

# Evidence to inform the commissioning of day centres for older people

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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.

## Outcomes highly relevant to current policy themes

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.

## 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.

## Relevance of this study's findings to policy

The Care Act 2014 requires local authorities in England 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.
- 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 the utility of a straightforward validated tool in demonstrating service outcomes (ASCOT), that quantitative and qualitative methods complement (and, in this case, confirm) each other and that qualitative research may be robustly designed to produce valuable evidence.
- 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.

**Methods:** In this study, 69 people were interviewed: older people attending them (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). The four participating day centres were in different local authority areas in the south east of England, and 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. One-third of all observed attenders during these research periods took part in the study (n=23 of 68, 34%), equating to almost two-thirds of those who met the study's inclusion criteria (62%).<sup>1</sup> Just over half of all observed attenders (n=37 of 68, 54%) met these criteria.

In addition to gathering in-depth qualitative data from older day centre attenders and carers, the Adult Social Care Outcomes Tool (ASCOT INT4) was also used with attenders and carers in interviews to measure Social Care Related Quality of Life (SCRQoL), that is quality of life with respect to day centre attendance; the development of this tool was supported by HM Treasury's Invest to Save budget (see [www.pssru.ac.uk/ascot](http://www.pssru.ac.uk/ascot)). Using 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.

<sup>1</sup> *Attending centres on the research day, able to understand hypothetical situations, with capacity to give informed consent and giving informed consent.*

**Study participants:** Attenders were mostly widowed/divorced/never-married (91%), living alone (65%), female (78%) and with multiple health conditions (91%). Ages ranged from 68-101 years (average 83.3); 74% were white, 22% black Caribbean and 4% Asian. One-third (30%) held further vocational qualifications beyond secondary school. While 61% rented from the local authority or a housing association, 30% were owner-occupiers and 9% rented privately. Similar numbers received means-tested benefits as those who did not. Only 39% had help with personal care from care workers.

**Average weekly centre attendance was 1.8 days;** 56% attended once weekly, 35% twice or three times weekly and 9% for four or five days a week. Attenders left their homes on 1.3 days every week, on average, in addition to their day centre days. For 21%, their only weekly outing was to their day centre.

Most family carers were adult children of attenders (n=6). Ages ranged from 28-82 years, with half aged 55-64. Only four co-resided with attenders. Six worked full or part time, two were retired and two were homemakers. The majority (n=8) were White British.

Staff had been in their jobs for an average of 8.7 years and volunteers in their roles for an average of 3.7 years, volunteering for an average of 6.7 hours weekly. Volunteers' ages ranged from 57-77 years, all but one were female, all were white British/English and all had at least one type of health condition or disability.

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