and practice
13. 

Do you think that involvement in New Directions has made any difference to the young people in terms of the above?

Appendix 9: Interview Schedule for Family Members/Parents

Introductions.

[Name] is one of the first group from [service provider] to take part in New Directions. So you and [name] are the real experts on the model which is why your experiences and opinions are so valuable. Thank you for taking the time to do this interview.

When did you first hear about New Directions?

What did you think?

How did you feel about the day service [name] was involved with before New Directions?

How was the decision made that [name] would participate in New Directions?

What were your expectations of it?

Is New Directions different from the previous service?

In what ways?

Is that better or worse? In what way?

What type of activities does [name] do within New Directions?

Is there a typical day?

Did s/he choose those activities?

Does s/he enjoy those activities?

Where does s/he do them?

Who does s/he do them with?

Costs associated with activities?

The Hub?

Change of Hub?

Do you think that [name] has benefitted from participation in New Directions? In what way?

Are there any negatives from [name’s] involvement in New Directions? What are they?
  What helped? What were the barriers?

How would you describe [name’s] involvement in the community?

Has this changed since [name] became involved in New Directions?
  Tell me a bit more about that

Do you think that involvement in New Directions has made any difference to [name] in terms of:
  Making choices and plans
  Maximising independence
  Personal and social independence
  Health and wellbeing
  Personal expression and creativity
  Having a meaningful social role?

Social Inclusion?
  Has it increased? Is it important? What does it mean?

Person-centredness?

Progression?

Would you like [name] to continue to continue to be involved in New Directions? Why/why not?

Would you recommend it to others?
New Directions: Evaluation of the first year of implementation in a regional intellectual disability service. July 31<sup>st</sup> 2018.

Is there anything that you would change?

What advice would you have for the future development of the model?

Is there anything that we haven’t covered that you would like to say about New Directions?
Appendix 10: Interview Schedule for Service Users

Introductions

1. You are coming here to a day service called New Directions. Can you tell me a bit about that?

2. You do different activities with New Directions?

Which are your two favourite activities?
And could you name two that you don’t like so much?
Who chooses the activities that you do during your day service?
How does that happen?

Each activity:
   a. Tell me what it’s like doing that?
   b. Where do you do that?
   c. Who do you do that with?
   d. Who else is there?
   e. Do you like it?
   f. What’s the best/worst thing about doing that activity?
   g. Is there anything that you would like to change about it?
   h. Is there any activity that you’d like to do that you are not doing?

If there was another activity that you would like to do (that you are not already doing) how would you go about arranging that?

3. Tell me about the Hub that you were in when you started with New Directions?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>This is stuff you really like</td>
<td>This is stuff you don’t like</td>
</tr>
<tr>
<td>![Thumb Up]</td>
<td>![Thumb Down]</td>
</tr>
</tbody>
</table>
What did you like about it?

What was good about it/what did you like?

Was there anything that you didn’t like about it?

What is bad about here/what do you not like about it

And the same for current Hub

4. If one of your friends wanted to come to the Hub, what would you say to him/her?

5. You’ve tried lots of different things since you’ve been coming here – is that important to you?

Has anything changed for you?

Have you tried new things?

Are you be able to do things now that you weren’t able to do before?

In what way? Tell me about that?

Have you changed since you came here?

Tell me about that?

Tell me more?

Tell me more?

6. Is there anything else that you’d like to tell me?

Thank you for giving me your time in telling me so much important information. When we finish our report we will be telling service users and managers what people have told us. We can’t promise that there will be any changes to the service but we do know that the report would be considered very carefully.
Appendix 11: A sample of the activities engaged in during New Directions

Horse Riding
Beauty Therapy
Baking
Swimming
Visit to the Library
Basketball
Football
Social Skills
Maths
Health and Fitness
Theatre
Preforming Arts
Computers
Money Skills
Cinema
Geography
Personal Safety
Literacy and Numeracy
Men’s Shed
Art Class
Music
Photography
Tai Chi
Gym
### Appendix 12: Sample of Daily Record Sheet

<table>
<thead>
<tr>
<th>DATE</th>
<th>Activity / Programme /Progress</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
<th>Initial</th>
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<tbody>
<tr>
<td>1</td>
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<tr>
<td>2</td>
<td>Healthy Living Food choices &amp; Independent Shopping</td>
<td>Community Library</td>
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<td>X</td>
<td>AA AA</td>
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<tr>
<td>3</td>
<td>Gym / Hub Meeting</td>
<td>PCP WORK</td>
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<td>X</td>
<td>AA AA</td>
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<tr>
<td>4</td>
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<td>PCP Work</td>
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<tr>
<td>5</td>
<td>Pottery</td>
<td>Free Computer Time</td>
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<table>
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<tr>
<th></th>
<th>Independent Shopping</th>
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<td>Books to film club Computer / Relaxation</td>
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**New Directions: Evaluation of the first year of implementation in a regional intellectual disability service. July 31<sup>st</sup> 2018.**

### Monthly - Timetable Review

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<th>Likes</th>
<th>Research on different topics – Eurovision Highlight of the month-</th>
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<td></td>
<td>Independent shopping for lunch items giving him ownership of his own choices, using money skills</td>
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<td>Dislikes</td>
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<tr>
<td>New activities</td>
<td>Pottery Course - Told staff he liked it, but did not engage with others on course, needed prompting &amp; encouragement to fulfil task set out</td>
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<tr>
<td>Comment</td>
<td>Pottery course not to be revisited / as he expressed not to attend</td>
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### Appendix 13: Review of Service Programmes in line with New Directions - 12 Personal Supports

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<th>Outcomes</th>
<th>1 Choices and Plans</th>
<th>2 Transitions and Progression</th>
<th>3 Inclusion in the Local Community</th>
<th>4 Education and Formal Learning</th>
<th>5 Maximising Independence</th>
<th>6 Personal and Social Development</th>
<th>7 Health and Wellbeing</th>
<th>8 Bridging to Vocational Training</th>
<th>9 Accessing Training and Work</th>
<th>10 Personal Expression and Creativity</th>
<th>11 Meaningful Social Roles</th>
<th>12 Influencing Policy and Practice</th>
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