Caring in company: a pre-Covid snapshot of day centres in south London

Report of a mapping exercise of publicly available information from four south London boroughs

Caroline Green, Katharine Orellana, Jill Manthorpe and Kritika Samsi

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Further information about our work:
www.kcl.ac.uk/scwru/res/arc-sl/arc-sl-social-care-theme
Foreword

This welcome new report was produced following detailed website searches for information about day centres in four boroughs of south London. These searches were undertaken in order to better understand provision and capacity of day services within south London as an essential part of the social care offer. The research took place prior to Covid-19.

Over the last number of years, there has been an increased emphasis on promoting an asset based approach locally. This approach has the potential to achieve more through the effective use of the skills, knowledge and assets available within communities and individuals – as well as the public, private and voluntary sectors. Resident information about these assets is key for the approach to be successful.

As many people will know, social prescribing – signposting and referral to non-medical support services – is being promoted widely by NHS England. Targets have been set for numbers of social prescribing link workers (community navigators), who connect people with local groups and support services, and numbers of people they will help in all parts of London. Again, information about available resources is key.

London wants to become the Digital Social Prescribing capital of the UK and, in March 2021, launched a new central resource to support social prescribing (https://socialprescribinglondon.uk/). Things are also happening locally. In Lambeth, for example, there is a thriving link worker system, with information available to the public through its MYcommunity Directory which is part of the borough's MYcommunity Gateway social prescribing support.

Part of making social prescribing more available within London is to help tackle inequalities within the City. This is why it is one of the Mayor of London’s priorities within the London Health Inequalities Strategy.

Since day centres support health and wellbeing, it is important to make it easy to find information about them, whether searching as an individual looking for support for yourself or a relative or a social prescribing link worker investigating options. We continue to support improving accessibility of information about these vital services so that they are visible to those who may benefit from them. Whether you are a day centre provider, a link worker, a professional in health or social care or a family or friend or someone who might be interesting in going to a day centre, I urge you to read this report to learn more about their activities and their potential for helping people who might benefit from company, activities and support.

Tristan Brice, programme manager, London Association of Directors of Social Service Improvement Programme (ADASS)
Day services are potentially valuable places for people with social care and support needs, who want to live at home yet seek the company of others. Their staff and volunteers offer companionship, care, advice and support. Centres have different purposes; many support older people with disabilities, others support people with experience of homelessness, people with palliative care needs, or people needing mental health support.

This research was undertaken to better understand day services in south London as an essential part of social care pre-Covid 19. Between January and September 2020, we collected information about day services for adults with diverse social care needs across four south London boroughs (Kingston, Lambeth, Lewisham and Merton). Altogether, 65 day services were identified as serving five of our six target groups (older people, people with dementia, people with complex disabilities or long-term conditions, people experiencing homelessness, and people with mental health problems); no day centres for people with palliative care needs were located in the boroughs. They were operated by local authorities, private companies, or the voluntary and community sector. We also identified a wealth of community-based associated services in addition to day centres, such as lunch-clubs, drop-in cafes or advisory services that are open for shorter times or by appointment.

The research process itself revealed how hard it was to identify day services for certain groups, including for people with long-term disabilities and older people, when primarily using the internet. Furthermore, the regular changes to day services mean that information often becomes out of date, with various services or activities being altered, shut or moved, with limited information on where future enquiries should be directed.

Information needs to be more accessible, so that potential service users and their carers can find and use information on day services online. Potential volunteers need such information too. This is also a time when new services such as social prescribing are developing and their staff will need accurate information about local services to avoid wasting their time and others’. Some day centres need to better communicate and advertise their services and think about how to meet any gaps in their public relations and business strategies. Furthermore, this map of day services across the four south London boroughs, although not exhaustive, will be a baseline for research into services during and after the Covid-19 pandemic, which at the time of writing (April 2021) is still ongoing. Services that offer company to people who are not generally able to access other community facilities should be in a prime position to help rebuild wellbeing and reduce the harms and risks of loneliness.
1. Introduction

Under the Care Act 2014 (HM Government, 2014), local authorities are required to support ‘personalisation’ of social care through effective market shaping. This means they must ensure a choice of high-quality care services is available in the community for people who need them. Various studies highlight the value of day services for adults who are living in their own homes but require care and support and for their family carers (e.g. Orellana, Manthorpe and Tinker 2020a). These may include people from diverse backgrounds such as older people with care needs, people living with dementia, younger people with long-term disabilities, people needing mental health support, people experiencing homelessness and people who receive palliative care.

In the light of what is known about the value of day services for people needing social care and local authorities’ duties under the Care Act 2014, this report presents the findings of a mapping exercise of four south London boroughs which was undertaken to explore publicly available information about day service provision. A systematic internet-based search was undertaken to locate day services for various target groups and record their main characteristics.

This study was planned before the first national lockdown of the Covid-19 pandemic of March 2020. Policy responses to curb the spread of the virus and number of Covid-19 infections across England saw many day services shut completely or make drastic changes in the way they operated during the pandemic (Giebel et al. 2020). At the time of writing (April 2021), England is coming out of a third national lockdown, but many day services remain shut or their activities toned down. We have offered guidance to day services about reopening (Orellana et al. 2020). Data collection took place between January and September 2020 and so the findings reported here reflect the pre-Covid 2020 situation; the longer-term consequences of the pandemic on day services and their users are yet to crystallise.

1.1 Day services, policy and public funding

Day services are part of the landscape of adult social care services in the community. According to the National Audit Office, ‘adult social care covers social work, personal care and practical support for adults with a physical disability, a learning disability, or physical or mental illness, as well as support for their carers’ (National Audit Office, 2018:4). For the purposes of this study, day services (also referred to as day centres) are defined as:

“community building-based services that provide care and/or health-related services and/or activities specifically for people who are disabled and/or in need, which people can attend for a whole day or part of a day [for at least four hours], and which support people to remain living at home and enable informal carers to sustain care”. (Orellana, 2018)

Day services may be targeted at different groups of people, including people at end of life, people with mental illness, homeless people, people with learning or physical disabilities, older people or people with dementia and their family/
friend carers. This study focused on day services for older people and other adults with care and support needs, including those arising from dementia, complex disabilities or long-term conditions, end of life support needs, and homelessness. Day centres vary in their ownership, target clientele, admission criteria, size and building designation. Even when they share some characteristics, it is likely that there are variations in what they offer, the way they are funded, and in their quality (Moriarty and Manthorpe, 2012, Orellana, Manthorpe & Tinker, 2020a).

A scoping review undertaken for Age UK (Moriarty and Manthorpe, 2012) found that day services were an important part of social care but often under-recognised. Furthermore, as an ‘out-of-home’ service, they are not regulated by the Care Quality Commission (CQC) and, therefore, there is no central register of day services and no accepted pathways or standards are in place in the social care system for people who may access them. NHS Digital has ceased reporting numbers of publicly funded people attending day services. Some specialist charity sector providers hold lists of day services (e.g. Homeless Link, Association of Palliative Day Services), but other lists include affiliated providers only (e.g. Age UK, MIND).

Under the Care Act 2014 (HM Government, 2014) English local authorities are required to arrange adult social care services that promote wellbeing and help prevent or delay deterioration in individuals who require social care. They further must support or shape a market that delivers a wide range of care and support services for people to choose from (Needham et al., 2018).

Across England there has been reduced local authority social care funding for individuals and for block contracts of local authority commissioned services (subsidy) and, therefore, fewer people with higher needs were receiving publicly funded care even before the Covid-19 pandemic (National Audit Office, 2018). Some people with ‘moderate’ needs receive no publicly funded social care at all (Age UK, 2015). According to a recent study of the practical support of carers under the Care Act 2014 by local authorities, there have been significant increases in the numbers of carers’ assessments and a decrease in carer-related expenditure (Fernandez et al., 2020 p.2). For some of these people who are not eligible for public-funded social care, day services help fill this gap when they are provided by not-for-profit or voluntary and community groups, often with the help of local volunteers.

Under an asset-based approach, day services of any sort can be considered ‘anchor institutions’ which promote the health and wellbeing of individuals in a local community (Daly and Westwood, 2018). Approximately one-tenth of publicly funded older people and one-tenth of publicly funded people with learning disabilities were attending day services at the time day services statistics ceased to be collected (Hatton, 2017, NHS Digital, 2014). We do not know the picture in south London for these groups or other adults in need of care and support.

In addition, day service provision has also been affected by policy and practice change as well as by reductions in public funding of local authorities. Decommissioning or closing day services, particularly ‘low-level’ voluntary sector provision or services previously relying on government grants, has been one of
local authorities’ cost-saving measures (ADASS, 2011). Freedom of Information requests discovered cuts of up to 55% (average 30%) to public funding for day services over the five years prior to 2018, declining numbers of people attending day centres (Green, 2018) and a 41% drop in numbers of day centres for older people in England between 2010 and 2018 (Roberton, 2018). Another Freedom of Information request found many local authority manager panels had been rejecting care and support packages requested by social workers for reasons of prioritisation, cost-effectiveness, taking a strengths-based approach, or blanket policies such as “No more than one day per week for day centre or social activities to meet social isolation needs – the council does “not fund hobbies or pleasure activities” (Carter, 2018). This is despite the Care Act statutory guidance specifying local authorities should “refrain from creating or using panels that seek to amend planning decisions, micro-manage the planning process, or are in place purely for financial reasons” (HM Government, 2016, Section 10.85).

Finally, interest in social prescribing, as a person-centred approach in line with current policy, has heightened. Social prescriptions are non-medical interventions whereby people with social, emotional or practical needs are referred to or supported to make use of non-clinical services to help improve their quality of life and wellbeing (for example, improve their self-esteem, mood, self-efficacy and confidence, social opportunities), welfare (for example, volunteering, information access), change lifestyle factors (for example, healthier diet, increased physical activity), and reduce use of primary and secondary healthcare (see www.england.nhs.uk/personalisedcare/social-prescribing and Polley et al., 2019). Under the NHS Long Term Plan (NHS, 2019), there has been an increase in the numbers of trained social prescribing link workers (also known as community navigators), who connect people with local groups and support services. They are working in primary care, voluntary sector organisations and other agencies, and have targets for numbers of people receiving social prescriptions. In some areas, including parts of London, social prescribing has been rapidly developed, with some services already having been evaluated, while in others it is still bedding in. Central to social prescribing is knowledge of community resources – making this study of day services so relevant to their work.

1.2 Day services and their users

Older people, older people living with dementia and their carers

The UK, including south London, has an ageing population (Office for National Statistics, 2018a). The likelihood of being disabled and / or experiencing multiple long-term and complex health conditions increases with age as does the need for health and social care (Office for National Statistics, 2018a). Age is the most significant factor influencing social exclusion, with the oldest old at greatest risk (Key and Culliney, 2018). The two biggest risk factors associated with chronic loneliness are being in poor health and being widowed, and living alone (Iparraguirre, 2016). Among those aged 65 or older, 24% are widowed, 11% are divorced and 6% have never married/partnered (Office for National Statistics, 2018b). Numbers of people ageing without children are rising (Office for National Statistics, 2014), more people are ageing with disabilities without a spouse/partner who may provide care (Pickard, 2015) and, for those who have had children, demand for care is projected to outstrip supply (Pickard et al., 2012). London’s diverse and mobile population can exacerbate these risks.
Around 7% of people aged 65 or older in the UK have dementia (Wittenberg et al., 2019) which is a key cause of disability in later life. Dementia affects the brain and is progressive. Symptoms include memory loss, confusion and problems with speech and understanding. There are currently around 72,000 people living with dementia in London (Mayor of London, 2020). People diagnosed with dementia in the boroughs of Kingston-upon-Thames, Lambeth, Lewisham and Merton numbered 1,225-1,550 in February 2020, with estimated actual numbers of people with dementia being 1,763-1,994 (NHS England, 2020) and numbers set to increase among all ethnic groups. The Mayor of London is working with the Alzheimer’s Society to turn London into a dementia friendly city by 2022 (Mayor of London, 2020). Under this programme, the Alzheimer’s Society is collaborating with all London boroughs to achieve the aim of ‘supporting people with dementia and their families to live well’ and making London a dementia friendly city (Manthorpe and Iliffe, 2020).

Day services for older people are intended to help tackle social isolation, to provide support and care, including for people living with dementia and give respite or a break to family/friend carers. The risks of loneliness are high in many London boroughs and are presented at ward level on ‘heat maps’ (see Age UK, for example Merton http://data.ageuk.org.uk/loneliness-maps/england-2016/merton/). For people living at home who need support to go out, day services are able to complement any services received in the home by counteracting both the isolation of living at home and the inability to get out freely even if not isolated. This is particularly relevant because home care visits are becoming increasingly shorter (Unison, 2014) as well as only being provided to fewer people, leaving some older people at risk of increased isolation.

Beyond the day service, attendance may enhance relationships between family carers and older people with or without dementia (Laird et al., 2017, Orellana, 2018). Two-thirds of older carers have health problems or disabilities and report that caring has negatively impacted on their mental health (Carers UK, 2019). Carers may also experience social isolation due to their caring role so services providing respite or a break are, therefore, often important for carers (Donkers et al., 2019).

There are several reports emerging of how carers and people living with dementia have been greatly affected by the closure of day centres during the pandemic (Giebel et al., 2020). Many older people provide care for family members with a learning disability and they, too, have been severely affected by day services closure in 2020 (Mencap, 2020).

**People with complex disabilities or long-term conditions**

Almost one-fifth (18%) of working age adults and almost half (44%) adults over state pension age report being disabled. Mobility is the most prevalent impairment reported (49%). One-quarter report a mental health impairment (38% of working age adults, 9% of older people) (Department for Work and Pensions, 2019). Several of these problems arise from a long-term condition - any long-term illness, health problem or disability which cannot be cured and which limits daily activities (e.g. diabetes, cardiovascular diseases, chronic obstructive pulmonary disease, arthritis). These are more prevalent among older people and in more deprived groups (The King’s Fund, 2019). When two or more long-term
conditions coexist, this is often referred to as multimorbidity or multiple long-term conditions. Over half the English older population has two or more long-term conditions, something which increases the likelihood of hospital admission (as well as length of stay and likelihood of readmission), raises healthcare costs, increases ‘dependency’, polypharmacy and mortality, and reduces quality of life (Kingston et al., 2018). Attending day centres is reported to improve the physical health and emotional wellbeing of older people with multiple long-term conditions (Lunt, 2018) which makes the service extremely important to social care but also the NHS.

People with learning disabilities often also experience physical health and mental health problems (Courtenay and Perera, 2020), and co-residing family carers often report poorer physical and mental health themselves than non-carers (Grey et al., 2018). People with learning disabilities are living longer, usually considered to have reached old age around the age of 50 due to a tendency to develop health problems at younger ages (Emerson and Hatton, 2011). By 2030, the number of adults aged 70+ using social care services for people with learning disabilities will more than double – many of whom will have several long-term conditions.

One evaluation of day services for people with learning disabilities reported that service users and families highly valued day services, particularly the opportunity to build friendship, that services were a safe place, and the activities provided (Campbell, 2012). Participants aged 41-64 with mild to moderate learning disabilities also highly valued their day services which were the social hub of their communities - somewhere to be occupied, active, eat lunch and meet friends (Judge et al., 2010). An expectation was that participants would stop attending when they reached 65 and they were concerned about becoming isolated and lacking purpose when this happened, suggesting unmet need for day services or their equivalents among older people with learning disabilities.

With the closure of day centres during the pandemic, people with learning disabilities who were attending them were at greater risk of developing poorer mental health and their carers of poorer wellbeing, increasing risks of family support breakdown and hospital admission (Courtenay and Perera, 2020). Mencap (2020) has reported the pressure of this on family carers.

**People receiving palliative care**

South London is the home of the UK’s first hospice, with Trinity Hospice starting in Clapham in 1891 and the first modern hospice, St Christopher’s, opening in Bromley in 1967. Palliative care includes treatment, symptom management, care and support (psychosocial and spiritual) for people with complex or life-limiting (incurable, terminal) illnesses and their families, and end of life care with the aim of optimising quality of life. Care is delivered by inpatient palliative care services (e.g. inpatient hospices), but also by community palliative care or hospice teams. By 2040, the number of people who may need palliative care in England and Wales is expected to grow by 25-47% (Etkind et al., 2017).

Hospice services are mainly funded by the NHS and charitable fund-raising but it is increasingly offered to people living at home. About 90% of hospice care is provided through day services or at home (www.hospiceuk.org/about-hospice-care/media-centre/facts-and-figures, https://apds.org.uk/palliative-day-
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Day services’ care and support may include: clinical care; rehabilitation; creative activities, such as art and music therapy; and complementary therapies. Attendees are able to talk to other people going through similar experiences (Kernohan *et al.*, 2006). Staff aim to support people to cope with their illness at their own pace and to retain their sense of personhood (Kabel, 2013). Many of the early studies of hospice day services were conducted in south London (e.g. Payne *et al.* 2008). Relationships between, patients/users and their carers and a sense of community remain central to how quality of care is experienced (Hyde, Skirton and Richardson, 2011). Day services have a common aim, of providing ‘holistic, individualised palliative care to people diagnosed with advanced life limiting illness’ (Stevens *et al.*, 2010:154) and attendance impacts positively on health-related quality of life. However, a recent study found that there are uncertainties about their sustainability and that they are often ‘invisible’ in wider health systems (Hasson *et al.*, 2021). A mapping of specialist services across London in 2017 (Cox *et al.*, 2017) found that palliative care day therapy services are available in most parts of London but the numbers attending these as a proportion of those receiving community specialist community palliative care vary substantially, e.g. with one of the highest rates being one in four in Bromley. Our mapping of these services revealed that they were often NHS provided and so access to them is by this route. They do not appear to be part of a day service information system in the boroughs we surveyed.

**People with mental health support needs**

The term ‘mental illness’ covers many acute or post-acute conditions or periods of distress, including personality disorder, self-harm and suicide, depression, anxiety disorders, eating disorders, dementia and so on. South London is the home to one of the UK’s biggest and oldest hospitals for treating mental illnesses (Maudsley hospital), providing care and treatment for adults of all ages. However, around ten times as many people with mental ill health receive mental health services in the community than in hospitals. Some studies have shown that people affected by mental health problems can benefit enormously from community mental health care while staying in their own homes and surroundings (Thornicroft, Deb and Henderson, 2016:276).

Community mental health care, for example, as provided through NHS or integrated community mental health teams or social care workers, can involve visiting patients/care users in their own homes. However, the NHS runs several day-patient services in south London to monitor health needs and offer group or peer support which were not included in this mapping. However, as well as local authority day services some non-for-profit organisations, such as Rethink Mental Illness and MIND, provide day services for people experiencing mental illness. These offer mostly time-limited interventions, such as self-help and group support sessions, advocacy, advice and counselling free of charge. Others are part of community groups/faith groups that are more locally based and help support an often highly socially excluded group.

A survey of mental health day services in the north east and south-east regions of England covered services’ inclusivity, locations and made suggestions for improvement (Swan, 2010). Respondents were concerned that local authorities did not always value social interaction, instead valuing harder outcomes (e.g. employment) more highly, although service users often had limited resources to
participate in other social or leisure activities outside their day services. Gray (2012), a long-term mental health day service user, recounted how, despite some of their drawbacks and their separation from 'the community', day services support feelings of stability.

**People experiencing homelessness**

Homelessness refers to the experience of rough sleeping and living in temporary and/or unsuitable accommodation (including squatting, 'couch surfing', living in hostels and not being able to stay in own accommodation for threat of violence or abuse). Many people with experience of homelessness have social care needs as well as long-term health conditions.

The charity Shelter estimates that there were at least 280,000 homeless people in England (1 in 200 people) at the end of 2019, but this number may be higher because of 'hidden homelessness', that is people who are affected by homelessness but have not been in contact with any local authority (Shelter, 2019). The number of people sleeping rough has increased over seven consecutive years with London and south-east England seeing the steepest rise (Fitzpatrick *et al.*, 2018). There has been an increase in homelessness since the start of the Covid-19 pandemic (Boobis and Albanese, 2020). Day centres for homeless people generally remained open in south London during the pandemic although they adjusted their services (Green *et al.* in press).

Many homeless people have multiple, complex support and care needs which change over time. The experience of homelessness additionally negatively impacts the physical and mental health of the individuals concerned. The number of deaths of rough sleepers has increased dramatically nationally. Over five years, they rose by 25%, with 597 recorded deaths in 2017 and 729 in 2018 – with the highest number of deaths occurring in London (148 in 2018). Around 40% of deaths were related to alcohol or drug misuse (Office for National Statistics, 2019).

The Homelessness Reduction Act 2017 placed a greater responsibility onto local authorities to prevent homelessness and support those who are affected. For example, under the Act all local housing authorities have the duty to ensure access to advice and information for homeless people.

Day services are often the first point of contact for individuals who are at risk of becoming homeless or are already experiencing it (Bowpitt *et al.*, 2014). They are important sources of food, clothing, bathing facilities, primary care, information and advice and social interaction for homeless people, but are experienced differently (Johnsen, Cloke and May, 2005). They are usually run by the charitable/not for profit sector. Local housing authorities may refer a homeless individual to a day service for help and support, according to what the service offers. In the light of the homelessness crisis in London, day services are an important way of helping to address this pressing social problem.

**1.3 Overview of the study and its location**

This study is part of a five-year south London project, which began in October 2019, which aims to design and implement community capacity amongst day
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services for adults who want to remain in the community. The research plan originally included a desk-based mapping exercise of day services as well as gathering further data for in-depth case studies of a small number of day services. This was adapted due to the Covid-19 pandemic and the resulting lockdown of large parts of society, including the temporary closure or change in provision across day services and target groups.

This report presents the findings of the desk-based mapping, providing a snapshot of publicly available information about day services pre-Covid 19.

South London covers the London Boroughs of Bexley, Bromley, Croydon, Greenwich, Kingston, Lambeth, Lewisham, Merton, Richmond, Southwark, Sutton, Wandsworth (see Figure 1).

Figure 1: Map of south London boroughs

South London is distinctive by its boroughs’ populations (age; illness; socio-demographics), provider base (some residential care out of London or out of Borough), staffing shortages in social care and high turnover, including much reliance on migrant staff, mobile populations, and features of innovation but also tradition (Skills for Care, 2019). It is average, however, in terms of self-funders in care homes (45%), slightly fewer self-funders in home care, although the landscape is varied and changing (National Audit Office, 2018). Just over one-third of domiciliary/home care services and community care users across London are self-funders (London Councils, 2019).

London’s population is growing, especially among those likely to need social care services due to long-term, complex conditions, for example, older people, people with learning or physical disabilities, ‘psychiatric disorders’ (London Councils, 2019). While London’s population is much younger than that of the rest of England, a 71% increase of people aged 65 or older and 156% increase of people aged 90 or older is forecast from 2017-2039 (London Councils, 2019). Furthermore, numbers of people who may need palliative care services are rising
(Etkind et al., 2017) as are numbers of homeless people. While the population is younger overall than the rest of England, there is a higher percentage of younger people with more complex needs and, hence, higher costs to local authorities (London Councils, 2017). Faced with a gap between Government core funding of London boroughs and an increase in need, local authorities are facing heightened challenges to fulfil statutory requirements to assess and meet the needs of all people requiring care and support. Therefore, addressing sustainability within the adult social care sector is a central concern (London Councils, 2017). While attempts have been made at breaking down barriers to integrated working with the NHS, there is still a long way to go with sharing of budgets, plans and ways of working.

Enabling more Londoners, especially people in deprived areas with health and care needs, to access social prescribing is a key ambition within the Mayor’s Health Inequalities Strategy (Mayor of London, 2018). As part this agenda and to support digital social prescribing, the London Plus Social Prescribing Network was launched in April 2020.

Before Covid-19, a survey of London boroughs had identified the top three priorities for adult social care over the next five years to be to increase investment in prevention and early intervention to maintain people’s health for longer, investment in demand management to ensure that people are supported to stay healthier for longer, and integration of health and adult social care to improve care pathways (London Councils, 2019). Clearly Covid-19 may have affected this list, but it is likely to remain to some extent.

Some south London boroughs are among the poorest local authorities in England (Ministry of Housing, 2019). Southwark, Lambeth, Greenwich and Lewisham are in the lowest 10% nationally for pensioner poverty, being in the 10% with highest rates of crowded accommodation/homelessness. One-third (33.55%) of the south London population is from Black, Asian and Minority Ethnic groups (Greater London Authority, 2019). Social inequalities combined with lack of social care result in poorer health outcomes for residents of south London. They face barriers to care at home, dying in the place of their choice and accessing supportive rehabilitation. Hospital discharge is hindered by lack of community support.

As data about day services are not lodged centrally, detailed information about provision and resources across south London is not available and the long-standing divisions of NHS and wider social care services mean that information is not brought together. We do not know what is out there, so practitioners and commissioners may be making referrals or decisions in the dark. Our aim initially was to build a picture of provision with the co-operation of the day services sector so that they can describe in NHS and local authority language what they do and their impact; following Covid-19 we revised this to build a picture and to then discuss this with the sector and other stakeholders.
2. Research aim and methods

2.1 Aim

This mapping exercise aimed to address the following research question: What is the landscape of day service provision in four boroughs of south London for older people, and others with care and support needs, including those arising from dementia, complex disabilities or long-term conditions, end of life support needs, and homelessness?

2.2 Methods

An internet search was conducted to identify and record day services for older people, adults with dementia, with long-term disabilities, requiring mental health support or experiencing homelessness in four south London boroughs (Kingston-upon-Thames, Lewisham, Lambeth and Merton). Day centre characteristics were recorded.

Boroughs, two in south-east and two in south-west London, were selected purposively to provide a balanced snapshot. Selection included consideration of the extent of deprivation, using the Indices of Multiple Deprivation 2019 which are based on income, employment, education/skills/training, health/disability and living environment deprivation, crime, barriers to housing and services (Ministry of Housing, 2019), location (inner or outer London), population size and political administration (see Appendix 1).

Inclusion and exclusion criteria for day services were structured around the target groups and the definition of day centres used in this study: Building-based services that provide care and/or health-related services and/or activities specifically for people who are disabled and/or in need and which people can attend for a whole day or part of a day, and which support people to remain living at home and enable family/friend carers to sustain their support.

Excluded were day services run by the National Health Service (NHS) (so excluding potentially several palliative care services and mental health services) and services that do not map onto the definition of day centres for this study, for example:

1. Community Centres which provide activities, etc. for people who do not always require care and/or support (and which people tend to access for less than 4 hours);
2. Gatherings with a duration of less than 4 hours (e.g. lunch clubs); and
3. Gatherings at which both the service user and a family carer must be present (e.g. dementia cafes).

Minimal ethical risk permission for was granted by the King’s College London Ethics Committee (MRA-19/20-15084) prior to data collection.
Data collection and analysis
Data collection took place between January and September 2020. The data gathering approach was piloted in one area before being extended to other boroughs. Mapping involved systematic internet-searches using strings of piloted key words typed into Google's search engine and, a set of web-based resources to identify services in the community (Charity Commission, the Care Quality Commission's data about care homes, and target group specific sources, for example HomelessLink for day services targeting people experiencing homelessness), local authority websites and local service directories. Further details of web searches appear in Appendix 2.

As will be discussed in the findings, at times it was difficult to determine whether a particular service was still operational or met the inclusion criteria. In these instances, the research team contacted the service in question by phone or email to determine whether to map the service. If sufficient information is not accessible online, this may limit the choices open to individuals and their families, but also the information that staff such as social prescribers (link workers, community navigators) can accurately access.

After a day service was identified and determined as meeting the inclusion criteria, service information was recorded in a template which covered operational aspects of the service, the service model and what was offered and information about the building. Data were subsequently managed through the NVIVO software programme and the research team discussed overall findings from the study.

The researchers
Two post-doctoral researchers undertook the mapping and core analysis of the results. The researchers are part of the NIHR Applied Research Collaboration (ARC) South London social care theme and have extensive training in qualitative research methods, including mapping and internet-based, and other, investigative work. One has extensive experience in systematic searches of databases and the other researcher holds a Master’s degree in investigative journalism. Both are gerontologists.

2.3 Public involvement
The data gathering template was devised in consultation with an expert in day centre provision based in south London. Our study programme’s involvement representative provided useful comments on the draft report.
3. Findings

This section provides an overview of and commentary on the results of the mapping of day services identified. It then reports the findings from the research process which uncovered:

1. a relative lack of easy access to online information on the existence, purpose and access to day services,

2. extensive and constant change within the landscape of day services, often resulting from decommissioning, closures because of lack of funding and reviews of service provision, and

3. a range of other community services that did not meet our day centre definition – their similarities may be attractive but they may exclude some groups.

3.1 Overview of day service provision across four south London boroughs

The research uncovered 65 day services across the four south London boroughs and across seven target user groups. Some services targeted more than one type of user\(^1\) which means that some day centres appear twice in Table 1 below, which provides an overview of the day centres identified.

We identified several services that operated on a drop-in or booking in advance basis, a few of which confirmed that several of their users attend for over four hours at a time, perhaps attending a morning activity, lunch and an afternoon activity. While some ‘community centres’ or ‘activity centres’ were content to class themselves as a day centre (following our definition) as some people tended to stay for more than four hours, others were clear that they did not fall within our definition as staying for this length of time was not the norm and were, therefore, excluded. Other examples meeting our criteria for length of provision were, for example, services labelled as lunch clubs but which lasted five hours. Such services are included in our findings. As we outline below, this may lead to confusion for people offering signposting or social prescribing assistance in that a lunch club could cover mealtimes or a much longer break with activities that might be of interest to people with care and support needs and their carers.

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\(^1\) Two day centres targeted people with learning disabilities and/or mental health needs.
Eight day centres targeted older people with or without dementia.
One day centre catered for both people with dementia and people with disabilities, but both web pages and provision were separate, so it is mapped as two day centres.
Table 1: Overview of day centres across four south London boroughs

<table>
<thead>
<tr>
<th>Target user groups/needs</th>
<th>Borough</th>
<th>Total day centres</th>
<th>Total provision for each group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lewisham</td>
<td>Lambeth</td>
<td>Merton</td>
</tr>
<tr>
<td>Mental health/illness</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Long-term disabilities</td>
<td>3</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Homelessness</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Older people</td>
<td>19</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Dementia</td>
<td>7</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Acquired brain injury or neurological disorders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total day centres in each borough</strong></td>
<td>27</td>
<td>15</td>
<td>10</td>
</tr>
</tbody>
</table>

3.2 Commentary on and descriptive presentation of day centres identified

Online presence and variation among websites
Just over half the voluntary or private day centres identified had their own website (n=37). Three-quarters of local authority or local authority commissioned centres (n=9) had their own webpages on local authority websites, together with a further five non local authority centres. Some day centre information was hosted by the website of the building in which it operated (n=8). Not all services operated a website; information about these was identified from other sources. It was not always clear whether information (e.g. in directories) had been provided by the service provider or had been identified elsewhere by the producer of the directory.

Information about 20 centres appeared in local directories (including social prescribing websites) and 17 in other directories (e.g. carehome.co.uk, housingcare.org, neighbourly.com, trustedcare.co.uk, careplace.org.uk). One appeared in a directory maintained by a specialist organisation (homelessness), one in a local fitness website and one in a newspaper article.

Only around one-third of day centres had social media presence (n=22), but some day centres used multiple platforms (e.g. Facebook and Twitter). Facebook (n=17) and Twitter (n=13) were the most popular, followed by Instagram (n=5), LinkedIn (n=2) and YouTube (n=2). Just one quarter of centres for older people, one quarter of those for people living with dementia, one fifth of those for people...
with mental health support needs, and 14% of those for people with long-term disabilities had social media presence.

Publicly available information ranged from contact details or an overview of operational days, times and activities, to details of activities, charges made, types of meals provided, transport, building facilities, additional services available and details of staff training or the opportunity for prospective attendees and their families to experience the environment on a pre-arranged visit. There was great variety between day centre websites, as exemplified by the images of websites on the following pages. There was no clear pattern concerning types of information available according to provider type or target user group, but there was a tendency for local authorities’ own centres to provide the least information.

**Examples of not-for-profit provider websites**
Examples of local authority websites
Examples of private care sector websites

Caring in company – a pre-Covid snapshot of day centres in south London
Overall provision by borough and target group

Figure 2 shows that we identified far more day centres in Lewisham compared with the other three boroughs in which we found half the number of day centres or fewer.

This mapping exercise aimed to identify publicly available information about day centres. We did not analyse provision by borough characteristics, such as availability of day centres per 100 people or deprivation levels.

Figure 2: Numbers of day centres in each borough

We were not always able to check whether something purported to be a day centre was actually a day centre or whether it still existed. For example, a list of day centres may have stated that an organisation operated a day centre at the stated times and hours. Where possible, we confirmed further details using contact information. If unable to confirm either further details or continued operation, we used the information available and included those services classed as day centres in our findings. Table 2 lists the services we included in this mapping exercise.

Table 2: Services included in this mapping

<table>
<thead>
<tr>
<th>Target users</th>
<th>Name of centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABI&amp;ND</td>
<td>Alfriston Day Centre</td>
</tr>
<tr>
<td>CAs</td>
<td>Devonshire Dementia Day Centre</td>
</tr>
<tr>
<td>Dementia</td>
<td>EnhanceAble Day Service</td>
</tr>
<tr>
<td>Homeless</td>
<td>Fircroft Resource Centre</td>
</tr>
<tr>
<td>LTD</td>
<td></td>
</tr>
<tr>
<td>MH</td>
<td></td>
</tr>
<tr>
<td>OP</td>
<td></td>
</tr>
<tr>
<td>OP &amp; DE</td>
<td></td>
</tr>
<tr>
<td>DE</td>
<td></td>
</tr>
<tr>
<td>LTD &amp; MH &amp; CAs</td>
<td></td>
</tr>
<tr>
<td>Kingston</td>
<td></td>
</tr>
<tr>
<td>OP</td>
<td></td>
</tr>
<tr>
<td>OP &amp; DE</td>
<td></td>
</tr>
<tr>
<td>DE</td>
<td></td>
</tr>
<tr>
<td>LTD &amp; MH</td>
<td></td>
</tr>
<tr>
<td>ABI&amp;ND</td>
<td>Kingston Rehabilitation Centre</td>
</tr>
<tr>
<td>----------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>HL</td>
<td>Kingston Churches Action on Homelessness - Pathway Project</td>
</tr>
<tr>
<td>OP</td>
<td>Milaap Multicultural Day Centre</td>
</tr>
<tr>
<td>OP</td>
<td>Phoenix Social Club</td>
</tr>
<tr>
<td>OP</td>
<td>Raleigh House</td>
</tr>
<tr>
<td>OP</td>
<td>Riverside Club</td>
</tr>
<tr>
<td>LTD &amp; MH</td>
<td>Springfield Resource Centre</td>
</tr>
<tr>
<td>OP</td>
<td>The Bradbury</td>
</tr>
<tr>
<td><strong>Lambeth</strong></td>
<td></td>
</tr>
<tr>
<td>HL</td>
<td>Ace of Clubs Centre</td>
</tr>
<tr>
<td>LTD &amp; CAs</td>
<td>Aspire Wellbeing Disability Day Care</td>
</tr>
<tr>
<td>LTD</td>
<td>L'Arche London &amp; Gothic Lodge Care Home</td>
</tr>
<tr>
<td>DE</td>
<td>Central Hill Day Centre</td>
</tr>
<tr>
<td>OP</td>
<td>Clarence Avenue Day Centre</td>
</tr>
<tr>
<td>MH &amp; LTD &amp; CAs</td>
<td>Connect &amp; Do Space (community hub)</td>
</tr>
<tr>
<td>OP</td>
<td>Lambeth Chinese Community Association</td>
</tr>
<tr>
<td>OP</td>
<td>Lambeth Elderly Association from Vietnam (LEAV)</td>
</tr>
<tr>
<td>OP</td>
<td>Lambeth Senior Citizens’ Centre</td>
</tr>
<tr>
<td>LTD</td>
<td>Lambeth Walk Day Centre</td>
</tr>
<tr>
<td>MH</td>
<td>Mosaic Clubhouse Evening Sanctuary</td>
</tr>
<tr>
<td>OP &amp; DE &amp; CAs</td>
<td>Streatham Darby and Joan Club</td>
</tr>
<tr>
<td>HL</td>
<td>The Spires Centre</td>
</tr>
<tr>
<td>LTD</td>
<td>Tulse Hill Day Care Centre</td>
</tr>
<tr>
<td>HL</td>
<td>Webber Street Day Centre/Waterloo Action Centre</td>
</tr>
<tr>
<td><strong>Lewisham</strong></td>
<td></td>
</tr>
<tr>
<td>HL</td>
<td>999Club</td>
</tr>
<tr>
<td>OP &amp; CAs</td>
<td>All4Mind Day Centre</td>
</tr>
<tr>
<td>MH</td>
<td>All in Mind Pop up Day Centre for Mental Health</td>
</tr>
<tr>
<td>OP</td>
<td>Branching Out</td>
</tr>
<tr>
<td>LTD</td>
<td>Brighter Horizons</td>
</tr>
<tr>
<td>OP &amp; DE &amp; CAs</td>
<td>Calabash Centre</td>
</tr>
<tr>
<td>OP</td>
<td>Cedar Court Day Centre</td>
</tr>
<tr>
<td>OP &amp; DE</td>
<td>Cinnamon Court Day Centre</td>
</tr>
<tr>
<td>LTD</td>
<td>Compass DC</td>
</tr>
<tr>
<td>OP</td>
<td>Deptford Mission Day Centre</td>
</tr>
<tr>
<td>HL</td>
<td>Deptford Reach</td>
</tr>
<tr>
<td>OP &amp; DE</td>
<td>Diamond Club</td>
</tr>
<tr>
<td>OP</td>
<td>Elder People's Support Project</td>
</tr>
<tr>
<td>OP</td>
<td>Hummingbird Caribbean Lunch Club</td>
</tr>
</tbody>
</table>
Figure 3: Day centre provision by target user group (proportion of services targeting each group (not number of day centres)

Figure 3 shows far higher day centre provision targeting older people or older people living with dementia (just under two-thirds) compared with other groups. Adults with long-term disabilities accounted for almost one-fifth of provision, with other user groups less often mentioned. Carers, as a separate target group,
are not included in this breakdown as we are assuming that a day service may benefit carers even if they are not a target user group.

Within the long-term disabilities target user group, people with learning disabilities were more commonly the service user group than people with physical disabilities although some day centres were for people with multiple and/or profound disabilities who may be less able to access other community facilities owing to continued need for support or equipment.

There was some variety among target users with mental health support needs. This group was one centre’s primary target user group, but it listed other ‘sub-groups’ (e.g. learning disabilities, gay/lesbian/bisexual, sensory impairment, substance misuse, physically disabled, black and ethnic minorities), suggesting that its provider was, perhaps, aware of the need to be explicitly welcoming people with these characteristics. One stated people with primary mental health conditions were its target users and another people who were, or perceived themselves to be, at risk of a mental health crisis. Two centres were targeted at people with learning disabilities and/or mental health support needs and their families/carers, including people leaving a hospital mental health setting who were considered ready to live more independently.

Some services we have labelled as for homeless people were for rough sleepers, precariously housed people, people at risk of homelessness or who had problems with private landlords.

There was some variety among older people’s day centres’ target users. While three stated they were for ‘older people’, some further defined this as being aged 50, 55, 60 or 65 or older. Some were for certain older people, such as those were isolated or lonely, or with mental health problems. Of the eight targeting older people and people living with dementia, one further defined ‘older’ as aged 55 or older and two as 60 or older. While two welcomed only people fully independent with personal care, able to manage their own medication, not experiencing undue medication effects and not needing assistance to move, two were for older people who were disabled and one for older people with complex needs indicating a greater level of support available.

Three services were specifically for older people of a certain ethnicity and one for a specific religion.

**Day centre providers**
The service provider sector was only clear for 40 services, with the majority of these being not-for-profit (n=22) (see Figure 4). Of these, one was a co-operative society (for people with learning disabilities and/or mental health support needs) and one a social enterprise (for people with physical and sensory disabilities). Twelve were operated directly by local authorities and six were private/for-profit services.
Among services whose sector was stated on websites, the proportion of not-for-profit services was lowest in Merton and highest in Lewisham, with Kingston and Lambeth being similar. The proportion of local authority direct provision was highest in Merton, followed by Lambeth, with Kingston and Lewisham considerably lower. No private/for-profit centres were identified in Lambeth.

Fourteen websites mentioned the year the day centre started operating. The oldest stated it opened in 1946 (for older people) and the newest in 2019 (for homeless people). Two had opened in the 1960s, three in the 1980s, three in the 1990s and five since 2000.

**Day centre aims**
Fewer than half the websites specified their day centre's aims (n=28).

The most common aim concerned quality of life improvement through positive/improved mental health, wellbeing, physical health, and social connections - whether by providing opportunities for social connection or to build relationships, supporting the development of skills or confidence to connect with people or activities that enable social interaction and connections - both within and outside day centres.

For some, the focus was on activities that were meaningful or stimulating, or a day that provided purpose. One day centre aimed to provide a ‘fun day out’.

Supporting independence was another aim, whether explicitly stated or implied. In centres for people who were homeless, with mental health problems/illness or learning disabilities aims the focus was practical, or empowering, and involved supporting users with skills and problems, such as gaining work or life skills, or solving problems with housing. Services for other groups focused more on remaining in the community, avoiding in-patient care, preventing deterioration (or improving or maintaining physical health), and the provision of care for people. The rehabilitative day centre aimed to enable people to become as independent as possible.

The environment (intangible and physical) featured highly with the following words used to describe it: warm, welcoming, supportive, safe, happy, friendly, community, dignity, integration.
One of the more striking findings, contrasting sharply with previous criticism of day centres’ lack of responsiveness to individual needs and preferences (see Needham, 2014), was a stated aim to provide care and services that were person-centred and individualised.

Three centres stated an aim to support carers by providing respite or a short-break, and a further five stated their target user groups included carers, but benefits for carers were not covered in the aims or aims were not stated.

**Operational information – referrals, coverage, capacity, days and hours open**

**Referrals**

Only one quarter of websites stated the route people would need to take to start using the service (n=11). In over half these cases, there were no restrictions placed on referral source, with self-referrals being accepted (i.e. they were open access). Four only accepted referrals from a local authority, one from stated mental health teams or GPs, and four were accessible by referral or self-referral.

**Geographic coverage**

Only nine websites specified services’ geographic coverage, five of which were targeted at people with long-term disabilities and/or mental health problems/illness, two at homeless people and two at older people with dementia. Five were restricted to the borough they were located in although one sometimes accepted referrals from outside the borough. One covered parts of the borough and an adjoining district in the neighbouring county. Another covered its borough and the adjoining one. The remaining day centre, for people with mental health problems/illness accepted referrals from across south-west London. Centres serving people outside the borough were for people with long-term disabilities, mental health support needs or who were homeless. Some day centres that were not included in our mapping findings were located outside the four boroughs but accepted people living within the borough. This information may be hard for others to find without considerable perseverance or luck.

**Centre capacity**

Centres’ capacity was not commonly stated. Only one day centre stated its maximum daily attendance capacity (100). Six websites specified roughly how many people attended daily (from 40 to 100), and one specified how many people had attended overall over a given number of years. None stated whether there was a waiting list.

**Days and hours open**

Just over three-quarters of websites (n=52) included some information about operational days and hours: 92% (n=11) of local authority services, 74% (n=12) not-for-profit services and 33% (n=2) of private services. The greatest proportion of information available was for older people’s/dementia day services (55%).

Twenty-seven services - just over half of those with information available - opened on all five weekdays. Of these, 12 were for older people and/or people with dementia, 11 for people with long-term disabilities (including the two for people with disabilities and/or mental health support needs) and four for
homeless people. The majority of services for people with long-term disabilities also opened five days a week, many of which were for people with learning disabilities. These included six local authority centres, two private companies and one not-for-profit (a Community Interest Company). Among these 27 centres, opening times varied hugely. Morning starts ranged from 8.30am to noon, most commonly being 9-9.30am. Closure varied between 2pm and 5pm. Most of these operated consistent hours across days, but two did not (one for homeless people and one for people with learning disabilities and/or mental health support needs).

Seventeen services opened on one (n=7), two (n=3), three (n=5) or four (n=2) weekdays. Sixteen of these were for older people (including two for older people and people with dementia and one for homeless people). One, apparently volunteer-run, ‘club’ operated fortnightly. Only one centre, for people with dementia, specified a minimum stay of four hours.

Six centres opened 7 days a week. Three were for older people and/or people with dementia; one was a local authority centre and two private companies, and all three were provided alongside care homes. The remaining three were all not-for-profit and were targeted at people with learning disabilities, mental health support needs and people who were homeless. Of these services opening 7 days a week, four stated they were open 365 days a year (two for people with mental health support needs, one for people with dementia and one for older people and people with dementia), and one only closed on Bank Holidays (private service for older people and people with dementia).

Opening days included weekends for five centres (one for homeless people, one for people with disabilities and/or mental health support needs, two for people with mental health support needs and one for older people) and evenings for three (one for people with disabilities and/or mental health support needs, two for people with mental health support needs).

Operation was not all year round for some day centres. One website stated the service closed for two weeks over Christmas and the new year (not-for-profit service for older people). As stated earlier, two day centres for homeless people operated only during winter months.

Figure 5 shows that services’ opening times varied from 3-11 hours (those opening for only 3 hours also opened on other days for longer). Most commonly, services were open for 5-7 hours (n=18). One service operated for 11 hours on weekdays and weekends; its weekday and weekend timetables were different, but both included evenings.
A common characteristic of day centres is that attendance is pre-arranged. Our definition includes centres operating for at least four hours. We identified several services that operated on a drop-in or booking in advance basis (the arrangement in advance qualified them for inclusion as a day centre in our study if they also confirmed that some people tended to stay for four hours or more). A handful of these services, which tended to be called community or activity centres, confirmed that some of their users attended for over four hours at a time, perhaps attending a morning activity, lunch and an afternoon activity, but this was not the norm.

Charges and financing
Fewer than one-third (n=21) websites included information – from basic to detailed – about charges, only one covered how payment could be made, and none specified charging arrangements for absences. Day centres for older people/people with dementia or long-term disabilities accounted for the majority of information available. Four of Merton's five local authority day centres provided information about charges for attendance whereas other local authority day centres did not. Eight not-for-profit, one private and eight further centres also provided charging information.

Four services did not charge for attendance (two for people with mental health support needs, one for homeless people and one for older people). Among those that charged, fees varied considerably, but many specified a daily charge (n=12). Four services charged by activity and one by session (morning or afternoon); these were for older people. Holding an annually charged-for membership provided discounts in two services, one which charged per activity and one per daily attendance.

Four local authority services, three for people with long-term disabilities and one for older people, stated charges differed according to support needs and/or location within or outside the borough. All four offered one-to-one support and group sessions (defined as ‘mainstream’ by one), with one specifying a different charge for people with learning disabilities and physical disabilities. One also stated charges for ‘special care’ and ‘intensive support service’. Charges for group support/full day sessions ranged from £36 to £50.20 for residents and £46.20 to £50.20 for non-residents, with one also charging £18 for a half day. Charges for one-to-one support were higher, at £132-£146.20 for borough residents and £165.80-£185.80 for non-residents per day. Charges for ‘special care’ were £75.60 for residents and £86.60 for non-residents, and for the ‘intensive support
Among those that were not-for-profit, five older people’s services charged between £3 and £10 per day, with the highest charge including lunch and transport, and a mental health service charged from £30 to £50 daily depending on how long people attended. One, for people with learning disabilities did not specify charges but described a complex charging system linked with its provider’s supported living activity, also charging non-residents according to their support needs and the associated staffing ratios required and/or for people bringing their own support person.

Charges for the private day centre for people with dementia started at £90 daily (to be pre-paid or paid by credit card); it also stated that contracts for block bookings could be made by enquiry.

Day centre financing
Very little information about how services were funded was identified on websites. Five not-for-profit services stated they held contracts with the local authority, one of which was also available for spot purchasing (meaning that an individual could also pay to attend). A mental health service was NHS funded.

Six services were funded by individual charges, four by fundraising and donations, three from grants and trusts, and four by a combination of these.

Building, facilities and their accessibility
Services operated in range of buildings, some purpose-built, some self-contained, some alongside care homes, in extra care facilities or shared buildings (e.g. community centres or religious building halls). Many services had their own accommodation, some purpose-built, although rent/ownership was not specified.

Service location in a shared building with a different main purpose, such as a mosque, may lead to the service feeling more welcoming to some groups of people, and the service being physically accessible if the building has to meet accessibility requirements.

Information about building and facility accessibility was only available for around one-fifth of services. Generally, few details of levels of accessibility were provided, with some websites stating simply that their service was ‘fully accessible’, ‘fully wheelchair accessible’ or that disabled facilities were ‘available’ without giving further details.

Although, some services operated in purpose-built buildings, very few such services provided details of facilities, with a handful of exceptions. One, a private day centre for people living with dementia detailed how the building had been adapted to offer a ‘dementia friendly’ environment; it included a 1950’s themed tea-room, a safe and secure sensory garden with paths and seating areas, a multipurpose room used as a barber shop/beauty salon on some days, a pop-up market stall/shop on others, and bathroom. Two centres for people with learning disabilities detailed how their building 1) included a fully equipped sensory room, music therapy room, art room, relaxation area, fully fitted kitchen and large
garden, or 2) was designed to meet the needs of people with higher levels of support and included different spaces where people could take part in activities tailored to their needs. Another service for people with learning disabilities, that operated across two sites, had a craft workshop and a garden workshop as well as a large garden used for activities. The rehabilitation centre had a physiotherapy room, hydro-pool, treatment rooms, occupational therapy kitchen, speech and language room, gym, lounge and dining area, and garden.

Although no information about the overall accessibility of the building and facilities available to one service for older people (described as a ‘club’), extremely detailed accessibility information was found on the website of the building hosting the service. This included, for example, how main doors opened, ramps outside and inside, where scooters were not allowed, lighting levels, toilet signage, toilet door operation, size of toilet cubicles, emergency cord alarm information and grab rails.

Other facilities mentioned included bathing facilities (at seven centres), a hearing loop that staff had been trained to use (n=1), gardens (n=11), and an outdoor gym (centre for rough sleepers).

**Staffing / Volunteers**

Very little information about service staff or volunteers was available. Although not targeted at specific ethnic minorities, two services for older people (local authority and private) highlighted that staff spoke five or six Asian languages. One local authority service for older people and people living with dementia operated a staff to attender ratio of 1:5. In five services, staff included registered health or social care professionals (e.g. social workers, occupational therapists, physiotherapists, community nurses); these centres were for homeless people (n=2), people with mental health support needs (n=1), people with disabilities (n=1) and for rehabilitation (n=1).

**The service itself**

Almost three-quarters of websites provided some level of information about the actual services or activities centres provided or facilitated. Information ranged from basic to very detailed. Twenty-two services stated there was a ‘menu’ of timetabled activities that could be chosen. This was most common among centres for homeless people (n=5), but was also evident in some services for older people, people living with dementia, long-term disabilities, or mental health support needs. Four emphasised they took a personalised approach. One day centre, for older people, stated that activities and entertainment were planned in active consultation with its users. Two stated free trial days were available; with one further offering a trial period of three months.

Most activities centred on recreation, fun, creativity, social interaction and wellbeing. Activities – whether on offer via a ‘menu’ or not – included arts and crafts, music, singing, dance or drama (including entertainment), exercise, social groups or activities such as coffee mornings, watching films, games, quizzes, memory games/activities, gardening (including for local sale), health-related activities, including talks given by external speakers or activities such as cooking or gardening. Day trips (or short holidays) were organised by some centres.
Some centres organised discussion or reading groups. Celebrations were held of cultural or religious events.

Wellbeing, personal development and peer support activities, including confidence- and resilience-building, took place mainly in centres for people with mental health support needs, and in those for people experiencing homelessness.

Adult education or learning activities also took place in some; the only examples given were of budget planning, English and information technology classes. One centre offered drop-in support for using digital devices (smartphones, cameras, tablets).

IT facilities were at several centres, either for recreation, tuition or practical use such as job searches. One centre organised for animals to visit. Also available was a range of practical, and wellbeing support or services, including some access to health or social care professionals.

Information, advice (e.g. on welfare benefits or housing), help with form filling, and signposting to partner agencies and community initiatives were often available. Outreach and advocacy assistance were available at one centre for homeless people and one for people with mental health support needs. A centre for people with mental health support needs gave users access to a 24/7 telephone helpline.

Practical support at centres for homeless people included support with basic needs such as breakfast, clean clothes and showers, and employability (e.g. advice on training, IT facilities for job searches). Employability support was also available at a centre for people with physical disabilities in the form of learning new skills and accessing employment training.

Other practical services in some included laundry or access to translation services.

Ten websites stated the availability of complementary therapies (e.g. aromatherapy), massage, relaxation or sensory facilities. Personal and wellbeing care extended to footcare (sometimes charged for), hairdressing, a beauty salon, and hearing aid batteries.

Five centres made available spiritual or religious care. This was not specified but one offered a weekly service, one organised weekly learning and discussion sessions on religious topics, and another a reflections session. A small number offered counselling or a ‘listening ear’.

Access to certain healthcare services was noted on small number of websites. One centre for homeless people had social care and health services on site. Two had access to case managers, nurse or doctors, one for emergency healthcare. One had access to a mental health outreach worker. One offered support with sexual/reproductive health matters, facilitated access to a rape and sexual abuse centre, and made referrals to genitourinary clinics. Two provided support with drug and alcohol problems. Three centres for older people or people living with dementia mentioned healthcare: one worked closely with local GPs and hospitals, one provided access to charged-for physiotherapy and one administered...
medication. A centre for people with learning disabilities and/or mental health support needs offered occupational therapy. The rehabilitative centre offered a variety of unspecified therapeutic activities as well as speech and language and occupational therapy.

Other services accessible via centres were a charity shop, befriending, home visits, and household item repair.

There were mentions by some of community links including intergenerational projects with a local school, unspecified activities in the building and in the community specifically aimed at socialising with and integrating into the community. One centre was used by local police as a walk-in surgery, with regular members encouraged to share problems or fears.

**Personal care**
Very few websites specified what level of personal care was provided. For some, a minimum level may have been assumed, particularly in the case of services for people with long-term disabilities or dementia. As stated earlier, bathing was available at seven centres; two further centres offered a bathing service. Three services for older people specified they were for ‘self-sufficient’ people while a centre for homeless people provided a ‘low level’ of support. This lack of information may pose problems for those suggesting a day centre to someone by necessitating further investigation or leading to false hopes.

**Meals**
Twenty-eight services provided meals. Those providing breakfast (n=5) were services for homeless people; one of these also provided lunch. The service providing an evening dinner was an evening/night service for people with mental health conditions.

Twenty-four services provided lunch (n=24), cooked on 10 premises by chefs. Six services specified their meals catered for individual needs and preferences. One’s meals were provided by the children’s day nursery in the same building, and once a month the meal was cooked by volunteers. Two services operated cafes where meals were served, one of which was open to the public. Five websites provided information about charges for meals.

One service only provided drinks, so those attending were asked to bring their own lunch.

**Transport**
Fewer than one-third of websites specified whether transport to and from their service was available. Five of these did not arrange travel. Of the 14 which made transport available, for five services it was available according to need, restricted to certain borough areas or certain activities. Some transport was by means of the provider’s own accessible vehicles, by local authority transport or volunteer drivers, or people could be supported to use Dial-a-ride. In some cases, an extra charge was made for transport.
3.3 Lack of easy access to online information about day services

For each borough included in this study, the identification of day services and gathering of information on them were generally challenging, with 1: A lack of a central, up-to-date directories of services including information on target groups, contact details and accessibility of service, 2: Varying availability of service websites, which are also easily identifiable using common search engines (e.g. Google), 3: Varying use of social media as an alternative way to identify services and access information. The challenges to identify services varied somewhat across target groups and type of provider (local authority run versus private and not-for-profit).

Day centres for homeless people and information on their location, contact details, services and target groups were accessible most quickly and efficiently across all four boroughs. There were several directories for this type of service and day centres usually have their own websites and social media presence. The charity Homeless Link offers an updated directory online organised by London borough to search for day centres and other services for homeless people. This tool proved useful to specifically identify day centres. All eight services identified for this target group during the in-depth internet search were also listed on Homeless Link’s directory. Furthermore, day centres’ websites were identifiable using common search engines and active social media accounts, such as on Twitter or Facebook. These were sound sources of information about the services’ activities and status, especially during the Covid-19 pandemic.

Several online directories provide information on various day centres for people with long-term disabilities, for older people and people with dementia. These directories are either part of local government initiatives, including social prescribing (Connected Kingston, MyCommunity Directory Lambeth, Lewisham Wellbeing Map, Merton Voluntary Service Council), local government information websites for adult social care (e.g. Lewisham adult social care webpages, Merton Council adult social care webpages), or privately run regional or national directories for care providers or community resources (housingcare.org, careplace, care home.co.uk). Often the directories were easy to navigate but lacking clarity and/or up-to-date information around target groups or even contact details, which was the case for many local authority run day centres. Privately run web directories often suggested names of care homes rather than day services, which required the researchers to call or e-mail the listed care homes. Some of the directories also included a list of services for each care home with frequent reference to ‘day service’. However, when we contacted the care home to find out about their day service this frequently turned out to be incorrect information with no day service being available. Further services were identified by checking websites of organisations appearing in local black and ethnic minority service directories and lists of religious organisations and provision. Most of the day centres for people with long-term disabilities were identified searching the Charity Commission’s listings of registered charities for people with disabilities. We doubt that this level of effort could generally be made by individuals, carers, social prescribers or health and social care professionals.

No day services for people with mental health needs or people receiving palliative care and were identified through directories. The available directories for the latter target group, provided by Hospice UK and The Association of Palliative
Day Services, did not include any day services in the four boroughs which meant searching hospice websites individually.

A palliative care day centre was clearly signposted on Lewisham council’s own website as serving Lewisham residents, but it was located just outside Lewisham borough’s border and, therefore, not included in this mapping.

There were many other day services for people with mental health needs identified than reported in the overview of services in this report. However, most services are run by the NHS and therefore do not meet the inclusion criteria for the purposes of this research. Services for people with mental health needs that are non-NHS were identified through in-depth research using the Charity Commission’s directory. Again this would require much time and effort from individuals.

3.4 Constant change in the landscape of day services

This internet search for day services revealed the extent of the fluidity of day centres, which often resulted in a lack of clarity about whether particular day services had ceased to exist or were still operational. This was particularly the case of day centres for older people, people living with dementia and people with long-term disabilities which had been subject to several reviews of provision, decommissioning and re-organisation of services. Directories, in particular, listed services which were no longer in operation. In one borough, a new day centre for people with disabilities has been under construction for some time, but it was difficult to find any updates on its progress. In the case of homeless day centres there were several examples of seasonal services, which are open for a certain amount of time per year only, usually during the winter months and depending on availability of funding – this information was clearly explained. Providers of pop-up centres, which were usually services for homeless people like shelters, likewise offered clear information on their websites about the timing of the pop-up centre.

Local authority (LA) consultations about the provision of day services, some of which resulted in significant changes, are exemplified below.

In Lewisham, consultation about older people’s and people living with dementia’s day services was very recent (2019) whereas its consultation about day services for younger adults was completed in 2015. These consultations may explain why one centre provides for both older people and people with a complex learning disability, also organised, provided and managed separately. This centre had formerly operated specifically for people of black and minority ethnic backgrounds. The 2019 review resulted in a decision to decommission two other centres and move existing service users to this centre to make substantial financial savings. However, these new arrangements were delayed due to the Covid-19 pandemic and current contracts for the three centres were extended several times, with the latest extension being to 31 March 2021. An earlier review resulted in another centre becoming a specialist dementia centre in 2014, with older people who had been attending it offered the choice to attend one of the other centres in the area, both of which the latest review has decommissioned. This centre provides support for both people living with dementia and adults with physical disabilities, with each organised, provided and managed separately.
In Lambeth, a 2017 review resulted in changes to building use, closure of two of its four in-house day centres and construction of a new resource centre. Its two commissioned centres – for people with physical disabilities and sensory impairment, and for people with mental health conditions – were reviewed separately to ensure that previous modernisation work, undertaken in 2016 and focusing on choice and control, had continued to result in personalised services and good value for money. The 2017 review resulted in closure of the centre for people with ‘low level’ learning disabilities, including social needs, having noted increasing numbers of people taking up alternative personalised opportunities; here, people continuing to need a building-based service transferred to the other centre for people with profound and multiple learning disabilities. The building was sold to contribute to the cost of a new resource centre for people adults with profound and multiple learning disabilities (as well as serving the wider community) which is currently (2021) under construction, although delayed by the pandemic. Once complete, it is intended people using the centre will move from their current building across to the new site and the former will be sold. People attending the day centre for people living with (moderate to severe) dementia have been moved to the centre formerly serving older people with lower needs, including social needs, as this building is bigger, better suited to people with higher needs and dementia-friendly. Older people with lower needs who continue to need a building-based service have been transferred to their former centre building.

In Merton, a 2017 review of the three local authority day centres for people with learning disabilities and provision in neighbouring boroughs concluded that day centres were a cost-effective way of providing activities to large numbers of people combined with respite for carers. It recommended maintaining current provision, while recognising that budgetary constraints had already resulted in staff and transport cuts which had also impacted on activities available. In 2019, one of its centres was moved into a new build community resource centre, and the former building and land were sold.

3.5 Other community services

The in-depth search for this report also revealed the extent of community services for all the target groups across the four boroughs which did not meet the inclusion criteria for day centres but which were sometimes classified as day centres in directories. Such services were not mapped in this research as they did not fall within our definition of day centres. We did not keep a systematic record of this type of provision as it fell outside the frame of reference for this exercise; however, we recorded some examples for illustrative purposes.

These services included a variety of ‘offers’ usually attended for less than four hours per visit, such as drop-ins, community or activity centres, lunch clubs, social clubs, informal meetings and support or advice groups. Most commonly, these lasted for two or three hours. Some took place during the day and some in the evening.

Some ‘centres’ or ‘day centres’ operated a drop-in community/activity centre model offering timetabled activities that were either attended on a book-in-
advance or a drop-in basis, some of which were charged for. Most of these centres confirmed that most people did not stay for four hours or more.

Some services were for both people living with dementia and their carers, as in the Meeting Place model (Dröes, 2003). One example was a service described by the provider as ‘dementia day care’ because it lasted longer than the provider’s other activities; however, as carers were encouraged to stay with users, it did not meet our criteria for inclusion. Another was a peer support club for people living with dementia and their carers that operated for four hours twice a week.

Other building-based services included a ‘therapeutic’ post-diagnostic service for people with recently diagnosed dementia which was attended for one weekly three-hour session for six months, lunch clubs that included an activity but lasted less than four hours, and evening groups, often lasting two hours, that were for people with mental health support needs or carers.

Some organisations, mainly for people learning or physical disabilities, provided ‘day opportunities’ provision in universally accessible (self-declared) community facilities that said these would enhance community integration rather than a dedicated day centre building.

Some building-based day provision by faith organisations may match our definition of day centre, but is not formal day centre provision, and its capacity in south London is unknown. A Mosque director interviewed for research about the care of older Muslims and Muslims at end of life said:

“Our mosque is sometimes almost like a day centre. (...) Elderly people spend a lot of time in the mosque conversing with each other. There is a social environment here in different languages. Many come in the morning and leave in the evening.” (Suleman et al., 2018: 22).
4. Discussion

The purpose of this study was to provide a snapshot of day services across four south London boroughs for several target groups of people who need social care and support. The findings of this research include the results of an internet-based investigation into the types, purpose and access to day services across these boroughs and target groups.

The overall picture of day service provision across the borough shows a relatively larger number of day centres for older people and people living with dementia, whereas far fewer were identified for other groups such as people with mental health needs, and none for people requiring palliative care. There may be several reasons for this, including target population density in these boroughs, providers in neighbouring boroughs that served our boroughs but were not captured in this study, or other methodological factors, such as excluding services provided by the NHS which offers various day services for people with mental health and palliative care needs. Centres we identified that served people outside the borough were for people with long-term disabilities, mental health support needs or who were homeless suggesting that there may be additional provision for these groups of people in neighbouring boroughs. Likewise, the palliative day centre just over a borough border also served one of our boroughs. It is also possible that day centres for older people and people living with dementia may cater for small numbers. These services also accept older people with mental health problems or learning disabilities who may have been attending an adult day centre which they may no longer qualify for due to age. Orellana’s in-depth study of four centres reported two centres receiving increasing numbers of referrals for people in their 60s being received from Mental Health Teams and Community Psychiatric/mental health Nurses, and evidence of increasing numbers of attendees with a learning disability (Orellana, 2018, Orellana, Manthorpe and Tinker, 2020b). Finally, service provision reviews have sometimes identified, for example, reduced attendance among adults with learning disabilities in favour of individual daytime support. The picture, nevertheless, deserves further exploration in the light of the value of day services for each of the target groups studied.

The study further shows that day services are not homogenous, with a large variety of aims and possibly underpinning philosophies or models of care, services and activities on offer, accessibility and target group requirements. In the light of the policy commitment to personalisation, choice and control for people relating to their care, it is important that up-to-date information is available to the public as well as frontline professionals. Key information, which we found tended not to be publicly available, includes how interested people might go about approaching a service about attendance, information about transport, charges and provision for absence. Those who might be potentially interested in volunteering in such services would similarly find it difficult to identify areas of possible interest or whether their help would be welcome. There is good evidence that people benefit from volunteering in day centres in their local communities (Orellana, Manthorpe and Tinker, 2021).

Differences were seen in services for people experiencing homelessness, and in websites of some private/for-profit day centres for other target groups, which
tended to be more informative than others. There may be several reasons for these differences and for the lack of easy access to information for some target groups. Day services for older people, people living with dementia and people with long-term disabilities, for example, traditionally do not advertise their services directly to potential service users but rather to local authorities from which referrals are received and who publicise these on lists of services available. It was a matter of access via local authorities rather than directly to such services and yet fewer people, such as carers, are contacting local authorities for assessments (Fernandez et al., 2020). Web-based information for users and carers does not seem a priority for such day services but this means that they potentially miss people arranging their own care and all those who are not eligible for local authority services on grounds of not meeting their needs thresholds or means-testing thresholds. The exception is day services for homeless people which may be accessed before any contact with local authorities. Privately run day centres may be targeting self-funded individuals knowing that potential users or carers may use the internet to identify them. Information about voluntary sector day centres may vary according to organisation size and overall internet presence. This may help explain some differences in web-based information but does not make it any easier for people seeking information for themselves or others.

We uncovered a lack of easy access to information on day services, especially for some target groups including older people, people living with dementia and people with long-term disabilities when using the internet. This finding, in itself, is not surprising as it has been documented previously by various researchers considering how users of social care navigate the social care market. Peel and Harding (2013), for example, studied carers’ experiences when trying to find social care services for people living with dementia. They concluded that a lack of easy access to information made carers feel like they were navigating a ‘maze’ of services (Peel and Harding, 2013). Henwood and colleagues (2020) recently documented a similar lack of information and access to advice experienced by self-funders who were trying to identify social care services.

The internet is increasingly a major source of information for carers, who are trying to discover services under the Care Act’s aim for choice and control (Carers UK, 2019). Rasi and colleagues (2021) recently pointed out the importance of media and information technology (IT) literacy and skills for older people to foster active participation in society, choice and control and life-long learning. Accessibility and inclusivity of online information are considered part of respecting and protecting the rights of people with disabilities, including people living with dementia and their carers (e.g. Davies et al., 2019). Family members often manage direct payments (allocated amount to meet social care needs) for adults with learning or physical disabilities or mental health support needs, among whom uptake is much higher than by older people, although doing so is not always straightforward (National Audit Office, 2018, Hamilton et al. 2017, Turnpenny et al., 2021). Under the Care Act 2014, local authorities have a duty to provide information and advice, yet two recent studies highlighted the variability in accessibility and availability information for carers on local authority websites (Fernandez et al., 2020, Willis and Lloyd, 2021) thus potentially adding to carers’ difficulties.
The internet is also likely to be a major source of information for social prescribing link workers who have already highlighted both difficulty in accessing resources in the community and a lack of knowledge of resources available in the community as challenging aspects of their role (NALW, 2019). Although this new workforce is supported by the National Association of Link Workers, success of local initiatives will also depend partly on sufficient information about local services being available online, a social prescriber’s individual knowledge and any pre-held assumptions about specific service types, perhaps resulting from their professional background. Given the new centralisation of social prescribing information via the London Social Prescribing Network and concerns raised by national research about the high-performance expectations of these new link workers (National Voices, 2020), it will be important for up-to-date information to be available to support them and individual Londoners. Although all four of the London boroughs we mapped had social prescribing in place and related web directories, the newly launched London-wide social prescribing website of services (which includes day centres as an activity/service category) lists no day centres in any of the four boroughs (as at 14 April 2021).

This study’s findings highlight the need to improve the availability of online information about day services. This could include developing the skills-set of individual day service providers when creating advertising content online and offline as a first step towards targeted interventions. For those who welcome volunteers, the internet is also a key way of reaching diverse groups of potential volunteers and possibly attracting students on placements.

Day centres are part of a wide network of community-based services. This research suggests a move towards reducing formal local authority provided day services in most of the particular boroughs investigated here. This development may be due to the lack of funding for local authority services, but there is less evidence of a strategic and evidence-based approach to meeting the needs of people who may not be able to access community facilities or who do not have carers to access some other community resources. Exploration of local authority data about service user and carer wellbeing may help to identify if certain groups are not benefitting from current provision, however many people with ‘moderate’ social care needs are not included in such data. Local authorities could explore how they are informing themselves of such groups to meet their general wellbeing responsibilities for local citizens and to help prevent undue harm, distress or illbeing.

The potential for day services to address the pressing problems of unwanted isolation and loneliness in south London does not appear to have been squarely addressed. Furthermore, the example of the homelessness sector in being able to provide information about day services to the public, volunteers and frontline practitioners suggests that it would be possible for a London wide body such as London Councils to stimulate this among its members. While south London and elsewhere are currently seeing the employment of many new professionals with responsibilities for social prescribing, navigators and link workers, it would seem timely to enable them to access accurate information about local resources rather than to build up an individual picture of local resources which will inevitably become dated. One role, perhaps, for new Integrated Care Systems might be to work with local authorities to assemble information that spans NHS day provision.
and that provided by local authorities, the private sector, and community and voluntary groups.

4.1 Study limitations and strengths

The four boroughs selected were deliberately chosen for their varied demographic characteristics, typifying the diversity of south London’s population. Our assumption is that day centre provision in these boroughs will be suitably diverse to represent need of the local population. However, we are aware that this assumption may not play out and our mapping exercise may not be fully representative of all provision in south London.

Our searches aimed to identify day centres that are physically located within the four boroughs. This meant our mapping exercise naturally excluded any day centres located in adjacent boroughs which may have served residents of the four boroughs we included, such as the only palliative day centre we found. We identified several such day centres but did not include them in our findings.

Mapping took place during and after the first national Covid-related lockdown which was called in March 2020 and ended in July 2020. As day centres were not open to visitors during this period, it is possible that some day centres may have temporarily disabled their websites or changed their websites to reflect this. Evidence from practitioners suggests that a number of day centres also changed their provision during the pandemic - for example, to supportive telephone calls to their regular users, and activities carried out online, which may not have been detailed on their websites. We are limited in our searches including only publicly available information.

Our searches were broad and wide-ranging, and our scouring of websites thorough. We used search criteria that encompassed as wide a gamut of terms reflective of “day centres”. We are therefore confident our mapping exercise has captured all services that can be classified as a “day centre”. We have further mitigated these risks of missing relevant services by ensuring that our searching included individual searches of websites known to provide services, such as places of worship and organisations that support specific groups, such as Vietnamese elders or Afro-Caribbean people with mental health problems. We acknowledge that our searches do not allow us to draw conclusions about local provision, as some day services may not have websites or appear in directories. Our research reports what websites tell us about local day service provision at a time when online presence is increasingly important.

An area for further exploration is capturing more in-depth information about, for example, building accessibility, staff or volunteer to user ratios, daily capacity and funding, as this was not publicly available in almost all cases. This may be a role for local residents, for example, older people’s or pensioners’ groups, or members of learning disability partnership boards.
5. Conclusions

This study investigated the landscape of day centres for various groups of people requiring social care and support across four south London boroughs and offers a snapshot of such services as they were prior to the emergence of the Covid-19 pandemic. We identified a heterogeneous set of day centres, mostly catering for older people and people living with dementia, and with different amounts of information available online. Access to web-based information was usually difficult. This study’s findings highlight the need to invest in further development, research and interventions regarding the availability of sufficiently detailed web-based information about day services. This could include developing the skillset of individual day service providers when creating advertising content online and offline as a first step towards marketing these targeted interventions. Local residents could play a role in building up more detailed information on provision by presenting the experiences of users and carers about the service. Social prescribers could help encourage the development of information to assist their work. Finally, this report seeks to open up conversations with local authorities to help clarify their strategies about day services if needed and to provide evidence that may be of use to them in the new challenges of learning to live with Covid-19 and rebuilding support for those who were or are newly disadvantaged by it.
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### Appendix 1: Site selection matrix

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<td>Borough</td>
<td>Highest (12th)</td>
<td>Lowest (1st)</td>
<td>Highest (0.2464)</td>
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<td>Labour</td>
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<td>86.3</td>
<td>12th</td>
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<td>40.3</td>
<td>7th</td>
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<td>Cons</td>
</tr>
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<td>4th</td>
<td>21.8</td>
<td>6th</td>
<td>116</td>
<td>Cons</td>
</tr>
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<td>Sutton</td>
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<td>46.2</td>
<td>5th</td>
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<td>Lib Dem</td>
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<td>9th</td>
<td>93.7</td>
<td>4th</td>
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<td>Cons</td>
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<td>1st</td>
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<td>Lib Dem</td>
</tr>
</tbody>
</table>

Appendix 2: Details of web searches

Google search string examples
[borough] + directory + services
[borough] + directory
[borough] + ("day centre" or "day care" or "day club" or "day service" or "day opportunities" or "day group" or "social club" or "social group" or "resource centre" or "meeting centre" or "community centre" or "centre")
AND
("older people" or "elderly" or "over 50" or "over 55" or "over 60" or "over 65" or "Senior citizens" or "seniors" or "retired" or "dementia" or "memory")
AND
(people with disabilities" or "disability" or "long term disability" or "disabled")
("homeless" or "homeless people" or "shelter" or "rough sleeping" or "housing crisis" or "temporary accommodation")
AND
("mental health" or "mental health issues" or "mental health problems" or "challenging behaviour" or "suicide" or "eating disorders" or "depression" or "mental health conditions" or "mental wellbeing" or "emotional wellbeing")
[borough] + ("day centre" or "day care" or "day club" or "day service" or "day opportunities" or "day group" or "social club" or "social group" or "resource centre" or "meeting centre" or "community centre" or "centre")
AND
("end of life" or "palliative care" or "hospice" or "dying" or "incurably illness")

Settlement + [borough]
Church/synagogue/mosque/Sikh/places of worship + club/group + [borough]
(BME or "race equality") + [borough]
www.yell.co.uk places of worship + [borough]

Directories
Merton Voluntary Service Council (MVSC) https://www.mvsc.co.uk/
SocialPrescribing (online social prescribing directory since moved to Merton Connected www.mertonconnected.co.uk).

Connected Kingston www.connectedkingston.uk


Lewisham Wellbeing Map www.lewishamwellbeingmap.co.uk/lewisham-wellbeing-map

Safe and independent living (SAIL) – Age UK Lewisham and Southwark
(since merged and renamed Community Connections Lewisham https://www.ageuk.org.uk/lewishamandsouthwark/services/community-connections/)
Kingston CCG Leaflet of Mental Health Services in Kingston

Care Quality Commission www.cqc.org.uk/about-us/transparency/using-cqc-data – spreadsheet of active locations carehome.co.uk

Elderly Accommodation Counsel’s service directory www.housingcare.org/service/search.aspx

CarePlace (London) www.careplace.org.uk

Charity Commission charitycommission.gov.uk


Local authority websites


Merton adult social care directory & day centres https://www.merton.gov.uk/social-care/adult-social-care

Lewisham adult social care > health & social care > support for people with dementia https://lewisham.gov.uk/myservices/socialcare/health/dementia/support-for-people-with-dementia

Organisations for specific target user groups

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