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Evidence briefing for commissioners: day centres for older people

February 2018

A research study undertaken in 2014-17 investigated the role and purpose of generalist day centres for older people. It shows the benefits gained by attenders, their family carers and centre volunteers are precisely the outcomes targeted by policy. It also identified the potential for centres' development and optimisation to improve older people's health and wellbeing, support carers and maximise the impact of health and social care services. This briefing summarises the study's findings, their relevance and implications for commissioners.

Day centres are a life-enriching gateway

- to companionship, activities, the outside world
- to practical support, information, other services
- to the community and to enjoyment
- for socially isolated people unable to go out without support.

Day centre attenders and family carers attribute quality of life improvements directly to their own or a relative's day centre attendance. Attendance makes a unique contribution to attenders' lives.

Day centres act as communities that 'enable' and offset isolation at home or loss, as well as promoting wellbeing in volunteers and giving job satisfaction to staff. The continuity provided by a group environment is fundamental to this.

Day centres offer added value

- beyond the purposes for which they are commissioned or funded
- beyond what may be assumed to be covered by an aim of improving quality of life or supporting people to remain at home
- beyond what attenders may have expected, given their reasons for attending.

Day centres also make a unique wellbeing contribution to the lives of their volunteers and staff.

They provide practical support and information in a supportive environment and facilitate attenders' access to other services, either at centres or elsewhere.

Health and wellbeing monitoring at day centres benefits attenders, carers and professionals who signposted or referred to them. Trusting relationships with staff and their background knowledge of attenders facilitate monitoring of attenders.

Location in a shared community building may offer additional advantages: perceived easier access to and greater acceptability of centres, availability of services or facilities that are likely not to take place or be made available at standalone centres, and more opportunities for community integration.

The underlying nature of day centres is for long-term maintenance and monitoring rather than being services that deliver specified improvements from which people get discharged. However, fixed-term improvement interventions might also take place at some day centres.

Under-used resources with development potential

- Local authority participants' creative ideas for the future of day centres included potential partnership working with other parts of social care and the NHS to further develop day centres' role as a community resource.
- In maximising the use of centre buildings, centres are likely to become more visible and 'accessible' in people's eyes.
- There is very low awareness of day centres before attending one.
- Mainly, day centres are not stigmatised or perceived as outdated services.

I don't think I'd rather be anywhere else but here. I really do enjoy being here ... I am glad I come. (Attender)

All I can say is that, anyone who doesn't go there is missing out on something. (Attender)

It's enriched my life (...) And it gives me something other to talk about and to think about. (Attender)

I get conversation instead of talking to myself. (Attender)

Well, it gets me out once a week, which I wouldn't do otherwise. (Attender)

I'd certainly miss it if anything happened to it, and I think the others would' (Attender)

Every time she goes she enjoys it. (Family carer)

She gets a lunch and she gets a social engagement. It gets her out of her flat and (...) that's money well spent (...) it is good value for her, because it does all those things about keeping her mentally and socially active. (Family carer)

It gives me freedom, a bit of space, a bit of free time. I can sit in my living room on my own. It's one thing I really like doing (...) It relaxes me. Otherwise I'm just highly stressed. I'm like, you know when you're highly strung, you're ready to burn (...) Just to be alone in my own house is just the best feeling. (Family carer)

I'd miss it if I didn't have this. It's the best voluntary work I've done and I've tried different voluntary sectors. (Volunteer)

I've never come into work fed up, saying I don't want to do it... It's looking forward to coming to work and enjoying it. (Staff)

Relevance of this study's findings to policy

- Day centres support their mainly socially isolated and housebound attenders to age in place by focusing on their wellbeing and preventing deterioration and act on any safeguarding or health concerns. Day centres also promote the wellbeing of their (younger) older volunteers.
- Day centres support family carers of attenders.
- Attenders' experiences are mainly positive, although these are, at times, negatively affected by increasing proportions of cognitively impaired attenders.
- Partnership working with social care and health services and with community and voluntary organisations is evident but variable.

The Care Act 2014 requires English local authorities to arrange services that promote wellbeing and help prevent or delay deterioration, and to support a market that delivers a wide range of care and support services. Partnership working is encouraged. The Adult Social Care Outcomes Framework focuses on enhancing the quality of life of people with care and support needs, delaying and reducing the need for care and support, ensuring that people have a positive experience of care and support and safeguarding vulnerable adults. The Health Outcomes Framework also reflects similar themes.

In this study, day centres demonstrated their policy-relevance. Attender participants gained what older people with high support needs in other studies have reported valuing: social interaction, a chance to contribute, control, independence, continuity, self-esteem, humour, mental health (including a sense of purpose), safety, getting out and about and physical activities. Research suggests that people aged 85+ are especially vulnerable to declining wellbeing and independence. Out-of-home care and support services may be highly valued as counteracting the potential isolation of living at home and the inability to get out freely even if not isolated. Universally-accessible community services may be inappropriate for mobility-restricted and frail older people such as this study's attender participants.

Implications for commissioners

There is a need to look beyond the obvious costs when commissioning or reviewing day centre provision; centres offer added value beyond social inclusion, care, stimulating activities and respite. Commissioning without fully understanding their outcomes contravenes evidence-based commissioning principles by relying on individual knowledge which may be based on assumptions or experience of different client groups. Proposals based on responses to consultations and research will generate evidence-based commissioning decisions.

Service commissioners may wish to undertake day centre visits to improve their understanding of what these offer their attenders and the relevance of their outcomes to policy. They may also wish to familiarise themselves with the evidence concerning day centres.
Please contact us if we can assist.*

Innovation is more than devising new models; it is about changing ways of thinking and working to maximise potential, reach and efficiency. More joined-up commissioning will go some way towards optimising services.

Funders endeavouring to carry out evidence-based commissioning will need to refine their views on what constitutes good evidence as well as being informed by costings of capital and revenue. Methods classed as 'gold standard' (i.e. randomised controlled trials) are less appropriate for social care than they are for clinical interventions in which inputs and cost-effectiveness of outcomes can be clearly identified. This study has demonstrated that qualitative research may be robustly designed to produce valuable evidence, that quantitative and qualitative methods complement (and, in this case, confirm) each other and the utility of a straightforward validated tool in demonstrating service outcomes (ASCOT).

Further information: Four day centres and 69 people participated in this study: older day centre attenders (n=23), family carers of attenders (n=10), day centre managers, frontline staff and volunteers (n=23) and local authority social care staff (n=13). Day centres, in different local authority areas, were operated by the voluntary sector, a housing association and a local authority; one was rural, one in a small town and two in densely populated urban areas. In 2015-16, the researcher spent one day a week for 14 weeks at each day centre, totalling 280 hours. Data were gathered in semi-structured interviews; the qualitative part of all interviews totalled 49 hours. The Adult Social Care Outcomes Tool (ASCOT INT4) was also used to measure attenders' and carers' Social Care Related Quality of Life (SCRQoL). Development of this tool was supported by HM Treasury's Invest to Save budget (see www.pssru.ac.uk/ascot). Attenders' SCRQoL gain was 0.18 and, for carers, 3.10. With this tool, gain scores may range from -0.17 to 1, and from 0 to 21 respectively. **Impact of centre attendance was statistically significant, for attenders, in the domains of social participation/involvement and occupation of time (p<0.001). Average weekly centre attendance was 1.8 days.**

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* Further information is available on request (katharine.e.orellana@kcl.ac.uk). We would be pleased to meet or talk further about these findings.