

Effectiveness of day services

Summary of research evidence

October 2011

This briefing updates 'Effectiveness of day services: summary of research evidence' in the publication *Day services for older people. Quality and effectiveness: a resource for providers and commissioners*¹ (Nov 2008).

After outlining the range of services and activities covered by the term 'day services', this briefing presents the main findings and summaries of research evidence relating to the effectiveness of day services in terms of the outcomes they aim to achieve.

It includes:

1. Introduction
2. Key points
3. Background
4. Method
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6. Conclusion

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¹ www.ageuk.org.uk/Documents/EN-GB/For-professionals/Care/Day%20services%20for%20older%20people%20quality%20and%20effectiveness_pro.pdf?dtrk=true

1. Introduction

Definition

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, most of which are broadly preventive 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.

These aims can be achieved in a number of different ways. What distinguishes day services is that they are delivered outside people's own homes and are generally building-based. The term 'day opportunities' is often used to cover a wider range of activities which may or may not be building-based.

Policy context

The White Paper *A Vision for Social Care: Capable Communities and Active Citizens*² (Nov 2010) bases its vision for a modern system of social care on seven principles, and endorses the centrality of prevention. The vision for prevention states that 'there is no reason for councils to restrict support to those with the most intensive needs. This not only serves local people poorly, it is a false economy' (para 3.9). It also recognises that 'carers need to be properly identified and supported' (para 3.10).

The Partnership agreement *Think Local, Act Personal*³ (Jan 2011) sets out steps to transform social care, emphasising the need to 'secure an adequate supply and good choice of quality provision for those requiring targeted support'.

In January 2011, a Joseph Rowntree Foundation *Solutions* briefing⁴ noted that recent surveys had indicated that local authorities may cut support for people with moderate needs, increase charges and reduce care provision. It asserted that 'cutting prevention will have negative long-term impacts, particularly for health services.' As the benefits of investing in such services take time to realise making the impact harder to prove, the pressure to use the scarce resources to meet immediate critical needs tends to take precedence even in an environment in which the importance of prevention and promoting social inclusion has been widely accepted.

² www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121508

³ www.thinklocalactpersonal.org.uk/library/Resources/Personalisation/TLAP/THINK_LOCAL_ACT_PERSONAL_5_4_11.pdf

⁴ *How can local authorities with less money support better outcomes for older people?*
www.jrf.org.uk/sites/files/jrf/authorities-supporting-older-people-summary.pdf

The importance of social relationships, community participation and physical and mental wellbeing is underpinned by *Article 8* of the *Human Rights Act*: '*Right to respect for private and family life, home and correspondence*'. Under this Act, public authorities must respect the rights covered by it in everything they do, and must take proactive steps to ensure that human rights are respected, protected and fulfilled.

The case for day services

Despite their popularity amongst older people, day services are often depicted as an outdated model of service provision that does not reflect what would be wanted within a market shaped by today's older people. This argument is often made in the context of the moves to personalisation and personal budgets, but it is largely based on experience in the learning disability field. There is substantial evidence (cited below) that many older people in receipt of personal budgets positively choose to use day services, but there is certainly scope for increasing the personalisation of support within a day service setting.

This briefing presents the main findings, and summaries, of research evidence that relate to the effectiveness of day services in terms of the purposes outlined above. Because of the dearth of research specific to day services, research is also cited which relates to purposes that day services exist to serve, particularly reducing isolation and loneliness.

2. Key points

Broad outcomes

- Effective day services can play a vital role in supporting individuals and in maintaining their contact with the community.
- Day centres are valued for making a real difference to older people's and carers' lives in the following areas:
 - social interaction
 - a friendly environment
 - carer relief
 - maintenance of independence
 - person-centredness
 - positive framing of life
 - involvement in decision-making.
- Users of day centres report that these help them in many domains (accommodation, cleanliness, meals, safety, occupation, control, dignity and anxiety), with the main benefits being social contact followed by meals and accommodation.
- Day centres can provide opportunities to make links with the wider community that would not otherwise be possible.

Social contact

- Day services can play a vital role in combating social isolation and loneliness, both for people living alone and people living with others.
- Social contact may reduce the harmful effects of psychological stress.
- Even if physical quality of life is poor, older people can experience good emotional wellbeing. Social interaction is particularly important to successful ageing.
- Social interaction is associated with good mental quality of life among the oldest old.
- Social involvement and the avoidance of social isolation are important for the maintenance of cognitive abilities.
- Day services are often seen as the focal point of the week, something to look forward to which gives some structure to the week/day.
- Social and productive activities are as important as physical activity in reducing the likelihood of premature mortality and institutionalisation. The meaningful social roles that accompany these activities promote a sense of self efficacy that has been linked to several important health and wellbeing outcomes in later life.

Carers

- Respite day care interventions are effective in reducing caregiver stress and depression in family carers of vulnerable older adults (with dementia, mental health problems, physically frail).

Activities

- Group activities with an educational input can significantly reduce loneliness.
- A structured approach to physical activity can reduce loneliness.
- Social, leisure and physical activity in later life are associated with wellbeing, health and survival.
- Day service users feel that the stimulation the service offers prevents deterioration in their physical and mental health.
- Programmes enabling older people to be involved in planning, developing and delivering activities are most likely to be effective.
- Social dance is very popular and has a range of social, emotional and physical benefits.

Offering low-level support

- Day service users felt that it was important to be able to access advice, assistance with forms and help with domestic problems via their centre.
- Many people who attend day services view them as a significant extra support mechanism.

Recovery and rehabilitation

- People often attend day services for support or rehabilitation after life events, such as accidents or bereavement.

Personal care services

- Day service users value being able to access bathing, nail cutting and hairdressing at centres, as these would otherwise be unavailable or too costly.

Health and nutrition

- Day service users appreciate that hot meals are on offer at day centres and lunch clubs.
- Many say that they would not bother to cook similar meals for themselves; and that it is the only time they eat in the company of others, which improves their appetite.

Reciprocity

- Day centres provide the opportunity to contribute and to help others, which balances the need to receive support.
- Day services can be a catalyst for informal and formal offers of help (user-user and user-volunteer).

Cost

- The extension of independence resulting from day centre attendance can delay or prevent a move to expensive care homes, thereby achieving long-term savings elsewhere.⁵
- Good mental health – for which social inclusion is crucial – is linked with reduced consumption of health and social care resources.
- Social services funded day centres are substantially cheaper than NHS outreach centres and NHS day hospitals.

Research needs

- There is a 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.
- Very few studies have specifically evaluated the impact of day services.
- New ways of engaging with men have to be found.

⁵ Costs: According to Curtis, L (2010) *Unit Costs of Health and Social Care 2010*, PSSRU www.pssru.ac.uk/pdf/uc/uc2010/uc2010.pdf, local authority day care for older people costs £36 per session, and voluntary sector day care an average of £36. Voluntary sector costs ranged from £26-52 per day (mean £36, median £35).

3. Background

Social exclusion has emerged as a major issue because of the adverse impact it can have on health and wellbeing. There is abundant evidence, particularly from epidemiological studies (examples below), that social and productive activities have a beneficial impact on wellbeing, quality of life, morbidity and mortality.

Older people want to live at home, and value support which enables them to stay in their own homes.⁶ But living an isolated life at home is no solution: one of the factors identified by older people as central to their independence and wellbeing is having social contact and company, including opportunities to contribute as well as receive help.⁷ Avoiding dependence on others is widely valued, and the benefits of social contact are enhanced if relationships are characterised by reciprocity. Volunteering, itself, brings with it many benefits.⁸

Many older people are also carers. It is recognised that carers experience higher than average levels of stress, and time off from caring helps them to cope better and continue caring.⁹

Community care policies have led to unprecedented numbers of potentially vulnerable people living independently across the country. One commonly reported problem for these people is a sense of isolation and loneliness.

Age UK's *Later Life in the United Kingdom Factsheet*¹⁰ provides the following statistics:

- Over 2 million people over 75 live alone, 1.5 million of whom are women
- 61% of women aged 75 and over are widowed
- Half of all older people consider the television as their main form of company
- Just over 1 million (10%) of people aged 65 or over say they always or often feel lonely
- 6% of older people (nearly 600,000) leave their house once a week or less
- 12% of older people (over 1.1 million) feel trapped in their own home.

⁶ Joseph Rowntree Foundation (2005) *The Older People's Inquiry: That little bit of help* www.jrf.org.uk/bookshop/ebooks/Briefing03.pdf

⁷ SCIE Adults' Services Knowledge Review 13 *Outcomes-focused services for older people* (2006) www.scie.org.uk/publications/knowledgereviews/kr13.pdf

⁸ See Age UK's *Engagement and volunteering briefing* (Oct 2010) www.ageuk.org.uk/documents/en-gb/for-professionals/topic%20briefings/engagement%20and%20volunteering%20topic%20briefing.pdf?dtrk=true

Due October 2010 *Older People as Volunteers: An Evidence Review*, Age UK. See Age UK's website - Evidence Review page:

www.ageuk.org.uk/professional-resources-home/knowledge-hub-evidence-statistics/evidence-reviews

⁹ Dept of Health (1999) *Caring for carers: a national strategy for carers* www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4006522

¹⁰ Age UK (July 2011) *Later Life in the United Kingdom Factsheet* www.ageuk.org.uk/documents/en-gb/for-professionals/after%20life%20in%20uk%20factsheet%20august%202011.pdf?dtrk=true

Although many older people may wish to remain in their own homes for as long as possible and to live alone rather than with others, almost none would choose to live in social isolation. Lack of social contact and personal relationships can lead to a loss of confidence, depression and a downward spiral in morale and motivation. Social isolation has been linked with increased mortality rates in the 65+ group.¹¹ Given the close relationship between mental and physical health, the provision of services which aim to improve mental well-being is essential.

The importance of this part of life is reflected in *Article 8* of the Human Rights Act: '*Right to respect for private and family life, home and correspondence*'. The broad scope of the right to respect for private life extends to social relations, active participation in the wider life of the community and physical and mental wellbeing. The *Human Rights Act*¹² came into force in the UK in October 2000 and places all public authorities¹³ under a duty to respect the rights it contains in everything they do. It also gives them duties to take proactive steps to ensure that human rights are respected, protected and fulfilled.

Adding quality to quantity: Older people's views on quality of life and its enhancement (Age Concern Reports, 2003) was an in-depth, multi-disciplinary research study that identified seven determinants of good quality of life for older people. These included having good social relationships with family, friends and neighbours; participating in social and voluntary activities, and individual interests; maintaining independence and control over one's life and having a positive outlook and psychological well-being.

In 2005, a background paper for the Wanless Social Care Review¹⁴ reported on a survey of older people that revealed the following nine domains to be important to older people:

- personal care/comfort
- social participation and involvement
- control over daily life
- meals and nutrition
- safety
- accommodation (standard of)
- employment and occupation
- role support (as a carer or parent)
- being in their own home.

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

2) Cited in Office of the Deputy Prime Minister (2006), *Making life better for older people. An economic case for preventive services and activities* www.socialexclusionunit.gov.uk/downloaddoc.asp?id=810

¹² See *Older People and Human Rights: a reference guide for professionals working with older people* (March 2011), Age UK for further details. www.ageuk.org.uk/documents/en-gb/for-professionals/equality-and-human-rights/older_people_human_rights_expert_series_pro.pdf?dtrk=true

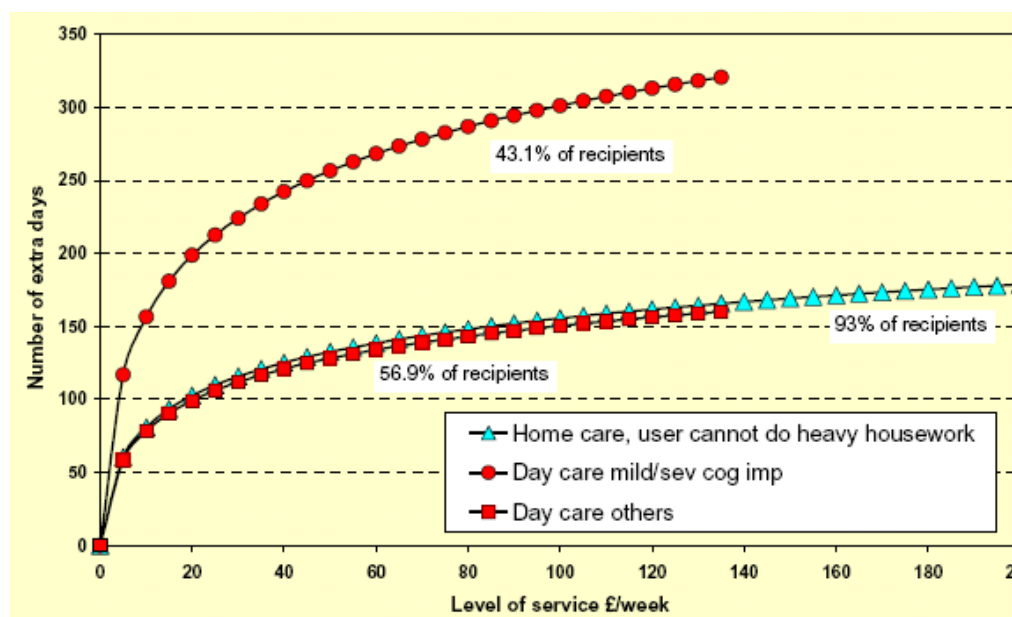
¹³ Social Services, NHS, police, central, regional and local government and any person or organisation (including private organisations) which perform 'functions of a public nature'.

¹⁴ Wanless Review Team (2005) *Social Care Needs and Outcomes. A background paper for The Wanless Social Care Review* www.cpa.org.uk/cpa/social_care_needs_outcomes1.pdf
See page 10 for graph.

Using a scoring process, the project explored how important people felt it was that their needs were met in each domain. Personal care needs were most important, closely followed by social participation. These two domains were twice as important to people as control over daily life and meals/nutrition, and more than twice as important as the remaining domains.

The same report also refers to research on how some 'upstream' services can reduce demand for 'downstream' services. The graph below, taken from the report, illustrates how spending on day care and home care services can 'buy' additional days in the community for people, thus delaying or preventing the need to move into a care home. It shows that £60 of day care per week 'buys' about 265 extra days in the community for people with mild or severe cognitive impairment or 135 days for other older people using day care (the latter being comparable to the impact of intensive home care).

Graph: Home care and day care effects on the extra time an older person remains in the community (Wanless Review, 2005, op. cit.)



Another background paper for the Wanless Social Care Review¹⁵ stated that 'social inclusion has been shown to be crucial in good mental health and good mental health is important in reducing the consumption of health and social care resources.'

In 2006, using data from the English Longitudinal Study on Ageing (ELSA), a government report¹⁶ itemised access to the following seven types of relationship and services as meaningful indicators of social inclusion/exclusion:

- social relationships (e.g. contact with family and friends)
- cultural and leisure activities (e.g. going to the cinema or theatre)

¹⁵ Curry, N. (2006) *Preventive Social Care: Is it effective?*
www.kingsfund.org.uk/publications/appendices_to.html

¹⁶ Barnes, M., Blom, A., Cox, K., Lessof, C. and Walker, A. (2006) *The Social Exclusion of Older People: Evidence from the First Wave of the English Longitudinal Study on Ageing.* Final report, Office of the Deputy Prime Minister/Social Exclusion Unit
www.communities.gov.uk/publications/corporate/socialolder

- civic activities (membership of a local interest group, voluntary work, voting)
- basic services (health and social services, shops)
- neighbourhood (safety and friendliness of local people)
- financial products (bank accounts, pensions)
- material goods (consumer durables, central heating).

Although approximately half of older people are not excluded on any of these seven dimensions, 29% are excluded on one, 13% on two and 7% face multiple or severe exclusion (on three or more dimensions).

Also in 2006, the government recognised, in *A Sure Start to Later Life: Ending Inequalities for Older People*¹⁷, 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.'

In November 2007, the International Longevity Centre, UK, published *Successful Ageing and Social Interaction - A Policy Brief*¹⁸ which summarises new research into what factors are associated with 'ageing well' among the oldest old. One of the key findings was that social interaction is associated with good mental quality of life among the oldest old.

Preventive services, together with the alleviation of loneliness and isolation, were major priorities in *Putting People First. A shared vision and commitment to the transformation of Adult Social Care*¹⁹ (2007), and its successor *Think Local, Act Personal: next steps for transforming adult social care*²⁰ (2011), a sector-wide agreement on the way forward for personalisation and community-based support.

In February 2011, six high-level mental health objectives were set in the new mental health strategy, *No health without mental health*²¹. The first, 'More people will have good mental health' includes in its agreed areas for action 'reducing the social and other determinants of mental ill health across all ages, and the inequalities that can both cause and be the result of mental health problems including, for example, social isolation, particularly among older people.'

The new Adult Social Care Outcomes Framework (ASCOF) has set the following outcomes across four domains for 2011/12²²:

¹⁷ Office of the Deputy Prime Minister (2006) *A Sure Start to Later Life: Ending Inequalities for Older People*, www.cpa.org.uk/cpa/seu_final_report.pdf

¹⁸ Grundy, E, Fletcher, A, Smith, S and Lamping, D, (Nov 2007), International Longevity Centre – UK, www.ilcuk.org.uk/files/pdf_pdf_41.pdf

¹⁹ www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118

²⁰ www.thinklocalactpersonal.org.uk/Browse/ThinkLocalActPersonal

²¹ Dpt of Health (2011) *No health without mental health: A cross-government mental health outcomes strategy for people of all ages* www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123766

²² Dept of Health (2011) *Transparency in outcomes: a framework for quality in adult social care. The 2011/12 Adult Social Care Outcomes Framework* www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_125686.pdf

- Enhancing quality of life for people with care and support needs. This will include measurement of 'social care-related quality of life', a composite measure drawn from responses to the Adult Social Care Survey. The eight outcome domains used were developed in the Measuring Outcomes for Public Service Users²³ project, including having social contact with people. There is also a specific measure on 'carer-reported quality of life' based on responses to the Carers Survey.
- Delaying and reducing the need for care and support. This will cover 'upstream' services for people before substantial needs have arisen.
- Ensuring that people have a positive experience of care and support.
- Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm.

These outcome measures will be valuable for demonstrating the achievements of adult social care. The ASCOF will also help local government to understand trends as well as helping them manage their own service improvement by providing one of the few validated sources of outcome information.

Demand for day services

Research published by DEMOS in 2009²⁴ found that 33% of older people, if they had a personal budget, would prefer to use day centre services.

In 2010, they published the findings of further research which built on this, exploring the preferences of a larger group of people²⁵ with the aim of providing intelligence and an insight into market changes for both providers and commissioners.

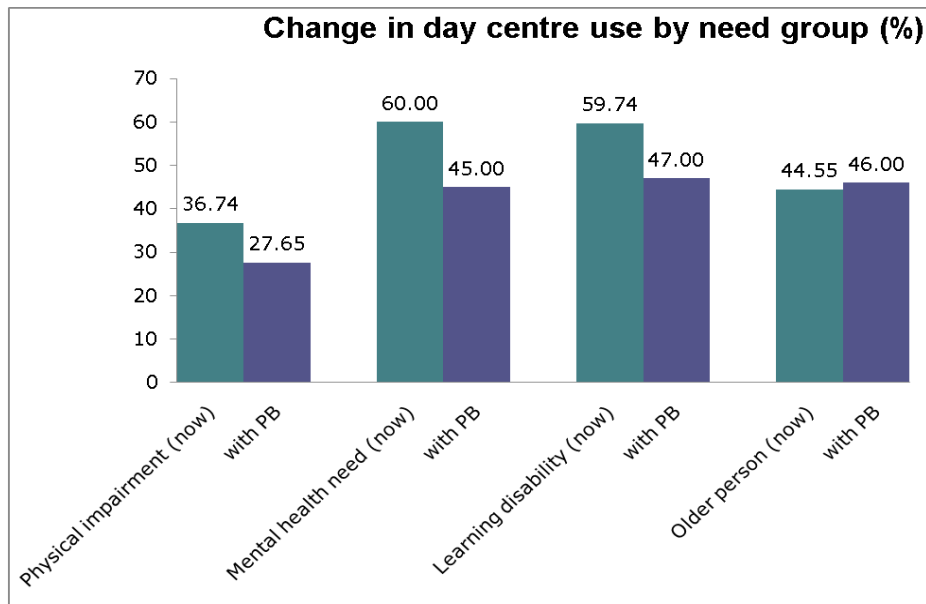
When asked what sorts of activities older council funded social care users would like to carry out if they had a personal budget, 54% said socialising, 48% said meeting new people and 43% said help going out.

When asked about services they would purchase, 46% of older people said they would use day centres. Currently 45% of council funded older people use day centres, so this shows a slight increase. Around 40% of self-funding older people said that they use day centres. The chart on the next page shows that other user groups said they would use day centres less if they had a personal budget, whereas older people with personal budgets would use them slightly more.

²³ A three-year Treasury funded Invest to Save project led by the Office for National Statistics. It aimed to develop a methodology and procedures to measure the added value of public services within a framework that could have wider applications. The project focused on information and advice, day centres and care homes. See page 18 for further information about MOPSU. www.ons.gov.uk/ons/guide-method/method-quality/measuring-outcomes-for-public-service-users/mopsu-reports-and-updates/index.html

²⁴ Bartlett, J. (Oct 2009) *At Your Service: Navigating the Future Market in Health and Social Care*, DEMOS. Research carried out Jan–July 2009 with a mixture of self-funders and publicly funded individuals. Of the 263 responses, 72 were older people. www.demos.co.uk/files/At_your_service_-_web.pdf?1256725103.

²⁵ Wood, C. (2010) *Personal Best*, DEMOS. Research was with 770 individuals across 9 local authorities – personal budget and direct payment users, council funded individuals and self-funders. The most common needs groups were: physical impairment 43%, old age 23%, learning disability 14%, mental health needs 13%. www.demos.co.uk/files/Personal_Best_-_web_-_final_1_.pdf?1289833070.



Source: DEMOS slide, ACEVO seminar 'Making the transition to Individual Budgets', Sept 2010

The research noted that people with learning disabilities and older people give very different responses. 'For example, although the data suggest a general decline in their use, day centres remain a popular service. A third of care users say they will still use day centres after receiving a personal budget, and older people may use them slightly more than they do now.' Caution should, therefore, be exercised when generalising from other research based predominantly on choices made by different user groups.

4. Method

This document updates 'Effectiveness of day services: summary of research evidence' in the publication *Day services for older people. Quality and effectiveness: a resource for providers and commissioners*²⁶ (Nov 2008).

In December 2007, literature searches were carried out in databases²⁷ and journal archives²⁸ 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).

In July and August 2011, further journal archive, database and website searches were carried out.²⁹

With the exception of one large-scale HM Treasury-funded project, searches identified very little directly relevant research. Indeed the lack of evidence of effectiveness for specific interventions that aim to reduce social isolation, in particular, has been noted in several articles.³⁰

²⁶ www.ageuk.org.uk/Documents/EN-GB/For-professionals/Care/Day%20services%20for%20older%20people%20quality%20and%20effectiveness_pro.pdf?dtrk=true

²⁷ EBSCO, AgeInfo, Social Care Online

²⁸ Ageing & Society (2000-2005), Social Policy & Society (2002-2007), Quality in Ageing (2005-2007), Journal of Integrated Care (Oct 2005-2007)

²⁹ Journals: Ageing & Society (2006-2011), Social Policy & Society (2008-2011), Quality in Ageing and Older Adults (2008-2011), Journal of Integrated Care (2008-2011), Working with Older People (2006-2011).

Databases: AgeInfo, Social Care Online.

Websites (evidence found): JRF, King's College SCWRU, DEMOS.

Nothing relevant was identified in the following websites: Brunel Institute for Ageing Studies, Personal Social Services Research Unit (Manchester), Social Policy Research Unit (York), Swansea Centre for Innovative Ageing, Lancaster Centre for Ageing Research, Oxford Institute of Population Ageing, Research Institute for the Care of Older People, Sheffield Institute for Studies on Ageing, Southampton Centre for Research into Ageing, Northumbria Ageing Studies / Centre for Collaborative Gerontology, Research into Practice for Adults, National Development Team for Inclusion, Institute for Public Policy Research, National Centre for Social Research.

³⁰ 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

5. Findings and summaries

Literature and research reviews

A **critical review of the literature on social and leisure activity and wellbeing in later life**³¹ identified rigorous studies that validate and refine the activity theory of ageing. This theory assumes that there is a positive relationship between activity and life satisfaction; and that wellbeing is promoted by higher levels of participation in social and leisure activities, and by role replacement (e.g. at retirement).

The majority of studies showed positive associations between activity participation and psychosocial wellbeing, health and/or survival, although there were differences by activity type and personal characteristics (e.g. gender). Social activities had the strongest association with wellbeing, health or survival, followed by physical and leisure activities.

Solitary/physically active activities were associated with reduced mortality risks for menⁱ. Women's mortality risk decreased with more informal/family and social activityⁱⁱ and their wellbeing was negatively influenced by greater contemplative activity.ⁱⁱⁱ

Maintaining or increasing levels of activity involvement was found to lessen the harmful impact of functional impairments, widowhood or lack of family support^{iv}. Those with the most informal social activity (getting together, talking with others, going to sports/films, eating out) were less depressed at baseline and their depression decreased over time.^v

Also found to be influential variables in the relationship between activity and wellbeing were:

- perception of one's activity level as 'enough'^v
- satisfaction with leisure activities^{vi}
- perceived value of activities^{vii}
- activity self-evaluation^{viii}
- the degree of choice and control involved in participation in the activity^{ix}.

³¹ Betts Adams, K., Leibbrandt, S. and Moon, H. (2011) *A critical review of the literature on social and leisure activity and wellbeing in later life*, *Ageing and Society* 31: 683-712. Identified 42 studies (24 cross-sectional, 18 longitudinal) in 44 articles on social or leisure activity that were published between 2005 and 2009. Studies used measures of social/leisure activity and modelled the relationship of activities to other variables with a focus on subjective wellbeing. Not included: literature on effects of activity participation on cognitive functioning.

See the article for further references, as follows: i) Lennartsson and Silverstein, 2001; ii) Warr, Butcher and Robertson, 2004; iii) Zimmer and Lin, 1996; iv) Silverstein and Parker, 2002; v) Hong, Hasche & Bowland, 2009; vi) Nimrod and Adoni, 2006; vii) Katz and Yelin, 200; viii) Mullee et al, 2008; ix) Herzog et al, 1998; Maier and Klum, 2005.

A literature and policy review on prevention and service provision³² carried out for the Mental Health In Later Life Inquiry (MHILLI)³³ identified two relevant pieces of research.

- **A review of the literature on the efficacy of care intervention models for people with dementia**³⁴ concluded that attendance at day care often delays institutionalisation.
- **A meta-analysis of caregiver interventions**³⁵ 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.

Two of the key messages in the research briefing *The evidence base for preventive services*³⁶ are that:

- Social and productive activities are as important as physical activities in reducing the likelihood of premature mortality and institutionalisation.
- 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.

A systematic review of health promotion interventions³⁷ 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.

³² Godfrey, M; Townsend, J; Surr, C; Brooker, D (Oct 2005) *Prevention and Service Provision: Mental Health Problems in Later Life*
www.leeds.ac.uk/hsp/hr/hsc/documents/pasp_final_report.pdf

³³ <http://domain993252.sites.fasthosts.com/index.aspx?page=stage2promotion.htm>

³⁴ 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

³⁵ Sørensen, S., Pinguart, M. & Duberstein, P. (2002). *How effective are interventions with caregivers? An updated meta-analysis*, *The Gerontologist* 42(3), 356-372

³⁶ *The evidence base for preventive services*. Research briefing number 8 (2005) Research & Development Unit, Age Concern England

³⁷ 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

Individual research projects and programmes

A qualitative study of the some community-based services and activities provided in villages, hamlets and sparsely populated rural areas³⁸ (lunch clubs, welfare rights information and advice services, befriending schemes and community warden support), considers the extent to which these services promote the social inclusion of people aged 70 and over. All services had significant positive effects in combating the social isolation of older rural residents by offering opportunities for social interaction and companionship.

The authors note that the term 'low-level', often used to refer to such services, has been criticised for devaluing the positive impact that these can make in promoting the wellbeing of older people.

Immobility, leading to isolation, was a recurrent theme, as were isolation and loneliness.

'I mean [there are] wonderful views and everything but you do need human contact' (81 year old woman).

It was noted that social loneliness (lack of wider social networks) and emotional loneliness (e.g. due to loss of a partner) are different facets of loneliness.

The chance to regularly attend a **lunch club** provided 'a focal point, something to look forward to, and something to be actively enjoyed'.

'When you live by yourself, you spend so much time alone. ...I spend hours and hours sitting by myself. I've got two sons that visit me from time to time, but I spend a lot of time by myself and I find by coming here and chatting to people, having a nice meal... I manage to cook in between times for myself. But I must admit that I look forward to Tuesdays and Thursdays.' (83 year old woman).

The overwhelming majority of users of village services (and voluntary workers) were female, and older men are often reluctant to engage with the services on offer. Men attending clubs often did so with their partner, or had a connection with those delivering the service. Others' attendance was triggered by specific circumstances:

'My husband was disabled, not severely ... you suddenly become very withdrawn when you've had a stroke. And we weren't able to go to hardly anything. ... We actually were extremely happy to find somewhere we could have lunch out once a fortnight where people took no notice of the fact that my husband couldn't use a knife properly. He didn't have to be embarrassed, because we are all in the same boat.' (80 year old widow).

³⁸ Dwyer, P. and Hardill, I. (2011) *Promoting social inclusion? The impact of village services on the lives of older people living in rural England*, *Ageing and Society* 31: 243-264

Two services were identified in areas with populations of 3,000 or less, in each of three areas: East Midlands, West Midlands and the East of England. Two lunch clubs: 1) A parish centre lunch club. 2) A lunch club providing transport to the social event/meal, combined with delivery of mobile hand, foot and hair care.

There were semi-structured interviews with people involved with village services (manager, volunteer, funder – 25 in total). Individual and focus group interviews were held with 44 older service users (aged 58-93; 40 were 70+) at village halls, community centres and participants' homes.

Older men in rural areas appear to value opportunities for social interaction as much as women, but tend to prefer interest-based clubs rather than older people's clubs. New ways of engaging with them need to be found.

The North East Improvement and Efficiency Partnership's 'What supports independence project' aimed to 'seek to identify what universal, primary and secondary preventive approaches are effective to avoid the development of longer-term dependency and, therefore, deflect people from inappropriately entering the social care system because their needs have been met through earlier intervention, targeted prevention and/or reablement services, which have maintained individual self-care, functioning, and supported independent living.'

Its final report on the first phase³⁹ reports on non-health/personal care preventive services that make the biggest difference to wellbeing and social inclusion. Twenty five of the 83 services identified via a web-based survey were selected as demonstrating effectiveness in supporting independent living and meeting one or more of six further criteria:

- prevention or delay of the development of long-term conditions
- delivery of efficiencies for local authorities and health services through the avoidance or prevention of costly social care intervention
- value for money
- evidenced outcomes for individuals, authorities and an area/locality
- building social inclusion
- sustaining or improving wellness.

Among these 25 were day and lunch clubs which provided a forum for people to socialise and build new relationships, in comfortable and friendly environments.

An analysis of data from the first wave of the Survey on Health, Ageing and Retirement in Europe⁴⁰ (SHARE) was carried out to **investigate links between cognitive function and social involvement**.⁴¹ It suggests that social involvement and avoidance of social isolation could be important factors in the maintenance of cognitive abilities in later life.

³⁹ Craig, L., Kitt, I. and Spencer, S. (2010) *What supports independence project: Work phase 1: researching the services that support independence*. North East Improvement and Efficiency Partnership www.northeastiep.gov.uk/adult/independentliving.htm

⁴⁰ SHARE includes data from 11 European countries (Austria, Belgium, Denmark, France, Germany, Greece, Italy, The Netherlands, Sweden, Switzerland, Spain) and Israel. It includes detailed information on various areas, including health, wellbeing, economic circumstances and social networks, for 31,115 people. Data were collected between 2004 and 2006, and covers the non-institutional population aged 50 and over.

⁴¹ Engelhardt, H., Buber, I., Skirbekk, V. and Prskawetz, A. (2009) *Social involvement, behavioural risks and cognitive function among older people*, *Ageing & Society*, 30, 779-809. Only those aged 50-70 and classed as 'healthy' were included in this analysis, to exclude and declines in cognitive functioning that may result from poor health or certain medical conditions. The study included 22,949 people. Mean age: 62 for men, 63 for women. Men: 10,902. Women: 12,047.

The analysis also cites studies which have found social isolation to be linked with a more rapid decline in cognitive abilities, with loneliness further exacerbating any decline^{42 43}, and that activity outside the home is even more important for those living alone⁴⁴. Cognitive decline as a result of reduced socialisation after retirement can affect some people^{45 46 47 48}, but is most evident among men⁴⁹. Participation in community activities matter for women, and its effects are more significant, in terms of cognitive functioning, at advanced ages.⁵⁰

The Treasury Invest-to-Save Budget funded **Measuring Outcomes for Public Service Users (MOPSU) project**⁵¹ identified significant benefits from low-level day services and lunch clubs in terms of the Social Care Related Quality Of Life (SCRQOL) of service users. The project developed the Adult Social Care Outcomes Toolkit⁵² (ASCOT) which aims to help inform outcomes-based commissioning.

The third phase of the project involved five focus groups with service users and three with providers of low-level services to gather experiences and perspectives on how the services help people and make a difference to their lives.

⁴² Wilson et al (2007) *Loneliness and risk of Alzheimer Disease*, Archives of General Psychiatry 64, 2, 234-40

⁴³ Gleib et al (2005) *Participating in social activities helps preserve cognitive function: an analysis of a longitudinal, population-based study of the elderly*, International Journal of Epidemiology 34,4, 864-71

⁴⁴ Gow et al (2005) *Social Support Networks, Loneliness and Cognitive Ageing*. Poster presented at the British Psychological Society Quinquennial Conference, Manchester, UK, 30 March to 2 April.

⁴⁵ Cohen, S. (2004) *Social relationships and health*, American Psychologist, 59, 8, 676-84

⁴⁶ Cole, M.S, Schaninger, W.S. and Harris, S.G. (2002) *The workplace social exchange network: a multilevel, conceptual examination*, Group and Organizational Management, 27, 1, 142-67

⁴⁷ Glass et al (1999) *Population-based study of social and productive activities as predictors of survival among elderly Americans*, British Medical Journal, 319, 7208, 478-83. See page 27 for more details of this study.

⁴⁸ Melchior etc al (2003) *Social relations and self-reported health: a prospective analysis of the French Gazel cohort*, Social Science and Medicine, 56, 8, 1817-30

⁴⁹ Susigawa et al (1997) *Effect of retirement on mental health and social well-being among elderly Japanese*, Nippon Koshu Eisei Zasshi, 44, 2, 123-30

⁵⁰ Beland et al (2005) *Trajectories of cognitive decline and social relations*, Journals of Gerontology Series : Psychological Sciences and Social Sciences, 60, 6, P320-30

⁵¹ MOPSU (originally the Quality Measurement Framework project) was a three-year project led by the Office for National Statistics in partnership with the Department of Health, local authorities, the Personal Social Services Research Unit (University of Kent), the National Institute of Economic and Social Research and the National Council on Voluntary Organisations.

See the *Interim report* (July 2008) for evidence cited here (D6 pp110-123)

www.ons.gov.uk/ons/guide-method/method-quality/measuring-outcomes-for-public-service-users/mopsu-reports-and-updates/index.html

⁵² ASCOT aims to capture information about social care related quality of life (SCRQOL). It has two components: a measurement scale of current well-being scale and an expected outcome (in the absence of services). Further information, guidance and tools are available at www.pssru.ac.uk/ascot.

With regards to what users valued about day services, they overwhelmingly reported that they accessed day services for social contact. They highly valued having contact with people of a similar age and with shared experiences.

Transport was a major factor in enabling people to attend and take part in the activities available.

'I like to come because I'm living on my own, and when you come here you can have a chat with people, and it's a very friendly atmosphere here.'

'This is all I've got, you see, because I've got osteoporosis, I can't really get out, so if it wasn't for this, I'd never go out. The only reason I can get here is because the bus literally comes and picks me up and takes me door to door. Otherwise I'd just be indoors. I wouldn't see anyone. I'd just be staring at the same four walls all the time, just watching the cars go by.'

Day services gave people a sense of purpose and something to look forward to, which gave their day/week structure.

'When you're older, it's something to look forward to, you see. We all really look forward to it. I come to life, even just getting ready. I wouldn't miss it. It makes us feel jolly and that helps us, I think. If you're just at home, you don't do that...it [loneliness] can get you down and you feel so much better afterwards. It lifts your mood, see, and then you can get on with the rest of things.'

For many, this sense of purpose staved off the depression and anxiety associated with ageing and living alone. They felt that the stimulation that day services offered had prevented deterioration in their physical and mental health.

Personal care was also highly valued. People said that they would not otherwise be able to access bathing, chiropody and hairdressing, either due to cost or availability.

'You can get your washing done and everything here. You can have your hair done and afterwards we can have our feet done...If it wasn't for this place, I wouldn't be able to do any of these things. Round here, there's nothing, or if I want to get my hair done it costs much more than when I get it done here.'

Other services that would otherwise have been unavailable and were important to people were hot meals, advice and assistance with forms and help with domestic problems.

'I come down here every day for my dinner. The thing is, if you're on your own at home, you don't bother to do yourself a decent meal. You just have a tin of soup or something. I wouldn't do for myself what I can get here, not any more.'

'They checked the forms here to make sure that I was getting all the benefits I was entitled to... if you've got a form that you don't understand or, like me, you've got bad eyesight, they'll fill it in for you and help explain everything to you.'

Support or rehabilitation after significant life events, such as accidents or bereavement, were further common reasons for attending services.

'I'd be lost without it. It's a life saver; it really is a life saver. Since I lost my husband, it saved me. I don't know what I'd do without it.'

A few people attended to give respite to their carers.

The majority of service users said that they thought the purpose of day centres was to be an extra support mechanism. Despite this, people had felt apprehensive about attending at the beginning due to misconceptions about what was available at day centres and about the people who attended them. Many had changed their view since beginning to use services which they had found to be welcoming. A small number said there were simply no alternatives available.

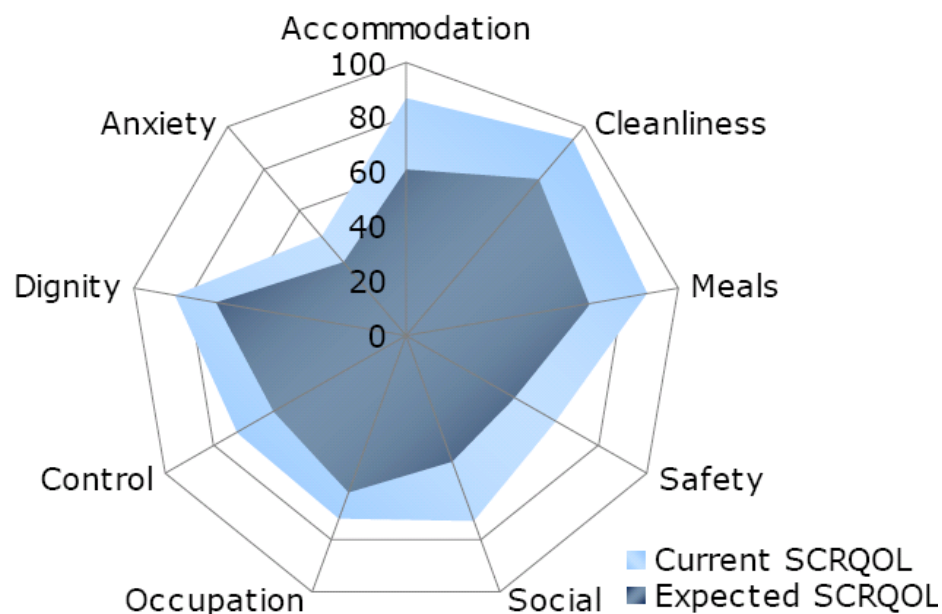
The MOPSU project's final report on outcomes of low-level services⁵³

(June 2010) gives details of the testing process of ASCOT which is designed to measure the impact of a service in terms of its valued consequences, or outcomes, for service users. The SCRQOL outcome score for a service is reached by comparing service users' (hypothetical) expected quality of life/wellbeing in the absence of a service with the current quality of life/wellbeing reported. People are asked to rate their wellbeing in nine quality of life domains. Importance weights are attached to the domains (except dignity and anxiety) to calculate a weighted score.

Day centres were chosen to test ASCOT 'because, of services that receive mainstream funding, they cater for people with relatively low needs. They are services that are not narrowly focused on personal care tasks, such as home care, or people with high levels of need as in care homes. A key aim was to test how well ASCOT would measure the more intangible aspects of service use, such as having a good social life, being meaningfully occupied and feeling in control, outcomes likely to be affected by day care centres.'

The diagram below shows the outcomes of day care centres for older people in each of the nine domains. It shows the difference between current SCRQOL and what would be expected without a service, with a score of 100 representing the best possible score in each domain. It is unweighted, i.e. does not take account of the relative importance of the domains and levels.

Diagram: Unweighted current and expected SCRQOL for the face-to-face interview sample of older day care service users



⁵³ Caiels, J., Forder, J., Malley, J., Netten, A. and Windle, K. (June 2010) *Measuring the outcomes of low-level services: final report* www.pssru.ac.uk/pdf/dp2699.pdf
Face-to-face interviews were carried out with 224 people.

The diagram shows that day centres help in all domains, with the main benefits being for social contact, followed by meals and accommodation. Sixty one per cent of respondents felt that day care helped with outcomes associated with social contact. Forty per cent said that 'day care directly helped in relation to their home cleanliness and comfort. This may be due to reducing the tasks associated with food preparation and personal cleanliness that would otherwise take place at home.'

The report concludes that day care centres delivered good outcomes for their users, particularly for those with higher levels of impairment and those who attend more than 3 times a week. People who live alone benefit more than people who live with others, and people in receipt of Pension Credit benefit more than those who aren't.

In terms of cost effectiveness, 'the study found that day care centres do improve outcomes at a cost equivalent to just under £25,000 per 0.1 unit improvement, on the 0-1 scale, in ASCOT per service user on average. Mirroring guidance used by NICE if it were applied to this case, we would conclude that day care for older people is cost-effective.'

A 2009 IPPR report setting out the well-being agenda regarding older people for policymakers and practitioners⁵⁴ reported on its own research finding, that 'day care and drop in centres are relied on for much valued support, advice and friendship – which in turn help to foster both mental and physical stimulation. Such centres give a welcome break from the long periods of time alone that can become the norm for many older people.' One participant said:

'... for four or five years I never saw anybody and then my care manager got me into Age Concern and I absolutely love it.'

Participants also said that loneliness could lead to depression and alcohol abuse. The report refers to earlier IPPR research that showed that alcohol abuse is both a cause and a symptom of depression and social exclusion, and that the over 75s are more at risk of depression, social isolation and exclusion.

⁵⁴ McCormick, J. et al (2009) *Getting On: Well-being in later life*, Institute for Public Policy Research. Focus group participants were recruited by contacting a range of community / voluntary organisations, day centres, adult education centres and care homes. Peer researchers were used, and efforts were made to engage with people who may be excluded from the debate – those in rural areas, in care homes and from minority ethnic groups. Of the 46 who took part (33 women, 13 men), ages ranged from 51-102, with 73 being the median age. www.ippr.org/images/media/files/publication/2011/05/getting_on_1744.pdf

In November 2007, the International Longevity Centre, UK, published **A Policy Brief⁵⁵ 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.

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.’

In 2006, the government recognised, in ***A Sure Start to Later Life: Ending Inequalities for Older People. A Social Exclusion Unit Final Report***,⁵⁶ 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. ... 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:

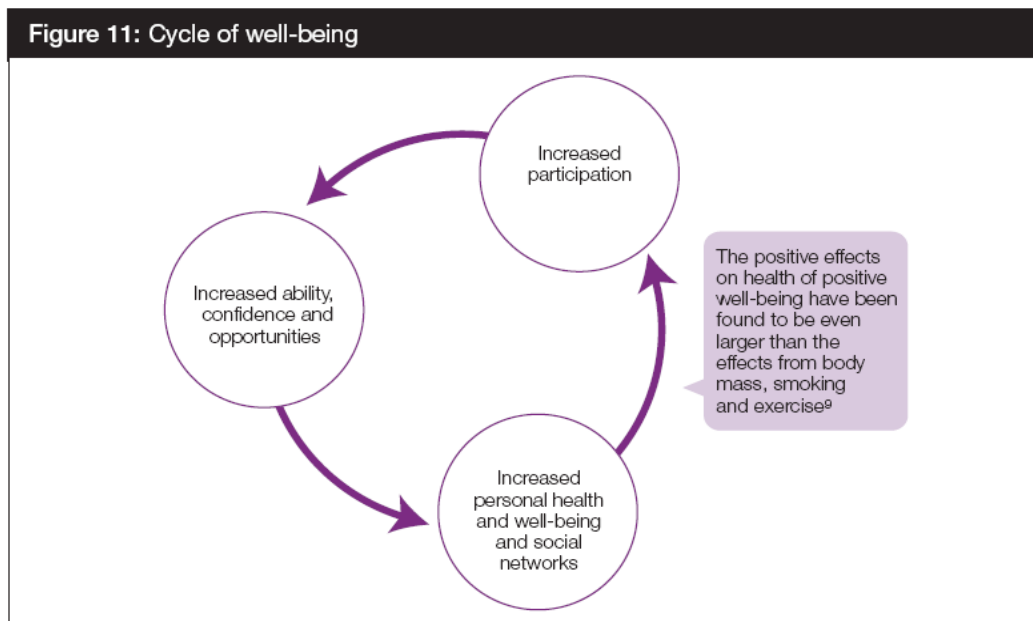
- prevent or delay the need for more costly intensive services; or
- promote the quality of life of older people and engagement with the community.’

⁵⁵ 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/files/pdf_pdf_41.pdf

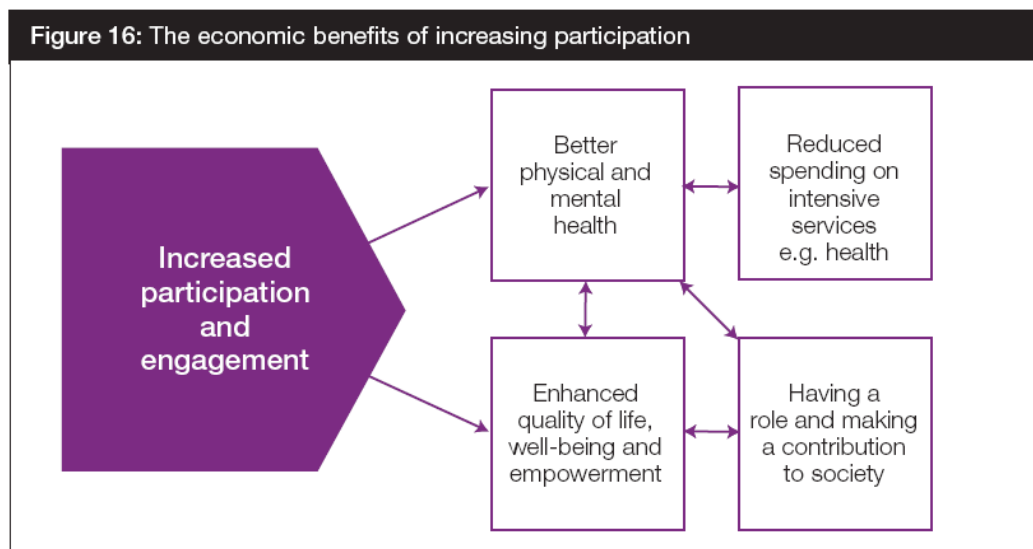
⁵⁶ Office of the Deputy Prime Minister (2006) *A Sure Start to Later Life: Ending Inequalities for Older People*, www.cpa.org.uk/cpa/seu_final_report.pdf

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:



A companion document to this report which covers the economic impact of social isolation⁵⁷ puts forward the following economic benefits of increasing participation:



⁵⁷ *Making life better for older people: an economic case for preventative services and activities*

A one-year exploratory ethnographic study of social dance for people aged 60 or over in six sites across three areas⁵⁸ found modern sequence dancing, in particular, to be beneficial in various ways.

Modern sequence dancing is the most popular type of couples 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 each other.

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

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 service users and professionals, together with information relating to costs. The study has been reported on⁵⁹ and discussed in further detail separately.⁶⁰

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.

⁵⁸ Cooper, L and Thomas, H, *Growing old gracefully: social dance in the third age*, Ageing & Society 22, 2002, 689-708

⁵⁹ 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

⁶⁰ 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

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:

- 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 said⁶¹:

'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.'

'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.'*

'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.'

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.'*

⁶¹ 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

A study of day services for older people in rural Oxfordshire⁶² found that the 'main value of attending day centres expressed by older people is the enjoyment of social contact and relief of loneliness, depression (particularly after bereavement) and social isolation.' Even people living with family, or with family helping them, experienced loneliness while younger family members were busy or not at home during the day. For some, it was their only outing during the week.

'I like the company, the contact, things going on.'

'I've always been in hotels. I'm used to the company.'

'I know a lot of people here from way back.'

'All our friends have died, you see – I'm 86 and my husband's a year older – and this has given us a chance to make new friends.'

'I only started coming here after my husband died.'

'You need to be "drawn away" from grief, back into life. You need some help with that.'

'If I didn't come here, I wouldn't go anywhere.'

'This is our one outing of the week, really. It's something to look forward to and get a bit dressed up for.'

Another key finding was that day centres also provide the opportunity for people to fulfil their 'sense of self as a competent member of the adult community' – to be an active participant, or giver, to balance the need to receive in some areas of life.

'After my husband died, I felt very useless. I couldn't see much point to my life. Coming here has really helped me feel useful again.'

'I want to feel that I am still useful for something.'

'An older woman entered a day centre in a deeply rural part of Oxfordshire with some difficulty, manoeuvring a walking frame and clutching a large bunch of lilac which she presented to the organiser:
"Lilac from the garden. It's the very first. I got up a little bit earlier to cut it. I like to bring a little something when I can."

Getting people together in day centres could also act as a catalyst for an 'extended service' – offers of a bit of help - to develop between members and between members and volunteers, thereby further binding that community together. The following are cited:

'A volunteer who picked up on difficulties one member was having managing to pull up her tights offered to track down, on a visit to the market, some 'hold-up' stockings, which would extend an area of independence. *"Some of them are useless, but my sister discovered a make that really do stay up."*

⁶² Thewlis, P. (2001) *Lilac from my garden. Day services for older people in rural Oxfordshire: a study of needs and innovations*, Age Concern Oxfordshire City and County. It included semi-structured interviews with almost 200 older people in day centres and a variety of other settings (U3A groups, clubs, older people's panels, networks) and individuals in their own homes, and collecting evidence from rural day centres. The main emphasis was on people aged over 75 as they are the major users of secondary preventive services, but the consultative work included people aged from 50.

A member, on hearing over lunch that another member *is very partial to a bit of lemon curd* offered to make some. *'I'll have a go at it. Haven't made that for years.'*

Some informal links made this way become more formalised. For example, meals are taken to members who are too unwell to attend, volunteers organise hospital visits to and for members and their families.

Day centres also facilitate access to additional support for those attending, such as help filling in benefits forms, nail cutting, flu vaccine administration, introduction to the internet. In relation to the wider community, they offer the opportunity to make links that would not otherwise be possible. For example, development of social interaction with a local school that provides meals to the centre, a visit from the Disability mobile unit that attracted other local people, local people popping in to play music or arrange flowers, or the opportunity for public involvement and consultation – to give information on local developments that affected older people and to seek their views to feed back.

A population based study of social and productive activities⁶³ 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 clear message is 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 quartile were 34.7% more likely to die than those in the most active quartile 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

⁶³ 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

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 no physical exertion may also be beneficial.’ Moreover, ‘the effect of social and productive activity on mortality was the strongest among the least physically active’ – often those unable to be involved in physical activity.

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 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.’

The authors conclude that ‘public policy measures that reduce barriers to continued social engagement would be important interventions – for example, public investment in transport and day centres for elderly people.’

Help the Aged’s report on **Social Inclusion and Older People**⁶⁴ which came out of a series of workshops with 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.’

⁶⁴ Sinclair, A, Swan, A and Pearson, A (2007) *Social Inclusion and Older People. A call for action*, Help the Aged

6. Conclusion

There is no shortage of research about social isolation, loneliness and the effects of social exclusion 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.
