

**The Experience of Attending a Day Care Centre:**  
**A Study into Older Adults' Quality of Life**

**Rebecca Giles**

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## **Abstract**

**Objective:** The aim of this study was to explore older adults' experiences of attending a day care centre and whether this impacted positively on their quality of life. Quality of life was considered in relation to reduced feelings of loneliness and social isolation as outlined in the Adult Social Care Outcomes Framework (ASCOF) (DH, 2014c).

**Method:** Semi-structured interviews were carried out with eight older adults who had attended the day centre for a minimum of one year. Interpretative Phenomenological Analysis (IPA) was then used to analyse the verbatim transcripts of the interviews.

**Findings:** IPA produced three master themes. These were: the importance of being occupied; the importance of companionship; and members of staff. A description of these master themes and the corresponding sub-themes is presented.

**Conclusion:** The results of the analysis are considered in relation to the existing literature. This study suggests that the day care centre is experienced positively by participants due to the combination of being occupied, having companionship and developing good relationships with staff. This positive experience improves their quality of life and wellbeing.

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## **Chapter One**

### **Introduction**

Originating in the 1950s in the context of 'day hospitals' and increasing in numbers throughout the subsequent decades, day centres continue to be an integral part of community-based long-term care services for older adults (Tester, 2001). For the purpose of this study I shall be using Tester's classic definition;

'A day care service offers communal care, with paid or voluntary carers, in a setting outside the user's home. Individuals come or are brought to use the services, which are available for at least four hours during the day, and return home on the same day'.

(1989: 37)

Day care centres are considered to have two main functions. Firstly to enable people to continue living in their own home rather than moving into residential care, and secondly to provide respite for carers who tend to be family members living in the home (Hussein, 2010). These two functions are particularly relevant under the recently established Care Act 2014 which emphasises the importance of early intervention and prevention, individual wellbeing, and strengthening the recognition of carers (DH, 2014a). Furthermore, research carried out by Bartlett (2009: 28) on behalf of Demos, suggests there is 'a very strong demand' for day centres amongst older adults and that 'the single area that most older people wanted to change was 'what they did during the weekday''. However, despite these perceived benefits, local authority funded day centres for people with an assessed social care need are closing at an increasing rate (Needham, 2011; BBC, 2013). The relevance of day centres within the context of the personalisation agenda has been questioned (Pitt, 2010), while at the same time there have been substantial funding cuts which are reshaping adult social care (ADASS, 2014).

This research study has been carried out in conjunction with the Centre for Community Engagement Research Project (CCER). The CCER emphasises co-production and 'making a difference' by rooting research in processes of community

engagement (Goldsmiths University of London, 2015). This is achieved through identifying research needs in collaboration with community partners, matching those needs with student research projects related to social work and community work, and providing the opportunity to exchange knowledge and skills (ibid). This study is based on Stones End Day Centre, a day care centre currently operating in the London area. Stones End Day Centre specialises in working with older adults with care and support needs. The centre relies on the local authority to fund service users via personal budgets which enables them to attend as part of their care package. For the centre to continue, they rely on enough service users to make it viable.

Services within adult social care, such as Stones End Day Centre, are becoming increasingly outcome-focused. The Adult Social Care Outcomes Framework (ASCOF), a tool introduced in 2011, aims to measure the outcomes of services to ensure they are producing positive outcomes for service users (DH, 2014c). The ASCOF includes four domains, two of which are considered in this paper. They include improving quality of life for people with care and support needs, and ensuring people have a positive experience of care and support (ibid). These domains form the basis of this study, which aims to explore the experience of attending the centre, and to ascertain whether participants perceive the centre to be improving their quality of life.

Quality of life and wellbeing have become increasingly focussed on within policy and practice. Governments in the developed world have become dissatisfied with the neoliberal economic model of measuring social progress through GDP, and are now looking towards measurements of life satisfaction and happiness (Scott, 2012). Research into 'quality of life' coupled with that into 'wellbeing' has often resulted in the interchangeability of these terms (Smith, 2000). Similarly, wellbeing is 'synonymised with happiness' and 'life satisfaction' and often used in wellbeing discourse (Scott, 2012: 4). Therefore, so as not to overcomplicate this study, the terms 'wellbeing', 'quality of life', 'happiness' and 'life satisfaction' are used interchangeably to represent the same phenomenon.

These concepts are central to social work - a profession which aims to improve wellbeing, make people happier, and support people in feeling better about themselves (Jordan, 2007). The Care Act 2014, which places the wellbeing of the individual as its over-arching principle does not include a definition of wellbeing, 'as how this is interpreted will depend on the individual, their circumstances and their priorities' (SCIE, 2015: 5). This study does not aim to define wellbeing or quality of life and acknowledges that definitions are sensitive to both cultural and individual interpretations (Scott, 2012). However, despite there being no single definition of wellbeing, McAllister (2005:6) argues the literature does appear to agree on certain domains:

'Most researchers agree about the domains that make up wellbeing: physical wellbeing; material wellbeing; social wellbeing; development and activity; emotional wellbeing. The elements can be paraphrased as physical health, income and wealth, relationships, meaningful work and leisure, personal stability and (lack of) depression.'

The concepts of wellbeing and quality of life are multifaceted and complex and it was necessary to narrow them down. Therefore this study has utilised the ASCOF (DH, 2014c) and has considered quality of life in regards to whether the centre provides the opportunity for individuals to maintain a social life and avoid loneliness or isolation – a key measurement in the quality of life domain. This measurement of quality of life is particularly relevant due to a recent surge in research on the detrimental effects social isolation and loneliness can have on older adults' wellbeing (DH, 2014b). A key aim of this research was to explore whether attending a day centre can help people to feel less isolated, combat loneliness and therefore contribute positively to an individual's quality of life.

Literature on UK day centres is limited and much of the research is international. However, studies suggest attendance at day care centres can promote older adults' wellbeing and quality of life (Jacob, Abraham, Abraham, Jacob, 2007; Bilotta, Bergamaschini, Spreafico & Vergani, 2010; Iecovich & Biderman, 2013). Various studies have identified the positive impact attendance can have on fostering social interactions and reducing social isolation, thus promoting the mental and social

wellbeing of the individual by reducing depression, anxiety and loneliness, and increasing levels of happiness and life satisfaction (Andersson-Sviden, Tham & Borell, 2004; Garcia-Martin, Gomez-Jacinto & Martimportugues-Goyenechea, 2004; Tse and Howie, 2005; Valadez, Lumadue, Gutierrez & de Vries-Kell, 2006; Ron, 2007). However, there are limited numbers of qualitative, in-depth, descriptive studies (van Beveren & Hetherington, 1998). This study adds to our understanding of how older adults experience day centres and will help Stones End Day Centre to be even more effective in promoting quality of life.

This study adopted an interpretative phenomenological approach as this method allows the researcher to explore participant experiences, a key aim of the research study. This approach recognises the active role of the researcher in interpreting the descriptive material (Smith & Osborn, 2003). I interpreted the data, looked for findings in relation to the ASCOF and did this within my own personal belief system (ibid). This method is open to bias, so 'reflexive bracketing' was used to try to set aside personal feelings and preconceptions (Ahern, 1999, cited in Robson, 2002: 172). Nonetheless, it is important to acknowledge personal beliefs in order to aid transparency for the reader. The interpretative framework has been impacted by my advocacy for community-oriented services and the belief they can improve outcomes for individuals. As a social work student with experience of community adult services, the lack of day care type services available for older adults was apparent. These day services were most needed for older adults living alone and in need of company. It is this growing concern around social isolation and overall social wellbeing that formed the basis for this study.

Qualitative methods were used and data collected through semi-structured interviews with a sample size of eight service users. Interpretative Phenomenological Analysis (IPA) was then used to analyse the data. Listening to, and acting on, the voices of older people is essential for shaping services (McCormick, Clifton, Sachrajda, Cherti, & McDowell, 2009) and the ASCOF guidance emphasises the importance of gathering the perspectives of individuals using the service in order to improve overall quality (DH, 2014c). This approach was ideal for obtaining rich and detailed information from those accessing the centre.



This paper begins with a review of the relevant literature on day care centres, with a specific focus on quality of life and wellbeing. It continues with a methodology section where the interpretative phenomenological approach principles will be concisely but comprehensively presented. This chapter also includes information on the sample, the procedure, ethical considerations and the analytic strategy. Findings and conclusions drawn from the analysis are presented at the end of this paper and discussed in reference to the ASCOF (DH, 2014c).

## **Chapter Two**

### **Literature Review**

Adult day services do not serve one specific population and they cater for a diverse range of needs. Equally, day care does not refer to a homogenous set of activities, services or programs. There are a number of empirical differences among day centres, as well as the population served, and it is important to acknowledge this diversity when reviewing the literature (Gaugler & Zarit, 2001). Nevertheless, the main objectives of day centres, as outlined by Tester (2001) generally include to support people to remain independent in the community; to provide social care and company; rehabilitation and treatment; assessment and monitoring; and to provide support and respite for carers. The majority of literature is based on the effectiveness of adult day centres in improving client functioning, alleviating caregiver stress, and delaying nursing home placement (Gaugler & Zarit, 2001). This chapter focuses on the literature which considers the relationship between attending day centres and the impact on the individual, rather than the impact on caregivers or on public care costs. Sources were gathered for this via several academic databases, including Sage Journals, Oxford Journals and Social Care Online. Google Scholar was also utilised to find articles and reports. Search terms included adult day centres, adult day services, and community day care, amongst others. Reference lists in articles were also checked to locate other relevant studies.

#### **Day care centres within the current economic climate**

The UK's population, along with all developed nations, is ageing. The 2011 Census revealed that 9.2 million (16 per cent) usual residents of England and Wales are aged 65 and over; an increase of almost one million from 2001 (ONS, 2013a). The 'oldest old' (those 80 and over) are the fastest growing sector in society (DH, 2014d). These demographic changes demonstrate the increased need for services that promote health and wellbeing. However this comes at a cost, and the sustainability of social care budgets, alongside all public services, has been brought into question (ibid). As McDonald (2010:25) argues, old age is no longer presented as a developmental stage, but instead as a 'problem' for policy makers to address.

Adult social care provision is changing as cuts are made and the rationing of scarce resources continues to be a priority (Lymbery, 2010). A report completed by the Association of Directors of Adult Social Services (ADASS, 2014) states that since 2010 spending on adult social care in England has fallen by 12 per cent at a time when those looking for support has increased by 14 per cent. Over the last four years, councils have had to make savings to adult social care budgets totalling £3.5 billion, meaning less people are receiving support. With further cuts of approximately £1bn expected this year, many argue that quality and reliability of services available for older adults will continue to suffer (Butler, 2015). Day care centres are one of many services which have been affected by cuts, with centres across the UK closing down and eligibility thresholds becoming tighter (Pitt, 2010). In 2013-14, 128,000 individuals in England received day care as part of their care package, funded by the local authority (HSCIC, 2014). This is a decrease from the previous year in which 141,000 received day care (HSCIC, 2013). In 1998, contrastingly, 253,900 people received day care placements in England (Tester, 2001). The statistics show an annual decrease, despite the numbers of older adults increasing.

Day care services are therefore experiencing a time of increased uncertainty. Research conducted by Needham (2012) in collaboration with UNISON, provides a stark account of the changes that are taking place in terms of day centre provision. The study involved an online survey sent to UNISON social care members working in local authority and independent sector day centres. Key findings include knowledge of day centres closing with people being moved to centres further away from home, or in some cases services being withdrawn completely. 71 per cent of respondents had noticed changes to day centre provision in the last three years aside from centre closures, such as changes to eligibility criteria. 52 per cent of respondents were aware of plans to close more day centres in the future. There are methodological weaknesses as the study does not provide a representative sample of day centre staff, with the possibility that dissatisfied workers were more likely to complete the survey thus giving a distorted account of change. Nonetheless this study remains insightful and reflective of current concerns regarding day centre provision.

## **Historical and political background of day care centres**

Adult day centres have traditionally been a key component of adult social care, with the UK viewed as a world leader in the development of day care services (Nies, Tester, & Maarten-Nuijens, 1991). The first purpose built day hospital opened in 1958 and others rapidly followed due to the perceived economic advantages (ibid). These services were offered as part of a range of community care services developed to support older people to live independently at home, thereby avoiding residential care and reducing costs (Tester, 1996). The 1970s saw a rapid growth in day centres in the statutory and voluntary sectors. By the late 1980s there were a variety of day services comprising both day hospitals and day centres, each with subcategories including NHS day hospitals, local authority community-based day centres, and third sector community-based day centres (Tester, 2001).

The introduction of the NHS and Community Care Act (NHSCCA) 1990 reshaped day services with a focus on needs-led rather than service-led assessments, care packages and service development, with an overall emphasis on supporting older adults to stay in their own home. The fundamental aim of the reforms introduced under the NHSCCA was to stem the spiralling social security budget for residential and nursing home care. This meant a new system of people paying for care, local authorities assessing an individual's care needs, and greater implementation of community care (Hardiker & Barker, 1999). The White Paper, 'Caring for People' (DH, 1989) outlined six key objectives for service delivery. The one that was particularly relevant to day care services was, 'to promote the development of domiciliary, day and respite services to enable people to live in their own homes wherever feasible and sensible'. (Cm 849: 5). Tester (2001) notes an increase in the number of day centres purchased or provided for over 65s in England in the late 1990s as well as the development of needs-led models of services. Policy began to focus on promoting independence, prevention and rehabilitation, and coordinated services providing individualised care. However Tester (2001) notes there is little mention specifically of day services in relation to these aims within policy documents.

Further welfare reform arose when New Labour came to power in 1997. The White Paper, 'Our Health, Our Care, Our Say: A New Direction for Community Services', (DH, 2006) presented proposals for an overhaul of the health and social care system, and introduced individualised budgets. 'Putting People First: A Shared Vision and Commitment to the Transformation of Adult Social Care' (HM Government, 2007), introduced the term 'personalisation', with a focus on placing people at the heart of things and giving them greater choice and control (Leece, 2012). The 'Prioritising Need' guidance (2010) reflected this new direction of policy with a strong emphasis on prevention, early intervention and support for carers. This document also introduced four eligibility bands based on individual needs and risks to independence when allocating a personal budget. Guidance encouraged social workers to consider community support to keep people within the community and prevent people reaching a high level of need (DH, 2010). Day care centres reflect these changes and now have a client base which is becoming increasingly disabled as the number of older adults, who might once have been considered for residential care, instead continue to live in their own home (Gross & Caiden, 2000).

### **The research evidence related to day care centres**

Research into adult day care services in the UK is limited in comparison with other areas of community care. Tester (2001: 19) questions, 'Why are day services rarely visible in policy and research literature on community care?' Hunter and Watt (2001) express similar observations, arguing that day services are a key component in care packages for older people, and therefore they would have expected day services to feature more prominently in the practice and research literature. A more recent review of the research regarding the effectiveness of day services by Age UK (2011) highlights a continuing lack of research into day services. The reasons for this are not entirely clear but Clark (2001) notes that day services tend to have a marginal status, which he believes corresponds to the marginal social position of their users. Day services are often referred to as 'low-level' services, which devalues the positive impact that more mundane services can make in promoting the wellbeing of older adults (Dwyer & Hardill, 2011). Yet, research carried out by Bartlett (2009:28) on how people spend their individual budgets showed there remains 'a very strong

demand for day care centres' and Age UK (2011) also found that day centres remain popular.

Fields, Anderson and Dabelko-Schoeny (2014) note that much of the research on day centres has focussed on the link between attending day centres and improvements in physical functioning, i.e. dementia (Femia, Zarit, Stephens, & Greene, 2007), motor skills (Davis, Hoppes & Chesbro, 2005), and number of falls (Diener & Mitchell, 2005), rather than on subjective aspects of wellbeing. However, research is now becoming increasingly focussed on wellbeing, specifically mental wellbeing (e.g. mood, morale) and social wellbeing (e.g. companionship) (Field et al, 2014).

### **Day care centres and social interaction**

A wellbeing agenda has emerged in recent years as the government recognise that although the UK population is living longer, is in better health than ever before, and older people are wealthier than they were, older people are not getting any happier (Allen, 2008). To address this, various policy documents based on improving quality of life amongst older people have been introduced (DWP, 2005; DH, 2012; World Health Organisation, 2012; DH, 2014c). Legislation also reflects this direction, with the recently implemented Care Act 2014 placing the wellbeing of the individual as its over-arching principle (DH, 2014a). However, McCormick et al, (2009) states there is much less research done on older adults' quality of life and emotional wellbeing in comparison to children and more is needed.

Isolation and loneliness are directly correlated to reduced quality of life which has become a major focus for research and social policy in recent years. Estimations suggest that between 5 and 16 percent of those aged over 65 feel lonely, and 12 per cent feel isolated (SCIE, 2012). The Office for National Statistics (2013b) report that a higher percentage of those aged over 80 reported feeling lonely some of the time or often, compared to other age groups. It is argued that social opportunities are reduced for some individuals in later life for various reasons including bereavement, retirement, disabilities, or lack of financial resources (Tester, 1996). Therefore, having access to a social support network is particularly significant for older adults

(Ron, 2007). Research suggests social isolation amongst older adults negatively impacts on health and wellbeing (Wenger, Davies, Shahtahmasebi & Scott, 1996; Findlay, 2003; Scharf, Phillipson, Smith & Kingston, 2003). Research carried out by University College London (UCL) and the International Longevity Centre UK (2015) revealed that the most socially isolated individuals have consistently lower levels of subjective wellbeing than those who are more socially connected. In 2011 the 'Campaign to End Loneliness' was launched by a group of charities to combat loneliness through research, policy and campaigning. Those involved in the campaign argue loneliness is harmful for both physical and mental wellbeing (Campaign to End Loneliness, 2015). For older adults living in the community with limitations in their physical and cognitive abilities, such as those attending day centres, the risk of social isolation is even higher and extremely concerning (Dabelko-Schoeny & King, 2010).

Government policy is now starting to reflect social science evidence that loneliness and isolation reduce older people's quality of life. The government's commitment to tackle social isolation is demonstrated in the Adult Social Care Outcomes Framework (ASCOF) which recently introduced a measure of social isolation (DH, 2014c). Additionally, the Care Act 2014 states the need to tackle isolation under the wellbeing principle, which includes social wellbeing, contribution to society, and personal and family relationships. The Act also has a prevention duty, and the guidance promotes the 'primary' prevention of loneliness and social isolation through the provision of services, including community activities (DH, 2014a).

Day centres are one such service that social workers can utilise to help reduce the social isolation of older adults. Day centres offer the opportunity for building social networks and arrange activities which can enhance social wellbeing (Tse & Howie, 2005). A study by Allen, Hogg and Peace, (1992) revealed that the main reason people chose to attend day centres was to alleviate loneliness and reduce social isolation. A literature review on interventions which target social isolation and loneliness amongst older people found evidence to suggest group interventions can alleviate feelings of loneliness amongst older adults (Adams, Leibbrandt, & Moon, 2011). Although the majority of interventions analysed were in the USA and Canada, and difficult to compare due to variety of design, methods, and quality, this

study suggests group interventions, such as day centres, are perhaps better at tackling social isolation than one-to-one interventions (ibid).

Research supports this premise further, suggesting day centre attendance can help to improve wellbeing and reduce social isolation (Andersson-Sviden et al, 2004; Ron, 2007; Dabelko-Schoeny & King, 2010; Dwyer & Hardill, 2011). Qualitative research by the Institute for Public Policy found 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 long periods of time alone that can become the norm for many older people'

(McCormick et al, 2009: 40).

Valadez et al (2006) found regular social interaction at a day centre decreased feelings of depression and an Italian study found that a greater frequency of attending a day centre improved the quality of life of older adults suffering from depression (Bilotta et al, 2010). However, contrastingly, Iecovich and Biderman (2013) found that although users of day centres did have a higher quality of life, the length and frequency of attendance were not causal. Fawcett (2011), cited in Fawcett (2014:842) discovered those attending a centre reported having more confidence since attending, felt more stimulated, and the majority of respondents experienced a greater sense of contentment and wellbeing. However, the researcher was unable to contact those who had chosen to stop attending the centre to find out their reasons for doing so, which may explain why all those that did attend felt some benefit. A follow-up study was completed a year later and found that ten participants had continued to experience a positive impact, specifically in terms of confidence and reduced social isolation, which strengthens her study. Ron (2007) also found that a sense of belonging and social ties with other members contributed to the increase in self-esteem of the attendees and, 'participants' reported that since joining they felt less lonely, enjoyed the company and their general wellbeing had greatly improved' (ibid: 1108).



One of few qualitative, small-scale ethnographic studies which explore the experience of attending day centres found that the most commonly reported reason for attending the centre was for companionship, which improved the social wellbeing of participants. With companionship came the opportunity to support and be supported by others. Some felt attending prevented loneliness and others felt talking to others helped them to maintain their interests (Tse & Howie, 2005). Adopting an ethnographic approach allowed the researchers to directly observe and immerse themselves within the day centres, providing in-depth, valid data. This method lacks reliability and there is little prospect of generalising from their study (Denscombe, 2010), nonetheless their conclusions require serious consideration.

Although the literature supports the proposition that day centres provide individuals with a sense of belonging, aid social inclusion and increase overall quality of life, Tester (2001) questions whether taking people out of their normal environment and providing special segregated services may actually contribute to the social *exclusion* of older people which could be interpreted as negatively impacting on wellbeing. Moreover, within the centre, groups can be segregated. For example, Curran (1996) found that people with dementia tended to be marginalised within generic day centres, with less attention given to their needs. Similarly, a study by Bowes and Dar (2000) noted the segregation of those from ethnic minorities, with separate services usually put in place and promoted by the communities themselves. Anetzberger (2002) states that day centres are used infrequently by certain ethnic groups such as Asian individuals', due to the cultural inappropriateness of services. Tester (2001) argues that more needs to be done to integrate these groups, whether in mainstream or separate services. However, the main focus should be the quality of individual care rather than the goal of social inclusion (ibid).

### **Day care centres and activity participation**

Alongside providing the opportunity for individuals to socialise, day centres offer the chance to participate in activities, which research suggests is beneficial to older adults, improving their self-perceived wellbeing (Law, Steinwender & LeClair, 1998; Fernandez-Ballesteros, Zamarron, & Ruiz, 2001; Gabriel & Bowling, 2004). In a literature review on social and leisure activity and wellbeing in later life, Betts,

Leibbrandt and Moon (2011) found that social activities had the strongest association with wellbeing, health or survival, followed by physical and leisure activities. Older adults who are restricted in their ability to participate in meaningful activities due to disability or environmental constraints tend to limit what they do. This increases their dependence and isolation, which can lead to deteriorating physical health and depression (Ostir, Markides, Black & Goodwin, 2000), thus highlighting the importance of accessing somewhere where they can partake in activities without their personal circumstances hindering them. Baumgarten, Lebel, Laprise, Leclerc, and Quinn, (2002) found that, although objectively there was no evidence that attending day centres affected mood or functional status the *subjective* perceptions of those attending the day centre were positive. Specifically, two-thirds of those who were sufficiently lucid to be interviewed felt that participating in the activities at the centre had reduced their symptoms of loneliness, and about one half felt less anxious and depressed (ibid). This could suggest service users' perceptions were not captured by conventional research tools, and therefore adopting a qualitative approach may have provided further insight. Similarly, a quantitative study by Garcia-Martin et al, (2004) found organised activities in day centres had a positive effect on the wellbeing and quality of life of older adults, reducing loneliness and depression, and increasing life satisfaction and perceived control in their lives. This study compared those on a waiting list for activities to those who had participated in activities during the previous year. The inclusion of a control group allowed the researchers to draw comparisons and correlations. However, they relied mostly on self-completion questionnaires and acknowledged that some respondents required help reading or understanding the content. This method presumed that respondents interpret questions similarly, highlighting further weaknesses of the quantitative approach (Bryman, 2012). Relying solely on questionnaires also runs the risk of restricting and frustrating participants as they are not given the opportunity to elaborate, therefore bringing the validity of this research into question (Denscombe, 2010). This is particularly important when researching a topic area as subjective as quality of life.

One of the only phenomenological studies found in relation to day centres is a Swedish study by Andersson-Sviden and Borell (1998). Through listening to the service users' experiences they found that the centre was a meeting place where

social contact and participation in activities was important to individuals and contributed to their health and wellbeing. However, this study only explored positive experiences and did not provide a more balanced overview. Although not representative of all day centre attendees, this research provides the depth of data that quantitative approaches cannot. Overall, research suggests being occupied and active in later life is beneficial to older adults' wellbeing and quality of life.

### **The necessity of descriptive studies**

Research into day centres and quality of life are often large-scale quantitative or mixed methodology studies. A Canadian article examining the amount and type of adult day program research conducted between 1980 and 1993 revealed less attention is given to descriptive studies, with the majority of studies evaluative in nature. The article argued for further descriptive knowledge in order to develop effective, holistic day centre programs (van Beveren & Hetherington, 1998). Additionally, Iecovich and Biderman (2013) argue more in-depth studies are needed to detect weaknesses in day centre programmes in order to make them more effective in achieving the goal of increasing quality of life for older adults. This identifies a clear gap in the literature and further rationale for this phenomenological study.

It is this concern about viewing those that attend day centres as a homogenous group, discounting individual need, which has attracted criticism towards day centres. Clark (2001: 11) argues day centres, '...have been insensitive to the different needs of users, including users from different ethnic and cultural backgrounds'. Traditional day centres tend to be routine and predictable, making it difficult to tailor support to individuals' changing needs over time (Clark, 2001; Anetzberger, 2002; McDonald, 2010). Arguably, if this is the case, then day centre attendance may not be impacting as positively on attendees' wellbeing as it could.

Clark (2001) suggests there is a need for more innovative service provision reflecting a diverse user group. Similarly, Hunter and Watt (2001) argue that day centres need to be more person-centred, with greater service aspirations. Writing over a decade ago, Hunter and Watt (2001) note that professionals hoped the introduction of the NHSCCA 1990 would develop services. However, they note an

emphasis on targeting resources towards the frailest individuals, focussing on care rather than offering opportunities for a fuller, more interesting life. This tension between service aspirations and service delivery continues today. Policy emphasises the importance of choice for service users, however limited financial resources would make this worthwhile aim difficult to achieve (Lymbery, 2010). Needham (2012) argues that the personalisation agenda combined with substantial funding cuts is having a negative impact on day centre services. Although the personalisation agenda, based on choice and control, is ideal in theory, if day centres close then the choice may be taken away from the individual.

As the ageing population rapidly increases, more research is needed on how best to improve levels of happiness and wellbeing. Social isolation and loneliness in later life have become areas of increased concern. The literature suggests day centres have an integral role towards reducing these issues and can contribute positively towards quality of life. Additionally day centres provide the opportunity for engaging in activities, which research suggests is important for improving life satisfaction. However, there appears to be limited research into day centres, and specifically a lack of in-depth, descriptive, qualitative studies which acknowledge the service users' valuable insight. This study aimed to explore the experience of attending a centre from the service users' perspective and consider this in relation to perceived improvements of quality of life.

## **Chapter Three**

### **Methodology**

#### **The interpretative phenomenological approach**

This research took an interpretative phenomenological approach; a philosophical perspective concerned with individuals' experiences and interpretations of the world (Denscombe, 2010). Epistemologically, phenomenological approaches are based in a paradigm of subjectivity and personal knowledge (Lester, 1999). They emphasise the importance of individual interpretation and, as such, are useful for understanding subjective experiences and gaining insight into individual motivation, actions, attitudes and feelings (ibid). Individual experiences can be reduced down to develop a composite description of the essence of the experience for all individuals (Creswell, 2007).

Interpretative phenomenology differs slightly from traditional phenomenology. Whereas phenomenology encourages the researcher to 'bracket' off taken-for-granted assumptions about the phenomenon under investigation (ibid), *interpretative* phenomenology believes this to be impossible. Instead it recognises the researcher within the research process, drawing on the hermeneutic tradition, whereby all description constitutes a form of interpretation (Willig, 2013). Thus, I interpreted the data in my own way, constructing my own meaning, which was impacted by personal beliefs, experiences and expectations (Smith, Flowers & Larkin, 2009). This involved relating the descriptive information to my own interpretation of the measures outlined in the ASCOF (DH, 2014c). This included whether the centre does help older adults to maintain a social life and avoid loneliness thus improve their quality of life, and also my own understanding of what constitutes a positive, satisfying experience. Reflexivity, therefore, is particularly important when adopting this approach. Ahern (1999) cited in Robson (2002: 172) coins the term 'reflexive bracketing' – using reflexivity to identify areas of potential bias. Ahern (1999) highlights the importance of acknowledging any personal perspective towards the topic which will inevitably impact on the research, specifically data analysis. In this instance, my interpretative framework has been impacted by my advocacy for

community-oriented services, and my belief that social isolation negatively impacts on older adults' wellbeing, as well as my past experience as a social work student on placement in community adult services where I saw firsthand the lack of day centre services available for older adults. The analysis was therefore influenced by these beliefs and the framework applied to understand the data. Additionally, Ahern (1999) recommends that one should identify 'gatekeeper's interests and consider the extent to which they are disposed favourably towards the research project' (Robson, 2002: 173). In this instance, the day centre hoped for the findings to be positive, and therefore it was important to be aware of my role, setting aside any feelings of wanting to benefit the centre. However, despite these issues, Willig (2013:86) argues the research need not be 'biased', providing the researcher interacts closely with the data, modifying it when necessary, and is aware of self throughout.

An interpretative phenomenological approach was chosen as it was the best method for meeting my research aims, which were to explore the experience of attending the centre, and whether the centre contributes positively to quality of life, specifically in relation to maintaining a social life and reducing isolation. This method was the most appropriate for exploring individual experiences and obtaining descriptive information. The data produced provides the centre with a greater understanding of how their service users are experiencing it. Additionally, this study provided an opportunity for each individual to give their own account of their experience of attending the centre, which is important for empowering individuals and accomplishing change - key social work values. As Sahin (2006:59) states:

'Since all power groups produce knowledge in their favour, the function of social work is to support knowledge in favour of the client, which is not likely to be articulated unless there is professional support and guidance. Thus, it is necessary to provide opportunities for clients to narrate their stories in their own language. This is the best way of understanding the life and problems of clients in the role of social welfare institutions in their life.'

It was therefore appropriate to adopt an approach which is both empowering for participants and informative to professionals.

## **Research strategy and design**

Qualitative research methods are the most appropriate strategy for interpretative phenomenology as they enable the researcher to attain rich, detailed information and perceptions from participants (Lester, 1999). Qualitative research emphasises an inductive approach, asking open questions about phenomena as they occur in context and then forming hypotheses and themes (Carter & Little, 2007). A disadvantage of phenomenology and qualitative research is that the data is less representative in comparison to a positivist epistemology that adopts a quantitative research strategy. It is therefore questionable how far the findings from this in-depth, small-scale study may be generalised to other day centres. However, this study does not aim to make comparisons with other centres and is instead focussed on the experiences of those that attend. Additionally, it is still possible to gauge how far the findings relate to other day centres when the literature is taken into account (Denscombe, 2010).

Semi-structured interviews were used for data collection as they allowed for greater exploration of themes and experiences voiced by the participants. Participants could provide descriptions and interpretations of what attending the day centre meant to them, which was then interpreted and clarified (Kvale & Brinkmann, 2009). Due to their flexibility, semi-structured interviews helped to develop a rapport and empathy with participants, crucial for gaining in-depth information (Lester, 1999).

## **Sample**

This research project was part of the Centre for Community Engagement Research Project and conducted on behalf of Stones End Day Centre, located in the London area. Stones End provides day care support to older adults with substantial care needs, offering a lunchtime meal and a range of activities. This research was intended for the use of the day centre and therefore a purposive sample was used to target participants who attend the centre. Interpretative phenomenology requires a purposive homogenous sample rather than random sampling, to ensure the topic is relevant for the sample and can be explored thoroughly (Smith et al, 2009).

Interviews were conducted with eight adults - six females and two males over the age of 80. This sample size was appropriate as exploring data in-depth from large samples can lead to a superficial understanding (Smith & Osborn, 2003). All but one of the participants were white British which is a weakness of the study, as it is not truly representative of the centre, which has a substantial number of members from ethnic minority backgrounds. Six of the participants lived alone, and two lived with family members. All participants had restricted physical functioning and were reliant on the day centre to provide transport to and from the centre. All participants had attended Stones End Day Centre for at least a year. Weekly attendance varied but on average participants' attended twice a week.

Purposive sampling ensured participants did not have a significant cognitive impairment or speech-related problem. This was necessary in order to obtain in-depth data that would best reflect the experiences of those attending the centre. By speaking to staff members and service users it was possible to identify those who had capacity and ability to partake in the study. Purposive sampling is a source of potential bias and a threat to the validity of the research conclusions; however these effects were reduced by ensuring internal consistency between the aims and phenomenological basis of the research, and criteria used for selecting the sample (Oliver, 2006). The sampling process was challenging at times as many service users did not want to partake in the research. In keeping with the ethics framework of the Economic and Social Research Council (ESRC, 2015) participants were not coerced into taking part and all took part voluntarily.

## **Procedures**

A preliminary study took place which consisted of a visit to the centre and engaging in conversation with service users which gave an overview of the centre and helped generate ideas for focussing the research (Aspers, 2009). The participants were interviewed in a private room at the day centre to capture responses in the most naturalistic setting, congruent with the study's aims of exploring the experiences of attending the day centre. An initial rapport was created with participants beforehand through social chat and partaking in activities alongside them. This helped to address the power imbalance between interviewer and interviewee (Roberston &



Hale, 2011). Furthermore, all interviews began by gathering some background information which helped put the participant at ease. The interviews were audio-taped to aid full engagement with participants and lasted approximately 45 minutes.

An interview schedule was used that included open-ended questions to facilitate in-depth information about their experience of the day centre. Questions were loosely based on the ASCOF measurements (2014c) and included reasons for attending the centre, what they did at the centre, how they felt the experience of the centre impacted on their happiness, and what they might change. It was challenging at times not to be too led by the questions, especially with participants who were quieter, but attempts were made to gently probe rather than be too explicit (Smith et al, 2009). The final question asked at the end of each interview was whether the participant had any additional comments, thus ensuring their experience had been adequately covered.

### **Ethical considerations**

A participant involvement information sheet was produced (appendix 1) and details of the study were explained thoroughly to all participants, including the research goals and processes, so they could make an informed choice regarding participation (Peled & Leichtentritt, 2002). The ESRC (2015:4) state, 'The independence of research should be clear, and any conflicts of interest or partiality should be explicit.' All participants were made aware that the research was conducted on behalf of the centre but that the interviewer was impartial.

Special care was taken to ensure and maintain confidentiality of tape recordings and transcripts. In keeping with the Data Protection Act (1998) it was agreed with participants that recordings and transcripts would be kept securely, with tapes being wiped and transcripts destroyed on completion of the project. Consent forms were read out and signed by each participant (appendix 2). Participants were reassured that anonymity would be maintained throughout with no details disclosed which could identify them.

The subject matter of the experience of attending the day centre was not a sensitive topic in itself, but I was aware certain topics could come out which may be emotive and difficult for some to talk about, (i.e. feelings of loneliness, loss, physical health). With sensitivity, I gave the participants an opportunity to talk about their personal experiences, to an interested listener, yet gently guided the interview back to the main topic when necessary (Peled & Leichtentritt, 2002). Interestingly, Robertson and Hale (2011) state the use of 'story-telling' can be a strategy for integrating the participants personal context with the researcher's questions, not only providing useful information but also creating an equal power relationship.

### **Data analysis**

The audio-taped interviews were transcribed verbatim and analysed using Interpretative Phenomenological Analysis (IPA). Transcripts were read repeatedly and initial thoughts and observations noted, documenting ideas upon my initial encounter with the text (Willig, 2013). Next, emergent themes were identified which described the experience for each individual of attending the centre. Importantly, it did not necessarily matter how many times a theme appeared, rather, '...a single utterance can play a pivotal role in the analysis' (ibid: 88). Emergent themes were listed to enable identification of connections or contractions between them. Themes were supported with quotes to ensure they were appropriately evidenced and grounded in the data. The themes for each transcript were contrasted and clustered, creating master themes (Grigoriou, 2004). Finally, a summary table of the overall master themes, alongside quotations to evidence each theme, were produced. These themes were then put in order to produce a coherent narrative account. Themes that were not well supported by the data or did not fit into the structure of a logical narrative were excluded. Sub-themes were introduced under each master theme which were interpreted as lower order aspects of the master themes (ibid). A narrative account was then produced alongside the researcher's analytic interpretations, supported with verbatim quotations from participants (Smith et al, 2009). Throughout the IPA, consideration was given towards the research aims, focussing on the relevance to how the centre was experienced and the impact on quality of life. Data analysis could have been strengthened further with a 'validity check' by returning to participants to determine if the essence of the interview had

been correctly captured (Groenewald, 2004). However, due to time constraints, this was not possible. Overall I came away from the phenomenology with the feeling that, as Polkinghorne (1989:46) cited in Creswell (2007:62) states, 'I understand better what it is like for someone to experience that'.

## Chapter Four

### Findings and Discussion

The findings describe the phenomenon embedded in the experience of attending the day centre and the impact of attending the day centre on quality of life. Analysis of the data revealed three master themes which are presented in the table below, alongside the corresponding sub-themes.

<b>MASTER THEMES</b>	<b>SUB-THEMES</b>
1. The importance of doing and being occupied	1.1. Having “something to do”  1.2. Activities as a source of satisfaction/enjoyment  1.3. Choice of activities available
2. The importance of companionship	2.1. Minimising feelings of loneliness  2.2. Meeting new people
3. Relationships/the role of/with staff	3.1. Positive relationships with staff members  3.2. Choice and Control/Empowering

It is recognised that these themes are my subjective interpretation. These themes were selected due to their relevance to the research aims, and do not cover all aspects of the participants’ experience. Individual variations are discussed and are as important as commonalities (Groenwald, 2004). Themes will be presented as a

narrative account, with relevant literature applied throughout. All names have been changed to maintain confidentiality.

## **1. The importance of being occupied**

A key finding in participant experiences of the centre was that it offered various activities; this was important to participants and a reason for attending. This was experienced in different ways. For some it relieved boredom and for others the activities were enjoyable and satisfying.

### **1.1. Having “something to do”**

The first sub-theme identified was participants having something to do, regardless of whether or not they may have chosen that specific activity outside of the centre. Vera stated,

*I play bingo, and enjoy having bingo. It is something to do, more than enjoying it, it is something to do.*

Vera enjoyed playing bingo but the importance of being occupied was more important to her than whether it was an activity that particularly appealed. Sylvia also used the phrase “something to do” when discussing bingo:-

*Sylvia: It's not a thing that I would normally do but it's something to do, and even that keeps the mind busy. You do things here that you wouldn't do indoors.*

Sylvia wanted to engage in activities to keep her “mind busy”, which I interpreted as meaning that participating in activities helps to stimulate the mind and improve perceptions of mental wellbeing. The link between engaging in mentally stimulating activities and increased quality of life was also identified in Gabriel and Bowling's (2004) study.

Mary perceived being occupied as a way of preventing boredom:

*Mary: ...scrabble, I taught myself to play scrabble, one day I was fed up you know when you're fed up and you got no one to talk to? And there was scrabble on the table and I started doing it. I wasn't cheating, I was just making words up and that's how I got into it. A kid come here and he was lovely to play with and he said, "Mary, why do you get high scores?" (smiles). Half of them don't look to see how to get the words.*

For Mary, partaking in an activity relieved boredom she was feeling at the centre on a particular day. She decided to play scrabble on her own for a short period simply to occupy her time, prior to a volunteer joining her. Mary's voice filled with pride and pleasure as she talked about her ability to play well at scrabble. Similarly Janet, although she did not speak as positively about the activities on offer compared to other participants, spoke proudly about the colouring in activities:

*Janet: The only things I do is, ya know, do the colouring in. I done quite a lot and my folders filled up now. I do very bright colours. I like bright colours.*

This sub-theme of having "something to do" was also found in Tse and Howie's (2005) study in which a participant stated that partaking in activities, 'makes you use your brain' (ibid: 137) and prevented boredom. However, it is debateable how beneficial these types of activities are to overall satisfaction at the centre. Everard (1999) argues that engagement in activities which simply pass the time, impacts negatively on wellbeing. Rather, it is the *reasons* for engaging in activities which truly determine the impact on wellbeing. From this standpoint, it could be argued that Sylvia and Vera would experience greater feelings of satisfaction if they were to engage in an activity they truly enjoyed. Whereas, Janet and Mary chose to partake in activities which relieved boredom but also acted as a source of satisfaction. Garcia-Martin et al, (2004) similarly found that activities in day centres can help older adults to adopt more positive, active roles, which can lead to a better self-assessment and increased levels of life satisfaction. Additionally, Fidler and Fidler (1978) argue that when an individual's accomplishments are valued by others, their value as a human is confirmed. This creates feelings of satisfaction and happiness

which I believe Mary felt when the volunteer acknowledged her strengths at scrabble. Thus, it could be interpreted that attending a day centre contributes towards improving confidence and self-esteem (Ron, 2007; Fawcett, 2014).

## 1.2. Activities as a source of enjoyment

Some participants viewed being occupied in activities as enjoyable. Anne cited the activities on offer as her main reason for attending.

*Interviewer: So what was it that most appealed to you at that time to come to the centre?*

*Anne: Well I think it was all the different activities that they do, and the outings and things.*

*Interviewer: Ah I see, so what is it about the activities that you enjoy?*

*Anne: I like the word search and the people that visit - there is a mixture of people that come in. I think there's someone coming in today. There is always something going on, which I like.*

Anne spoke at length about “going out on the day trips”, which was something she particularly enjoyed as it was “fun” and “something different”. I interpreted Anne’s account of her involvement in activities and the enjoyment she got from them, as contributing positively to her experience of the centre. Anne’s positive experience of being occupied, I believe, can be understood further when considering the fact she was the only participant interviewed who lived with a large family. For Anne, this meant her experience of the centre was less about the need for company and more about being active and “doing things”.

Esther also really enjoyed the activities, citing the lack of activities at her sheltered accommodation as one of the main reasons for joining the centre:

*Interviewer: So you wanted something to go to on more of a regular basis? To get you out of the house?*

*Esther: Yes, they haven't got any activities in there so I was bored. I like the activities here, the games. I like scrabble the most, and then dominos,*

*and I like the colouring, word search, and we go to the shops sometimes. We sit out in the garden when it's possible.*

*Interviewer: When it's sunny!*

*Esther: (Smiling) Yes, and we have fun there.*

*Interviewer: How does that make you feel?*

*Esther: (Smiling) Lively!*

Esther described the activities positively, suggesting they improved her mood and overall wellbeing. This reflects other studies which argue activities at day centres give pleasure and enjoyment (Andersson-Sviden & Borell, 1998; Tse & Howie, 2005; Dabelko-Schoeny & King, 2010) and that engaging in activities increases life satisfaction for older adults (Fernandez-Ballesteros et al, 2001). The garden - having access to an outside space - was also mentioned by John who experienced great enjoyment in sitting outside, "when it's warm" and "to get some fresh air...its nice". During the interview it was apparent that getting outside was not easy for John due to a decline in his mobility, and not having a garden at home, thus John experienced the centre as a place that gave him the opportunity to spend time outdoors. This resonates with Ostir et al (2000) who acknowledged the restraints older adults can experience (i.e. physical impairment and environment) which impacts on their ability to partake in activities, therefore negatively affecting their mental wellbeing.

Albert found enjoyment *and* satisfaction in the activities.

*Albert: I found that I enjoyed helping people.*

*Interviewer: In what ways do you help other people?*

*Albert: ermmm, well we do quizzes, I like helping people. Coming here, I feel I am being useful or responsible.*

Sharing in activities with others gave Albert a sense of responsibility and purpose which was important to him. In this way, the centre is not only experienced as a place that provides opportunities for being occupied, but also a place where participants feel they have a useful role to play. Reciprocal activities such as helping other people has been shown to improve feelings of self-worth and make people feel



valued, which contributes to overall mental wellbeing (Gabriel & Bowling, 2004). Similarly Rowe and Kahn (1997) argue contact with others, exchange of information, emotional support and direct assistance, combined with productive activity, is central to successful ageing and overall happiness. Albert considered his role at the centre to be one of assistance to others during certain activities and this was a significant component of how he positively experienced the centre.

### 1.3. Choice of activities

The majority of participants were satisfied with the activities available and all participants mentioned at least one activity they enjoyed; however, some voiced dissatisfaction or wanted more options. Mary felt the activities had changed at the centre in recent years.

*Mary: We used to do a lot of activities, ermmm, we'd make cards, birthday cards, and they used to make it so you could put a photo in it to say who the card is coming from. We used to go out for days. We used to go to the pub, we used to have a day there, [staff name] used to take us there, she used to take about eight or nine of us. She'd take us there and then take us to the Pound Shop...we don't have any of that now. All they do now is three times a week bingo, you can fill those little papers in like kids do, take the pages out of the book, I left all that when I left school. I like to do the puzzles sometimes, and scrabble. In the long run I really and truly like this centre, but since they changed it...They used to have a room down there where they used to sit and do sewing, made rugs and everything else, they took that away by putting the staff in it.*

How Mary experienced the centre had changed over time. She missed some of the activities and voiced her frustration at these changes. Mary was the only participant to talk about this which I believe was due to her attending the centre the longest, whereas those who had only been attending for a couple of years were not aware of what may have been offered previously and therefore experienced the activities

differently. Her observations are perhaps reflective of the concerns raised in Needham's (2012) study who noted changes within day centres due to financial cuts.

For Esther, although she got a great deal of enjoyment from the activities and spoke about them enthusiastically as highlighted in subtheme 1.2., she also talked about activities she would like to do at the centre.

*Interviewer: Are there any changes you would make at the centre which might make you happier?*

*Esther: I would like if they would do basket weaving, because I love that. We could make things, like trays, and it's not expensive. Then you could do more with your hands. Nothing bad to say, just that we just need a little more crafts. We did discuss several activities, but it's to get the people to come in and teach us, because in the past we had flower arrangements, and at a different centre we used to make baskets, those things. A bit more technical, but it was nice.*

Esther spoke greatly about art and crafts and was a creative person. She clearly felt able to voice her opinions to staff members and was aware of the barriers, i.e. arranging for people to come to the centre and teach new activities. Both Mary and Esther, in different ways, expressed their desire for more choice and alternative activities which they perceived would increase their happiness at the centre. This once again strengthens Everard's (1999) argument that it is important to partake in activities one enjoys for it to impact positively on wellbeing. Additionally, this sub-theme could support the argument that day centres are not personalised to individual needs and wants (Clark, 2001; Hunter & Watt, 2001). In this age of individual budgets, day centres are at risk of losing members who choose to pursue alternative services which better suit their interests (Pitt, 2010). However, research suggests older people are less likely to manage their own budget or use it to pursue leisure activities (Glendinning, Challis, Fernandez, Jones, Knapp, Manthorpe, Moran, Netten, Stevens & Wilberforce, 2008). This evaluation of individual budgets found they impacted negatively on older adults' wellbeing, creating high levels of anxiety, with an overall indication that older adults did not want the added burden of managing their own support (ibid). Therefore it is the social worker's duty to ensure

all service options are explored, in order to find a service which best meets the service users needs. Additionally, centre staff must do all they can to meet individual need within their limited resources.

## **2. The importance of companionship**

This second master theme aims to capture the positive impact being with others has on the participants' quality of life, and the positive contribution companionship has on how the day centre is experienced. All participants experienced social interaction as valuable and a significant reason for attending the centre.

### **2.1. Minimising feelings of loneliness**

The majority of participants felt the centre was a place they could go to regularly to reduce their feelings of loneliness by being with others.

*Interviewer: What made you decide to come to the centre?*

*Esther: Well it was the loneliness. I need to see other people around me.*

*Interviewer: At home you were feeling alone?*

*Esther: Yes, lonely and depressed. I live in sheltered accommodation so I see people, but only sometimes if we have something where we all go to and have lunch or tea, but not regular. Coming here, I see people, and you get interactive with them and you know, talk, to different people. You share things together, like little things you can discuss you know?*

*Interviewer: Yes, that's good. Am I right in saying you feel coming here improves your mental health?*

*Esther: Yes, that's how I feel indoors, like mentally down. I have been very happy every since I have been here.*

Esther saw people in her local community but not consistently, and she wanted more meaningful company on a regular basis. Esther felt lonely before joining the centre, and being indoors affected her mood, so attending the centre gave her the opportunity to maintain a social life and reduce her feelings of loneliness. This is

consistent with the literature that suggests higher levels of social contact can reduce the risk of depression, even for those with poor health or disabilities (McCormick et al, 2009) Similarly, Vera made a connection between the centre and her mental health, and stated:

*I would be indoors by myself, as I live on my own, and I have forty flights of stairs to go up to get in and out of my flat, and otherwise I would be stuck in there and never come out. I would get very down and very depressed.*

For Vera, attending the centre improved her mood; “your spirits get lifted”. Sylvia also said she joined the centre for “company” and to reduce feelings of loneliness:

*Where I live, it's a nice cul-de-sac, I do know that if anything goes wrong, they're there for me, but one you are indoors, that is it. You don't see no one. And I might be wrong, but I think you can get dementia when you are on your own.*

Sylvia perceived there was a link between loneliness and dementia. She believed it was important to be around others to have good mental health - a similar finding to that in Tse and Howie's (2005) study.

The main reason for participants' attending the centre was, “for company” and “to get out of the house”, findings which mirror those of Allen et al, (1992) study. Anne was the only participant not to voice this as her main motivation for coming to the centre, which could be because Anne was the only participant not living alone. For others, the home was seen as a restrictive environment which offered little stimulation. Getting out of the house and coming to the centre was believed to impact positively on mental wellbeing, findings supported by Tse and Howie's (2005) study. This provides further evidence that attending a day centre can improve perceived quality of life.

Overall, participants' reported they felt less lonely, enjoyed the company of others and felt their quality of life had greatly improved. This finding is consistent with other

day centre studies (Andersson-Sviden et al, 2004; Valadez et al 2006; Ron, 2007; Dwyer & Hardill, 2011; Iecovich & Biderman, 2013). These studies, alongside my own, indicate that day centres do provide older adults with the opportunity to maintain a social life and avoid loneliness and isolation – a direct measurement of the ASCOF (2014c).

## 2.2. Meeting new people

The centre provided an opportunity for participants to meet new people, interact, and in some instances make new friends. Janet said, “I’ve got a good friend...she comes Wednesdays and Fridays, we been friends ever since we been to the day centre”. Vera liked going to the centre and “meeting people and being able to talk and discuss things”. Both Esther and Mary said they liked “meeting different people”, suggesting the centre was a place where they could meet other people who they may not have met outside of the centre. Mary felt the layout of the centre did not always help her to meet new people:

*Interviewer: What changes, if any, would you make to the centre to make you happier?*

*Mary: Well I would like people to be happier, and more interlocked together, because when the black elders came here instead of putting them on tables with whites so we could all muck in, they put them altogether.*

*Interviewer: So you would like it if people mixed together more?*

*Mary: Yes, it don't matter what colour skin, you can learn off one another.*

The merging of two day centres, in Mary’s opinion, led to a racial divide amongst members. The tables were an important place for interaction between members (Dabelko-Schoeny & King, 2010). This perceived racial segregation impacted negatively on her overall experience of attending the centre. This reflects Tester’s (2001) concerns around social exclusion of individuals within day centres. Despite research suggesting minority ethnic elders prefer to have their own centres to meet their cultural needs (Bowes & Darr, 2000), when services merge due to financial reasons, effort should be supported by staff to integrate members sufficiently with

each other. Further research into integrating ethnic minorities in day centres is recommended.

### **3. Members of staff**

Empowering relationships with staff was a theme that arose from Dabelko-Schoeny and King's (2010) study and in my own. Participants liked the staff, felt listened to and were able to make their own choices which was empowering. This contributed to an overall positive experience of the centre.

#### **3.1. Positive relationships with staff**

It was evident that the participants liked and valued staff members. They felt listened to and supported. The manager in particular was spoken of highly by the participants'.

*Vera: [manager's name] always talks to you if you have any problems. If you have you can go to him and he will relieve you of your problems as much as he can.*

*Interviewer: Do you feel listened to here?*

*Vera: Oh yes.*

Mary and Esther also felt the manager listened to them, and were comfortable to go to him to make suggestions or raise any issues. Similarly, Anne referred to him as "a really lovely man" and Albert said, "It's run very well...the man in charge [manager's name] is very on the ball." John said the staff were "very helpful" and Sylvia said "If you've got a problem you know who you can go to." Participants had extremely positive relationships with staff where they felt listened to, and acknowledged as individuals. Staff appreciation was also found in Tse and Howie's (2005) study. In my opinion, relationships with staff can be extremely important in ensuring a positive experience of day centres.

### 3.2. Choice and control

Participants did not view staff as controlling and instead felt they had a lot of choice in what they did at the centre, “You can do whatever you want here” said Mary. John said, “Sometimes it gets quite noisy so I go off somewhere, the staff don’t mind”.

Participants experienced the centre as a place where they could make their own decisions and the staff enabled this, which was empowering.

Interestingly, some participants were happy for everything to be organised by staff:

Interviewer: Would you like to be more involved in making decisions here?

Vera: No, the younger people should do it, not a 91 year old.

Similarly, Anne said, “No I am quite happy with what they are doing”. Participants were happy for staff to manage the centre, safe in the knowledge that they can voice their opinions and be listened to. I also interpreted this sub-theme in terms of participants feeling as though they had a choice whether or not to partake in a certain activity. For example, Anne stated, “If we don’t want to do something, we can go into another room”. From the interviews it was apparent that nobody felt forced into doing any activity they did not want to do. My interpretation is that the staff members are crucial in empowering participants through listening to them and giving them choices at all times as to how they spend their time at the centre. Dabelko-Schoeny and King (2010) similarly found relationships with staff were empowering for participants, in terms of acknowledging participants’ feelings and providing choices. This was important for participants’ experience of the centre.

## **Chapter Five**

### **Overview and Conclusion**

The purpose of this study was to conduct an interpretative phenomenological investigation of the experience of attending a day centre and to find out whether this was perceived as positively impacting on quality of life. Quality of life was considered in relation to whether the centre provided an opportunity to maintain a social life and decreased feelings of loneliness as outlined within the ASCOF (DH, 2014c). The findings from this study do not claim to be representative of all adult day centres. Achieving a representative sample is not the aim of IPA and therefore we must be cautious when relating the findings to other users of day centres (Lester, 1999). Furthermore, the conclusions drawn are a result of participants' accounts and my own interpretations and should therefore be viewed tentatively. Nonetheless, this study provides in-depth information which will be useful for Stones End Day Centre and also contribute to existing research on day centres.

The master themes and corresponding sub-themes interpreted during IPA suggest that the overall experience of attending the centre was positive for participants and improved their quality of life, as outlined within the ASCOF (DH, 2014c). This positive experience was due to the combination of being occupied, having companionship, and developing good relationships with staff. My interpretation was that participants considered the centre to be a place where they could socialise, make friends, and have a break from time alone indoors. Attending the centre made them feel less lonely and improved their perceived mental wellbeing. It was a place they could see people regularly and make friends, but also somewhere they could meet new people. Through listening to the accounts of participants, I interpreted the centre as somewhere which provided the opportunity to maintain a social life and avoid loneliness and isolation and, in this regard improve quality of life. However, in the opinion of one participant, who was white British, the experience of the centre could be improved if the centre was less racially segregated. As the ageing population becomes more diverse, research on the integration of ethnic minorities within day centres is an area that needs further exploration, especially as day centres are increasingly merging due to finite resources. The sample was mostly white British



which did not reflect the diversity of the centre and therefore may not be representative of how the centre is experienced on a broader level.

Stones End Day Centre also provides the opportunity for engagement in activities. This was important to participants overall experience of attending the centre. Participants found the activities enjoyable and mentally stimulating which was interpreted as contributing positively to their mental wellbeing. Some participants felt their enjoyment of the centre could be further improved if other activities were available. However this did not detract from their overall positive experience of the centre but could be seen as a way of further enhancing it. This is an area the staff could explore to determine feasibility, as it could be a means to keeping members interested and satisfied and therefore increasing their wellbeing overall. Furthermore, the centre was a place which contributed to participants' self-esteem and confidence – findings consistent with the literature (Garcia-Martin et al, 2004; Ron, 2007; Fawcett, 2014). This was experienced mostly through engaging in activities, for example, the satisfaction achieved through doing well at a game of scrabble, or helping others at the centre with a quiz. The centre's ability to foster a sense of self-worth and feeling of achievement amongst its service users is all the more reason to carefully consider the activities available. The literature is limited in regards to which activities are popular in day centres and how activities are experienced and this is an area that deserves further exploration.

Staff members play a crucial role at the centre which goes beyond its day-to-day management. Participants truly appreciated the staff and felt well listened to, especially by the centre manager. This significantly contributed to the positive experience of the centre. However, as Tse and Howie (2005) acknowledge, staff training is vital and should be utilised to ensure service user satisfaction continues.

There are limitations to this study. Interpretative phenomenology is open to researcher bias and the findings presented were analysed within my own interpretative framework. Thus it was approached with a bias towards day centres having a positive outcome for older adults. This therefore impacted on my interpretation of participants' descriptive accounts and how they related to the ASCOF. However, reflexivity was applied throughout to counteract this. This study

is also not representative of the experience of all service users in all day centres; however my chosen method allowed for service users' voices to be heard, which is advocated by the ASCOF (DH, 2014c) and is in my opinion the best approach for exploring the experience of day centre attendance. Listening to service users and involving them in decision-making can help to maximise personal autonomy and improve the overall quality of day centre services (Powell, Bray, Roberts, Goddard & Smith, 2000).

My findings suggest day centre attendance has the potential to significantly contribute towards improving quality of life for older adults, specifically in relation to reducing feelings of isolation and loneliness. Under the new Care Act 2014, social workers have a duty to tackle social isolation under the wellbeing principle, referring to appropriate community services when necessary (DH, 2014a). Hopefully this research goes some way towards highlighting the positive impact day centre attendance can have in tackling the issue of loneliness and providing the opportunity to maintain a social life. Additionally, day centres offer the opportunity to engage in activities; this makes them a relatively unique type of community-based service for older adults which deserves consideration during the assessment process. Fawcett (2014: 845) acknowledges the tension for social workers between promoting an individual's wellbeing and 'gate-keeping, cost-containment mechanisms'. As the adult social care budget continues to be cut and choice in services becomes increasingly limited, social workers should advocate for services such as day centres. Hopefully this study goes some way towards evidencing the potential for day centres and demonstrating their positive outcomes within the recognised Adult Social Care Outcome Framework (DH, 2014c).

Descriptive knowledge gathered from older adults rather than service professionals is best for producing findings that can contribute to the quality of life of older adults, and the quality of services they use (Walker, 2007). It is apparent that day centres are an under-researched area of community-based services; however these findings suggest they are truly valued amongst older adults and therefore further qualitative research on the strengths and weaknesses of day centres would be beneficial.

Overall, this study aimed to achieve a deeper understanding of the experience of

attending a day centre. Through analysing the descriptive accounts of participants it was possible to identify common themes – the importance of being occupied; the importance of companionship; and members of staff. These findings were generally consistent with the literature. When related to the ASCOF (DH, 2014c) my interpretation was that Stones End Day Centre is a place older adults can maintain a social life and reduce feelings of loneliness and isolation, thus improving their quality of life.

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## Appendix 1

### **The Experience of Attending a Day Care Centre:**

#### **A Study into Older Adults' Quality of Life**

You are being invited to take part in a research project. Before you decide to participate it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask if anything is unclear or if you would like more information.

The aim of this project is to explore your experience of attending this day care centre and whether this impacts on your quality of life. I want to find out how you feel about coming here, what you enjoy and perhaps do not enjoy, and if there is anything you would change.

You have been chosen to participate in the research because you attend the day centre regularly however you do not have to participate and you can discontinue participation at any time. If you decide to take part, you will be given this information sheet to keep and be asked to sign a consent form.

The interview will take approximately 30-45 minutes and I will record our interview with a recording device. You will be asked a few questions and you can say as little or as much as you like.

Your involvement would be most appreciated as it is important to hear the voices of those that attend the centre and it will provide the centre with information they may find useful. All information about you, such as name, etc, will remain confidential. On completing the research project all tape recordings will be destroyed.

The final project will be completed on 1<sup>st</sup> September and you will be able to request a copy if you so wish. The day centre will also receive a copy of the findings.

If you have any concerns, you can contact my tutor, Sarah Humphreys, on 0207 919 7838.

**Thank you for your participation.**



## Appendix 2

### Consent form

The aim of this research is to explore your experience of attending this day care centre and whether attending the centre has an impact on your quality of life.

Participation in this research will involve a short interview taking approximately 30 minutes with myself, Rebecca Giles, MA Social Work student from Goldsmiths University.

- I agree to this interview being recorded and used for the purpose of this research study. I understand that all recordings will be destroyed once the final report is complete.
- I understand that my name and any personal details which could identify me will be changed in the written record of the interview and in the reporting of the findings.
- I understand that participation is voluntary; that I can ask questions throughout, refrain from answering questions I may not feel comfortable with, and can stop the interview at any time.
- I agree to take part in this study.

Participants name:.....

Signed:.....

Date:.....