

Day services for older people

Quality and effectiveness:
a resource for providers and commissioners



Day services for older people: quality and effectiveness

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About Age Concern

Age Concern is the UK's largest organisation working for and with older people to enable them to make more of life. In England, we are a federation of about 350 independent charities which share the same name, values and standards.

We believe that ageing is a normal part of life, and that later life should be fulfilling, enjoyable and productive. We enable older people by providing services and grants, researching their needs and opinions, influencing government and media, and through other innovative and dynamic projects.

Every day we provide vital services, information and support to thousands of older people - of all ages and backgrounds.

Age Concern also works with many older people from disadvantaged or marginalised groups, such as those living in rural areas or black and minority ethnic elders.

Acknowledgements

Production of this resource would not have been possible without the active engagement of members of the Age Concern South East Day Services Development Programme steering group, not only through lively participation in meetings but also through identifying, contributing and piloting the material it contains.

Foreword

The transformation of social care has major implications for day service provision and day service providers. The extension of personal budgets to all people eligible for social care support will mean that older people will have choice and control over how the money available for activity outside the home is used.

Some have suggested that this will lead to the demise of day services, presenting them as an archaic service model ready to be consigned to the dustbin of history. But there is absolutely no evidence to support this view. Older people who use day services value them very highly – for many it is their only opportunity to get out of the house, meet friends and join in enjoyable activities. Some older people will undoubtedly choose to spend their personal budgets in different ways. But for many frail and disabled older people, the options are limited and they will continue to view day services as a ‘lifeline’, a key factor in enabling them to lead a fulfilling life while remaining happily in their own homes.

On the other hand, day services for older people undoubtedly need to change and adapt, as they have continuously over the years. In particular, they will need to offer a more personalised and flexible service: adopting a more menu-based approach, a clearer focus on re-ablement, more integrated with local communities and offering better access to mainstream services.

Day services of a more informal kind – lunch clubs, drop-ins, resource centres – will have a key role to play in achieving the ‘strategic shift to prevention and earlier intervention’, with its focus on alleviating isolation and loneliness, that is central to the transformation agenda. Such services are less likely to be purchased from personal budgets. They may continue to be block-purchased or grant aided by local authorities and other bodies. Some will be able to become, to a greater or lesser extent, self-financing as social enterprises.

Whatever forms day services of the future take and whether they are paid for by individual or through block purchase, some factors will remain constant: it will be essential to assure the quality of provision and to demonstrate that services are effective in achieving the outcomes that people want. Arguably, with the growth of individual purchase, this becomes even more important: older people and their carers are less well placed than local authority commissioners to make judgements about quality and effectiveness. There is a need for a shared approach to quality and effectiveness amongst providers and commissioners in order to safeguard the interests of older people.

Age Concern is the largest independent sector provider of day services to older people in England. As part of our wider work on day services development, we have developed this resource to share with other providers, and with commissioners and funders. We have done this because we believe that it is in the interests of all concerned – older people, their families and carers, strategic and operational commissioners, funders and providers – that a shared approach to quality and effectiveness is adopted.

In addition to the outcomes-based service standards, which form the bulk of this document, we have also included a summary of research evidence on the effectiveness of day services and other useful references. Again, it is in the interests of all to share and publicise what matters to older people and what works in achieving the outcomes they want.

Finally we have included a tool for classifying the dependency level of day service users. Age Concerns all over the country report a gradual, and often unacknowledged, increase in the dependency levels of people using all types of day service. Other providers have probably had similar experiences. Unless it is properly monitored and appropriate changes put in place, there can be serious consequences for the quality of care and the safety of users (and of staff/volunteers). We hope that this tool can provide a shared framework for monitoring changes in dependency levels.

Introduction to the standards

These standards have been developed from two main sources:

Firstly, *Adult Social Care – a Proposed Outcome Framework* published by the Commission for Social Care Inspection (CSCI) in late 2005. This formed the basis for the seven social care outcomes in the White Paper *Our health, our care, our say* and reflects the shift to an outcome focus for quality assurance. The CSCI outcomes are:

1. Living the life I choose
2. Being a valued member of the community
3. Being treated with dignity and respect
4. Feeling safe and secure
5. Being healthy
6. Enjoying economic well-being.

Secondly, the more detailed wording of the standards is based on work by Strategic Commissioning Partnership (SCP) which ran a series of national and regional day services development workshops in 2004/5 on behalf of the Department of Health. SCP drafted the standards in response to demand from the workshops, but one perceived disadvantage of them was that they were too process-oriented. They have therefore been structured within the outcomes framework developed by CSCI.

The additional standard on carers owes a lot to the King's Fund publication *How Good is Your Service to Carers?* (Blunden 2002). It was included in recognition both that day service provision may have respite for carers as a specific intended outcome, and also that carer input may be crucial, particularly where users have difficulty representing their own interests.

Grateful acknowledgement is given to CSCI, SCP and the King's Fund for permission to use these sources.

Using the standards

What is presented here is a reasonably comprehensive, generic set of standards that could apply to day care meeting relatively high dependency needs. For many day services at the more informal and 'social' end of the spectrum, the standards may be too detailed and complex. Providers are encouraged to adapt the standards to suit the particular type of service they offer. Equally, some providers may identify gaps and should feel free to add to the standards themselves or the evidence used to demonstrate achievement.

The standards are arranged in seven sections, structured according to the six outcomes in the CSCI framework and an additional outcome for carers. Each outcome is backed up by an 'I' statement expressing what this outcome means to users (or carers) and listing the factors that contribute. The outcomes are 'high level', applying to all aspects of a service user's life and it is recognised that day services are just one contribution to achieving these outcomes.

Within each section, there are between one and six specific standards for day services. Each standard includes a statement of how achievement should be measured and a 'process' list - elements that should be in place to ensure the standard is achieved. At the beginning of each outcome section is a list of all the standards in that section with a checklist column to record overall performance.

At the end of the standards section is a 'comments sheet' which can be photocopied and used to record both current performance against each standard and the actions that will be taken to improve performance.

The primary measurement for most of the standards is that service users are 'satisfied' or 'confident' that the standard is being met. User satisfaction surveys have a very important part to play in quality assurance, but they should be supplemented by other evidence wherever possible. Also at the end of the standards section is a checklist of other evidence that providers may find useful to collect and monitor, either in relation to all standards or in relation to specific standards.

Reviewing achievement of all these standards is inevitably a complex and time-consuming process. Providers are encouraged to spread this process over time so that it does not become too onerous for the staff, volunteers and users involved. Age Concerns have found it feasible and helpful to review the standards one section at a time. The process is at least as useful in encouraging discussion and raising awareness of what quality means amongst staff, volunteers and users as it is in terms of finally 'ticking the box' for achievement.

Outcome 1

Living the life I choose

I have the same life chances as other adults, whatever my needs for care, and get support when I need, so that:

- I have the information I need to make decisions
- I make the choices and assert control over my life
- I have the opportunity to decide where, with whom and how I live
- My home is suitable for me to live in
- I take reasonable risks which do not hurt others
- I am central to all decisions about my life
- I have the opportunity to enjoy family life and a full range of good relationships, including sexual relationships, with other people
- I know how to complain, am listened to when I do and action is taken where appropriate
- I am able to self manage medicines and other therapy as much as possible

Day Service Checklist

Outcome 1: Living the life I choose

Standard	Measurement	Checklist		
		Yes	Working Towards	No
1.1 Day Services will have an accessible introductory information pack in place for potential service users and or their representatives that is available on request	Potential service users and or their representatives receive all necessary information to make informed decisions about using the service and fully understand their rights and responsibilities			
1.2 The provider will ensure that potential service users are given every opportunity to find out about the service in order to make informed decisions	Service users are confident that they have received the information and support they need to make their decision about joining the service			
1.3 The provider will ensure that service users have control of decisions about their life and the services they receive	Service users are confident that they are fully supported to exercise control over their lives in all aspects of the day service			
1.4 The provider will ensure that a varied and nutritional range of meals, snacks and drinks (where provided) are available, including any special, cultural and religious requirements, and that these are well prepared, properly cooked and well presented	Service users are satisfied that the food and drink they receive is of a high standard and appropriate to their needs and preferences			
1.5 The provider will ensure that service users are given every opportunity to be involved in and influence the running and development of the service	Service users are confident that they are fully involved in the organisation and development of the day service			
1.6 The provider will ensure that the views of the service users are regularly sought and are taken into account in any service or policy development	Service users are confident that their concerns or complaints are taken seriously and acted upon and that they can influence the development of the service			

Outcome 1 Living the life I choose

Standard 1.1 Day Services will have an accessible introductory information pack in place for potential service users and or their representatives that is available on request

Measurement Potential service users and or their representatives receive all necessary information to make informed decisions about using the service and fully understand their rights and responsibilities

Process

- a. Statement of Purpose: aims of the service, philosophy of care, for whom the service is for, support for carers and the cultural and social needs catered for.
- b. Current service/business plan
- c. Staff Handbook, code of conduct dealing with issues such as gifts, gratuities etc
- d. Any relevant inspection reports
- e. Public Liability Insurance Certificate
- f. Statement of Service Users' Rights to self-determination and responsibilities and consequences of unacceptable behaviour
- g. Qualifications and experience of the Manager and staff, and staffing numbers
- h. Service provision: type of service, facilities, opening hours, range of activities, number of places, transport arrangements
- i. Procedures/arrangements if the service comes under new management, emergency temporary closure, service reduction or permanent closure.
- j. List of charges: what they are and to whom they are payable
- k. List of policies and procedures, available on request, including:
 - Equality and Diversity
 - Medication/self medication
 - Risk assessment and management
 - Security Arrangements
 - Accidents & Incidents

continued over/...

- Health & Safety
- Fire
- Complaints/compliments and comments
- Food Hygiene
- Confidentiality/Data Protection
- User Involvement
- Carers Support
- Protection of Vulnerable Adults
- Dealing with Violence / Restraint
- Whistle Blowing
- No Smoking
- Bullying/harassment
- Exclusions
- Fair access to care
- Fairer charging
- Next of Kin/emergency contact
- Personal relationships and sexuality
- Safer handling
- Transport
- Recording
- Volunteers
- Personal Care

Outcome 1 Living the life I choose

Standard 1.2 The provider will ensure that potential service users are given every opportunity to find out about the service in order to make informed decisions

Measurement Service users are confident that they have received the information and support they need to make their decision about joining the service

Process

- a. The referring agency will provide an individual assessment of need and desired outcomes for potential service users
- b. The provider has a prompt and efficient system for responding to referrals, including emergency referrals
- c. Prompt contact is made with the person referred and their carer or representative as appropriate to introduce a named member of staff and arrange an initial meeting
- d. The person referred has the opportunity to visit the service with his/her family/friends or carer, as many times as required within an agreed period of time, and is given the opportunity to speak to staff and other people using the service
- e. The provider will ensure that pre-placement arrangements fully comply with agreed transition plans

Outcome 1 Living the life I choose

Standard 1.3 The provider will ensure that service users have control of decisions about their life and the services they receive

Measurement Service users are confident that they are fully supported to exercise control over their lives in all aspects of the day service

Process

- a. Service users will have access to trained, independent advocates, in line with the appropriate advocacy guidance
- b. Service users will be enabled to understand all the information and the implications of choices
- c. Service users will have control over reviews and other meetings about their welfare
- d. Service users will be able to choose the activities they would like to be involved in, with support if needed
- e. Service users will have time to consider choices without undue pressure
- f. Service users should be able to move freely around the premises provided and arrangements for their safety are in place
- g. If a service user is unable to take part in any activity, the reasons for this will be fully discussed with them.
- h. Service users should be offered a choice of same gender personal care, wherever possible. Where it is not possible, this must be fully explained and discussed at the introductory meeting and recorded in the individual plan

Outcome 1 Living the life I choose

Standard 1.4 The provider will ensure that a varied and nutritional range of meals, snacks and drinks (where provided) are available, including any special, cultural and religious requirements, and that these are well prepared, properly cooked and well presented

Measurement Service users are satisfied that the food and drink they receive is of a high standard and appropriate to their needs and preferences

Process

- a. Service users dietary requirements and preferences will be discussed and recorded in their plan
- b. Menus will reflect the preferences, cultural and medical needs of service users, promote healthy eating and be regularly reviewed and varied
- c. Menus will be nutritionally balanced and in line with current knowledge and good practice
- d. All food and drink will be prepared and served in line with current food hygiene standards
- e. Service users will be offered assistance in monitoring intake of food and drink, if required
- f. Special crockery and cutlery will be available for service users who require them
- g. Staff assistance with eating and drinking will be offered discreetly in a manner that respects users' dignity

Outcome 1 Living the life I choose

Standard 1.5 The provider will ensure that service users are given every opportunity to be involved in and influence the running and development of the service

Measurement Service users are confident that they are fully involved in the organisation and development of the day service

Process

- a. Service users will be consulted about organised visits to the service by professionals or members of the public
- b. Service users will be consulted about any outings or events organised by the service
- c. Service users will be supported to resolve any conflict arising with another service user or member of staff
- d. Service users will be given the opportunity and appropriate support and training to take part in the day to day management of the service. This may include:
 - Daily running of the service, including transport
 - Recruiting and selecting staff
 - Choosing supplies and suppliers
 - Planning activities
 - Monitoring the quality of care
 - Developing plans for future services

Outcome 1 Living the life I choose

Standard 1.6 The provider will ensure that the views of the service users are regularly sought and are taken into account in any service or policy development

Measurement Service users are confident that their concerns or complaints are taken seriously and acted upon and that they can influence the development of the service

Process

- a. Service users will be fully informed and understand their right to complement, make comment or complain about the service, and will know how to use the formal Complaints Procedure and complaints to the Care Commission
- b. Service users will be able to freely discuss any concerns they have about the service they receive with their named worker or any member of the management team
- c. The views of service users' independent representative, advocates or advocacy group, will be sought and taken into account in service or policy development
- d. Service users' concerns and complaints will be dealt with quickly and sympathetically, and feedback will be given as to the outcome of the concern or complaint
- e. Regular customer satisfaction surveys will be undertaken with the service users and the outcomes reported back to them
- f. If preferred, service users may give their views anonymously and the implications of this should be clearly defined

Outcome 2

Being a valued member of the community

I have the right to participate as a full and equal member of my community so that:

- I am treated fairly and my value to my community is recognised
- I can take part in the life of my community through paid or voluntary work and can join in local activities and events
- My community benefits from my knowledge and skills and abilities
- I can take part in decisions which affect my life in my community
- I can use leisure and social facilities, take-up lifelong learning and use all public, private and voluntary sector services
- I can make choices as a consumer of goods and services
- My cultural, ethnic, religious and sexual needs are respected
- If I am employed, my employer supports me to play a valuable part at work
- The environment in which I live and universal services, which are available to other adults, are fully accessible to me
- I can use transport to get out and about and am able to choose to travel with family and friends

Day Service Checklist

Outcome 2: Being a valued member of the community

Standard	Measurement	Checklist		
		Yes	Working Towards	No
2.1 The provider will ensure that the service user's social and occupational needs are identified and addressed	Service users are confident that the day service meets their social needs			
2.2 The provider will ensure services, aids and equipment are available to assist service users' communication	Service users are confident that they are not marginalised in any aspect of the day service because of communication needs			
2.3 The provider will ensure that service users are given every opportunity to access community activities and services	Service users are confident that they are encouraged and supported to use other community facilities as they wish			
2.4 The provider will ensure that transport arrangements meet the needs and requirements of service users and serve the purpose of the day service	Service users are satisfied that transport arrangements not only meet their needs but also the needs of the service			

Outcome 2 Being a valued member of the community

Standard 2.1 The provider will ensure that the service user's social and occupational needs are identified and addressed

Measurement Service users are confident that the day service meets their social needs

Process

- a. Service users will be encouraged and supported to develop and maintain existing friendships and relationships and to develop, should they wish, new friendships and relationships in the day service.
- b. Service users will be encouraged and supported to access social opportunities in the community
- c. Outings and events will be organised in a way that does not stigmatise those attending
- d. Service users will be supported to access advice and guidance on welfare benefits to ensure that they receive their full entitlement

Outcome 2 Being a valued member of the community

Standard 2.2 The provider will ensure services, aids and equipment are available to assist service users' communication

Measurement Service users are confident that they are not marginalised in any aspect of the day service because of communication needs

Process

- a. Service users' plans will contain a record of any communication needs, and these are regularly assessed and reviewed
- b. Service users will be supported to communicate at the speed and in the style they wish
- c. Service users will be supported to prepare for important events and have time to communicate their feelings, views and answers
- d. Service users will be supported to access and use specialist individual communication aids as prescribed
- e. Providers will ensure that where possible, appropriate general communication aids and equipment are available to service users
- f. Service users with communication needs will be supported by their named worker or a trained communication support worker including trained interpreters
- g. Service users will be able to ask family, friends or others to help staff in listening and understanding their views. When a service user wishes to discuss concerns about their current circumstances or future needs an independent interpreter should be available, if required
- h. Staff should seek to use language and expressions that are readily understandable and appropriate to service users

Outcome 2 Being a valued member of the community

Standard 2.3 The provider will ensure that service users are given every opportunity to access community activities and services

Measurement Service users are confident that they are encouraged and supported to use other community facilities as they wish

Process

- a. Service users will be encouraged to view the service as part of the local community, not separate from it
- b. Service users will be encouraged to make and maintain friendships and networks within and outside of the day service
- c. Service users will be given opportunities to access other community activities and services
- d. Service users will be encouraged and helped to use public transport where appropriate
- e. External agencies, groups and individuals will be sought to offer activities within the service, as service users wish
- f. Service users will be consulted about outings and events
- g. The provider will ensure that there are processes in place to consult with the wider community to identify current issues and future needs
- h. The provider will liaise with other local services and community groups to identify opportunities and development of joint working for the benefit of service users

Outcome 2 Being a valued member of the community

Standard 2.4 The provider will ensure that transport arrangements meet the needs and requirements of service users and serve the purpose of the day service

Measurement Service users are satisfied that transport arrangements not only meet their needs but also the needs of the service

Process

- a. Service users will be encouraged and enabled to use public transport as appropriate
- b. Service transport will not stigmatise service users by the type of vehicle used or vehicle signage
- c. Service transport will be reliable, punctual and flexible to meet service user's requirements and will avoid planned excessive journey times
- d. All service transport will fully comply with contractual requirements, be accessible and fit for purpose
- e. All service transport will be fitted with appropriate seat belts for every seat and where necessary, wheelchair restraints
- f. All service transport will have adequate driver/escort arrangements and drivers and escorts will be given training to respond appropriately to individual service user's support requirements, as identified in their individual plan
- g. All service transport staff should be regarded as part of the overall service staffing and therefore, subject to the same standards of behaviour as outlined
- h. A full risk assessment be carried out at the clients home in order to establish the care / transport required and to take into account any specialist equipment

Outcome 3

Being treated with dignity and respect

I feel valued by others because:

- They recognise that my life has equal value to theirs
- I am shown consideration and understanding
- I am communicated with in a way that makes me feel comfortable
- Visitors respect my home and possessions and I am supported to maintain the cleanliness and order of my surroundings
- I have privacy when I need it
- Those who hold confidential information about me do not abuse my trust
- I am supported to maintain my personal cleanliness and comfort
- They understand and respect my cultural, religious, ethnic and sexual needs

Day Service Checklist

Outcome 3: Being treated with dignity and respect

Standard	Measurement	Checklist		
		Yes	Working Towards	No
3.1 The provider will ensure that the service user's experience is welcoming when joining the service	Service users are satisfied that their experience of joining the service was well planned and positive, and the agreed outcomes are being achieved			
3.2 The provider will ensure that any move on from the service is a positive experience for the service user	Service users are confident that their move from the service, for whatever reason, is a positive and supported experience			
3.3 The provider will ensure that service users are treated with dignity and respect at all times	Service users are confident that they are treated with dignity and that their individuality is respected in all aspects of the day service			
3.4 The provider will ensure that all appropriate measures are taken to maintain service users' privacy, in line with the Data Protection Act, Freedom of Information Act, the Mental Capacity Bill and the organisations confidentiality policy	Service users are confident that their right to privacy is respected and maintained in all aspects of the day service			
3.5 The provider will ensure service users' cultural and spiritual needs are respected	Service users are confident that their religious, cultural and spiritual needs are respected and supported by the day service			
3.6 The provider will ensure that the service has record keeping policies and practice in place that protect the rights of service users and any third parties	Service users are confident that the provider has systems in place to protect their rights			

Outcome 3 Being treated with dignity and respect

Standard 3.1 The provider will ensure that the service user's experience is welcoming when joining the service

Measurement Service users are satisfied that their experience of joining the service was well planned and positive, and the agreed outcomes are being achieved

Process

- a. During the agreed trial period, every opportunity will be given to the user to discuss their needs and requirements with a member of staff, ideally named and a written individual plan will be drawn up based on outcomes that reflect their aspirations, needs and choices
- b. The individual plan will also outline the views and needs of carers. If these views and needs conflict with those of the service user the user's wishes will take precedence, wherever possible
- c. At the end of the trial period, a review meeting will be held to confirm attendance (or not), and finalise the individual plan.
- d. Service users will have a copy of the written individual plan, signed by themselves (or their carer or appointee) and the relevant Manager
- e. The outcomes of contract/agreement/care plan are reviewed every six months (or at any time if circumstances change), involving those people agreed by the service user to attend
- f. The individual plan will clearly define the service to be provided to meet the assessed needs, including:
 - How the health and social care needs will be met
 - How intimate physical care will be provided, and by whom
 - How cultural and spiritual needs will be met
 - How social and community engagement needs will be met
 - Any specialist equipment needed
 - Any special communication needs
 - Who should be involved in care reviews
 - Arrangements for taking medication
 - Special dietary needs/preferences

continued over/...

- An independent person or advocate to contact if the person wishes to make a complaint or raise a concern
- How the person wishes to be addressed
- Next of kin and emergency contact numbers
- Risk assessment

Outcome 3 Being treated with dignity and respect

Standard 3.2 The provider will ensure that any move on from the service is a positive experience for the service user

Measurement Service users are confident that their move from the service, for whatever reason, is a positive and supportive experience

Process

- a. The need or wish to move on from the service will be regularly reviewed and agreed with the service user from the outset
- b. Preparing for the move will be properly planned and discussed with the service user, their carers/family if appropriate, and/or their representative/advocate, and staff from the new service, if applicable
- c. A transition plan will be agreed which will include arrangements for visiting the new service and a copy provided for the service user and their carer if appropriate
- d. The transition plan will ensure that arrangements can be made for the service user to maintain friendships after their move, where practicable
- e. The service user's records for the new service will be updated, agreed with the service user and passed to the new service if appropriate and in agreement with the service user
- f. If the service user is asked to leave the service because it can no longer meet assessed needs or because of unacceptable behaviour, as per the Exclusion Policy, their right to complain or appeal the decision must be fully explained and supported

Outcome 3 Being treated with dignity and respect

Standard 3.3 The provider will ensure that service users are treated with dignity and respect at all times

Measurement Service users are confident that they are treated with dignity and that their individuality is respected in all aspects of the day service

Process

- a. No service will exclude anyone on the grounds of race, religion, ethnicity or sexual orientation
- b. Service users will be treated with due respect to their race, culture, religion, disability, age, gender, and sexual preference and will not experience any form of discrimination
- c. Service users will be called by a preferred name or title at all times
- d. Service users will be treated politely at all times
- e. Service users will have their rights and responsibilities within the service explained to them in a way that they understand
- f. Service users will be helped with intimate physical care and treatment sensitively, discretely and in a way that maintains their dignity
- g. Service users will have the right to same gender intimate physical care. Any non-compliance with this must be discussed and agreed with the service users and recorded on the individual plan
- h. Service users will be made aware of their responsibilities to treat others with respect and dignity

Outcome 3 Being treated with dignity and respect

Standard 3.4 The provider will ensure that all appropriate measures are taken to maintain service users' privacy, in line with the Data Protection Act, Freedom of Information Act, the Mental Capacity Bill and the organisations confidentiality policy

Measurement: Service users are confident that their right to privacy is respected and maintained in all aspects of the day service

Process

- a. Service users will be made aware of the need to hold records of their individual information and the appropriate processes for accessing them
- b. Service users will be able to see for themselves that records are kept confidential and secure, and access to them will only be permitted in controlled circumstances
- c. Permission will be needed from service users to share confidential information about them, unless existing legislation or guidance states otherwise
- d. Service users will have the right to receive a copy of any information held about them in the provider's files, provided that this does not breach third party or legislative guidelines
- e. Service users will be able to discuss their needs in confidence and privacy with a member of staff if they wish to
- f. Service users can be confident that staff will not speak publicly about them unless it has been agreed with the user beforehand
- g. Discussions about service user's personal care and other sensitive matters must be held in private

Outcome 3 Being treated with dignity and respect

Standard 3.5 The provider will ensure service users' cultural and spiritual needs are respected

Measurement: Service users are confident that their religious, cultural and spiritual needs are respected and supported by the day service

Process

- a. Staff will be properly informed about the implications of cultural and religious beliefs or faiths
- b. Staff will support service users to take part in religious, cultural and spiritual activities
- c. Special arrangements will be made for dietary and personal care needs in keeping with religious/cultural beliefs and practices
- d. Service users will be given the opportunity and support to keep in touch with their faith communities
- e. The needs of users from black and minority ethnic communities will be understood and catered for

Outcome 3 Being treated with dignity and respect

Standard 3.6 The provider will ensure that the service has record keeping policies and practice in place that protect the rights of service users and any third parties

Measurement Service users are confident that the provider has systems in place to protect their rights

Process

- a. Service users will be made aware of all policies and procedures relating to record-keeping, confidentiality and access to information
- b. Staff will adhere to these policies and procedures when recording and maintaining information on service users
- c. Written records should be kept to a minimum, providing information that is necessary for contact and the overall health and well-being of service users, with their agreement
- d. Written records should use appropriate and accessible language and be regularly checked and updated
- e. Service users should be made aware of their rights to access information held about them and supported to do so if they wish

Outcome 4

Feeling safe and secure

I have an equal chance to live free from fear, discrimination and prejudice in a just and equal society where diversity is valued because:

- I am not exploited, abused or bullied
- I do not experience discrimination, oppression, or harassment on grounds of age, disability, religion or culture, racial or ethnic origin, gender or sexual orientation
- Action is taken to make my home and community safe for me to live in
- No one is violent to me and I am not wrongly restrained
- I know who I can tell if I am worried and action is taken to address me concerns

Day Service Checklist

Outcome 4: Feeling safe and secure

Standard	Measurement	Checklist		
		Yes	Working Towards	No
4.1 The physical environment will be accessible, safe, pleasant and conducive to promoting independence and autonomy for service users	Service users are satisfied that the day service environment is pleasant, clean, comfortable and safe and allows them to be as independent as possible			
4.2 The provider will ensure that there is a sufficient number of trained staff to deliver the stated aims of the service	Service users are satisfied that there is a sufficient number of staff to competently meet their daily and developmental needs			
4.3 The provider will recognise service users' rights to take risks in order to extend opportunities, and will ensure that service users are able to choose the risks they want to take and be given support to understand the full implications of their choice	Service users feel safe at the day centre and they and their representatives fully understand their rights and responsibilities in making choices as to the activities they undertake			

Outcome 4 Feeling safe and secure

Standard 4.1 The physical environment will be accessible, safe, pleasant and conducive to promoting independence and autonomy for service users

Measurement Service users are satisfied that the day service environment is pleasant, clean, comfortable and safe and allows them to be as independent as possible

Process

- a. The grounds and outside of the environment are not identifiable in a way that stigmatises the people who attend and promotes integration and inclusion
- b. The premises are fully compliant with requirements under the Disability Discrimination Act
- c. The design of the premises and fittings will help service users to maintain and increase their independence
- d. The premises will comprise appropriate rooms/spaces for group and individual activities
- e. The premises comply with current fire regulations, health and safety requirements, and environmental health regulations
- f. The premises are kept clean, hygienic, comfortable and warm
- g. A range of recreational equipment will be available, and where practicable, full use will be made of the grounds around the building
- h. The provider has the necessary insurance for employees, public liability, building and contents
- i. Service users will have access to secure storage facilities for their belongings
- j. All notices and signage will be in an appropriate format to meet the communication needs of individual service users
- k. Service users are able to come and go, and move around the premises as they please, with arrangements in place for their safety and well-being, where necessary
- l. All appropriate security measures are in place; any “locked door” policy must only be considered when all other measures have proved unsuccessful. This policy must be agreed by service users, senior management and the appropriate regulatory body, and regularly reviewed

Outcome 4 Feeling safe and secure

Standard 4.2 The provider will ensure that there is a sufficient number of trained staff to deliver the stated aims of the service

Measurement Service users are satisfied that there is a sufficient number of staff to competently meet their daily and developmental needs

Process

- a. Staffing arrangements will be sufficient to meet the individual social, occupational and physical care needs of users, and the overall needs of the service
- b. All staff will be appointed and regularly appraised against an identified and agreed set of core competencies for the service
- c. All staff, including volunteers, will be subject to Criminal Record Bureau checks where appropriate
- d. The managers of the service will hold appropriate qualifications (NVQ 4) or equivalent, and all staff will be trained to an agreed standard appropriate to the level of service provision, such as NVQ2 or equivalent, within an agreed period of time after commencement in post
- e. Volunteers will be recruited according to the skills and ability they have to perform the required tasks, will receive a full induction to the service and training will be offered to address any skills shortfall
- f. The ethnicity of the staff team will be broadly reflective of the local community
- g. The gender of the staff team will be appropriate to provide same sex intimate care
- h. All staff will receive regular training to carry out all aspects of their role, including:
 - Equalities/Diversity Awareness
 - Communication skills
 - Risk Assessment and management
 - First Aid
 - Understanding Long-term Conditions
 - Providing Personal Care
 - Safer Handling

continued over/...

- Health and Safety
- Food Hygiene
- Administration of medication
- Dealing with violence and aggression
- Protection of vulnerable adults

Outcome 4 Feeling safe and secure

Standard 4.3 The provider will recognise service users' rights to take risks in order to extend opportunities, and will ensure that service users are able to choose the risks they want to take and be given support to understand the full implications of their choice.

Measurement Service users feel safe at the day centre and they and their representatives fully understand their rights and responsibilities in making choices as to the activities they undertake

Process

- a. The provider will meet their duty of care by ensuring that the services are safe and working practices minimise risk, including off-site activities
- b. Service users will be fully involved in formal risk assessments for everyday service activities, carried out by trained staff, offering a balance between individual needs and preferences and the needs of other users and staff
- c. Service users will be given a copy of their risk assessment report if requested
- d. Service users will receive guidance and support to use the service and facilities safely
- e. Service users will be assisted in understanding the possible consequences for themselves and others of their choices and be supported to take responsibility for their actions and decisions recorded
- f. Every effort will be made to ensure that service users do not experience any form of bullying, harassment, or any other form of abuse
- g. Any concerns are reported through the Safeguarding Vulnerable Adults (POVA) arrangements
- h. Staff will record and investigate any accidents or incidents (including any episodes of restraint), telling carers/family, if the service user wishes
- i. If service users behaviour needs to be restrained, trained staff will use de-escalation methods, or if these are unsuccessful, minimum physical restraint, ensuring service users are treated with dignity and respect
- j. Staff will not use restraint for their own or other peoples safety unless law permits and even then restraint is not used until and unless other interventions have failed
- k. There will be an appropriate level of staffing at all times to ensure safety
- l. The service will have a whistle-blowing policy in place

Outcome 5

Being healthy

I am as healthy as I can because:

- I know how to avoid health problems, stay healthy, and improve my mental and physical health and fitness
- My health problems are diagnosed and I get treatment and support in managing them
- I am as physically and mentally active as possible
- Social Services and the NHS work together with me and with other organisations to make me as well as possible
- I stay in hospital only as long as I need to
- I leave hospital with the right support so that I do not quickly have to go back again
- I have a good diet
- I feel clean and comfortable
- Health care services are available to me where and when I am able to access them

Day Service Checklist

Outcome 5: Being healthy

Standard	Measurement	Checklist		
		Yes	Working Towards	No
5.1 The provider will ensure that users' health care needs are addressed, where possible and support is offered in accessing the full range of healthcare services	Service users are confident that their health and well-being are addressed by the day service			

Outcome 5 Being healthy

Standard 5.1 The provider will ensure that users' health care needs are addressed, where possible and support is offered in accessing the full range of healthcare services

Measurement Service users are confident that their health and well-being are addressed by the day service

Process

- a. Providers will make every effort to ensure that, wherever possible, service users will not be excluded from a day service because of healthcare needs
- b. If they are not already registered, service users will be encouraged and supported to register with a GP, dentist or optician
- c. Any community healthcare input received by service users such as physiotherapy, chiropody, dietary advice, hearing and vision clinics will continue during their attendance at the day centre, in a way that respects their dignity and privacy
- d. Staff will discuss any concerns they may have about service users' health and well being with the service user before involving any other agency or carer/family member. If these concerns indicate any potential abuse of the service user then these must be reported through the Safeguarding Vulnerable Adults arrangements
- e. Staff will inform and encourage service users to access preventative healthcare such as screening, immunisation and regular check ups
- f. Service users will be encouraged to access advice and services to prevent falls and accidents, in line with the local Falls Strategy
- g. Staff will ensure that arrangements are in place for service users to take any necessary medication in a way that respects their dignity and privacy and complies with the organisations medication policy
- h. Staff will contact healthcare professionals on service users' behalf if requested to do so

Outcome 6

Enjoying economic well-being

I feel economically secure because:

- I have as much control as possible over my money
- I can get access to financial services such as bank accounts
- I can meet the costs of a good diet, a suitable home environment and taking part in the life of my family and community
- I know how much I will have to pay for any social care support I may need and what I am paying for
- I can meet any costs of my social care needs using a variety of sources
- I am respected as a customer of social care services
- I work to support myself and my family or get benefits which give me and them financial security when I am unable to work

Day Service Checklist

Outcome 6: Enjoying economic well-being

Standard	Measurement	Checklist		
		Yes	Working Towards	No
6.1 The provider will ensure where appropriate, service users are given every opportunity to access the requisite information that will assist them to maximise their income and enjoy a good standard of living	Service users are confident that their standard of living is at the level they wish it to be			

Outcome 6 Enjoying economic well-being

Standard 6.1 The provider will ensure where appropriate, service users are given every opportunity to access the requisite information that will assist them to maximise their income and enjoy a good standard of living

Measurement Service users are confident that their standard of living is at the level they wish it to be

Process

- a. Providers will, where appropriately trained staff are in place offer accurate advice and guidance on welfare benefits, debt counselling and income maximisation
- b. Where trained staff are not in place service users will be signposted to appropriate organisations
- c. External agencies, groups and individuals will be sought to offer advice and guidance on welfare benefits, debt counselling and income maximisation.

Outcome 7

Enjoying a break from caring

As a carer, I expect any service that provides me with a break from caring to:

- Work in partnership with me, as well as with the person I care for
- Seek my opinion and value my experience
- Inspire confidence in the quality of care provided
- Be trustworthy and reliable
- Be as flexible and adaptable as possible

Day Service Checklist

Outcome 7: Enjoying a break from caring

Standard	Measurement	Checklist		
		Yes	Working Towards	No
7.1 The provider will work in partnership with carers (as well as with service users) to deliver a service which is trustworthy, reliable, quality assured and flexible	Carers are satisfied that the provider is working closely with them to ensure that the people they care for receive an appropriate, high quality and responsive service; and that the provider is flexible and supportive of their own needs			

Outcome 7 Enjoying a break from caring

Standard 7.1 The provider will work in partnership with carers (as well as with service users) to deliver a service which is trustworthy, reliable, quality assured and flexible

Measurement Carers are satisfied that the provider is working closely with them to ensure that the people they care for receive an appropriate, high quality and responsive service; and that the provider is flexible and supportive of their own needs

Process

- a. Carers will be provided with information about the service, available activities, standards, training, policies, procedures, etc in order to be able to make an informed choice about the service and to understand their rights and responsibilities
- b. With the consent of the service user, input from the carer will be sought when drawing up and when reviewing the user's individual plan
- c. The carer will be recognised as having needs in his/her own right which he/she might choose to formulate as a plan
- d. Carers will be given clear information setting out how they can comment on or complain about any aspect of the service; and their feedback on the quality and effectiveness of the service will be actively sought
- e. Carers will be valued for the detailed knowledge and understanding they have of the person they care for
- f. Where the user has particular difficulties (physical and/or cognitive) in expressing his/her own needs and preferences, the views of the carer will be actively sought
- g. The provider will, as far as is feasible and reasonable, adapt the service to meet the changing needs of the carer (as well as of the user)
- h. In the event of a conflict arising between the carer and the user about any aspect of the service, the provider will attempt to resolve the conflict to the satisfaction of both parties

Day Service Standards Comment Sheet Standard No. _____

Yes, this is already in place: Comments

We are working towards this: Comments

No, this is not in place: Comments

General comments

Action Timetable

Action	Timetable

Examples of evidence

It is becoming increasingly important not only for organisations to have explicit standards for their services, but to be able to demonstrate that these standards are being achieved. Funders and commissioners, as well as existing and potential service users and their carers, have a legitimate interest in knowing that service quality is assured.

The primary measurement for most of the standards in this toolkit is that service users are 'satisfied' or 'confident' that the standard is being met. User satisfaction surveys have an important part to play in quality assurance, but they should not be the only measure of whether standards are being met. Wherever possible, other objective information that demonstrates achievement should be routinely collected and monitored.

The checklist below provides examples of the sorts of evidence that should be available. It is not intended as an exhaustive list: there will be other examples of evidence that could be used; and some of the examples given will not be relevant to particular day services. It is intended only as a general guide to the sorts of information that should be collected and used to evaluate achievement of the standards in this toolkit. Some types of evidence are applicable to all standards, other types of evidence relate to particular standards. When reference is made to documents being 'readily available', this means evidence that they are made available to users, carers, staff, volunteers and other relevant stakeholders.

Examples/Checklist of Evidence	Standards
Accurate statistics	All Standards
Information/policies readily available	All Standards
Staff/volunteer training data	All Standards
Data on service user/carer involvement in formulating and updating policies and procedures	All Standards
Case studies	All Standards
Service user training data	All Standards
Formal/informal face to face interviews	All Standards
Focus groups	All Standards
Observation data	All Standards
Satisfaction surveys	All Standards
External audit of provision	All Standards

Examples/Checklist of Evidence	Standards
Data on service user involvement in formulating and updating the Introduction Pack	1.1
Introduction Pack readily available including distribution data	1.1
A list of named members of staff is readily available	1.2
Data on service user involvement in formulating and updating the introduction process	1.2
External agency data	1.2
Data on potential service user visits	1.2
Advocacy guidance and a menu of services is readily available	1.3
Examples of menus are readily available	1.4
Data on service user involvement in formulating and updating nutrition and menu planning	1.4
Data on service user involvement in formulating and updating day service planning/development and the recruitment process	1.5
Service user training data including interview techniques	1.5
Formal complaints procedure readily available	1.6
Data on service user involvement in formulating and updating actions resulting from client participation	1.6
Data on service user involvement in formulating and updating a full and exciting social calendar	2.1
Advice/guidance/signposting on income maximisation is readily available	2.1
A list of interpreters and communication aids is readily available	2.2
Community involvement strategy and data on community involvement readily available	2.3
Data on service user involvement in formulating and updating the organisation of outings and events	2.3
Transport policy and information readily available	2.4
Data on service user involvement in formulating and updating transport and risk assessment strategy	2.4
A list of named members staff and a model individual plan is readily available	3.1
Data on service user involvement in formulating and updating the welcoming process	3.1
Equality and diversity policy and information readily available	3.1

Examples/Checklist of Evidence	Standards
A model transition plan and a transparent appeals procedure is readily available	3.2
Data on service user involvement in formulating and updating the transition process	3.2
Relevant Acts and Bills readily available	3.4
Data on access to service user records	3.4
Private room available for discussion	3.4
External provisions i.e. transport	3.5
In-house provision	3.5
Equality and diversity policy and information readily available	3.5
Private room available for prayer/reflection	3.5
Confidentiality and access to information policy and information readily available	3.6
Data on service user involvement in formulating and updating access to information strategy	3.6
Data on service user involvement in formulating and updating the planning of the physical environment	4.1
Data on service user involvement in formulating and updating the staff recruitment/appraisal process	4.2
POVA arrangements and service user's risk assessment report readily available	4.3
A whistle blower policy and staffing levels	4.3
Data on incidents available	4.3
Data on service user involvement in formulating and updating risk assessment	4.3
Safeguarding vulnerable adults arrangements is readily available	5.1
Access to healthcare and exercise data	5.1
Advice/guidance and signposting on income maximisation policies and information readily available	6.1
Data on service user involvement in formulating and updating income maximisation strategy	6.1
Carers strategy readily available	7.1

Day service dependency categories

Age Concerns all over the country report a gradual, and often unacknowledged, increase in the dependency levels of people using all types of day service. This is perhaps an inevitable consequence of demographic change, tightening eligibility criteria, and avoidance of residential care where possible. It becomes particularly problematic, however, when increased dependency is not matched by increased staffing and other resources. Unless it is properly monitored and appropriate changes put in place, there can be serious consequences for the quality of care and the safety of users (and of staff/volunteers).

The four dependency categories below have been developed to provide a relatively simple and straightforward way of recording the dependency levels of service users and of monitoring change over time. Systematic monitoring will enable the case to be made for additional resources or other changes. The intention is that users of all types of day service (from lunch clubs to high dependency care) could be, fairly straightforwardly and unambiguously, allocated to one of the four categories.

Many day services will contain a mix of people in different dependency categories. One of the strengths of AC day services is that they do not tend to segregate people too rigidly, to the benefit of all. But it is important to be able to detect when the ratio between dependency categories is shifting. Piloting by steering group members suggests that more sophisticated methods may be needed for very high dependency day care.

High

Serious physical and/or mental impairment, resulting in a need for:

- Routine assistance with personal care; and/or
- Frequent assistance with mobility or practical tasks; and/or
- Close supervision and oversight

Substantial

Significant physical and/or mental impairment, resulting in a need for:

- Occasional assistance with personal care; and/or
- Significant assistance with mobility or practical tasks; and/or
- Routine support and assistance to ensure motivation and social interaction

Moderate

Minor physical and/or mental impairment, but able to manage all personal care without assistance, resulting in a need for:

- Occasional assistance with mobility or practical tasks; and/or
- Some encouragement and support to interact socially

Low

No significant physical or mental impairment, able to manage personal care and mobility without assistance, but at risk of isolation and loneliness, resulting in a need for:

- Regular opportunities for social contact and interaction; and/or
- Occasional support, advice or advocacy

Notes

The prime determinant is the level of physical and/or mental impairment that the individual user experiences. 'Physical impairment' includes sensory and communication impairment. 'Mental impairment' includes functional mental health problems such as depression, as well as dementia.

The level of impairment determines the extent and intensity of support needed (which in turn determines staffing levels and other service costs). The needs listed under each category are 'and/or' lists – one of the listed needs can determine inclusion in the relevant category.

'Assistance with personal care' includes help with using the lavatory, eating and drinking, washing and grooming, taking medication. In the case of mental impairment it can include reminding, encouraging and supporting people to do these things.

'Assistance with mobility' can include help to sit in or rise from a chair, help to walk or use a wheelchair, and help to negotiate obstacles such as steps.

'Practical tasks' in a day service context may include carrying plates, drinks and other objects, cutting up food, etc.

Effectiveness of day services: summary of research evidence

Introduction

The term 'day services' covers a diverse range of services and activities, which cater for a variety of people and needs, and serve a number of different purposes including:

- Providing social contact and stimulation; reducing isolation and loneliness
- Maintaining and/or restoring independence
- Providing a break for carers
- Offering activities which provide mental and physical stimulation
- Enabling care and monitoring of very frail and vulnerable older people
- Offering low-level support for older people at risk
- Assisting recovery and rehabilitation after an illness or accident
- Providing care services such as bathing and nail-cutting
- Promoting health and nutrition
- Providing opportunities for older people to contribute as well as receive.

This section summarises some of the research evidence relating to the outcomes above that has been found to support the effectiveness of day services. Commissioners and providers can use this material to support the case for continued and enhanced day service provision.

Literature searches were carried out, in December 2007, in databases¹ and journal archives² using various combinations of the following terms: day services/day care/day centre, older people/elderly; effectiveness, intervention and quality. Websites of other relevant organisations were also explored (e.g. Joseph Rowntree Foundation, Demos etc).

Searches identified very little directly relevant research. Indeed the lack of evidence for interventions that aim to reduce social isolation, in particular, has been noted in several articles³.

¹ EBSCO, AgeInfo, Social Care Online

² Ageing & Society (2000-2005), Social Policy & Society (2002-2007), Quality in Ageing (200-2007), Journal of Integrated Care (Oct 2005-2007)

³ i) Findlay, R, *Interventions to reduce social isolation amongst older people: where is the evidence?*, *Ageing & Society* 23, 2003, 647-658.

ii) Cattan, A, Winter, M, Bond, J and Learmouth, A, *Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions*, *Ageing & Society* 25, 2005, 41-67

Summary of research

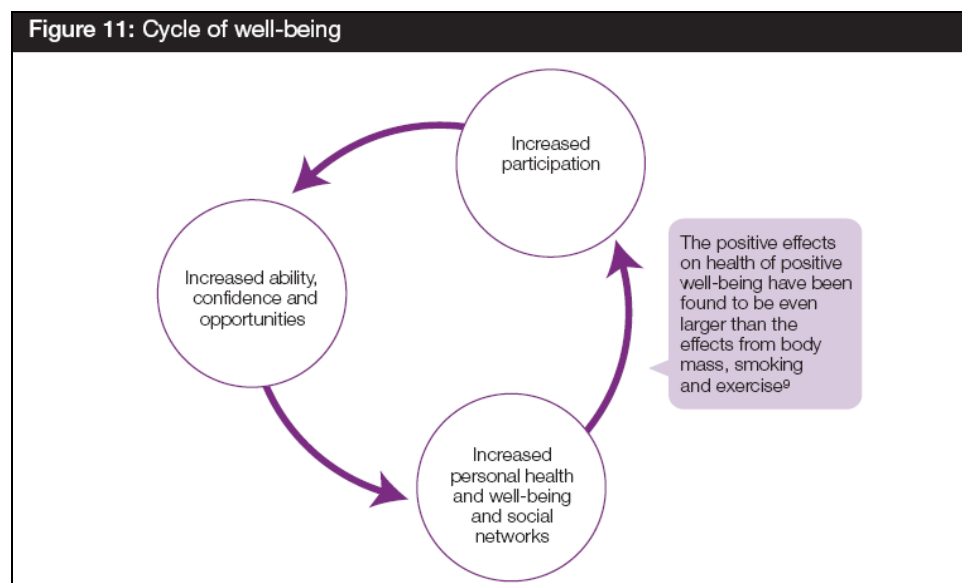
The government Social Exclusion Unit recognised, in *A Sure Start to Later Life: Ending Inequalities for Older People*⁴, that (para 3.19) ‘social care can be a lifeline for those who can’t get all the help they need from family and friends. It can and should be one of the ways problems of loneliness and social isolation are combated and older people are reconnected. For example, our consultation showed how effective day services, rehabilitation and respite care can play a vital role in supporting individuals and in maintaining their contact with the community.’

Preventative services are defined as ‘those that:

- prevent or delay the need for more costly intensive services; or
- promote the quality of life of older people and engagement with the community.’

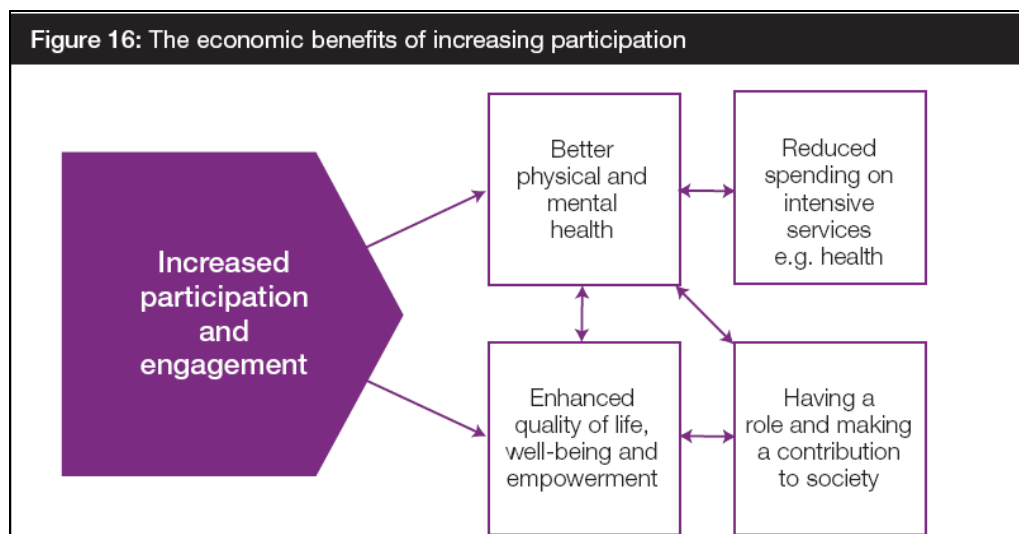
Examples given of preventative services that a Sure Start approach could deliver included: leisure, lifelong learning, day care, rehabilitation, healthy living schemes, peer support and community development (para 2.8). The approach advocated is intended to build community capacity, moving ‘the debate on to prevention and promotion of well-being.’

It points out that (para 2.15) ‘a cycle of decline in quality of life and health is devastating to the individual and costly to the state’, and describes the cycle of wellbeing graphically, as follows:



⁴ Office of the Deputy Prime Minister (2006) *A Sure Start to Later Life: Ending Inequalities for Older People*, <http://archive.cabinetoffice.gov.uk/seu/downloadaddoc7b5f.pdf?id=797>

There is a companion document to this report which covers the economic impact of social isolation⁵ that puts forward the following economic benefits of increasing participation:



Two of the key messages in the research briefing *The evidence base for preventive services*⁶ are that:

- Social and productive activities are as important as physical activities in reducing the likelihood of mortality and institutionalisation (see Glass *et al*, page 8).
- Research studies have confirmed that the factors that sustain quality of life for older people (including having social roles and participating in voluntary and social activities) are also likely to improve health and wellbeing.

In November 2007, the International Longevity Centre, UK, published A Policy Brief⁷ which summarises new **research into what factors are associated with ‘ageing well’ among the oldest old** and discusses the findings in the context of current policy.

Successful Ageing and Social Interaction reports that early evidence suggested that high physical, mental and social functioning were all important components of ageing well. However, there are now increasing indications that older people can compensate and experience good mental health even if physical health is poor, and that social interaction in particular may be important to successful ageing.

⁵ *Making life better for older people: an economic case for preventative services and activities* <http://archive.cabinetoffice.gov.uk/seu/page8a40.html?id=576>

⁶ *The evidence base for preventive services*. Research briefing number 8 (2005) Research & Development Unit, Age Concern England

⁷ Grundy, E, Fletcher, A, Smith, S and Lamping, D, (Nov 2007) *Successful Ageing and Social Interaction - A Policy Brief*, International Longevity Centre – UK, www.ilcuk.org.uk/record.jsp?type=publication&ID=23

It explores factors associated with successful ageing amongst the oldest old in the UK and considers the relationship between physical and mental ageing. It shows the remarkable capacity of older individuals to 'remain positive' despite poor physical outcomes.

'The key findings of the research are as follows:

- Good mental quality of life is not necessarily dependent on good physical quality of life and health status. This could be seen as supporting evidence of the 'positivity effect', noted in psychological research, in which among the cognitive changes associated with ageing, older people can enjoy good emotional well-being despite adverse factors, such as physical decline.
- Compensation occurs; older people can experience good mental quality of life even if physical quality of life is poor.
- Social interaction is associated with good mental quality of life among the oldest old.'

The underlying research provides important new evidence for developing policy and services aimed at enabling successful ageing among the oldest old through enhanced opportunities for social contact and interaction, at both national and local authority level. It also suggests to policymakers that 'improving social interaction among the oldest old is potentially a far less costly challenge than providing health services for improving physical quality of life.'

The full briefing can be found at www.ilcuk.org.uk/record.jsp?type=publication&ID=23.

A two year study to investigate value/effectiveness in three models of day care services for physically frail older people drew its findings from a qualitative analysis of the views and experiences of the views and experiences of service users and professionals, together with information relating to costs. The study has been reported on⁸ and discussed in further detail separately⁹.

Three settings were compared: i) Social Services funded day centre for older people with mixed physical and mental disabilities, with a goal to provide social activity and carer relief; ii) an NHS outreach service for older people with complex rehabilitation needs, and iii) a traditional, purpose-built NHS day hospital.

The indicators of 'value' used collectively describe the aspects of the service which were most valued by the main stakeholders i.e. day care attendees, their carers and the service providers. This approach overcame problems of the usual definitions of effectiveness as implied by outcomes measurement questionnaires and problems of inconsistency in goal setting and review.

The key features of value were rated on a five point scale ranging from very low to very high. The day centre scored as follows:

⁸ Powell, J, Bray, J, Roberts, H, Goddard, A and Smith, E, *Goal negotiation with older people in three care settings*, *Health and Social Care in the Community* 8(6), 380-389

⁹ Powell, J and Roberts, H, *Identifying 'value' in day care provision for older people*, *The Journal of the Royal Society for the Promotion of Health*, Sept 2002, Vol 122, No. 3

- Very high: social interaction
friendly environment
carer relief
person centred
involvement in decision-making
- High: maintenance of independence
positive framing of life
- Median: home focused
- Low: mobility
health-care screening

Organisational costs in managing the service (incl. staffing, transport and catering) and capital charges were used to calculate an average cost per person per day and overall cost per person. In terms of cost per person per day, the day centre was substantially cheaper than the other settings because it incurred lower staff costs and because it offered seven day a week care. Conversely, the total cost per patient episode was the highest because of the very long average length of stay (50 weeks).

The study concluded, also, that there was evidence that the extension of independence resulting from day centre attendance could delay a move to expensive care homes and, therefore, achieve long-term savings elsewhere.

Attendees of the day centre said¹⁰:

'I think I've something to look forward to every week for a start and I like the friends I've made....which I wouldn't have made without that you see.'

'Well, I was so struck with the place that I decided to start....It has shown me I was mistaken....I imagined all sorts of things.'

'I think I've achieved what I set out to do – the company – and mucking in with all the games.' This lady's daughter said: *'I think it's made a difference to her. She's more outgoing and less withdrawn. I think she's learning how to cope better.'*

A day centre team member said: *'I think mostly people come to get away from their isolation. They need to socialise and sometimes they discover, when they come here, that they have got other talents and can do other things and get much more from their day care than anybody originally realised.'*

A literature and policy review on prevention and services carried out for the Mental Health In Later Life Inquiry (MHILLI)¹¹ identified two relevant pieces of research.

A review of the literature on the efficacy of care intervention models for people with dementia¹² concluded that attendance at day care often delays institutionalisation.

¹⁰ Powell, J, Bray, J, Roberts, H, Goddard, A and Smith, E, *Goal negotiation with older people in three care settings*, Health and Social Care in the Community 8(6), 380-389

¹¹ Godfrey, M; Townsend, J; Surr, C; Brooker, D (Oct 2005) *Prevention and Service Provision: Mental Health Problems in Later Life* www.mhilli.org

A meta-analysis of caregiver interventions¹³ found respite/day care interventions to be effective in reducing caregiver depression in family carers of vulnerable older adults (with dementia, mental health problems or who were physically frail).

Both authors noted the dearth of research examining the impact of experiences of attending day care on people with dementia, particularly in relation to the outcomes for their wellbeing and quality of life.

A systematic review of health promotion interventions¹⁴ taking in a number of qualitative outcome studies found that group activities with an educational input could significantly reduce loneliness. Two studies demonstrated that a structured approach to physical activity reduced participants' loneliness. One combined health education sessions with exercise (gymnastics, swimming and dancing), and the other provided a three times weekly exercise class over six months. However, the review noted that the sample was not representative (mainly Caucasian, well-educated, overweight) and cultural/social factors were not accounted for.

The study also concluded that programmes enabling older people to be involved in planning, developing and delivering activities are most likely to be effective.

A one-year exploratory ethnographic study of social dance for people aged 60 or over in six sites across three areas¹⁵ found modern sequence dancing, in particular, to be beneficial in various ways.

Modern sequence dancing is the most popular type of dance engaged in by the older dancer in this country. Dances are made up from figures developed from ballroom dances. Whereas ballroom dancing is free style, modern sequence dancing uses a set order of repeated steps in a 16-bar sequence.

Modern sequence dancing was found to be especially popular because of its potential for sociability, its suitability for ageing bodies and its low cost. Dancing provided the opportunity to keep fit, both physically and mentally. Older dancers also valued the sense of occasion and fun involved, as well as the pleasure of dancing itself. Dressing up and looking good helped the dancers to feel good and, therefore, be visible to each other. This helped to counteract the invisibility they encountered in daily life. Unequal gender splits are easily accommodated, with women often dancing with other women.

¹² Roberts, J, Browne G, et al (2000) *Specialised continuing care models for persons with dementia: a systematic review of the research literature*, Canadian Journal on Ageing, 19 (1): 106-126

¹³ Sörensen, S., Pinquart, M. & Duberstein, P. (2002). *How effective are interventions with caregivers? An updated meta-analysis*, The Gerontologist 42(3), 356-372

¹⁴ Cattan, A, Winter, M, Bond, J and Learmouth, A, *Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions*, Ageing & Society 25, 2005, 41-67

¹⁵ Cooper, L and Thomas, H, *Growing old gracefully: social dance in the third age*, Ageing & Society 22, 2002, 689-708

The study found that dances also offered a social support network and a sense of belonging to a community where these did not exist outside the dance hall. Social status or previous occupation was unimportant once at a dance venue.

For the generation (in their 70s-80s) that has experienced significant change within their lifetime, this activity provided a sense of continuity.

A population based study of social and productive activities¹⁶ examined associations between social, productive and physical activity and 13 year survival in older people, aged 65 and over who were living in the community. It found that 'all three types of activity were independently associated with survival', even when age, sex, race, history of cancer and other factors were controlled for. The message is clear: there is a direct connection between wellbeing and welfare and opportunities for social engagement are of fundamental importance. This confirms what older people themselves say about the importance of quality of life. 'The study contributes to a growing body of research in gerontology that recognises the importance of social engagement and productive activity as essential features of successful ageing.'

Participants were asked about their levels of participation in 14 activities over the previous month. These were:

- Social: church attendance; visits to cinema/restaurants/sporting events, day or overnight trips, playing cards/games/bingo; participation in social groups.
- Fitness: active sports or swimming; walking; physical exercise.
- Productive: gardening; preparing meals; shopping; unpaid community work; paid community work; other paid employment.

'Of the entire cohort, 62% died during follow up. There was a clear mortality gradient across levels of reported activity for each type of activity. Those in the least active quarter were 34.7% more likely to die than those in the most active quarter in productive activity; the figures being 20.3% for social activity and 18.8% for fitness activity.....Both the unadjusted and the fully adjusted results show that each of the three activity types examined was significantly associated with longer survival in these prospective data.....Social and productive activities were observed to confer equivalent survival advantages compared with fitness activities. This observation is important because it suggests that activities that entail little or not physical exertion may also be beneficial.' Moreover, 'the effect of social and productive activity on mortality was the strongest among the least physically active'.

Limitations of the study were that it only asked about a limited number of activities. Its strengths were that it was a cohort study using a representative sample; response rates were high; and it achieved complete mortality surveillance.

The research concluded that 'social activities may involve a broad range of goals, including leisure and enjoyment, reinforcement of social status and sense of worth, social engagement and productivity..... Recent research has shown that social contacts influence several biological factors. Substantial evidence indicates that

¹⁶ Glass, T, Mendes de Leon, C, Marottoli, R and Berkman, L, *Population based study of social and productive activities as predictors of survival among elderly Americans*, British Medical Journal 1999: 319: 478-483

social contacts may reduce the deleterious effects of psychological stress through enhancement of both cellular and humoral immune response. Secondly, social and productive activity involves the performance of meaningful social roles..... Meaningful social role performance promotes a sense of self efficacy that has been linked to several important health outcomes in later life.'

Help the Aged's report on **Social Inclusion and Older People**¹⁷ which came out of a series of workshops for older people found that day centres 'were valued across the groups for making a real difference to older people's lives.'

Participants said:

'We'll go to the day centre – talk to the people, quiz shows, pool. It's just made such a difference. It's made us happier and positive.'

'I'm interested in politics and finance and the money markets – I enjoy listening to the news and talking books and CDs. One of the carers goes through the newspapers every day and picks out a selection. We then have an interesting discussion about the stories.'

Conclusion

There is no shortage of research about social isolation, loneliness and the effects of social exclusion¹⁸ which has emerged as a major issue because of the adverse impact it can have on health and wellbeing. There is also abundant evidence that the sorts of social and productive activities that can be provided in day service settings have a beneficial impact on wellbeing, quality of life, morbidity and mortality. However, very few studies have specifically evaluated the impact of day services as such. Those that are summarised here found that older people attending day services benefited from doing so, as did their carers.

The research covered in this paper demonstrates how various different types of day services can address older people's need for social contact, exercise, to engage in and make contributions to society and to be involved in productive activities. Such services can vastly improve older people's quality of life, promote their health and prevent or delay the need for more costly interventions.

¹⁷ Sinclair, A, Swan, A and Pearson, A (2007) *Social Inclusion and Older People. A call for action*, Help the Aged, http://policy.helptheaged.org.uk/_policy/default.htm

¹⁸ see Appendix for some examples

Additional references

Findlay, R, *Interventions to reduce social isolation amongst older people: where is the evidence?*, *Ageing & Society* 23, 2003, 647-658.

- Social isolation has been linked with increased mortality rates in the 65+ group.
- To increase the evidence base, programmes aimed at reducing social isolation must have evaluation built into them from the beginning.

ESRC Research Programme on Extending Quality of Life.

Growing Older Programme – Project Summaries

www.growingolder.group.shef.ac.uk/GOProgSumms.pdf

Covers:

- Defining and measuring quality of life
- Inequalities in quality of life
- Technology and the built environment
- Health and productive ageing
- Family and support networks (including social isolation and loneliness)
- Participation and activity in later life

Social exclusion measures were broad, and were measured across seven dimensions.

Bowling, A (2005) *Quality of life in old age*, Open University Press

Resulting from the ESRC Growing Older (GO) Programme, this explores quality of life in old age, supplemented by qualitative and quantitative data drawn from detailed surveys and interviews with almost a thousand older people. Respondents revealed several key building blocks for a good quality of life. These were: good social relationships (mentioned by 81%), having social roles and activities (60%), doing activities enjoyed alone (48%), having good health (44%), psychological wellbeing (38%), living in a good home and neighbourhood (37%), adequacy of financial circumstances (33%), having independence and control over life (27%), society/politics (1%), other things (e.g. religion, having a good Christmas) were mentioned by 8%.

Isolation and Loneliness, Help the Aged Policy Statement 2007

<http://policy.helptheaged.org.uk/policy/default.htm>

The UK Inquiry into Mental Health and Well-Being in Later Life (MHILLI) produced its findings in two reports which include many facts and statistics, and stress the strong link between mental and physical health. Many older people with mental health problems can be helped to maintain an active and productive role in society. Although more resources are needed, much can be achieved by changes in attitude and more imaginative approaches to service delivery. Both reports and the

supporting literature and policy reviews can be found at www.mhhilli.org.

- ***Promoting mental health and well-being in later life*** (2006)

Confirms that deteriorating mental health is not an inevitable part of the ageing process. Presents clear and consistent evidence on five main areas that influence mental health and well-being in later life: participation in meaningful activity, physical activity, relationships, poverty and discrimination.

- ***Improving services and support for older people with mental health problems*** (2007)

Reviews the services available to older people who experience mental health problems, and adds evidence to that of many other organisations in demonstrating the inadequacies of these services in range, in quantity and in quality.

Putting People First. A shared vision and commitment to the transformation of Adult Social Care (2007)

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118

This inter-departmental and inter-agency 'concordat' sets out the shared aims and values which will guide the transformation of adult social care. It states that 'the time has now come to build on best practice and replace paternalistic, reactive care of variable quality with a mainstream system focussed on prevention, early intervention, enablement, and high quality personally tailored services.'

System-wide transformation will include:

'A locally agreed approach, which informs the Sustainable Community Strategy, utilising all relevant community resources especially the voluntary sector so that prevention, early intervention and enablement become the norm. Supporting people to remain in their own homes for as long as possible. The alleviation of loneliness and isolation to be a major priority. Citizens live independently but are not independent; they are interdependent on family members, work colleagues, friends and social networks.'

Age Concern England (2008) *Out of sight, out of mind: social exclusion behind closed doors*

This report details the ever tougher conditions suffered by over a million older people who '*are shut out from society and ignored by government policy*', and offers a practical menu of ameliorative measures.

Age Concern England (2008) *Undiagnosed, untreated, at risk: the experiences of older people with depression*

This report outlines the current problems with lack of diagnosis and treatment of depression in older people and proposes a plan to improve the situation and to encourage older people to seek help.

Making a strategic shift towards prevention and early intervention.
Key messages for decision makers (2008), Department of Health
<http://networks.csip.org.uk/prevention>

This booklet is aimed at supporting key decision makers and commissioners across health and social care to invest with confidence in a balanced range of effective preventative approaches for older people. It is based on current learning from the emerging local and national evaluations of the Department of Health's Partnerships for Older People Projects (POPP) programme and other initiatives.

Making a strategic shift to prevention and early intervention.
A guide (2008), Department of Health
<http://networks.csip.org.uk/prevention>

Drawing on the experiences and evidence emerging from the first two years of the Partnerships for Older People Projects (POPP) programme and the Department for Work and Pensions' Linkage Plus programme, this provides practical guidance to local authorities and health communities on how to make a strategic shift to prevention and early intervention. The guide focuses on promoting the independence and wellbeing of older people and is intended to develop over time to include transferable learning for other client groups.

It is aimed aimed at supporting:

- those leading the transformation of social care and implementation of Putting People First
- commissioners in health and social care with a responsibility for older people's services
- leaders from a range of public sector organisations who are involved in the whole systems work, under the auspices of Local Strategic Partnerships and the Local Area Agreement, to promoted the quality of life of older people.
- older people's champions.

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